Public Health Improvement Steering Committee November 19, 2011

<u>Attendance:</u> Jeff Lawrence, Joni Reynolds, Shannon Rossiter, Tim Byers, Lyle Moore, Roz Bedell, Alison Grace Bui, Alyson Shupe, Stacey Weinberg, Jordana Pickman, Kathleen Matthews, Jill Hunsaker Ryan, Heather Baumgartner, Tsering Dorjee, Jeff Zayach, Karin McGowan

Phone: Jim Rada, Deb Crook, Jackie Brown, Bonnie Koehler, Gini Pingenot, Jeff Kuhr

Jeff Zayach facilitated the meeting.

Strategy 1: Core services- Core services were passed in rule by the state board of health (SBOH) on October 19, 2011 as required in the Public Health Act. Jeff Z acknowledged the amount of work that went into getting support for the services and that this is cause for celebration.

Strategy 2: Assessment and Planning: Alyson Shupe/ Heather Baumgartner

Alyson provided an overview of the new Colorado Health Indicators website, which was guided by a task force that helped identify the over 200 indicators available. The website includes data beyond what is housed at CDPHE, including Census data. The indicators are organized by both the Health Equity Model (which includes health determinants and the life course) and also geographically. For each indicator there are two tabs with information available: a data interpretation guide (general questions to consider), and details about the indicator (how data was collected, etc.). Data points may be downloaded into an Excel document. By mid December, the user will have the ability to download the entire dataset for a specific county. The Indicators website is also linked to the CHAPS website. The site's address is as follows: www.chd.dphe.state.co.us/Health Indicators/Default.aspx

Heather provided an overview of the CHAPS website linked to the above Colorado Health Data site. The home page includes the eight phases of CHAPS, FAQs, and the ability to look at health indicators. The Tools and Templates tab provides tools and templates that are standard in CHAPS (like job descriptions, a sample budget and work plans) and also those that have been developed by the pilot sites. OPP will keep adding tools as they are developed by local communities. The web address is: www.chd.dphe.state.cu.us/CHAPS/default.aspx

Nine counties have picked their Winnable Battles (a.k.a. Priorities or Focus Areas): Obesity (4) Mental Health/Substance abuse (3), Water Quality (1) Food Safety (1). On Monday, November 21, Jeff and Heath from Boulder are presenting their public health improvement process and focus areas at the Colorado School of Public Health. The session will be video taped.

Assessment and Planning: Draft Plan Report for State Board of Health-Kathleen Matthews Kathleen provided a handout of a summary public health improvement form and asked the group for help in determining the type of product that should be turned into the state board of health. By statute, the SBOH is supposed to review all the public health plans; however, logistically 54 documents will be difficult to digest. Also there are different audiences at the community level

where information needed in a SBOH document may not resonate. We are looking at a deliverable that must meet Act requirements, informs the next statewide public health improvement plan; help LPHAs who are working toward accreditation, meet local communication needs, and help LPHAs meet CDPHE program requirements like the Maternal Child Health (MCH) assessment. It will be hard to neatly package into one deliverable as there are many different audiences. Additionally, OPP wants to track practical things like cost/effort and aggregate focus areas for the next five-year plan. A final issue is that the Public Health Act refers to the to final product as a "public health plan" but PHAB and NACCHO (MAPP) call it a Community Health Improvement Plan. We propose that local initiatives be able to call it whatever they prefer.

The PH Act requires the plan to:

- Examine data about health status and risk factors in the local community.
- Assess the capacity and performance of the county or district public health system.
- Identify goals and strategies for improving the health of the local community.
- Describe how representatives of the local community developed and will implement the local plan.
- Address how LPHAs coordinate with the state department and others within the public health system to accomplish goals and priorities identified in statewide plan and Colorado's Winnable Battles.
- Identify financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services.

Comments and discussion:

- All of this info might not be relevant or useful for communities in their plans which are meant to mobilize communities.
- It may not also be that useful to SBOH.
- They will probably pay less attention to how the plan was developed and more how it will be brought to life.
- The objective is probably to get the most info out there in the least amount of space like "Take Care New York."

Questions regarding the Act requirements for SBOH approval were asked, and the Act states: "To review all county and district public health agency public health plans, which review shall be based on criteria established by rule by the state board and against which each county or district public health plan shall be evaluated."

CHAPS came from PHAB and the ACT, with local input and review of best practices. If local initiatives follow CHAPS they would be meeting the act. Do we need to give them the actual plans or just a summary?

Suggestions, comments and discussion:

- Develop plans and a one page summary.
- Act says they must review so we need to give them plans.
- Some plans may not address issues specifically like core services. Do we still need some sort of standard summary?
- Need to have a check list of the core services to meet act requirements regardless of the type of plan developed. One county at this stage has not figured out a way to make one plan.

- This is our chance to steer how we want public health in Colorado to look. When you have a glut of one service and a deficit of another that needs to be examined
- The heart of the question is the authority of different players including SBOH.

The Act has local plan requirements that are not clear. For example, "Identify financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services."

- What does this mean? Would the focus areas be the public health needs? Is this a list—federal dollars versus state and local, and/or are we capturing adequate versus inadequate funding levels?
- The simplest way to do it is to assure there is some level of funding. If there aren't resources for core services, the plan should state how they will or won't be addressed.
- This can help make a statement about funding and core services.

The section on the rule debated in Burlington—CDPHE would work with community if they could not meet a core services due to funding levels and CDPHE would always have conversation with the LPHA first to see what kind of assistance it could provide.

Regarding the Goals, Objectives, Strategies section, this type of information could be on a form that goes to the state board of health.

- Every local plan should include this level of detail or it isn't a plan, but the SBOH doesn't need this level of detail.
- Do we just ask what strategies they are going to use to address the focus areas?
- This type of information could be aggregated in a preparation for the next state plan.
- Primary goals, primary objectives (targets/outcomes) and primary strategies to achieve each focus area is the extent of the information the state board of health would need.

What about the Winnable Battles or MCH priorities?

- Locals want the community health assessment process to count for state MCH assessment requirements
- Whoever is reviewing should just have a check list to compare.
- SBOH doesn't need this level of detail.
- The simpler and more we can combine, the better. MCH is a piece LPHAs should have in mind from the beginning.
- There may be value in CDPHE collecting and collating a summarization of what is
 happening locally with regard to priority areas and Winnable Battles. OPP can then take
 information from the plans and make a database. Some of the information may not
 necessarily need to be reported to the SBOH. Focus the plan template more on OPP
 needs.

There were no formal recommendations following this discussion.

Strategy 3: Funding and Financing-Shannon Rossiter on behalf of Mark Johnson and Lisa VanRaemdonck from the Funding Formula Task Force

The Funding Formula Task Force was formed in response to the Public Health Act, which states that a funding formula for local public health must go to rule by the SBOH. The specific pot of money is state general fund and tobacco settlement dollars that OPP provides annually to LPHAs. The Task Force met on 11/14 to consider four models with a fifth added during the meeting. The next step is to prioritize the 13 components listed within the models to see which

are favored most heavily and which can be dropped. Dr. Johnson provided an introduction to the work at the 11/18 CALPHO meeting. In December, the group will hopefully come up with recommendations to take to the larger public health community—it may be one or two formulas. In terms of a timeline, the Task Force will allow three months to gather input on recommendations from PH directors. A proposed funding formula will then go to the state board of health for initial approval. OPP will pilot the formula in the 2012-2013 contracts. The rule making process will begin in mid 2012 and take approximately 4-6 months. There is concern that the rule-making process is too much and that a better method would be SBOH approval.

CDPHE's current funding analysis process: The group has met once to try to capture and display the myriad of funding that comes in and goes out of CDPHE. Bob O'Doherty, Division Director of the Center for Health and Environmental Information and Statistics is helping to facilitate the process and make sure it is conducted in a systematic way.

Strategy 4 – Roles and Relationships-CDPHE Strategic plan implementation-Joni Reynolds CDPHE is implementing a process to assist each program in aligning the individual employee's day-to-day activities to the overall strategic initiatives of CDPHE, which were developed in the fall. Programs will meet over the next couple of months to go through this step. Aligning Priorities and Resources, could address the issues identified by LPHAs where there is a great need for a specific service and no funding. "Implement the State Plan" is another key focus area of the CDPHE strategic plan, which promotes alignment between local plans, the state plan and CDPHE operationally. The national prevention strategy talks about realignment of funding (shifting funding) from the federal level down, to better meet identified health needs.

Winnable Battles: Alyson Shupe

The Winnable Battles Workgroup met last week. The group has identified the metrics that can be used to measure progress among Colorado's 10 Winnable Battles. Alyson will share the metrics with the group, which are still in draft form. The group is also identifying strategies that can be posted on the website and recommended to achieve the Winnable Battles. The website will be launched mid December. One goal of the group is to identify an internal CDPHE champion to take the lead in each area.

Strategy 5 Workforce Development-Center for Public Health Practice: Tim Byers
The Center for Public Health Practice trained 900 people in the first year and is expecting to train 2000 this year and 3000 next year in a variety of topic areas. Next year, the Center will be rolling out basic public health training to 9Health Fair volunteers. The Center is also reaching out to AHECs, community clinics and the public health field to assess training needs.

General Updates

The County Health Rankings will be coming out again soon. NACCHO has a three-year contract with the Robert Woods Johnson Foundation to produce the health rankings and are either in year two or three. CDPHE is working with the Colorado Health Institute on the Healthiest State Report Card and we will make sure that initiative aligns with Colorado's Winnable Battles.

DECEMBER IS AN "OFF" MONTH SO THERE WILL BE NO MEETING.