

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

**Date:** September 26, 2011

**Time:** 10am to 2pm

**Location:** DOH Center Point Offices, Suite 200, Kent

**Attendees:** Donna Allis, Peter Browning, Elaine Engle, Dolly Fernandes, Sue Grinnell (via phone), Maxine Hayes, Carla Huyck, Danielle Kenneweg, Daisye Orr

**Absent:** Julie Peterson

**Chair:** Maxine Hayes

**Facilitator:** Danielle Kenneweg

## **Welcome and opening remarks**

Maxine Hayes welcomed the group and started the meeting

## **Approval of minutes from the last meeting**

May 9, 2011 minutes were reviewed. Elaine Engle moved to approve the minutes, Donna Allis seconded. All voted to approve.

## **State of the state**

Maxine Hayes reported on the limited revenue sources, the current state budget, and the proposed reductions we will need to make. She also noted that the CDC is experiencing one of the largest cuts in history and that the Preventive Health and Health Services Block Grant (PHHSBG) is not currently included in the President's budget. She stated that we need to prepare for the potential elimination of the PHHSBG and that one purpose of today's meeting is to get input into the prioritization process for state government.

## **Modernization updates**

Danielle Kenneweg shared a hard copy of an email send to the PHHSBG Advisory Group in early June about the modernization of the Prevention and Community Health (formerly Community and Family Health) division at the Department of Health (DOH). She reported that the division leadership team spent over a year thinking through what work needs to get done and how best to organize the division to get that work done. The team also looked at external influences that shape our work including health reform, the Agenda for Change, and budget reductions. Ultimately, the division was restructured into four offices:

- Office of the Assistant Secretary
- Office of Healthy Communities
- Office of Immunizations and CHILD Profile
- Office of Nutrition Services.

As part of this restructuring, the Infectious Disease and Reproductive Health Office moved to the Epidemiology, Health Statistics, and Public Health Laboratories division.

Danielle provided details on the newly expanded section within the Office of the Assistant Secretary that she manages called the Health Promotion Practice and Policy Section (HPPPS), which is currently funded in part by the PHHSBG. She shared an organizational chart for the new section and noted that the section has three distinct bodies of work: health promotion, performance and accountability, and legislative and policy work. Danielle stated that she had also envisioned including partnership development in the scope of work done by HPPPS, but the staff capacity doesn't currently exist.

Sue Grinnell, director of the Office of Healthy Communities (which also receives PHHSBG), provided more detail on the five sections in this new office. The sections are:

- Surveillance and Evaluation (Riley Peters, manager) – centralized epidemiology and assessment
- Practice Improvement (Anne Shields, manager) - includes the program work of asthma, diabetes, genetics, heart disease and stroke prevention, medical home, and children with special health care needs
- Community Based Prevention (Paj Nandi, manager) – includes the program work of adverse childhood events, coordinated school health, healthy communities, oral health, tobacco, and nutrition, physical activity and obesity prevention

- Access and Care Coordination (Kathy Chapman, manager) – includes the program work of teen pregnancy, family planning, and early childhood development
- Partnerships, Planning, Policy, and Operations (Pama Joyner, manager) – includes partnership development and operations coordination for the office.

Maxine Hayes stressed the importance of the life course approach and that we need to focus earlier upstream to prevent some of the downstream evidence. She noted that children’s health can’t be separated from adult health – it is one continuum over the life course. We need to look at maternal and child health as being chronic disease prevention at its best, but we also need to look at the policy, system, and environmental changes that will support this work.

### **PHHSBG updates**

Danielle provided an update on the current situation of the PHHSBG. For 2011, there was a 23 percent cut in the last quarter that resulted in a reduction to the Healthy Communities program and HPPPS. The Healthy Communities program recovered most of the funding through other sources and HPPPS is currently doing projects for other programs to help with the cut. For 2012, the PHHSBG is eliminated in the President’s budget and there is not a lot of optimism that it will be restored. Congress is currently discussing the continuing resolution as 2012 funding should start this weekend. Without 2012 funding, there will be a significant impact on the Healthy Communities program and HPPPS. The Centers for Disease Control and Prevention is requiring states to submit applications for 2012 funding despite the uncertainty about its stability. HPPPS is planning to submit an application by October 15<sup>th</sup> for the maximum amount.

Tim Moody has resigned from the PHHSBG Advisory Committee. Due to the uncertainty of funding, Maxine and Danielle decided not to seek a replacement at this time. If the funding is restored, they will seek a representative from a funded local health jurisdiction in eastern Washington.

Danielle shared that she and Sue Grinnell have discussed continuing the advisory group even if the PHHSBG is eliminated as a general prevention advisory group. Peter Browning supported this idea. Sue reported that the Department of Health will be developing a comprehensive state chronic disease plan and it would be helpful to use this group as a means to engage stakeholders in this work. Peter noted that defining the criteria for “chronic disease” will be an interesting discussion, especially when it comes to diseases like HIV and Hepatitis C. He offered his involvement in this discussion as it proceeds. Maxine stressed the importance of starting any chronic disease plan with the health of women in childbearing years and that our policies must follow the science.

### **Review of the proposed plans for FY 2012**

Danielle led the group through a review of the proposed plans for submittal in the 2012 application. She shared that our proposed plan is not very different from what was last year and that our funding request is divided into three categories, each of which is tied to a Healthy People 2010 objective.

#### **Health Promotion Practice & Policy Section (HPPPS) - Danielle**

- Primary strategy is improving health literacy through the development of culturally and linguistically appropriate educational materials. There is a need to add more to the annual activities to show the progress made since the previous baseline. Elaine Engle voiced her concern that the lack of funding will leave a huge void in the state without this function. Maxine urged the group to look at community organizations that now exist to do this work as potential options.

#### **Office of Healthy Communities - Carla**

- Primary strategy is to support local health jurisdictions in their healthy communities work to prevent chronic disease by implementing policy, systems and environmental change strategies. The plan is to continue this work and expand if possible. There is a need to continue to support training and epidemiology needs for this program. Due to the PHHSBG reductions, the amount given to cohort 2 counties in their implementation year is reduced. Danielle shared that the training provided last year was open to all local health jurisdictions and the content is applicable to any public health problem or issue.

#### **Sexual Assault Prevention – Dolly**

- The entire amount of PHHSBG funds goes to the Department of Commerce who distributes it to community sexual assault programs. The funding is used for services such as treatment of rape victims, medical treatment, legal advocacy, and crisis intervention. Approximately 20,000 people are

served per quarter. The Department of Health is currently working with these programs on outcome evaluation.

- o Dolly also shared that there are deep cuts proposed to the Injury and Violence Prevention program at the Department of Health. They have received three new grants, but they are for very specific work and the funding only goes to positions and not training or capacity building.

Decision: The PHHSBG Advisory Group voiced their support of this application and continuing the work proposed within it.

### **HPPPS customer satisfaction survey results**

Danielle shared the results of the first HPPPS customer service survey in order to give the advisory group an idea of the scope of work completed by this section. A total of 35 customers were surveyed with a 97 percent response rate. The responses were overwhelmingly positive. This data will be shared in the PHHSBG annual report in February.

### **Prioritizing HPPPS functions**

Danielle shared information about the current funding situation for HPPPS and asked the advisory group to prioritize the current functions to help the section focus its work if the PHHSBG funding is eliminated. The four primary functions are the H.E.R.E. website, training, health promotion, and graphic design.

- Elaine Engle voiced a need to keep a core of health promotion and graphic design capacity and back off on the H.E.R.E. newsletter for awhile. She said training is essential, but that maybe it can be put on hold for awhile.
- Peter Browning agreed with Elaine. He said training is essential, but wondered about asking for compensation from local health jurisdictions. He said he wouldn't get rid of any function entirely, but just some pieces of each. Peter also said that losing H.E.R.E. would be a huge loss for smaller counties where health education staff no longer exist. He suggested that HPPPS should always charge customers (internal & external) for services provided. This gives programs a real picture of true costs.
- Donna Allis suggested looking at the extensiveness of the H.E.R.E. website and whether it can be scaled down. She said training is very important and discouraged asking local health jurisdictions to pay for it.
- Maxine Hayes put health promotion at the top of the list. She recommended stronger connections with the Prevention Research Center at the University of Washington. They may have the capacity to do some of this work. Maxine also stated that MCH needs to do more with Health Promotion as it relates to the life course approach.
- Julie Peterson (Danielle talked with her by phone earlier in the week) ranked training the highest and then technical assistance for helping communities implement what they've learned during training.

### **Success stories**

Carla Huyck shared the success stories that HPPPS edited and designed on the first cohort of Healthy Communities counties. Several legislators gave positive acknowledgements about receiving these stories.

### **Round table updates**

- Donna Allis (Public Health – Seattle & King County) noted that they are in the home stretch of Communities Putting Prevention to Work (CPPW) planning through March and that they are working on no-cost extension ideas.
- Peter Browning (Skagit County Public Health) shared information about a training he had done recently with older adults on sexual health.
- Maxine Hayes (Department of Health) is currently doing a continuing medical education training for Clark County Public Health with providers on the non-clinical determinants of health. There are currently 60 providers signed up. The purpose of the training is to help providers see themselves as part of public health work.
- Elaine Engle (public citizen) reported that the Spokane Regional Health District has decided not to produce a comprehensive chronic disease plan, but is aligning themselves with educational attainment priorities.

### **Closing and next steps**

Danielle stated that she will keep the advisory group informed about 2012 PHHSBG funding. If funding continues, she noted that we will schedule a meeting in the spring. Elaine Engle requested that the meeting be after April 12<sup>th</sup> so she can participate in person.