

Public Health Improvement Steering Committee

September 15, 2011

Present: Jeff Zayach, Bonne Koehler, Elaine Borton, Chris Urbina, Joni Reynolds, Alyson Shupe, Karen Trierweiler, Jeff Lawrence, Karin McGowan, Stacy Weinberg, Lyle Moore. By phone: Jackie Brown, Jeff Kuhr, Jim Rada, Lisa VanRaemdonck.

Staff present: Heather Baumgartner, Kathleen Matthews, Shannon Rossiter, Kierston Howard, Sharon Adams, Jill Hunsaker Ryan, Tsering Dorjee. By phone: Kate Lujan.

Absent: Jeff Stoll, Lisa Miller, Gini Pingnot, Tim Byers, Chris Wiant, Karen Deleeuw, Glen Schlabs, Deb Crook, Chris Lindley, Mark Johnson, Roz Bedell, and Mark Salley.

Public Health Improvement Plan Status

Core Services:

- The Statement of Basis and Purpose has been revised to reflect the view of the state BOH. Provide any feedback you have to Shannon Rossiter.
- Discussion on the definition of the term “Assure” and need to move from a liability perspective to a public health perspective. The definition should not limit counties from providing direct services. The definition provided from Wisconsin was revised to more accurately reflect public health in Colorado. The agreed upon definition:
 - Assure: Address current and emerging health needs through governmental leadership and action with public health system partners. Take reasonable and necessary action through a community mix of education, services, regulations, and enforcement.
- Section 4A agreed to change title of core service: “Assessment and Planning” to “Assessment, Planning **and Communication**” this new title is more in line with PHAB
- Section 4C agreed to change: “Assure immunizations using standard protocols, and, in collaboration with CDPHE, monitor community immunization levels.” to “Assure **immunizations using established standards**, and, in collaboration with CDPHE, monitor community immunization levels.”
- Discussion regarding the need to specify collaboration between CDPHE and locals, it was agreed that in specific instances in the Core Services proposed rule the relationship needs to be specified (i.e. Data, IZ, and Communicable Disease)
- Section 4D discussion regarding MCH being a separate core service –
 - Change: “All county and district public health agencies are required to develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable.....” to “All county and district public health agencies are required to develop, implement, and evaluate strategies (policies and programs) to enhance and promote **healthy families**, healthy living, quality of life and wellbeing while reducing the incidence of preventable...”
 - Change: “3. Inform, educate, and engage the public and policymakers to build community consensus and capability to promote/support evidenced-based strategies that enable healthy personal, organizational, and community behaviors and environments.” to “3. Inform, educate, and engage the public and policymakers to build community consensus and capability to promote/support evidenced-based strategies that **enable healthy behaviors and environments for individuals, families, organizations and communities.**”
- Section 4E agreed change: “Promote preparedness of local residents and organizations by communicating steps that can be taken before a disaster occurs” to “Promote **community** preparedness of **residents, visitors** and organizations by communicating steps that can be taken before, **during and after** a disaster occurs”

Public Health Improvement Steering Committee

September 15, 2011

- Section 4G#4 agree with change: “Assure evaluation of....” to “**Assess the provision of....**”
- Section 6 Process discussion focused on “unable” vs. “unwilling” to provide/assure core service.

Agreed changes:

- “B. If a local public health agency identifies a core service that it is unable to provide, the Department will review the information submitted by the agency, with particular attention to how the agency has prioritized the core public health services it will offer, and any statutory requirements to provide these services.” To “B. **If a core service is not being provided within the jurisdiction, the Department will work with the local public health agency and local board of health to address** how the agency has prioritized the core public health services it will offer, and any statutory requirements to provide these services.”

(NOTE: Additional changes have been incorporated based on CALPHO, CCI and other county input.)

Assessment and Planning:

- CHAPS PowerPoint
- The lack of data for small counties has been an issue CHEIS would like to address
 - BRFSS written survey
 - CHEIS could buy a postal address list for counties with population 10,000 and below
 - CHEIS and OPP will coordinate to be on same schedule as Assessment and Planning sites
- The Assessment and Planning team will be doing a joint presentation with the School of Public Health at CPHA
- Possibility of funds from CALPHO to assist in learning communities

Funding and Financing

- Funding formula starting to get formed
- CDPHE has started internal discussions across programs about how funds are distributed to public health partners. This is in preparation for a broader discussion with public health partners in the future.

CDPHE Strategic Plan Process:

Internal forums going on at CDPHE, external survey to gather feedback on strategic map.

Winnable Battles:

“We are WINNING!”

Next steps:

- CALPHO meeting tomorrow in which the Core Services changes will be shared with CALPHO for their input
 - CALPHO will call for vote via e-vote
- Core Services Hearing Oct 19 in Burlington
 - Testimony – Jackie Brown, Chris Urbina and Rick Ritter
 - Kathleen and Shannon to develop PowerPoint
 - Shannon to coordinate

Meeting adjourned at 2:00 pm. **We will not be meeting in October.**

The Public Health Improvement Steering Committee will meet next on November 17, 2011 at CDPHE C1C/C1D.