Community Health Advisory Committee
Minutes

January 10th via webinar
9:00-11:00

Attendees:
(In room): David Hudson, Cindy Green, Lindy Henry, Ty Oehrtman, Janna Bardi, Pama Joyner, Kathy Lofy [Facilitator], Rabeeha Ghaffar, Cori Tarzwell, Lacy Fehrenbach, Janice Baumgardt, Daisye Orr, Kathy Chapman, Patti Miller, Patti Jo Farr.
(On Webinar): Julie Peterson, Ann Bustamante, Sharon Freeman, Adrienne Dorf, Mariel Mehdipour, Yolanda Fong, Sue Anderson, Jan Omland, Lisa Rakoz, Kim Eads, Miae Aramori, Brady Woodbury, Laura Martin, Kathleen Nelson, Jo Montgomery, Tara Bostock, Lindsay Hovind, Lynn Nelson, Sharon Beaudoin, Charlotte Claybrooke, Caitlin Hill, Marguerite Ro, Melissa Putman.

Meeting Objectives

1. Discuss Preventive Health and Health Services Block Grant proposed work plan and budget:
   Feedback requested
2. Provide updates on:
   • Governor’s Budget
   • Partner Activities

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<td>9:00 a.m.</td>
<td>Welcome and Introductions</td>
<td>10 minutes</td>
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<td>9:10 a.m.</td>
<td>Governor’s Budget Update/Legislative Update</td>
<td>30 minutes</td>
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Janice Baumgardt – PCH Legislative and Policy Manager -
Presented information on Governor's budget; not much to provide
on federal budget. The final federal budget was not passed, so we
are in another continuing resolution until March. See attached
handouts for details of Governor’s budget and DOH legislative
priorities. There was a brief discussion of Tobacco 21 and other
DOH agency request legislation. There was a brief discussion on
Healthiest Next Generation (HNG) funding. Janice clarified that
while funding for specific positions related to HNG was not
provided in the Governor’s budget, there is the provision for funding
for grants to communities that support the HNG initiative. Janna
added that the Governor remains committed to the HNG work.
Lindsay Hovind reported that Tobacco 21 (HB 1054, SB 5025) is
going well. They are also planning a youth focused lobby day at
the capital March 7th. They have found support on both sides of
the aisle; as of this meeting, 50 legislators had signed on in
support. This Governor’s budget does include money to offset any
decrease in revenue from the increase in tobacco age.
Kathy: One focus area for this group is the Preventive Health and Health Services Block Grant. This grant provides all fifty states, Washington D.C., two Native American tribes and eight U.S. territories with funding to address their unique public health needs in creative and innovative preventative health solutions.

Every year, each state develops a work plan which describes how we will invest in these solutions. These funds are intended to revitalize existing public health programs. All states seek advice and input from the public when deciding how to allocate funding. In our state, this group, the Community Health Advisory Committee advises the Department of Health on activities to include in our annual work plan. This is the first of two meetings (the next being the April meeting) where we are asking for your input into this work plan.

9:40 a.m. **Preventive Health and Health Services Block Grant**
Lindy and Ty
Lindy presented slides outlining grant, background, timing, details, and what we hope to accomplish today – see attached PDF for details. Lindy:

- CDC has not yet announced how much money Washington State will receive in 2017. That announcement usually occurs sometime in March.
- To try and stay ahead, we like to plan with the assumption that funding will be level from year-to-year, which is usually true. As such, we are expecting to receive approximately 1.5 million dollars.
- This funding is designed to “fill gaps” where other funding might get us close to a goal, but we need a little extra support to cross the finish line.
- Historically, DOH has distributed block grant funding across the three programmatic areas listed here: Sexual Assault Prevention, which is actually one component that is a statutory mandate for this funding, as well as supporting innovative projects at the community level, and finally promoting health literacy.
- I’m pleased to report that this year DOH is proposing no change to this distribution plan.
- Sexual Assault Prevention and Support for Sexual Assault Survivors: the grant actually requires us to fund this work in some capacity, we have flexibility in what that strategy is. We plan to allocate approximately 10% of the total award for this. Those funds are sub-granted to the Office of Crime Victim Advocacy at the Department of Commerce. That program provides counseling and support services to victims of Sexual Assault across Washington.
- The largest allocation, 60% of the total award goes to the Department of Health, Office of Health Communities. This office retains a small portion to support the Community
Health Worker Program at the state level. The majority of the allocation will be sub-granted to local agencies working on innovative policies, systems and environmental changes and other strategies that support tobacco-free living, healthy eating, active living and linkages to clinical preventative health services. In 2016 that meant that approximately $910,000 went out into the community across Washington. We expect about the same amount to go to out to communities in 2017.

• The last portion of the funding, about 30%, is designated to promote health literacy. This portion of the funding is implemented at DOH by the Health Promotion and Communication Section, that’s the group I lead. Our section also coordinates all the work for the Preventative Health Block Grant. The Health Promotion and Communication Section is a group of health educators, communicators and designers in the Prevention and Community Health Division. We support all the other offices and units in the Division as they create health education resources and communication campaigns. For example, we might help design posters or brochures on a wide variety of topics; create web webpages, educational videos, online learning programs or social media-centered education or awareness campaigns.

• Finally, our section maintains the Health Education Resource Exchange, known as H.E.R.E. This is a website that warehouses health education resources that you can access, print and distribute in your own community. We’ll talk a bit more about H.E.R.E. in a few minutes.

• We are committed to ensuring that educational resources that come from DOH are culturally and linguistically appropriate and promote health literacy. We remain committed to promoting health literacy, we believe this is a very important area of focus to promote better health outcomes for all Washingtonians. Therefore, we are proposing to continue using 30% of our total block grant allocation to promote health literacy.

• Poll was conducted to vote on moving forward with this proposal. After a few clarification questions, the group moved with 93% of the vote to move forward.

Discussion on H.E.R.E. and health literacy (Ty)

• What does health literacy mean to you?
  People having the information they need to make healthy choices; CLAS standards – being culturally and linguistically able to understand the information; closely related to where people get their health information; helping parents have the knowledge to teach their children best practices (nutrition etc.); knowing what to do with the information you have received; knowing how to speak with your medical provider;
• What are your views about the status of health literacy in Washington?
  Washington isn’t in a bad position, but we could do more; we are challenged by reaching people where they are; we could do better using social media; king county really emphasized emergency preparedness; helpful to translate materials into various languages; need to be considerate of changing demographics; suggestion that it might be interesting to do a survey; there’s a difference in health literacy between prevention and diagnosis and treatment.

• What can Washington do to promote better health literacy?
  We could certainly improve; make sure info is getting out to high school aged kids; “sorting the source” meaning understanding which information is coming from where and what is accurate or not; Wondering what we are doing within our provider training at all levels to help familiarize providers in training around CLAS, health literacy, phases of care, etc.; importance of culturally appropriate information and delivery.

• Where/how do educators in your community access educational resources that promote health literacy?
  In Kitsap, they go directly to sources like CDC or AHA. Try to adapt those materials to make it feel more local; sometimes Google other communities they know are already doing the work; from community health workers; think about other mediums rather than printed documents, or multiple modes for each type of content.

• How might community-level public health champions use H.E.R.E.?
  More locally focused materials; improve the intersection between health literacy and access; could improve here by connecting it with the geocoded mapping services; community comes to local health to help filter out the irrelevant info and focus specifically on their need; making documents easily adaptable for local communities.

• What types of educational resources are needed at the community level?
  Better filter and search features; GIS mapping; trying to use social media more, particularly using videos; need more help/resources with social media and public disclosure issues around some of those mediums (eg: snapchat); podcasts; short videos without need for sounds.

• When new or revised educational resources do become available, what new and innovative ways can the Department of Health use to get those out to the community?
  Do more with social media; send the messages out multiple times through multiple mediums; utilize CHW network; CHW conference in April; use advertising concept of “key informants”; community champions/popular opinion leader model; introduce HERE as resource during CHW training; link HERE on 211 network and possibly WithinREACH.
Member Updates

- **Charlotte Claybrooke—Department of Transportation:** Attempting to increase walkable communities; Between 2005 and 2015, $71 million was invested in Safe Routes to School projects. 109 programs are complete and we are seeing increase in people being active: 22.2% of children in WA walk or bike to school. This is an increase from 19% in 2014 and higher than the national average. Unfortunately, serious injury while walking or biking has continued to increase (it was at 9% in 2016 and the goal to get that to zero by 2030). DOT is working towards policies or strategies that can get those numbers down with the help of the Pedestrian Safety Advisory Council. They are also working on complete streets ordinances. There was a large increase from 2015 with 30 orgs to 84 in 2016. Complete Streets Rewards Program announcing awardees shortly.

- **Maie Aramori—Tacoma-Pierce Health Department:** “No Resets,” the anti-vaping campaign has had great success. The campaign can be found here and also below under resources: [http://www.tpchd.org/health-wellness-1/tobacco-prevention-control/no-resets-vape-no-game/](http://www.tpchd.org/health-wellness-1/tobacco-prevention-control/no-resets-vape-no-game/)

- **Caitlin Hill, HLC:** Caitlin reported that their work with ACHs in their region is going extremely well. They have also been working with the Cascade Pacific Action Alliance on marijuana prevention work (recruiting youth CHWs for this work). They have formed a regional health alliance with a behavioral health advisory board and are aiming to gather authentic community input.

- **Marguerite Ro, Seattle-King County:** Marguerite reported that they have developed infographics and a video around tobacco prevention. Links are below under resources and here:

- **Adrienne Dorf, Department of Early Learning:** Due in part to Child Care Development Fund requirements, DEL is working to develop online videos for health care providers. One of the challenges has been engaging the child care community as advisory members.

- **Julie Peterson, Foundation for Healthy Generations:** They continue to closely monitor the leg session. Updates can be found in the weekly health policy newsletter and you can subscribe here (link also included in resources below):
  Health Policy Newsletter: [http://healthygen.org/resources/health-policy-newsletter](http://healthygen.org/resources/health-policy-newsletter)

- **Lisa Rakoz, OSPI:** OSPI will be holding six trainings between now and May on the newly released K-12 health/physical education standards. The Student Support
Conference, which has been steadily growing in attendance, will be held May 11-12 in Yakima. More information on the conference, including contact information if you are interested in presenting, can be found here: https://www.pdenroller.org/esd112/Catalog/Event/22998.

OSPI is also requesting feedback on the Every Student Succeeds Act (ESSA). You can find more information and provide feedback here: http://www.k12.wa.us/ESEA/ESSA/

RESOURCES TO SHARE:

From Tacoma-Pierce, anti-vaping campaign:

http://www.tpchd.org/health-wellness-1/tobacco-prevention-control/no-resets-vape-no-game/

From Seattle-King County:

Smoke-free environment video:

Tobacco infographics:

From the Institute of Medicine on the health effects of marijuana:

From Foundation for Healthy Generations, Health Policy Newsletter and subscription link:
http://healthygen.org/resources/health-policy-newsletter

10:55 a.m.  Next Steps and wrap up  5 minutes

Save the date: Next meeting will be April 18th from 9-12 at our DOH Tumwater office. We look forward to welcoming you here in Tumwater! Details on location and the agenda will be sent out ahead of the meeting.

Topic suggestion: PPHF fund