

CONSORTIUM FOR A HEALTHIER MIAMI-DADE
 Executive Board Meeting
 December 12, 2011

TOPIC	DISCUSSION	ACTION NEEDED
Members Present	<p>Ann-Karen Weller (MDCHD), Bridget Smith (MDCHD), Yessica Gomez (MDCHD), Adam Levy (CBS4 Television), Shelley-Anne Glasgow (Health Council of South Florida)</p> <p>On the phone: Imran Ali (Community Action Agency), Rooney Brodie (South Miami Hospital), Anamarie Garces (Urban Health Solutions)</p>	
Welcome and Introduction	The Executive Board of the Consortium for a Healthier Miami-Dade was brought to order by Karen Weller at 9:06 a.m. All board members were welcomed and introduced.	
Approval of Minutes	Meeting minutes for September were reviewed by members. The minutes were approved by Imran Ali and seconded by Adam Levy.	
Committee Quarterly Reports and Workplans	<p>Committee Quarterly Reports and Workplans</p> <ul style="list-style-type: none"> • The final quarter report of the year, which was originally due January 15th will now be due on December 16th to allow sufficient time to develop the Consortium Annual Report prior to the annual event. • Karen Weller requested the most updated workplans from all committees. 	
Consortium Annual Event and Updates	<p>Yessica Gomez provided the following Consortium updates:</p> <ul style="list-style-type: none"> • As of December 1st, 350 members are registered members of the Consortium. A membership summary was provided as an attachment with specific committee membership information. <p>Annual Event Updates: Guidelines were drafted in preparation for the annual meeting to summarize Chair/Vice-Chair responsibilities.</p> <ul style="list-style-type: none"> • Committee presentations should be 8-10 slides and should include the following: description, goals, initiatives, accomplishments/highlights and committee plans moving forward. • Committees not presenting have an option of a booth or poster; however, additional suggestions were welcomed. Chairs/Vice-Chairs should identify 1-2 members who will be responsible for either the booth or poster during the event. • All presentations and posters are due on January 6, 2011. • All committees will have the opportunity to recognize one member. The member's name and information will be due no later than December 16, 2011. • All items are due to Yessica Gomez via email on the date established in the guidelines. • Karen Weller added that all past Chairs/Vice-Chairs will be recognized at the annual event. 	

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<p>CPPW Updates</p>	<p>Bridget Smith provided the following CPPW updates:</p> <p>Goal 1: Strengthen the Consortium</p> <ul style="list-style-type: none"> • Several strategies have been implemented to strengthen and standardize the Consortium. The committee membership has exceeded the CPPW goal. • Multiple leadership meetings have taken place during the year. <p>Goal 2: Mass Media Campaign</p> <ul style="list-style-type: none"> • Make Healthy Happen commercials continue to be aired, as well as radio announcements through the various media outlets. • Another assessment will be conducted to identify the level of exposure to the media campaign. <p>Goal 3: Child Care Centers</p> <ul style="list-style-type: none"> • Currently in the phase of introducing and passing the policy to reduce screen time and implement specific nutrition standards. <p>Goal 4: Farm-to-School Nutrition</p> <ul style="list-style-type: none"> • The farm-to-school and healthy vending machine initiatives are doing well and will be evaluated during the next couple of months. • MDCPS is asking for additional funds to install vending machines in middle schools. • MDC Parks and Recreation will be installing their healthy vending machines within the next month. <p>Goal 5: Physical Activity in MDCPS</p> <ul style="list-style-type: none"> • The SPARK and Fitness Gram data is being analyzed by Health Council of South Florida. • Alliance for a Healthier Generation announced their mini-grants. <p>Goal 6: Access to Healthy Foods via Convenience Stores</p> <ul style="list-style-type: none"> • South Florida Regional Planning Council and Florida International University will be initiating the Nutrition Environment Measures Survey (NEMS) assessment within the next week or two. <p>Goal 7: Farmers' Markets</p> <ul style="list-style-type: none"> • Several new and updated markets were launched this month. Health fairs will be conducted alongside the markets in partnership with the Health Promotion and Disease Prevention Committee. The first health fair took place at the Upper East Farmers Market this past Saturday. <p>Goal 8: Breastfeeding Practices and Facilities</p> <ul style="list-style-type: none"> • Exceeded outcome objective for the Baby-Friendly Designation.
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	<ul style="list-style-type: none"> • Healthy Start Coalition will be holding their annual event; during the meeting they will be recognizing the organizations that implemented worksite lactation policies. MDCHD recently adopted a worksite lactation support policy. <p>Goal 9: Active Transportation and Recreation</p> <ul style="list-style-type: none"> • MDC Parks and Recreation completed Urban Design Manual I and they are currently drafting Urban Design Manual II. • The City of Miami and North Miami have installed most of their bicycle racks and signage. <p>Goal 10: Safe Routes to Schools</p> <ul style="list-style-type: none"> • Currently working on assuring that all crossing guards are stationed throughout the targeted areas. • Amended the statute to sustain this initiative. <p>Goal 11: Worksite Wellness</p> <ul style="list-style-type: none"> • Several Consortium member organizations are in the process of implementing a worksite wellness program. 	
<p>Committee Action Report</p>	<p>Adam Levy, Marketing and Membership</p> <ul style="list-style-type: none"> - Membership increase goal of 25% has been met. Engagement survey is being disseminated to members to identify and develop potential strategies for collaboration and participation. - Currently trying to recruit speakers for the Speakers Bureau. - In terms of the farmers' market goal, the committee will be moving forward with facilitating the point of decision and education prompts for the farmers markets. In collaboration with the Health Promotion and Disease Prevention Committee, the committee will develop a farmers' market flyer with price comparisons. - The committee is working with David Henderson, the Chair of the Health and the Built Environment Committee to identify ways to promote Goal 9 (Active Transportation and Recreation). Currently the idea is to promote share the road to raise awareness of bicycle safety. <p>Rooney Brodie, Health Promotion and Disease Prevention</p> <ul style="list-style-type: none"> - Involvement survey was sent to all members to obtain feedback on the committee and identify engagement strategies. - Partnering with the Marketing Committee to develop point of decision prompts for the Farmers' Markets. <p>Children Issues, Imran Ali</p> <ul style="list-style-type: none"> - During the last meeting, the committee fact sheet was approved. 	

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	<ul style="list-style-type: none"> - Committee drafted strategies for collaboration. - Will start working on the presentation for the annual event. 	
Local Public Health Assessment	<p>Shelley Glasgow conducted a presentation on the essential public health services and performance standards (Attached). The three core functions and essential services of public health are:</p> <ol style="list-style-type: none"> 1. Assessment: Monitor Health; Diagnose and Investigate 2. Policy Development: Inform, educate, and empower; mobilize community partnerships; develop policies 3. Assurance: Enforce laws; link to/provide care; assure competent workforce, evaluate <ul style="list-style-type: none"> - For each essential service of public health, there are model standards describing the optimal level of standards. - There are assessment questions that were developed to serve as measures of performance, as well as a standard format for answering the questions (included in the presentation). - Common concerns and questions about the assessment were addressed. - The assessment questions will be sent to Board members not present in a survey format. <p>Following the presentation, Shelley Glasgow went over the assessment questions for essential service one with the Board members. Each member was requested to provide answers to the questions using the standard format provided.</p>	
New Business	No new business	
Announcements	No announcements.	
Adjournment	The meeting was adjourned at 11:03. The next meeting will take place January 9, 2012. Happy Holidays!	

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM



ORIENTATION TO THE ESSENTIAL PUBLIC HEALTH SERVICES



A LITTLE HISTORY...

Three core functions (1988 IOM Report)

- Assessment
- Policy Development
- Assurance

Core Functions Steering Committee (1994)

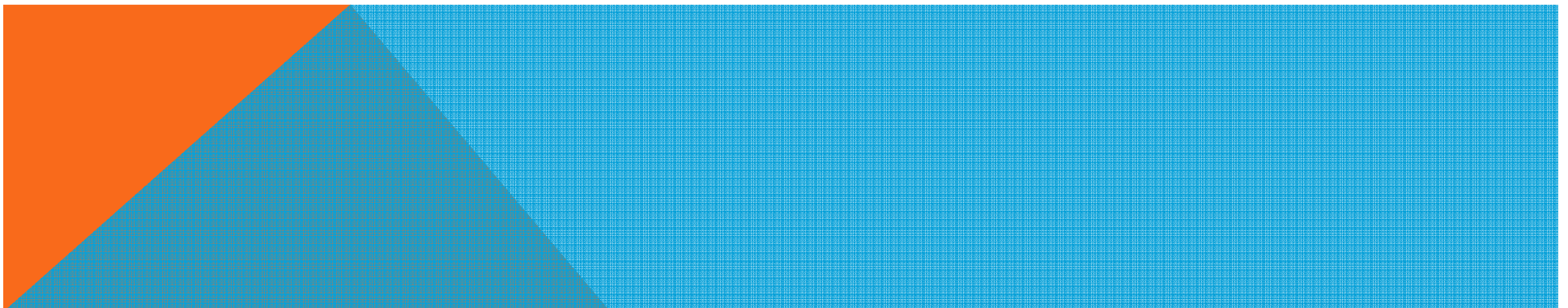
- *Public Health in America* statement



ESSENTIAL PUBLIC HEALTH SERVICES

Developed by the Core Public Health Functions Steering Committee (1994)

- Included reps from national organizations and federal agencies
- Charge: To provide a description and definition of public health
- Developed the “Public Health in America” statement





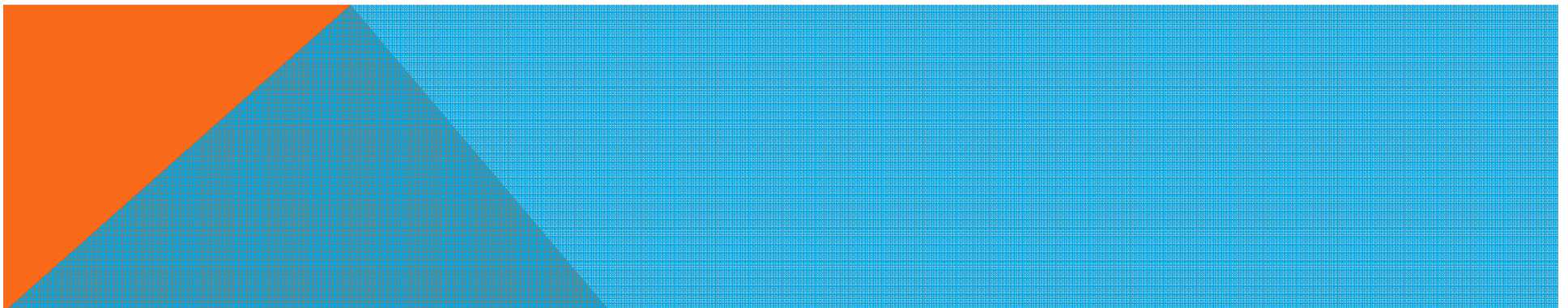
Vision:
Healthy People in Healthy
Communities

Mission:
Promote Physical and Mental Health
and
Prevent Disease, Injury, and Disability



Public Health

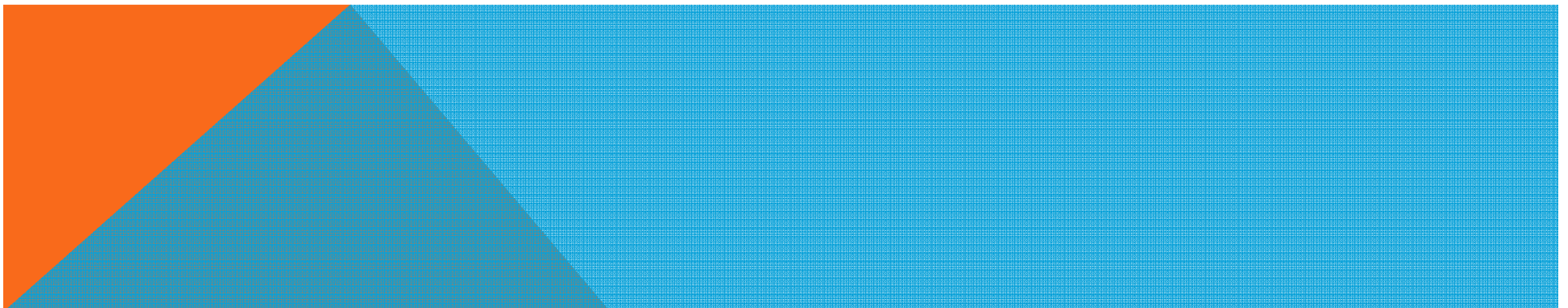
- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services





Local Public Health System

*The system of organizations,
agencies and entities that
contribute to the health and wellbeing
of our community*





Essential Services of Public Health

- Monitor health status
- Diagnose and investigate
- Inform, educate, and empower
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services / assure care
- Assure a competent workforce
- Evaluate health services
- Research

THE ESSENTIAL SERVICES AS A FRAMEWORK

Used as a foundation for the National Public Health Performance Standards Program (NPHPSP) instruments

Provides a foundation for any public health activity

Describes public health at both the state and local levels

NPHPSP Instruments include sections addressing each ES



NPHPSP

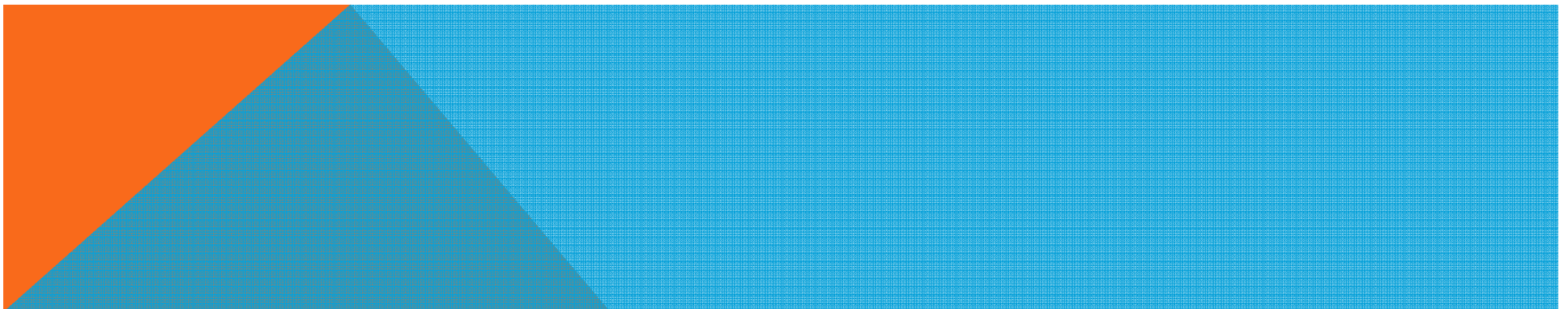
Assessment Instruments

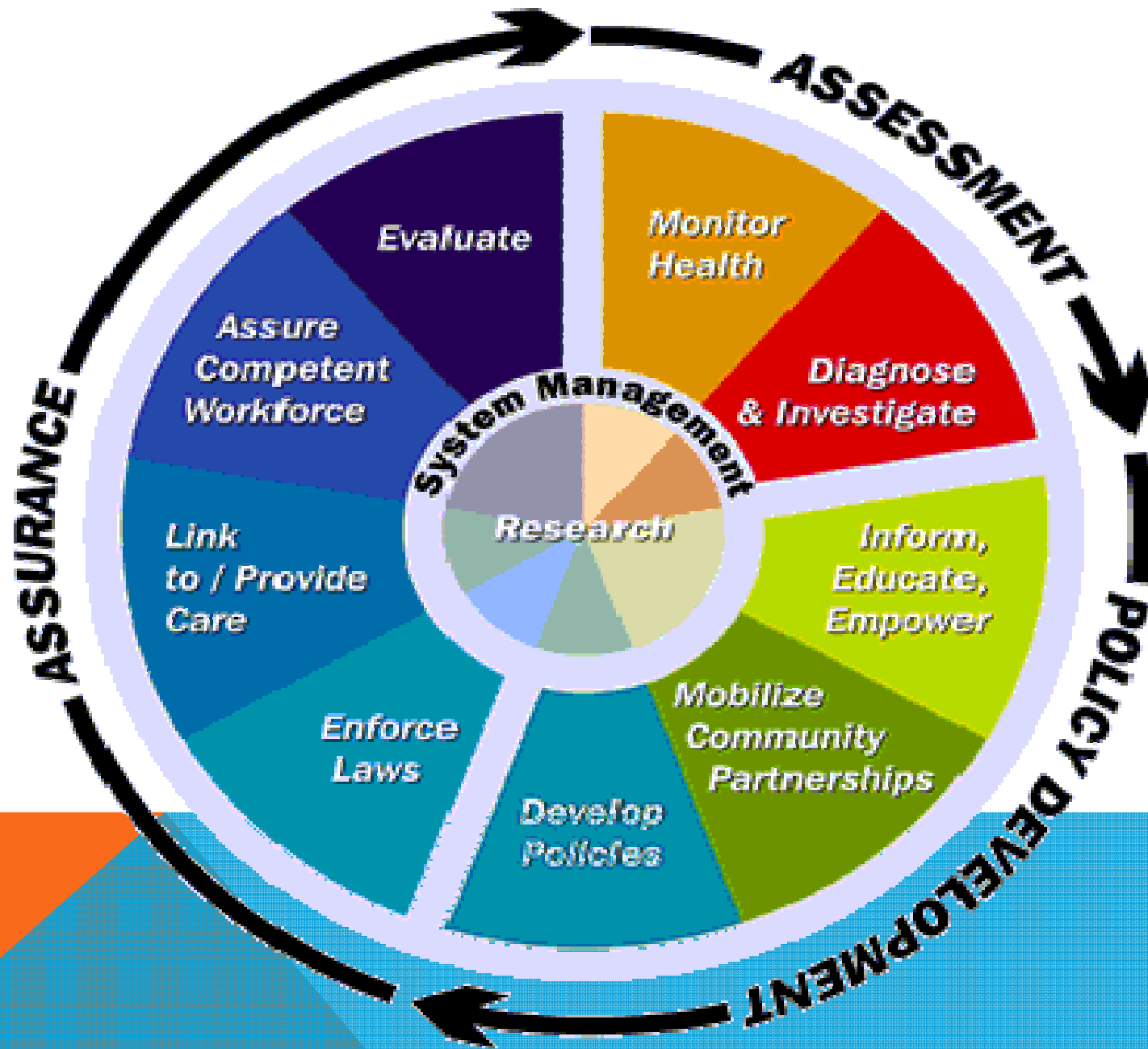
- State public health system
- Local public health system
- Local governance

Partners

- CDC
- APHA
- ASTHO

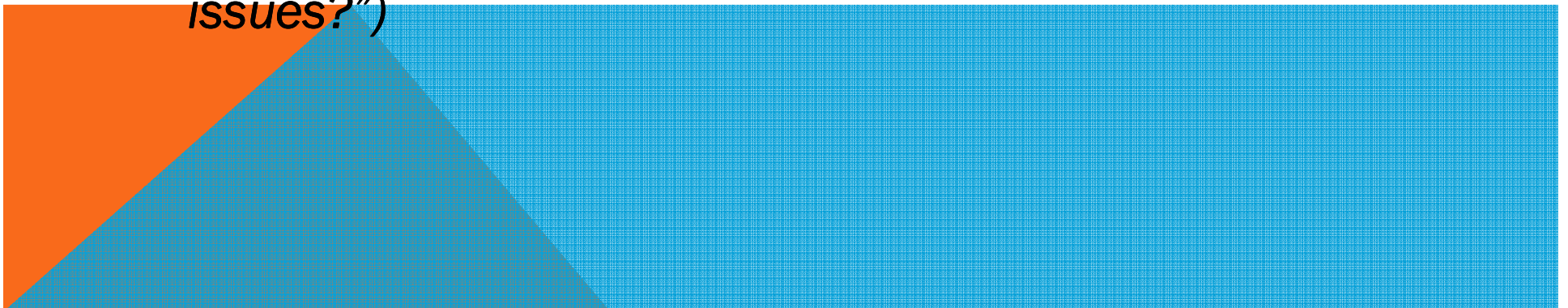
- NACCHO
- NALBOH
- NNPHI
- PHF



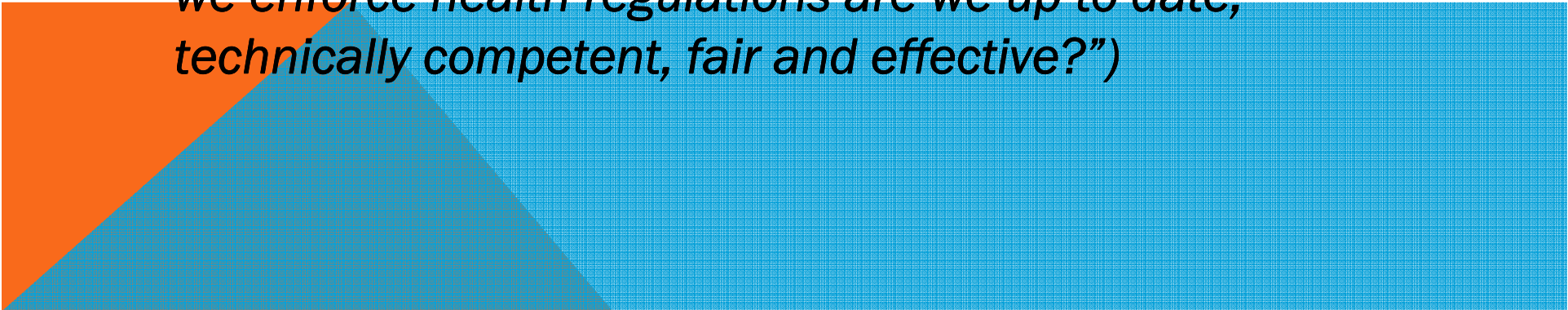


WHY THE EPHS?

1. Understand health issues at the state and community levels (*Or “what’s going on in our state/community? Do we know how healthy we are?”*)
2. Identify and respond to health problems or threats (*Or “Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?”*)
3. Keep people informed about health issues and healthy choices. (*Or “How well do we keep all people and segments of our State informed about health issues?”*)



WHY THE EPHS?

4. Engage people and organizations in health issues. (*Or “How well do we really get people and organizations engaged in health issues?”*)
 5. Plan and implement sound health policies. (*Or “What policies promote health in our State? How effective are we in planning and in setting health policies?”*)
 6. Enforce public health laws and regulations. (*Or “When we enforce health regulations are we up-to-date, technically competent, fair and effective?”*)
- 

WHY THE EPHS?

7. Make sure people receive the medical care they need. (*Or “Are people receiving the medical care they need?”*)
8. Maintain a competent public health and medical workforce. (*Or “Do we have a competent public health staff? How can we be sure that our staff stays current?”*)
9. Evaluate and improve programs. (*Or “Are we doing any good? Are we doing things right? Are we doing the right things?”*)
10. Support innovation and identify and use best practices. (*Or “Are we discovering and using new ways to get the job done?”*)

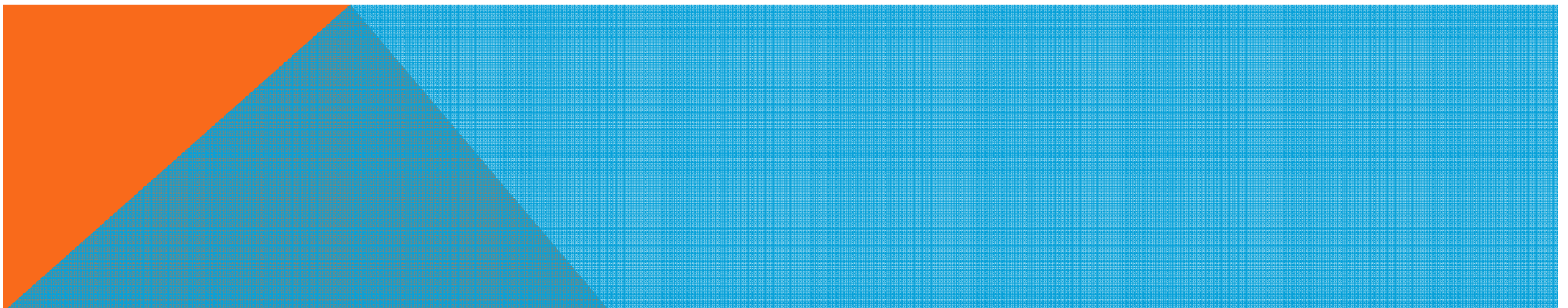
MONITOR HEALTH TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

Accurate, periodic assessment of the community's health status, including:

- Identification of health risks
- Attention to vital statistics and disparities
- Identifications of assets and resources

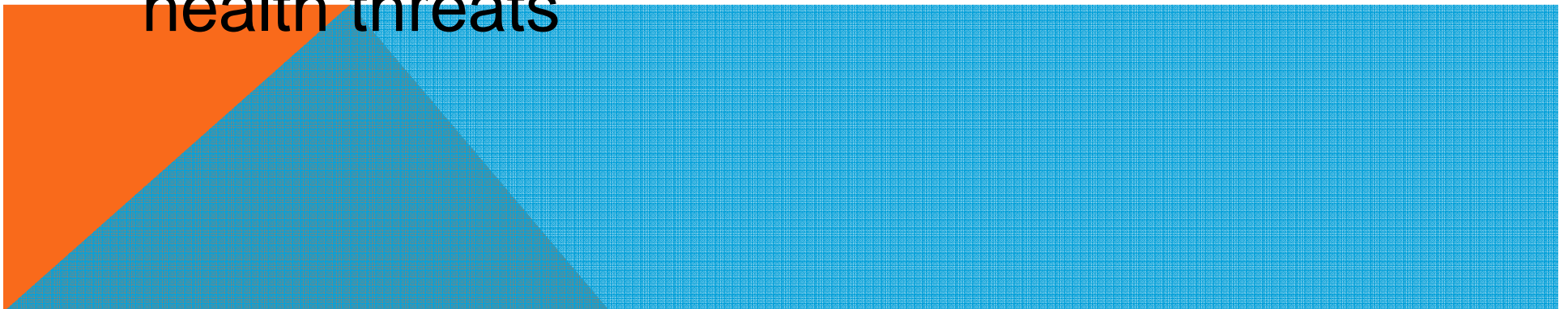
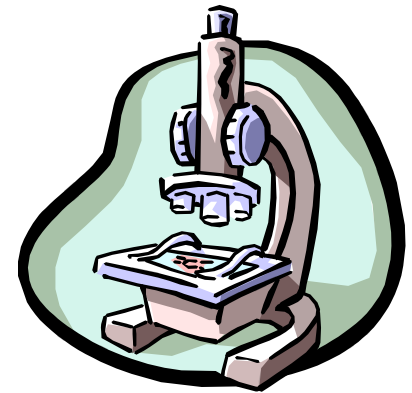
Utilization of methods and technology (e.g., GIS) to interpret and communicate data

Population health registries



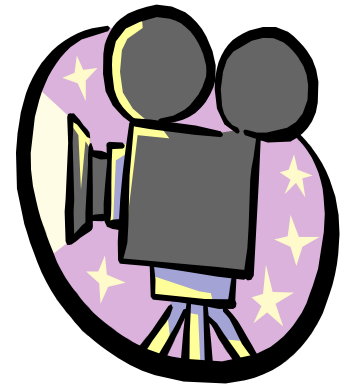
Diagnose and Investigate Health Problems and Hazards in the Community

- Timely identification and investigation of health threats
- Availability of diagnostic services, including laboratory capacity
- Response plans to address major health threats



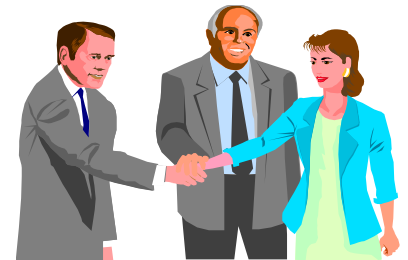
Inform, Educate, and Empower People About Health Issues

- Initiatives using health education and communication sciences to:
 - Build knowledge and shape attitudes
 - Inform decision-making choice
 - Develop skills and behaviors for healthy living
- Health education and health promotion partnerships within the community to support healthy living
- Media advocacy and social marketing



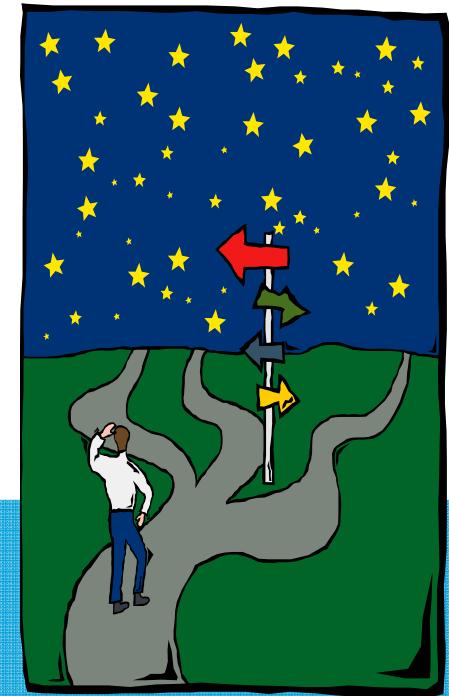
Mobilize Community Partnerships to Identify and Solve Health Problems

- Constituency development and identification of system partners and stakeholders
- Coalition development
- Formal and informal partnerships to promote health improvement



Develop Policies and Plans That Support Individual and Community Health Efforts

- Policy development to protect health and guide public health practice
- Community and state planning
- Alignment of resources to assure successful planning



Enforce Laws and Regulations That Protect Health and Ensure Safety

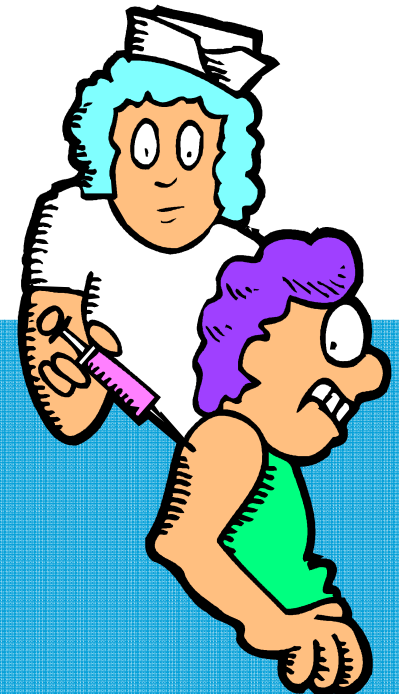


- Review, evaluation, and revision of legal authority, laws, and regulations
- Education about laws and regulations
- Advocating of regulations needed to protect and promote health
- Support of compliance efforts and enforcement as needed



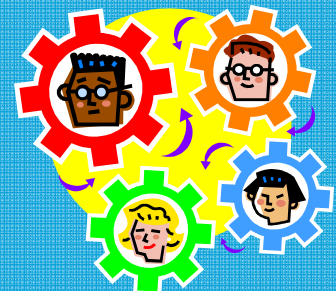
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

- Identifying populations with barriers to care
- Effective entry into a coordinated system of clinical care
- Ongoing care management
- Culturally appropriate and targeted health information for at risk population groups
- Transportation and other enabling services



Assure a Competent Public and Personal Healthcare Workforce

- Assessment of the public health and personal health workforce
- Maintaining public health workforce standards
 - Efficient processes for licensing / credentialing requirements
 - Use of public health competencies
- Quality improvement and life-long learning
 - Leadership development
 - Cultural competence



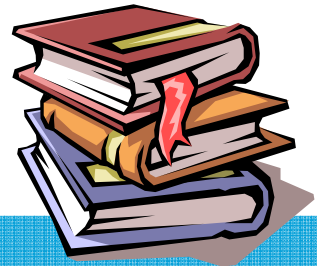
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

- Evaluation answers
 - Are we doing things right?
 - Are we doing the right things?
- Evaluation must be ongoing and should examine:
 - Personal health services
 - Population based services
 - The public health system
- Evaluation should drive resource allocation and program improvement



Research for New Insights and Innovative Solutions to Health Problems

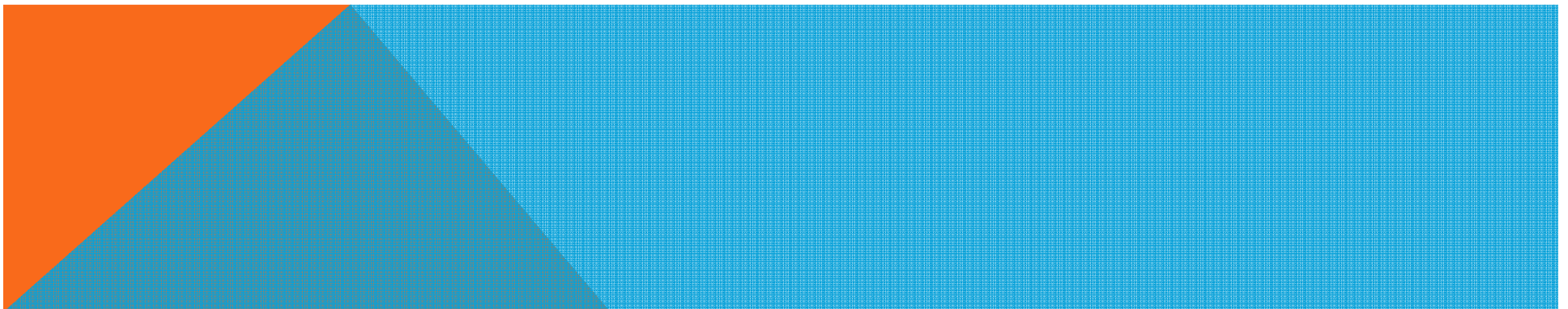
- Identification and monitoring of innovative solutions and cutting-edge research to advance public health
- Linkages between public health practice and academic / research settings
- Epidemiological studies, health policy analyses and health systems research.



LPHSA in Miami-Dade County

Desired Outcomes

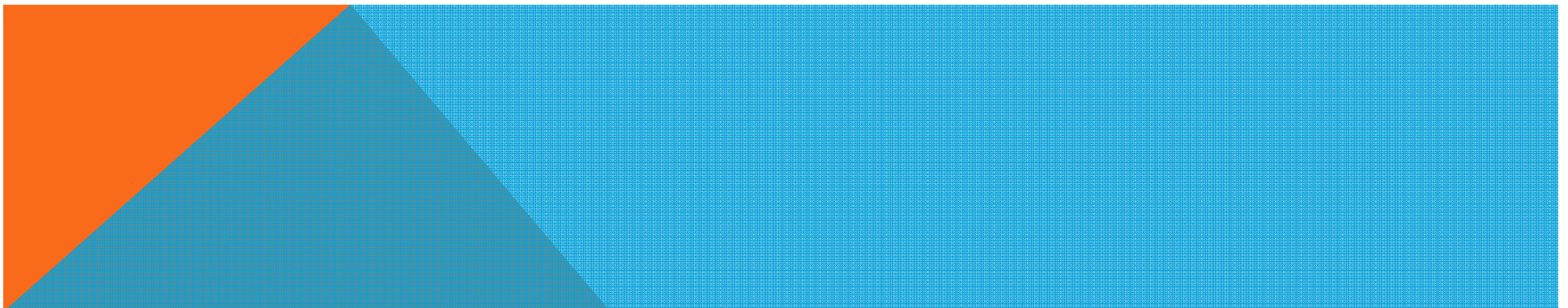
- *Assess the activities and capacities of our local public health system*
- *How well are we providing the “essential public health services” in Miami-Dade County?*
- *Identify areas of strength and areas for improvement*



LPHSA in Miami-Dade County

Assessment Format

- For each Essential Public Health Service:
 - Model Standards describing the optimal level Performance
 - Assessment Questions – overarching and sub-questions that serve as measures of performance related to the model standard

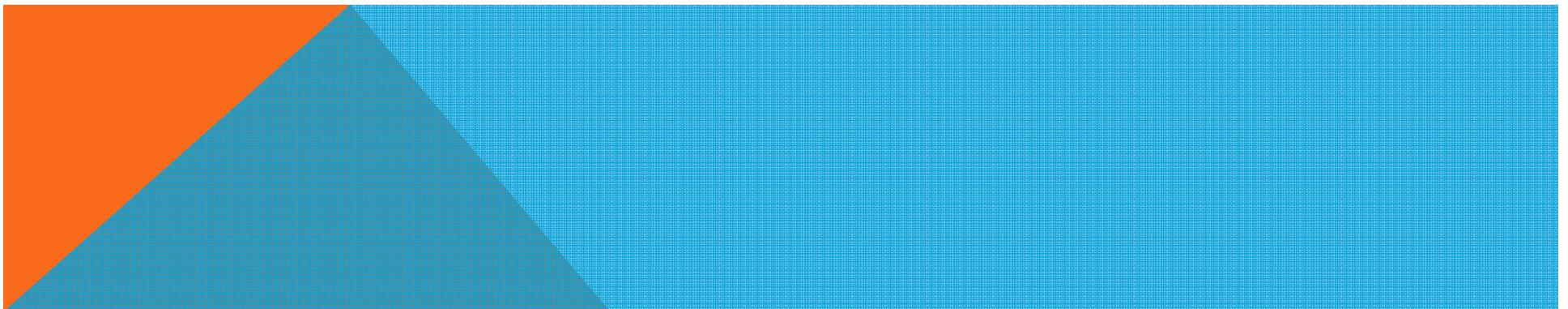


LPHSA in Miami-Dade County

Answering the questions

- Assessment questions intended to measure how well our community matches the “model” description

No	0	0% or	
Minimal	1	Greater than 0% but no more than 25% activity	
Moderate	2	Greater than 25% but no more than 50% activity	
Significant	3	Greater than 50% but no more than 75% activity	
Optimal	4	Greater than 75% activity	
Don't Know	?		



LPHSA in Miami-Dade County

Common Concerns

- Don't feel you have enough information to vote
- Concerns about the validity of a subjective assessment
- Tendency to answer from an agency-focused perspective
- Look to one or two at the table as the only experts
- Questions not understood
- Different definition of "meeting the standard"
- Run out of time

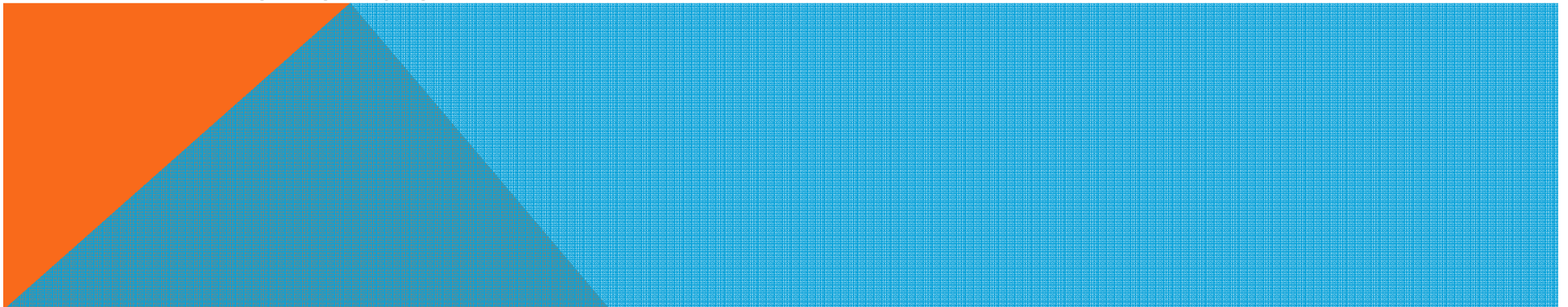
You have the best expertise in our community

- Perception valuable measure of our public health system
- Each agency/organization is part of a larger public health system
- Takes more than one or two to make a system
- Ask for clarification
- Try for consistency and listen to others at the table
- Stay on topic

LPHSA in Miami-Dade County

Ground rules

- Challenge ideas, not people
- Be willing to reach consensus
- No sidebar conversations
- One person speaks at a time
- Avoid dominating the discussion
- Right to respectfully disagree
- Stay on topic
- Anyone at the table can refer to ground rules at any time
- Be flexible



Essential Service #1: Monitor Health Status to Identify Community Health Problems

This service includes:

- Accurate, periodic assessment of the community's health status, including:
 - Identification of health risks, determinants of health, and determination of health service needs;
 - Attention to the vital statistics and health status indicators of groups that are at higher risk than the total population; and
 - Identification of community assets that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems (GIS), to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health registries, such as disease or immunization registries.

