

Washington State Preventive Health and Health Services Block Grant Advisory Committee Minutes

Date: Monday, April 16, 2012

Time: 10am-2pm

Location: DOH Center Point Offices, 20435 72nd Ave S, Suite 200, Kent, WA 98032

Attendees: Donna Allis (via phone), Chara Chamie, Elaine Engle, Dolly Fernandes (via phone), Maxine Hayes, Carla Huyck, Danielle Kenneweg, Paj Nandi, Julie Peterson, Reva Wittenberg (via phone)

Absent: Peter Browning, Sue Grinnell

Chair: Maxine Hayes

Facilitator: Danielle Kenneweg

Welcome and opening remarks

Maxine Hayes welcomed the group and started the meeting. She shared about the restoration of state funding for the tobacco Quitline for the general public for the next year. She discussed the pertussis epidemic. Maxine met with the Washington State Medical Association to educate providers on the importance of encouraging their patients to get a Tdap vaccine.

Approval of minutes from the last meeting

September 26, 2011 minutes were reviewed. Elaine Engle moved to approve the minutes, Julie Peterson seconded. All voted to approve.

State of the State -Maxine

- Agenda for Change: DOH is looking at the role of governmental public health with decreased funding and capacity. There are three subgroups working to make recommendations. They include: 1) Protecting the public from infectious diseases, 2) Policy and system efforts and 3) Strategic alignment with the healthcare system.
- We are primarily a federal agency since most of the funding comes from federal grants. There is a greater emphasis on results, measurable outcomes, and there is more pressure to perform. There is a greater emphasis on policy development and continued focus on health disparities.

Website - Danny

The new website will go live on April 30th, and will have greater uniformity and usability. The categories of “*You & Your Family*” and “*Community Environment*” are where the prevention information will be. There will be two ways to access the block grant information and there will be a much better search function. All agree that it would eventually be good to have each topic address the life course so there’s more interconnectivity between similar programs. Please see the handout with the DOH website article for more information on the changes.

- **Action for all:** Every link will change – please check yours because they will break.
- **DOH Action:** Elaine would like to be part of the next round of testing. Talk with Laura Blaske.

PHBG updates - Danny

- Block grant was saved in the last minutes of this year’s budget proposal.
- The award for current year is ~\$759K.
- About one month ago we learned that we will be receiving an additional amount in July 2012. We will not know for sure until it’s in writing.
- Congressman McMorris Rogers wrote a letter to CDC after seeing the success stories – they were very helpful.
- Next fiscal year, the block grant is not in the President’s budget. Our current funding can be spent until September 2013.
- There is no plan for an annual meeting of block grant coordinators this year.

Membership update - Maxine and Danny

Tim Moody has moved out of state. We need to find a replacement (please see Composition Matrix) so that we have representation from a small LHJ and funded entity. Danny talked with Peter Browning (WSALPHO Chair), Carla and Daisye for ideas.

Ideas of Administrators:

- Grant County -- Jeff Ketchel. Perhaps he can delegate to another staff person if too busy.

- Asotin County – Brady Woodbury, the new administrator
- Lincoln County – Ed Dzedzy
- **Decision:** Take these names to Peter to discuss and come back with the agency recommendation to group. Any are great possibilities, and we may be able to have more than one.
- **Action:** Danny to email Peter and will copy Maxine. If needed, Danny will set up a phone call.

HPPPS Updates - Danny

Please see the HPPPS summary handout of recent activities. One of the listed examples is the work with Tacoma-Pierce. Other states and another country are using the materials around sanitation in homeless shelters. HPPPS helped to develop lots of materials for the Prescription Monitoring Program. A significant amount of work has been done with WIC. The client's and checker's food guide used to be different documents – HPPPS helped to create one food buying guide that has been translated into eight languages. WIC retailer trainings were all redone as well. Another high profile example is that HPPPS is helping with the Child Profile expansion into email material reminders.

Other things to note:

- There has been a significant increase in the number of downloads/visitors. HPPPS has an almost 100% customer satisfaction rate. Satisfaction surveys are sent out after each project is completed.
- Please see the new HPPPS overview factsheet. Materials are hyperlinked to see project examples such as local logos, cancer survivorship care plan factsheets, etc. Very positive feedback by everyone.
- **Action:** HPPPS should add to HERE = "What are the Top 10 most downloaded/most requested documents"?
- **Action:** Maxine to follow-up with WSMA on cancer survivorship care plan fact sheets.

Sexual Assault updates - Reva

- Please see the Sexual Assault Prevention summary of recent activities for more details.
- Reva joined the program in December 2011.
- Block grant is a portion of larger funding that includes state and special funding for primary prevention of sexual violence. Services are available in all 39 counties and there is special funding for marginalized and Native American populations.
- You will notice the change in numbers. Agencies are spending more time with clients due to more complex issues and less agencies serving them, which has resulted in a drop in overall numbers served with PHBG funds.
- The state objective was changed.

Important upcoming changes:

- Beginning this grant year, the objective will change from sexual assault incidents to forcible rape reports to improve data accuracy. The old objective was between 9/09 and 9/14, decrease the rate of sexual assault incidents from 330 per 100,000 to 320 per 100,000. (Source: Washington Uniform Crime Report). The new objective is between 9/09 and 9/14, decrease the rate of reported forcible rapes from 37.5 per 100,000 to 37.1 per 100,000. (Source: Behavioral Risk Factor Surveillance System)
- Funding will change from formula to competitive beginning in August 2012 to improve saturation and impact in select communities.
- Intent is to connect with Healthy Communities programs (structural changes for safe environments) and ACES program.
- **Reva action:** Send the following data to Maxine to address her question = What percent of adolescents are in sexual assault group?

Healthy Communities (HC) program update -Carla

- Preventive Health Block Grant, Healthy Eating Active Living, Tobacco prevention, Cancer prevention, Heart Disease and Stroke, Diabetes, and CDC funding comprise Healthy Communities program. Some Injury Program funding is included for training as well.
- The program funding for LHJ's operates on the calendar year.
- Seven communities are funded in their second year (cohort 2). Please see Healthy Communities Map for more details.

Changes:

- DOH received the Community Transformation Grant (CTG) funding. Four of the Healthy Communities (HC) counties were included as CTG counties: Lewis, Yakima, Grant, and Cowlitz. Therefore, the HC program created

a “bridge grant” so that they’re funded through June 2012 with the intention that the HC work will be folded into CTG. It is harder to differentiate between HC/CTG which is very exciting.

- The three non-CTG (Lincoln, NE-Tri, and Wahkiakum counties) will have the full 12 months of funding.
- Lincoln County also received a Healthy Weight Collaborative grant – one of only 12 in the U.S.
- The Healthy Communities program is currently exploring options of using PHBG funds, along with other categorical funding, and contracting with Healthy Communities Hubs to implement capacity building and implementation with other counties in their region. The emphasis of the work will continue to be on policy, systems and environmental changes to address chronic disease prevention, specifically around healthy eating, active living and tobacco free environments.

Successes

- Cohort 1: Success stories were written about each. We have received lots of positive feedback. Examples:
 - Garfield County has built capacity and is making great strides. The LHJ is now seen as a community leader.
 - Adams County: Their Healthy Communities Coalition is now its own 501(c)3
- Cohort 2: Successes are still developing.

Office of Healthy Communities (OHC) Updates -Paj

- Chronic diseases, MCH, and Family Planning (Title X) programs are included in Office of Healthy Communities (OHC).
- Goal: Healthy Washingtonians at every stage of life. This goal ties to the broader vision of Healthy Communities Washington.
- Sue Grinnell has been promoting different learning sessions within OHC to provide common ground and understanding between merged programs.
- Please look at the Prevention and Community Health (PCH) Agenda, which aligns with Agenda for Change. Both of these sets of guiding principles are reshaping the landscape of public health in Washington state.

CTG updates -Paj

We are one of four entities in WA State to receive CTG funding out of only 65 in the U.S. Recipients are:

1. Department of Health (implementation)
2. Tacoma-Pierce County Health Department (implementation)
3. Confederate Tribes of The Chehalis Reservation (capacity-building)
4. Sophie Trettevick Indian Health Center (capacity-building)

DOH received \$3.2M/year for a five year project period. Please see CTG Overview sheet. There is a strong link to preventive clinical services – CDC’s “ABCs”: Aspirin, Blood Pressure, Cholesterol, Smoking.

- We have worked to create a statewide coordinated system through regional HC hubs (see Map) that include 11 high priority counties based on rurality, need, and health status data.
- The Seattle King County Health Department applied on their own but did not receive funding. Snohomish did not apply. Tacoma-Pierce applied and received their own funding.
- DOH CTG dollars can’t be given to Snohomish, King, and Pierce since they were eligible to apply. Leadership is having ongoing conversations on how to work with them in a parallel way.
- The Leadership Team is modeling the National Prevention Council.
- Prevention Alliance is a grant-required coalition of coalitions being managed by CHEF and Julie Peterson. Examples of those involved are the American Heart Association/American Stroke Association, American Cancer Society, American Lung Association, etc. They will review chosen strategies that can “move the needle”.
- Federally qualified health centers are one of our strong partners related to quality clinical preventive services.

We will be receiving funding for Year 2. There is a continued high level of accountability and need for focus.

The group had an engaging conversation about the importance of relationship-building through in-person discussions, focused and consistent messaging from DOH, and building life skills around communication. All are related to “collective impact”.

The group also discussed the regional hub model, and how it’s the new prevention model for our state. DOH is giving responsibility to hubs on how they spend their funding and build infrastructure, and this current year 1 (which ends September 2012) has been a period of relationship-building with them. DOH has also been coordinating trainings for local health jurisdictions. These trainings were started with PHBG funding, and CTG funding is now being further leveraged for greater impact.

Roundtable

Donna: They are reorganizing SKCHD and building a more integrated strategic plan. They are also looking at how to more fully integrate health care reform into chronic disease work.

Julie (Prevention Alliance):

- WSPHA got a RWJF grant to look at county rankings. Partners looked at (Policy, Environmental, Programmatic and Infrastructure (PEPI) changes with political reality lens. Within the next week, WSALPHO, WSPHA, Prevention Alliance, and Childhood Obesity Prevention Network will meet to determine how to cohesively reach out with impact.
- Julie is having conversations with other advocacy groups about serving on Prevention Alliance. This work involves leveraging relationships. She is looking to include experienced as well as new, fresh partners.
- By September 2012 there will be four more public housing authorities with no tobacco policies.

Danny: (Success stories):

- Success stories about work that was funded by PHBG have been very well-received. Secretary Selecky liked them and used them in her DC hill visit last month.
 - CPPW success stories were shared with members at the meeting. These will be distributed with decision-makers in the near future.
- **Action for HPPPS:** Have a Success Story session at Joint Conference on Health. Group says to definitely do it and tie them to CTG and HC program efforts.

The next meeting is planned for September 2012.

- **Action:** HPPPS to schedule.