

Preventive Health and Health Services (PHHS) Block Grant Advisory Committee

Meeting Minutes

Date: 7 November 2013

Time: 10:00am-2:00pm

Location: Kent, Room 305

Attendees: Maxine Hayes, Celeste Schoenthaler (for Donna Allis), Janna Bardi, Peter Browning, Elaine Engle, Julie Peterson, Brady Woodbury, Carla Huyck (phone), Jonathan Yglesias, Danny Kenneweg, Lindsay Herendeen

The meeting was chaired by: Maxine Hayes

The meeting was facilitated by: Danny Kenneweg

Welcome & introductions

- Maxine welcomed the Advisory Committee, and asked all to participate in introductions.

Review of minutes from 9 May 2013: Unanimous approval.

AGENDA ITEMS

Department of Health (DOH) updates

- Secretary John Wiesman has been in office for six months, and has made some significant structural changes to the Department.
- Sue Grinnell (formerly the Director of the Office of Healthy Communities and Advisory Committee member) is now Special Assistant to the Secretary on Health Reform.
- Washington received a \$1 million State Innovation Models (SIMs) Grant from Centers for Medicare and Medicaid Services (CMMS). The purpose of this planning grant is to align payers and purchasers with our focus on prevention and population health. The proposal is centered on the Triple Aim: healthy people with better care at a lower cost. The HealthCare Authority is serving as the lead agency on this grant. General information about the grant can be found on their website:
<http://www.hca.wa.gov/shcip/Pages/default.aspx>.
 - We are getting feedback from locals about how to implement SIM grant, especially about creating regional organizations to maximize preventive efforts.
 - There is a Governor's meeting this month to discuss autonomy concerns from counties. Hopefully, most people will see this as an opportunity for LHJs to take a leadership role or work with non-traditional partners positioned to take the lead.
 - **ACTION ITEM:** Share link to draft grant with Advisory Committee members. Public comment period ends November 15.
 - **ACTION ITEM:** Invite Sue Grinnell to future meeting to share final SIM proposal and work in Washington.
- Dennis Worsham was recently appointed as Deputy Secretary for Public Health Operations.

- Maxine Hayes is retiring, and DOH is recruiting for the State Health Officer position. The new State Health Officer will also serve as the Chief Science Officer and will work to increase the role of science at the policy table. Also, two Senior Epidemiologists will report directly to the State Health Officer. This will be a strong new relationship and partnership for the agency.
- There are a few other key leadership changes at DOH.
 - Karen Jenson has a new role as director of Partnerships, Planning, and Performance.
 - Martin Mueller is now Assistant Secretary for the Division of Health Systems Quality Assurance (HSQA).
 - Drew Bouton, from the Office of the Insurance Commissioner, was recently named the new director of Policy, Legislative, and Constituent Relations.
- John Wiesman also created new “Chief” responsibilities at DOH. These all relate to specific areas where John would like DOH to take a leadership role. Cross-agency workgroups will be created to address: Organizational Culture and Health, Health Equity, Return on Investment, Worksite Health and Wellness, Academic Health Department, Succession Planning, and Climate Change.
- These changes at DOH are strategically positioning us for the work ahead, and there is already a different culture emerging. Local public health has been getting updates as they go out, and they have been supportive of these changes. PHBG and its focus on prevention aligns well with these changes.

Compliance Review update

- We had a Compliance Review from CDC in July. Our assigned Project Officer and Procurement and Grants Officer came to do a review of the programmatic and fiscal sides. This was the first compliance review in Washington in over 10 years. There have been changes in the way that PHBG is managed, and CDC is making a push to increase accountability for funding and to get back on track with Compliance Reviews.
- On the fiscal side, this was a challenging day. DOH does not have an automated financial system. With limited advance information about what they needed from the visit, we could not produce what they asked for that day. We have since sent them fiscal information.
- On the program side, we got some recommendations from our Project Officer about the FY2013 WorkPlan, and we will be making these changes. Danny walked through other programmatic recommendations that we heard (see handout). These are based on notes that we took during the Compliance Review.
- CDC had 30 days to get us feedback; we have asked for updates on several occasions and have not heard anything further about the programmatic or fiscal review.
- We are proceeding with the recommendations that we heard, and we made these changes for the FY2014 WorkPlan.
- We also heard that CDC is asking us to line-item our budget for the FY2014 WorkPlan. They are setting up PHBG to function like other CDC funding.
- Some feedback we heard specific to the Advisory Committee:
 - We should think about recruiting one additional member to represent the general public. We will talk about this today.
 - We should revise our success stories to meet CDC specifications. We create our Success Stories for the Secretary of Health to bring to Washington D.C. This format is useful for us, but does not meet CDC’s criteria. We are working on these revisions.

- Maxine asked that we make sure to clarify what we heard during the Compliance Review so that we don't put in unnecessary time and effort.

Review of FY2014 Workplan

Sexual Assault

- Jonathan Yglesias recently took over for Reva Wittenberg as Rape Prevention and Education Program Coordinator.
- DOH receives Rape Prevention funds and Block Grants funds. Money goes to Department of Commerce, which funds accredited rape prevention programs through the Office of Crime Victims Advocacy (OCVA).
- For the FY2014 WorkPlan, we are keeping the same Health Objective and State Program Strategy. We updated our State Health Objective with more current data. We don't have very comprehensive resources for collecting data around sexual assault in Washington. We can track how many victims are served, but we have less information about actual victimization.
- We also provided a lot more detail in our Health Burden section based on the Compliance Review. We updated the information to provide a better picture of what is happening in Washington and provided more recent data from a 2010 survey on Intimate Partner Violence (IPV) from CDC. We also made connections to chronic disease using Washington ACES data.
- CDC also asked us to remove the Cost Burden section; we kept relevant information.
- We decided to keep 800 as target for Objective 1. Locals asked to shift to 250 as target because they were trying to shift funds. This shift may happen in the future, however, for now this money will continue to be used as it has in the past- for core and specialized services.
- Danny asked Jonathan and the group to clarify that we want 800 as the target number for this WorkPlan?
 - Yes, we agreed with locals on 800 as the number for now, and on the language in the WorkPlan.
 - We also clarified that core services include community outreach, referral, hotlines for rape crisis centers, etc. Specialized services include medical social work, evaluation, therapy, systems coordination, support groups etc.
- Maxine asked us to consider building sexual assault into assessments that we do for Healthy Communities.
- The group talked about opportunities through the Affordable Care Act to collect more data on sexual assault.
- Maxine suggested that this could be an opportunity for us to build our relationship with HealthCare Authority. We could ask HCA to work with their providers around screening for sexual violence.
 - **ACTION ITEM:** Maxine and Jonathan will connect about providing a letter to clinicians about the importance of screening for sexual violence.
- Reva was able to get 2 questions on the upcoming Healthy Youth survey for 2014 about sexual violence.
 - **ACTION ITEM:** Communicate this information to WithinReach. Are they getting calls about sexual assault, and can we get them more resources to connect people to services? This could fit well with CDC Domain: Community-Clinical linkages.
- The Advisory Committee approved the proposed work in the FY2014 WorkPlan for Sexual Assault.

Health Promotion and Communication Section (HPCS)

- We re-wrote our State Program Strategy because we re-structured our section. Danny will share more about our new structure today.
- We will continue to focus on Health Literacy as our State Health Objective for FY2014. We are working to provide materials in more languages to more people. If a program can't find funding for translation, we use BlockGrant or State money to cover the cost. However, typically when programs learn the cost, they realize it is not as much as they expected. We would like to start tracking all translations we do, even if the materials don't get posted to H.E.R.E.
- We are also beginning to think more about social media and how to target communication to different groups of people. WithinReach is a good resource as they have capacity and infrastructure.
 - Skagit heard from their medical community that they would like short messages with talking points on health topics. Social media through LHJs would be a good way to get information to providers each month. We can also share this through the Healthy Communities Hubs. This type of communication could work for some things- like physical activity. It may not work for more complex communications. For example, Office of Immunization and Child Profile is trying to train providers to engage in communication, not just deliver the message. Parents want conversations, especially around complex health decisions like vaccination.
- We are thinking strategically about how to reach sub-populations, and encourage programs to think about: who is the audience, what do we want them to do, and what is the message?
- For FY2014, we removed the objective that was about the customer satisfaction survey, and moved it into an activity based on what we heard during the Compliance Review. We now have one objective and three activities:
 - Develop a Customer Satisfaction Report
 - Develop health education materials
 - Disseminate health education materials- primarily through H.E.R.E. website.
- Maxine asked us to consider connecting with Sue Grinnell to leverage the work of the Affordable Care Act to reach adults.
- For the H.E.R.E. website, we look at web utilization statistics monthly. We publish the most frequently downloaded materials in our H.E.R.E. newsletter. The most downloaded materials have been consistent for over a year, and most are related to children's health.
- Danny shared a list of organizations that link to H.E.R.E. website. They are from across the country, including Georgetown University and Kresge Foundation.
- Health Promotion has a very close relationship to health equity work. We should make this connection and communicate this connection with our partners, Congress, etc.
 - **ACTION ITEM:** Write a Success Story about H.E.R.E. and the availability of health promotion resources in different languages.
- The Advisory Committee approved the proposed work in the FY2014 WorkPlan for the Health Promotion and Communication Section.

Healthy Communities program

- For FY2014, we decided to change our objective and activities. Our previous measures were tied to trainings and improving skillsets and capacity for local communities to do policy, environment, and systems change. We will still have trainings, but not through PHBG.

- All of the PHBG funding goes to counties that do not get CTG funding to focus on chronic disease factors. We are trying to leave it open for communities to pick specific projects around healthy eating, active living, and tobacco-free communities.
- The group discussed whether it makes sense to limit projects to active living, healthy eating, and tobacco-free environments, especially with larger context of the Affordable Care Act and SIM grant. For example, there is movement in some counties around the Affordable Care Act, and expanding the types of projects could create more opportunities for community-clinical linkages. This could be a real driver for many communities.
- Carla would be open to thinking about clinical linkages. We are not quite there this year, but maybe for next year.
- If we wait one year, we may miss the opportunity. We are in a sea-change for public health, and shouldn't miss the opportunity. If we integrate with community-clinical linkages, Affordable Care Act, and SIMS, this creates more opportunities to create a healthy community.
- Asotin County has heard that PHBG funding will be available for sustainable PSE change. The problem is that, with budget cuts, many counties don't have the infrastructure to actually do the work.
- Carla says that is why they are only targeting 8 sustainable changes across the state. They recognize that some places have had opportunities for capacity-building and planning, but are not ready to make the policy change.
- Can communities use the funding to implement policy change that has occurred at the state level, or do they have to create the policy change on their own? For example, if we get safe streets through state legislature, can communities pull partners together to implement at the local level?
- Maybe, communities should talk to their DOH Local Consultants.
- This is about thinking of partnerships to get the work done. LHJ could serve as the lead agency/backbone/fiscal support, and then get the infrastructure and resources from another partner- like a hospital, non-profit, etc. This could be beneficial for regional changes.
- Although the funding is going through the hub, it is not intended only for LHJs. The goal of the Healthy Communities program is to get those changes, without getting stuck on the "who." Exciting thing about these funds is that they are starting to blend- it is all about making the healthy choice the easy choice for residents in our state.
- The Advisory Committee approved the proposed work in the FY2014 WorkPlan for the Healthy Communities program.

Approval of FY2014 Workplan: Unanimous approval.

- Maxine moved to let the record show that the Advisory Committee approves this draft of the FY2014 WorkPlan.

Brainstorm new general member

- One recommendation from the CDC Compliance Review was that we should add an additional general public member.
- The group discussed recruiting a new member from: communities where our Advisory Committee members live, communities of color, LHJ community advisory boards, tobacco contractors, universities, State Ethnic Commissions, Center for Multicultural Health, and the Yakima area.

PHBG updates

- Management at CDC is changing. We have more communication and connection with our project officer. They are having quarterly conference calls with all the states, and will be holding webinars for CDC's 4 domains (Epidemiology and Surveillance; Environmental approaches; Health System Interventions; Community-Clinical linkages). CDC may wait to open the FY2014 WorkPlan application until we have had this training.
- They have also organized regional project officers. Our project officer has Washington, Oregon, Idaho, and Alaska. There will also be the same project officer assigned for different programs (e.g. PHBG, chronic disease, etc.). This was in response to feedback that states get different information from different project officers for different programs.
- As you know, there is no federal budget, and PHBG is not in president's budget. We are anticipating that Congress will put PHBG back in the budget.
 - **ACTION ITEM:** Brief Dennis Worsham (new Deputy Secretary for Public Health Operations) on PHBG. It may be strategic for him to understand PHBG and the 4 domains.
- The authorizing legislation for PHBG states that the Advisory Committee chair must be Secretary of Health or designee. As Maxine retires, we will follow-up with John Weisman about whether he would like the chair to remain the State Health Officer, or appoint a different designee.

Roundtable updates

- **Danny: CTG Infographics**
 - There was a CTG celebration in October where the CTG Project Officer came from CDC. Each Hub developed infographics to share outcomes from PHBG, CTG, and other funding streams in their regions.
 - The group discussed the possibility of using infographics like these to communicate the work that we do with legislators.
- **Celeste: Seattle King County**
 - Chronic Disease and Injury Prevention is working on FY2014 WorkPlan, and thinking about training community health workers.
- **Julie: CHEF**
 - Prevention Alliance met in September.
- **Brady: Asotin**
 - We had someone working on non-smoking policies and community gardens through our non-CTG funds, and we ran out of funding for the position.
- **Peter: Skagit**
 - We recently inherited our EMS program and Jail Health Clinic. We are using these as avenues to keep people healthy. For example, we are going to get names of people that are frequent users of EMS and ER and send Medical Corps members out to do prevention work. Insurance plans and hospitals are excited about this and thinking about ways that they can pay for this.
- **Elaine: Spokane**
 - The Spokane Regional Transportation Council is assessing needs of planners around active transportation. They held a few workshops, and several BOH members also attended. This is a good example of working with non-traditional partners to move things forward.
 - Infographic from Spokane was shared at the last Board of Health meeting.
- **Maxine: Early Childhood Development**
 - DOH got one of 5 grants on essentials of childhood. The funding is for 5 years to figure out the public health role in early childhood development. The Advisory Committee should keep track of this work.

- **Danny: Health Promotion and Communication Section (HPCS)**
 - We combined the health promotion and web/communications team in our division in September. We are now the “Health Promotion and Communication Section,” and are trying to figure out our processes as a new team.
 - We are changing our organization, and are forming teams in two ways.
 - First, teams will be based on skillset: health educators, health literacy specialists, and information designers.
 - Second, teams will align with the PCH agenda: communicable disease, community health, and health care systems.
 - The three supervisors in our section will be responsible for leading these teams, and making sure work aligns with Agenda for Change, Results Washington, and other agency and division priorities.
 - We are also hiring three new positions: one HSC 4 (supervisor), and two HSC 3 positions.
 - We are also thinking about the web as a health literacy tool, and ways to use social media.

Next Meeting: May 2014, or after we have a budget and WorkPlan for FY2014

Special thanks to Maxine Hayes for all of her work and dedication to this group and the Preventive Health and Health Services Block Grant.