

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

Meeting Minutes

Date: 5 May 2014

Time: 10:00am-11:00am

Location: Conference Call

Attendees: Donna Allis, Elaine Engle, Lindsay Herendeen, Danny Kenneweg, Brady Woodbury, Dennis Worsham

Provided input via email: Janna Bardi, Julie Peterson

The meeting was chaired by: Dennis Worsham

The meeting was facilitated by: Danny Kenneweg

Welcome & purpose of the meeting

- PHBG received additional funding in January. We need to submit a revised budget and WorkPlan to CDC by May 9.
- Before we submit a revised WorkPlan, we need to hold an Advisory Committee meeting and public hearing. The Public Hearing is scheduled for Thursday, May 8.

AGENDA ITEMS

Introduction to Dennis Worsham

- With Maxine's retirement, Dennis Worsham was designated as the new chair for the PHBG Advisory Committee.
- Dennis started as Deputy Secretary for Public Health Operations in January, and oversees inter-departmental teams from divisions, emergency preparedness, and informatics.
- Danny invited members to introduce themselves, the work they do, and their role on the Advisory Committee.

PHBG Updates

CDC changes

- Moved funding to Affordable Care Act's Prevention and Public Health Fund, instead of through appropriation. We haven't heard anything official from CDC, but with this change, we anticipate an increase in accountability and reporting.
- Moved management from National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to Office for State, Tribal, Local, and Territorial Support (OSTLTS). This office is at a higher level of CDC with different leadership. We have not heard an official transition date, but we anticipate June. We have received a lot of communication from CDC the last two weeks, and are assuming they are cleaning up loose ends before the move happens. We have heard that CDC staff will transition from Chronic Disease to OSTLTS with the Block Grant, but nothing is official.

Budget

- The federal budget signed in January doubled PHBG from \$63 million to \$135 million. Funding for Washington State doubled from \$712,000 to \$1.4 million.
- Funding for the Sexual Assault set-aside was not increased in the federal budget.
- CDC has stated that an additional allocation table will be released later this fiscal year, which may increase funding to \$1.5 million.
- The additional PHBG funds for 2014 will be split between Health Promotion and Healthy Communities, with the majority of increased funds going to local communities.
- Although this looks like a big increase in dollars for Health Promotion, all indirects for the \$1.4 million will come out of this increase (approximately \$100,000).
- Danny has been working with Janna Bardi, Pama Joyner (her deputy), and Paj Nandi (Community-Based Prevention) to figure out how to allocate additional funds to local communities (approximately \$850,000).
- One big unknown is whether this will be a 1-year increase, or maintained for multiple years. Patty Murray and Paul Ryan planned for this to be a 2-year omnibus budget. We don't know if this will keep Block Grant at current \$1.4 million, or if it will go back down. We do know it is currently out of the President's budget. Block Grant is always taken out of the President's budget, and later saved by Congress.
- The Community Transformation Grant (CTG) funding at the federal level is coming to an end in September. This was unexpected because it is mid-way through a five-year project period (ended 2 years early). Additional dollars allocated to PHBG and Heart Disease and Diabetes is to help offset some of the CTG funding.

Proposed FY2014 WorkPlan revisions

Sexual Assault

- The state health objective, impact and process objectives, and annual activities will remain the same.

Health Promotion and Communication Section (HPCS)

- The state health objective, impact and process objectives, and annual activities will remain the same.
- Health Promotion will use additional funds to increase full time equivalent (FTE) positions from 3.7 to 4.7. The additional FTE is spread across 9 positions.

Healthy Communities program

- The state health objective, impact and process objectives, and annual activities will change for FY2014.
- The proposed changes will align outcomes and activities with Results Washington, the new performance management program developed by Governor Inslee in Washington State. Some additional funds may also be used for full time equivalent (FTE) positions.
- Office of Healthy Communities has approved these proposed changes.
- Impact/Process Objectives are very specific around healthy weight and cigarette smoking. Annual activities reflect things already going on in communities. We will be using measures from existing reporting systems so that programs do not need to create new measures.
- The data that we will report is at the Statewide level. At the activity level, Technical Consultants will be collecting information from counties they serve (regardless of funding source) and reporting from a system they already use.

Advisory Committee discussion of proposed revisions

- Appealing that we are not trying to create brand new things, and that this money is supporting work that is already happening and has a reporting mechanism in place—especially since we don’t know how long this funding level will be maintained. All of these activities are things we should be focusing on, and all are important. This work can be enhanced without a lot of additional work at the local level.
- Brady, can you share what you said about not having capacity to do this work?
- Asotin County is down to 6 staff, and just downsized offices from 5,000 to 1,800 square feet. We simply don’t have the capacity to do the work. At least 25% of pregnant women in our County are smokers, and half of our WIC moms are smokers. Our 10th graders smoking are also increasing. We have trouble with all of these problems, but we don’t have much of a way to address them with our current staffing levels.
- We’ve also heard you say that the amount we can get to you wouldn’t be enough to hire new staff, and capacity of current staff is not sufficient to do the work.
- Right, Asotin County does not have enough funding to make staff feel certain that they will be able to work with us in the future. If we took on more funding, the responsibility to do the work would probably fall to me—no one else would be available to do it.
- Public Health Seattle-King County (PHSKC) asked what the allocation to local communities will look like.
- We have a couple different scenarios. Ultimately, the decision for local funding is up to John Wiesman. In addition to PHBG changes, there is also the loss of CTG and probable increase of Heart Disease and Diabetes funding. There is multi-sector thinking around chronic disease funding. Right now, we know more about Block Grant than other funding sources for chronic disease. The ultimate decision will be at highest level in Department of Health.
- Did you talk to CTG hubs? Are you going to talk to the state-level, non-CTG funded counties?
- Yes, we are doing a series of conference calls to gather LHJ and community-based organization feedback about all of these funding changes. We are scheduling 4 different calls, and sending out an electronic survey. All of this will feed into John’s decisions.
- We also just had a Healthy Communities leadership group meeting where we talked about this. University of Washington is collecting information about the hub model to see what has worked and what can be improved.
- The state is committed to healthy communities work. CTG was a funding stream by which we did this work. We are going to continue to do healthy communities work, and to determine the needs across the state and how can we meet these objectives. PHBG is one funding stream that can help to do that.
- CDC is asking for more success stories, and we are planning to share more success stories about these activities. Julie shared via email that we need to keep our decision-makers connected and up-to-date about the work that we are doing (*we will talk more about Julie’s comments at the meeting on June 13*).

Approval of FY2014 Workplan: 4 yes, 1 opposed

- (*Janna Bardi and Julie Peterson approved this draft of the FY2014 WorkPlan via email. We are retaining a record of their response.*)
- Donna Allis opposed the plan on behalf of PHSKC pending more information about the prioritization process and allocation of funding to local communities, and pending discussion with PHSKC leadership.
- We will have more opportunities to make revisions to this WorkPlan. We are hoping you will approve this proposed approach. To move forward and submit a WorkPlan by the

May 9 deadline, we need to be able to hold the public hearing on Thursday, and to move this into approval for CDC.

- Dennis moved to let the record show that the Advisory Committee approves this draft of the FY2014 WorkPlan. We will move forward with this version of the 2014 WorkPlan, and are committed to having larger conversations about chronic disease funding in the state in the coming weeks as we get more information about various funding sources. We will continue this conversation and share more details as they become available at the meeting on June 13.

Next Meeting: 13 June 2014 (Friday), 10:00am-2:00pm, Kent Room 305