Central California Public Health Partnership Capacity Building Project 20101963

Attachment List

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Attachment A: Membership Contact List

San Joaquin Valley Public Health Consortium

Contact List: Updated June 2013

Health Department Members

First Name	Last Name	Suffix	Title	Organization	Address	City/ZIP	E-mail	Area Code	Contact #
David	Pomaville		Director	Fresno County Department of Public Health	1221 Fulton Mall 6th Floor	Fresno, 93721	dpomaville@co.fresno.ca.us	559	600-6405
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Elizabeth	Gazarek	Mngmnt Analyst	Kings County Health Dept.	Kings County Public Health Department	330 Campus Drive	Hanford, 93230	elizabeth.Gazarek@co.kings.ca.us	559	852-4537
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Bill	Mitchell	MPH	Director	San Joaquin County Public Health Services	1601 E. Hazelton	Stockton, 95205	wmitchell@sjcphs.org	209	468-3413
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			Director	Stanislaus County Health Services Agency	820 Scenic Drive	Modesto, 95350		209	558-6010
Vickie	Pease		Admin Asst	Stanislaus County Health Services Agency	820 Scenic Drive	Modesto, 95350	vpease@schsa.org	209	558-6833
John	Walker	M.D.	Health Officer	Stanislaus County Health Services Agency	820 Scenic Drive	Modesto, 95350	jwalker@schsa.org	209	558-8804
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Cathy	Volpa	BSN, PHN	Deputy Director	Tulare County HHSA	5957 S. Mooney Blvd.	Visalia, 93277	cvolpa@tularehhsa.org	559	624-8035
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Rosie	Villanueva		Office Assistant	Tulare County HHSA	5957 S. Mooney Blvd.	Visalia, 93277	rvillanu@tularehhsa.org	559	624-8036

Associate Members

First Name	Last Name	Suffix	Title	Organization	Address	City/ZIP	E-mail	Area Code	Contact #
Charles	Sandefur		Vice-President	Adventist Health - Central Valley Network	P.O. Box 240	Hanford, 93230	sandefcc@ah.org	559	537-0067
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Stergios "Steve"	Roussos	Ph.D., MPH	Director of Community Research	Health Sciences Research Institute, University of California, Merced	5200 N. Lake Road	Merced, 95343	sroussos@ucmerced.edu	209	489-9913
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Carmen	Chapman		Acdemic Support Coord.	Department of Public Health, California State University, Fresno	2345 E.San Ramon, M/S MH 30	Fresno, 93740	cchapman@csufresno.edu	559	278-4014
John	Capitman	Ph.D.	Executive Director	Central Valley Health Policy Institute, California State University, Fresno	1625 E. Shaw, #146	Fresno, 93710	jcapitman@csufresno.edu	559	228-2157
Marlene	Bengiamin	Ph.D.	Research Director	Central Valley Health Policy Institute, California State University, Fresno	1625 E. Shaw, #146	Fresno, 93710	marleneb@csufresno.edu	559	228-2167
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Ashley	Hart	B.A.	Project Coordinator	Central California Public Health Consortium	1625 E. Shaw, #146	Fresno, 93710	ahart@csufresno.edu	559	228-2163

Attachment B: Meeting Dates and Minutes

San Joaquin Valley Public Health Consortium
2011 – 2012 Meeting Dates

All dates are the fourth Monday of the month from 12:30 – 3:30

2011

March, 28
April, 25
May, 23
September 7-10: Retreat
October, 24
November, 28

2012

January, 23
February, 27
March, 26
April, 23
June, 25
July, 23
August 29-31: Retreat
September, 24
October, 22
November, 26

San Joaquin Valley Public Health Consortium

2013 Revised Meeting Dates

All Meetings are the 4th Monday of the Month

Date	Type	Time	Location
Monday, January 28, 2013	In-Person	11:00am- 2:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, February 25, 2013	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, March 25, 2013	In-Person	10:00am- 1:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, April 22, 2013	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, May 27, 2013	No Meeting	Memorial Day Holiday Observed	
Monday, June 24, 2013	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, July 22, 2013	In-Person	10:00am- 1:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
August 2013	Retreat	TBD	TBD
Monday, September 23, 2013	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, October 28, 2013	In-Person	10:00am- 1:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, November 25, 2013	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, December 23, 2013	No Meeting	Holiday Season Observed	

San Joaquin Valley Public Health Consortium

2014 Meeting Dates

All Meetings are the 4th Monday of the Month

Date	Type	Time	Location
Monday, January 27, 2014	In-Person	11:00am- 2:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, February 24, 2014	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, March 24, 2014	In-Person	10:00am- 1:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, April 28, 2014	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, May 26, 2014	No Meeting	Memorial Day Observed	
Monday, June 23, 2014	In-Person	10:00am- 1:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, July 28, 2014	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
August 14-16, 2014	Strategic Planning Session		TBD
Monday, September 22, 2014	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, October 27, 2014	In-Person	10:00am- 1:30 p.m.	Fresno: SWERT, 1625 E. Shaw Ave, St. 106
Monday, November 24, 2014	GoTo Meeting	3:00- 4:30 p.m.	GoTo Meeting
Monday, December 23, 2014	No Meeting	Holiday Season Observed	

Central California Public Health Partnership Meeting
March 28, 2011
12:30 p.m. – 3:30 p.m.
Meeting Minutes Summary

Topic Area	Overview of Discussion	Action/ Follow-up
Call to Order	Keith Winkler called the meeting to order at 12:30 p.m. Those present were: Keith Winkler, Ed Moreno, Tammy Moss, Van Do Reynosso, Bill Mitchell, and Andrew Hoff. Karen Haught and Colleen Woolsey participated by phone. Guests: Donna DeRoo and John Capitman Shelley Hoff recorded the minutes for this meeting	
Schedule Monthly Meetings	The group discussed upcoming meetings and decided to schedule future meetings on the fourth Monday of every month. Meetings will be from 12:30 – 3:30 p.m.	Shelley will send out a schedule of all future meeting dates to the group.
Discuss The California Endowment Grant	The group discussed the options for recruiting new members and the dates for the first retreat. The group would like to review the organizational structure of other similar groups to decide the best way to add new members. The group will review the existing by-laws to develop a new set of by-laws.	-Shelley will send existing by-laws and vision/mission statement to Keith. -All partners will send specific recommendations for contacts. -David Foster will send a list of counties in the CASSCE group.
Review Work Plan	The group reviewed the work plan, timeline and expectations of the grant.	-For April 25 meeting each partner will provide 1 regional and 1 – 2 local public health issues. -Shelley will email the public health priorities identified at the last PHP retreat.
County Updates and Reports	All members provided an update on the activities and issues that they are currently dealing with in their respective counties.	
Regional Public Health Conference and Health Policy Leadership Update	John Capitman provided an update on the Central Valley Health Policy leadership program. There are five slots for free participation in the program available to employees from the public health departments in the Central Valley, applications are due in May. Fresno State is hosting a Regional Public Health Conference in May. Each public health department has been invited to contribute a topic suggestion for the conference.	-John will send a copy of the application for the leadership program to the partners, a request for a conference topic, and the press releases related to the Smart Valley Places.

Central California Public Health Partnership Meeting
April 25, 2011
12:30 p.m. – 3:30 p.m.
Meeting Minutes Summary

Topic Area	Overview of Discussion	Action/ Follow-up
Call to Order	Keith Winkler called the meeting to order at 12:30 p.m. Those present were: Keith Winkler and Ed Moreno. Karen Haught, Colleen Woolsey, Andrew Hoff, Bill Mitchell, Tammy Moss and Van Do Reynosso participated by phone. Guests: Donna DeRoo Donna DeRoo recorded the minutes for this meeting	
Regional and Local Public Health Priorities	Keith created a sheet outlining some regional Public Health Issues. The group discussed the list and proposed other topics to add to the list.	
Retreat Planning	The group discussed the retreat location, dates, budget, and facilitation. Donna DeRoo presented the information that she gathered about possible location and cost.	• Donna will continue to work on logistics and provide more information at the next meeting.
County Updates and Reports	All members provided an update on the activities and issues that they are currently dealing with in their respective counties. The group also discussed having every other meeting be a call only.	
Regional Public Health Conference and Health Policy Leadership Update	Donna DeRoo provided an update on the May Regional Public Health Conference being hosted by Fresno State. Each public health department has been invited to contribute a topic suggestion for the conference	
Adjourn	• Next Meeting: May, 23, 2011 Location: Conference call	

AGENDA

Central California Public Health Partnership
California State University, Fresno

Monday, May 23, 2011

12:30 p.m. – 3:30 p.m.

Conference Call
1-877-650-2602
Passcode: 7591764

	Topic	Presenter
1.	Call meeting to order	Keith Winkler
2.	Regional and Local Public Health Priorities	All
3.	Retreat Planning	Donna DeRoo
4.	County Updates and Reports	All
5.	Regional Public Health Conference And Health Policy Leadership Program	John Capitman
6.	Adjourn	Keith Winkler

NEXT MEETING

June 27, 2011 – 12:30 p.m.
Conference Call
1-877-650-2602
Passcode: 7591764

Central California Public Health Consortium

California State University, Fresno

Monday, October 24, 2011
Central California Public Health Consortium Meeting Minutes
12:30 p.m. – 3:30 p.m., Merced County Public Health Department

In Person Attendance: Keith Winkler, Van Do Reynoso, Tammy Moss-Chandler, Karen Haught, Bill Mitchell, John Walker, Marlene Bengiamin, Donna DeRoo, Tim Livermore, Stacey Bradford, Louise Tilston

Conference Call Attendance: Claudia Jonah, Andrew Hoff

Welcome and Introductions

Keith Winkler gave an overview of the Consortium and its functions and purpose.

Orientation

Draft Orientation for Consortium to discuss vision/mission. Marlene Bengiamin presented overview of information regarding history of CCHP that included a conceptual model of the San Joaquin Valley Public Health Consortium and drafting a new vision/mission statement for Consortium. A set of guidelines for CCPHC Institute accreditation and requirements (asked for feedback). K. Winkler suggested having the vision and mission be stated concisely and then add underneath the guiding principles/values.

Mission and Vision

Discussed and suggested to have M. Bengiamin revise and send to members for review and feedback.

County Updates (All)

J. Walker discussed the county transformation grants. V. Do Reynoso mentioned that they, Madera, were funded for a Community Nutrition Education Program (CNEP) project.

Research Priorities

V. Do Reynoso recommended that members use accreditation process as a vehicle for data and research priorities identification, core issues and commonalities in data.

National Place Matters Design Lab

Marlene Bengiamin announced Place Matters Initiative will hold a conference in Fresno (Equity report by CVHPI will be released). Good time for CCPHC to be involved. Conference starts on Wednesday. Tentative dates: February 15, 16 and 17th, 2012. The Joint Health Center in Washington, D.C. is Coordinator of the event (Grant awarded in 2006). There will be fifteen counties with the most racial, class, health, poverty challenged communities in the county participating.

ABAHO/BARHII Call

Michael Stacey, M.D., Deputy Health Officer, Solano County Public Health from BARHII put forth Power Point presentation regarding Health Inequities and framework completed over the years. Please see attached presentation. Web address: www.Barhii.org. ABAHO (Bay Area Health Officials) Edith Cabuslay and Sandi Galvez also presented Power Point presentations.

New Business

John Walker recommended a time on agendas to discuss Community Transformation Grants (CTG) and California Nutrition Expansion Project (C-NEP).

Adjournment

The meeting was adjourned by K. Winkler at 3:29 p.m.

Next Meeting: Conference Call – Monday, November 28, 2011 12:30 p.m. – 3:30 p.m., 1(888)204-5987; Access Code: 2630180

Central California Public Health Consortium

California State University, Fresno

Monday, November 28, 2011
Central California Public Health Consortium Meeting Minutes
12:30 p.m. – 2:30 p.m., Conference Call

Conference Call Attendance: Keith Winkler, Van Do Reynoso, Tammy Moss-Chandler, Karen Haught, Bill Mitchell, John Walker, Marlene Bengiamin, Donna DeRoo, Karen Furst, Miguel Perez, John Capitman, Paul Brown and Ora Murray

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 1230 p.m.

County Updates (All)

Bill Mitchell – No updates to report.

John Walker, San Joaquin, invited to speak at Sate Conference of Public Health Directors to identify opportunities to collaborate information between transformation grants. Shared issues and challenges as a region and the Consortium collaborative and it was well received. .

Dinner forum held in Modesto was co-sponsored by the Local Government Commission. Four counties were represented discussing issues of the built environment and policies. Great opportunity to talk about policy with elected officials.

Tammy Moss-Chandler, Merced, reported that she will travel to Atlanta, GA to represent the Central Valley. She also stated that as part of their furlough package, County offices will be closed for one week between Christmas and the New Year.

Van Do Reynoso, Madera, reports that she has filled two positions. The management team has been reduced from 19 people to eight people.

John Capitman, Fresno, Joining CDC Conference for the Fresno County Transformation Grant.

Karen Haught, Tulare, no updates to report.

Keith Winkler, Kings County, reported they have a new hire. Working on Snap Ed and will be subcontracting with agency for food distribution. Kings County Public Health Department will be closed between Christmas and the New Year.

Kern County – No one present on the call.

Community Transformation Grants

Madera and Merced are going to attend CDC Conference in Atlanta to represent the Central Valley and to understand the requirements to form a local leadership team. First Leadership Team meeting held in Atlanta two mayors attended; John Walker was very encouraged with their involvement and stated the need for a process to be developed for all participants to share status/efforts in grant requirements. Some felt using the Consortium meetings would be a good way to coordinate information regarding Leadership Teams. Three Counties have Capacity Building Grants (Part I) and others have Implementation Grants (Part II). Meetings present an opportunity for each to learn from one another during the different phases of the grants. A suggestion was made to create a Facebook account to be utilized as a means for those with Central Valley Capacity Building Grants to collaborate ideas/information to provide updates to partners. Group proposed monthly meetings be held with local grant coordinators to communicate and bring data/resources to the partners.

All agreed good idea to create a network of grant managers. Consortium well positioned to work on issues and on track in meeting objectives.

Next Retreat is scheduled September 5-7, 2012 at Wine & Roses Resort, Lodi, CA.

California Nutrition Expansion Project

Van Do Reynoso discussed sharing experiences, best practices, timeline and deliverables for the grant; they need to be up and running fairly quickly. Madera received $155,000. Two nutrition assistants from WIC able to use grant to acquire a Bachelors level nutritionist. The Program has not had success with navigating schools. The Consortium members were polled to find out if other counties are

working on GSS or CNEP grants. Discussed sharing learning experiences with various phases of the Community Transformation Grants.

TCE Grant Update

Marlene Bengiamin reported we are on track and meeting our objectives in a timely manner.

Mission and Vision Draft Review

Bill Mitchell requested that bullets be reframed to a statement of values and send summary of values to Consortium members (Marlene Bengiamin will share document in its final form). Request all Consortium members review and send comments to Marlene Bengiamin.

Operating Principles Review

Draft sent to Consortium members for review. Comments may be communicated to Donna DeRoo or Marlene Bengiamin.

January Meeting Time

Donna DeRoo has reviewed Amtrak schedules for January 23 meeting. Plan to start meeting at 12:15 – 2:15 p.m. Will advertise meeting to begin at 12:15 p.m. and end at 2:30 p.m. Lunch will be provided. Meeting will be held in Hanford, CA.

New Business

Karen Haught and Keith Winkler discussed Water Disruption Exercise in the event of water disruption within the various counties**.** The exercise was successful.

Adjournment

The meeting was adjourned by Keith Winkler at 1:45 p.m.

Next Meeting: – Monday, January 23, 2012
12:15 p.m. – 2:30 p.m. Hanford, California
Conference Call: 1(888)204-5987; Access Code: 2630180

Central California Public Health Consortium

California State University, Fresno

Monday, January 23, 2012
Central California Public Health Consortium Meeting Minutes
12:15 p.m. – 2:15 p.m., Hanford, California

In Attendance: Keith Winkler, Elizabeth Gazarek, Tammy Moss-Chandler, Tim Livermore, Karen Haught, Bill Mitchell, John Walker, Marlene Bengiamin, Donna DeRoo, Andrew Hoff, Karen Furst, John Capitman, Paul Brown, Charles Sandefur, Michael MacLean and Ora Murray

Excused: Van Do Reynoso, Edward Moreno, Matthew Constantine, Colleen Woolsey, Claudia Jonah, and Miguel Perez (On Sabbatical Spring 2012).

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 1236 p.m. All members in attendance introduced themselves.

County Updates (All)

Tammy Moss-Chandler, Merced, reported that there are senior level positions open in her district. She cited one position is a Nursing Director and that sometimes it is difficult to hire for the position.

Keith Winkler, Kings County, reported that Kings County recently hired a nursing director, Debbie Grice.

No other counties had updates to report.

Community Transformation Grants

John Walker stated that Stanislaus County had its first leadership team meeting in November and invited one mayor to be a part of the team another mayor also

attended and has traveled to Atlanta and has taken the necessary CDC courses to become part of the leadership team.

Tammie Moss Chandler reported that she and Van Do Reynoso traveled to Atlanta. There are 12 counties that part of the fast tracking with grant funded in the amount of six-million-dollars. Between now and April counties will put together leadership team meetings. The grant is funded for 18 – 24 months. The next two months will be process and content.

John Capitman reported that Fresno CTG had a kick off meeting with the Leadership team in November and plans a meeting with both this group and the larger Advisory council on 2/6/12. The meeting will include training on tobacco control issues. The work plan has been approved and sub-contracts are being finalized with community partners.

California Nutrition Expansion Project (Update)

Van Do Reynoso was not able to attend this meeting. There was some discussion by Consortium members.

Elizabeth Gazarek reported Kings County social services is contracting with CVO; waiting for county counsel approval.

John Walker indicated WIC/Public Health are seeking to find a way to keep 2 coordinators with cross training. A diabetes strategic initiative has been established and the major focus will be on diabetes and prevention.

Place Matters/SJV Equity Reports

The SJV Place Matters examines social determinants of health inequalities in the region based on the area an individual lives in. The work points to broad differences in life expectancy, reasons for death and morbidity/hospital use across communities in the region and has correlated these differences with neighborhood demographic and exposure differences. The nation Place Matters group will host a conference for partner organizations from the sixteen areas in the nation with dramatic racial/ethnic and social class inequities in Fresno Feb. 29, 2012 through March 2, 2012. This will be the first national Action Lab for Place Matters and offers an opportunity to show case the diverse initiative to address health disparities in the region and receive input from experts from other parts of the US on their experiences addressing similar challenges. The best opportunity for Public Health Consortium members and their colleagues to interact with the Place Matters participants will be the afternoon of Feb 29, 2012. CVHPI will be sending out additional information on these events in the next few days.

Capitman also reported that the Community Health Equity Report (CHER) will be released at the time of the conference. Two additional reports are about to be released. The Healthy People 2010 final report that ends our series of assessments of the function of the Valley counties with respect to the Federal healthy people standards provides a starting point for beginning to address current national health priorities. A companion report to the CHER will provide detailed data on county mortality and morbidity experiences and zip-code level maps of health outcomes for the region.

Capitman noted that these reports will represent important input for the development of county health needs assessment and community health improvement reports. These reports will be required for health department accreditation and the community transformation grants. Hospitals are now required by the IRS to participate in developing these same reports. Capitman noted that the capacity developed by CVHPI to acquire and analyze mortality and morbidity data can be of assistance to the Consortium members.

Pediatric Surge Planning

Dr. Michael MacLean presented information with regard to pediatric surge planning for pediatric patients hospital needs in the San Joaquin Valley (handouts were provided).

Dr. Karen Haught informed that planning for children in the Central Valley is being reconsidered. The goal in public health is a match of intensity and acuity of the need. Hospital based plan vs. population based plan. There is a need for a unified approach to child care. Open discussion followed regarding challenges and issues with pediatric surge planning and availability based upon hospital planning vs. regionally based planning.

TCE Grant Update

Marlene Bengiamin reported that grant objectives are being met in a timely manner. The first year of the grant ends Feb. 14, 2012. There is a retreat scheduled September 5 – 7 at Wine & Roses in Lodi, California. It is noted that the retreat will probably need to be rescheduled due to the Public Health Officers Conference scheduled at the same time of the retreat.

Mission and Vision Draft Review

Marlene Bengiamin reported that some comments from Consortium members regarding edits/changes to the Mission/Vision draft were received. Discussion followed on the wording that should be included in the Vision/Mission statement.

Operating Principles Review

Discussion of the draft and wording by Consortium members.

New Business

Dr. Tim Livermore commented on all drug resistant strains of Tuberculosis (TB).

Adjournment

The meeting was adjourned by Keith Winkler at 2:20 p.m.

Next Meeting: – Monday, February 27, 2012
12:30 p.m. – 2:30 p.m. Conference Call
Conference Call Number: 1(888)204-5987; Access Code: 2630180

Central California Public Health Consortium

California State University, Fresno

Monday, February 27, 2012
Central California Public Health Consortium Meeting Minutes
12:30 p.m. – 2:30 p.m., Conference Call

Conference Call Attendance: Keith Winkler, Elizabeth Gazarek, Stacey Bradford, Tammie Moss-Chandler, Tim Livermore, Karen Haught, Bill Mitchell, John Walker, Marlene Bengiamin, Donna DeRoo, Andrew Hoff, Karen Furst, John Capitman, Paul Brown, Charles Sandefur, Ed Moreno, Colleen Woolsey and Ora Murray

Excused: Matthew Constantine, Vicki Krenz, and Claudia Jonah

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 1234 p.m. All members in attendance introduced themselves. There was discussion concerning the November 26th meeting on moving the meeting time up or have it start later. The next monthly meeting will be held in Fresno at the Central California Center for Health and Human Services, 1625 East Shaw Avenue, Suite 146, Fresno, CA 93710-8106.

County Updates (All)

Van Do Reynoso**,** Madera, reported that the updates for Madera County will fall under the Community Transformation Grants.

No other counties had updates to report.

Community Transformation Grants

Van Do Reynoso, reports Madera is one of the Public Health Counties working on creating leadership teams. Education, business, community and CEO's have been targeted as possible participants of the leadership teams. She requested information on tips to engage community leadership in the CTG.

Stacey Bradford for Tammie Moss Chandler, Merced, reported that the first meeting was held last week; good turnout and appreciates information shared by John Walker.

Karen Haught, Tulare County, reported that Tulare recently convened a 15 member committee that will serve as their leadership team for CTG grants.

Ed Moreno, Fresno County, reported CTG met last week with a good turnout by Collaborative.

Bill Mitchell, San Joaquin County, reported that San Joaquin County is not a part of the CTG.

California Nutrition Expansion Project (Update)

Van Do Reynoso reported Madera Co. is running DSS portion and meeting target. She stated this is a great opportunity to partner with DSS sites and lay ground work for environmental change.

John Walker reported their grant is contracted with the area Agency on Aging with the focus on outreach to seniors with food stamp eligibility.

Stacy Bradford reports that Merced is moving ahead with the CNEP with Social Services as a full partner, fun grant that produces a lot of work – glad to be moving ahead.

John Capitman reported this week on Wednesday, February 29, 2012, 80 to 100 people will attend the National Place Matters Action Lab I in Fresno, CA to discuss health disparities. The group has been meeting in planning labs. The planning labs have progressed to action labs. John gave an overview of the conference schedule which will include bus tours, workshops and dinner. Place Matters teams will have sessions. Teams will get together Thursday to have discussions by groups concerning National Place Matters building healthy community efforts, transportation planning and health equity into all of the efforts. Each committee will develop a shared statement of how to get mobilization on implementing plans. The CHER Report will be posted on the Center's website early Wednesday morning. John will share the press release with the CCPHC today via email.

TCE Grant Update

Marlene Bengiamin reported that the end of year report will be due soon and that we are on track with objectives.

Mission and Vision Draft Review

Marlene Bengiamin reported that she merged the documents together and emailed the revised draft to all members of the PHC. She stated the research component needs to be added to the draft. Discussion followed from PHC members concerning information that should be placed in the Operating Principles and Mission Statement documents. Marlene will edit the documents accordingly. This item will be placed on the March meeting agenda as an action item.

Operating Principles Review

Marlene Bengiamin advised that she will edit the document as necessary.

May 2012 QI Summit

Donna DeRoo reported on accreditation information. She stated it is valuable to attend and webinar attendance is available. Some travel assistance may be available to members who wish to attend the Summit. To be considered for travel assistance please email Donna DeRoo at dderoo@csufresno.edu regarding assistance to attend the QI Summit.

2012 Retreat Update

Donna DeRoo presented information on the PHC retreat which will be held August 29, 30 and 31, 2012 at Wine and Roses in Lodi, California. Members lodging and per diem will be covered

New Business

There is no new business to report.

Adjournment

The meeting was adjourned by Keith Winkler at 1:30 p.m.

Next Meeting: – Monday, March 26, 2012
12:30 p.m. – 2:30 p.m., In Person
Ceentral California Center for Health and Human Services
1625 East Shaw Avenue, Suite 146, Fresno, CA 93710-8106
Conference Call Number: 1(888)204-5987; Access Code: 2630180

Monday, March 26, 2012
Central California Public Health Consortium Meeting Minutes
12:30 p.m. – 2:30 p.m., In-Person

Present: Tammie Moss-Chandler, Tim Livermore, Bill Mitchell, John Walker, Claudia Jonah, Marlene Bengiamin, Donna DeRoo, Karen Furst, Vicki Krenz, Charles Sandefur, Ed Moreno, and Ora Murray

Absent: Matthew Constantine, Paul Brown, Karen Haught, Keith Winkler, Elizabeth Gazarek, Andrew Hoff and Colleen Woolsey

Welcome and Introductions

Donna DeRoo welcomed all and called the meeting to order at 12:35 p.m. All members in attendance introduced themselves.

Approval of the February 27, 2012 Meeting Minutes

After review the February 27, 2012 meeting minutes were approved.

County Updates (All)

Van Do Reynoso**,** Madera, reported that their budget is on target; budget looks good for the remainder of the fiscal year.

Tammy Moss Chandler announced she will be leaving Merced County in May 2012. Tammy has accepted a position with Sonoma County as Assistant Director. She reported that Merced's budget isn't quite as strong; employees took a 5% decrease in salary with increases in benefits. She states their budget has a half-million to a million dollar shortfall and that they are trying to resolve their budget issues.

Karen Furst, San Joaquin County, reported that positions for assistant health officers have been filled. The positions had been vacant for quite some time.

Claudia Jonah, Kern County, stated that budgets for the county are being submitted and that the county has come to agreements with represented unions.

John Walker, Stanislaus, reported the most significant change this fiscal year is that employees took wage cuts equivalent to three weeks furlough. For the next two years employees face cuts of 8% across the board. John also stated that not all represented unions have accepted the counties budget proposals. John reported that the impasse at the state level that prevented the

California Home Visiting Program grants from being awarded to counties has been resolved. There was discussion among Consortium members regarding models of grants for Nursing.

Edward Moreno, Fresno County, attended the Place Matters conference and was impressed with the emphasis on health equity and racism. He announced that courts ruled that every First 5 County gets to keep their funding. Dr. Moreno also reported on several issues that have resulted in media coverage. The issues include the prevention of and cruelty to animals, health inspections of local restaurants, lawsuits concerning injuries and deaths in jail and a lawsuit of a withdrawn application for funding low income health programs.

William Mitchell, San Joaquin County, announced the County budget is status quo; they will be able to add back 2-3 positions. Additional funds from the Board of Supervisors will be requested for the next fiscal year due to vacancies that will and have been created in key positions due to retirements. Key positions are open and are difficult to recruit. He reports his county did not receive the Nursing Home Grant or the Community Transformation Grant.

Community Transformation Grants

Van Do Reynoso, reported Madera will hold its first leadership meeting Thursday. Their plan is to invest in one school district to infuse CTG funds into an educational community.

Tammy Moss Chandler reported Merced is working closely with building healthy community sites and expanding to unincorporated community nutrition expansion project.

Claudia Jonah reported a call to action in capacity building. Kern County is working with a group of schools; faith based organizations and has held one initial meeting with stakeholders.

John Walker reported a conference call with other Consortium members whose counties are in Phase I of the Community Transformation Grant (CTG). The group discussed high impact clinical interventions and how to approach reforming the clinical model in health care. Three ad hoc committees have been created to become think tanks to improve health care. The group continued discussion of planning and implementation of Community Transformation Grants.

Edward Moreno will have one-on-one meetings with leadership members to determine if they wish to be involved with the planning and implementation of CTG. Fresno will focus on Kids First and farmers to find a way to make it easier for farmers to get their products to schools.

Bill Mitchell indicated San Joaquin has a grant from First 5 to work on baby friendly hospitals.

California Nutrition Expansion Project (Update)

Van Do Reynoso suggested collapsing CTG and CNEP into one agenda item for a broader discussion of issues.

TCE Grant Update – Action Item

Donna DeRoo reviewed the Central California Public Health Partnership Project year one report with consortium members. She reported that we are on task in meeting all objectives (a budget page was attached to the report for member review). Donna shared information regarding upcoming training opportunities. Members reviewed and approved the report and budget.

Mission, Vision and Operating Principles Review – Action Item

Marlene Bengiamin introduced a draft of the Mission, Vision and Operating Principles. The document was reviewed and suggestions were made for changes to the document language. There was discussion by the members concerning language content in the mission draft statement. Marlene requested members send their version(s) of the language so that she can incorporate the information into the paragraph. Please send via email to marleneb@csufresno.edu. Marlene will send the document electronically to members. Marlene also shared the unreleased Healthy People 2010 report with members. The report is scheduled to be released on May 7, 2012 at the Community Transformation Grant meeting.

2012 Retreat Update

Donna DeRoo advised that the contract to hold the retreat at Wine and Roses has been signed. The average room rate is more than two times the discount given to the Consortium group. Members wishing to stay over the weekend will need to notify Donna DeRoo (dderoo@csufresno.edu). A rough draft of the agenda for the retreat will be sent to members. Still in need of a facilitator, please send names of possible facilitators to Marlene Bengiamin.

New Business

There was a request to send member contact information to all members of the CCPHC.

Van Do Reynoso announced that the QI conference scheduled for May 1, 2012 will be broadcast via webinar along will all breakout sessions.

Tim Livermore discussed teen vaccination vs. registry. Minors can receive vaccinations for HPV without parental consent. Therefore, it leaves the decision to place the name of the minor in the registry to the provider.

Adjournment

The meeting was adjourned by Donna DeRoo at 2:35 p.m.

Next Meeting: – Monday, April 23, 2012
12:30 p.m. – 2:30 p.m., Conference Call
Conference Call Number: 1(888)204-5987; Access Code: 2630180

FRESNO STATE
Central California Public Health Consortium

Monday, April 23, 2012
Central California Public Health Consortium Meeting Minutes
12:30 p.m. – 2:30 p.m., Conference Call

Present: Karen Haught, Van Do Reynoso, Claudia Jonah, Tammie Moss-Chandler, Bill Mitchell, Marlene Bengiamin, Donna DeRoo, Keith Winkler, Elizabeth Gazarek, Karen Furst, Vicki Krenz, Charles Sandefur, Ed Moreno, John Capitman, Colleen Woolsey and Ora Murray

Absent: Paul Brown, Andrew Hoff and John Walker

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 12:40 p.m. All in attendance introduced themselves.

Approval of the March 26, 2012 Meeting Minutes

After review the March 26, 2012 meeting minutes were approved.

County Updates (All)

William Mitchell, San Joaquin County, had no updates to report.

Tammy Moss Chandler, Merced County, announced she has two weeks left in her current position and that final interviews are being conducted for the director of Merced County.

Van Do Reynoso, Madera County had no updates to report.

Claudia Jonah, Kern County, stated that the Kern County lab director retired. She anticipates this position will be difficult to replace during the hiring process.

Grant Updates

Van Do Reynoso, reported Madera anticipates challenges assembling a leadership team. She has met with the team. Madera is concentrating their efforts on Head Start. A school has been selected to team with and the principal and head start coordinator have been invited to attend Community Transformation Grant workshops.

Tammy Moss Chandler reported the Merced Community Transformation Grants team is working to kick start the process.

Claudia Jonah reported a call to action in capacity building. Kern County is working with a group of schools and faith based organizations. One initial meeting with stakeholders has been held.

Karen Haught, Tulare, reported that the Community Transformation Grant has been fuzzy completing its implementation. She also reports that they have good sources with schools to work with.

Edward Moreno, Fresno, reported the next meeting with Community Transformation Grants will focus on healthy eating and inequities.

Bill Mitchell reports San Joaquin is waiting to see how the allocation process will be for NEOP. San Joaquin is conducting a pilot project with peer to peer study.

Keith Winkler, Kings County, reported they are getting pieces in place for SNAP Ed and waiting for the signed contract from the State of California.

Claudia Jonah, Kern County, reports a family's pet cat tested positive for rabies and bit three people in the family. Veterinarians do not recommend rabies vaccinations for cats. There was a discussion of vets that do not recommend rabies vaccinations for cats.

Dr. Jonah reported that the public health observance of the 3rd annual health fair went well. She reported that Kern County was one of the demonstration sites for the chronic disease model.

Mission, Vision and Operating Principles Review – Action Item

Keith Winkler motioned to approve Mission, Vision and Operating Principles. The Mission, Vision and Operating Principles were MSA.

Keith Winkler suggested an election for new officers be held June 25, 2012 at the next meeting of the Central California Public Health Consortium.

2012 Retreat Update

Marlene Bengiamin reported that the contract has been finalized with Wine & Roses. Still in need of a facilitator she states there is $2,500 - $3,000 available to pay a facilitator. Recommendations are now being accepted for a facilitator.

New Business

There was no new business to report at this time.

Adjournment

The meeting was adjourned by Keith Winkler at 1:30 p.m.

Next Meeting: – June 25, 2012
12:30 p.m. – 2:30 p.m., In-Person
Madera Community Hospital Shebelut Room at
1250 Almond Ave., Madera, CA 93637
Conference Call Number: 1(888)204-5987; Access Code: 2630180

FRESNO STATE
Central California Public Health Consortium

Monday, June 25th, 2012
Central California Public Health Consortium Meeting Minutes
Madera Community Hospital Shebelut-Pierini Room
1250 Almond Ave., Madera, CA 93637
12:30pm – 2:30pm

Present: Marlene Bengiamin, John Capitman, Keith Winkler, Van Do Reynoso, John Walker, Karen Haught, Claudia Jonah, Bill Mitchell, Elizabeth Gazarek, Charles Sandefur, Karen Furst, Steve Roussos

On phone: Ed Moreno, Tim Livermore

Absent: Andrew Hoff, Donna DeRoo, Ora Murray, Paul Brown, Colleen Woolsey

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 12:40 p.m. All in attendance introduced themselves.

Keith welcomes Dr. Eric Roberts, California Department of Public Health, he will present, "With the Environmental Health Surveillance Report: Pesticides and Schools"

Dr. Eric Roberts presents: What is Environmental Public Health Tracking? Enabling research and informing policy stakeholders. Motivation for report – agricultural pesticides are widely used in California and childhood exposure to pesticides raises special concerns. Project Description – Assess poundage and types of agricultural pesticides applied near schools. There was a lengthy discussion concerning this topic by members of the Central California Public Health Consortium.

Approval of the 4/23/2012 Minutes

After review the April 23, 2012 meeting minutes were approved.

County Updates (All)

Van Do Reynoso, Madera County, has no update, just that they are working on grants this month.

Steve, UC Merced, updated that things are smooth and they are just moving along to obtain funding for a project to train graduate students and undergraduate students with health assessment needs

John Capitman, Fresno State, reports that he is working with a community group conducting a Health Assessment Impact report. He is involved in the evaluation of the Teaching Health Center and continues to work with the Community Transformation Grant project.

John Walker, Stanislaus County, updates that Stanislaus County just posted a study on their website at www.hsahealth.org. The study is called 2011 Needs Assessments. It was a project that was funded by their southern hospital. The data will be helpful for the Community Transformation Grant project and will give a head start on the community health assessments that they will do.

Claudia Jonah, Kern County, updated that relative to the Community Transformation Grant, they had a planning meeting for the school that is taking a lead on a small jurisdiction. There were 30 plus members that met and brainstormed on it last week. Looking at budget impact, they are thinking about reorganizing some parts of Kern County positions. There is an impact of cats needing to be vaccinated for rabies, and they want to put on a weekly low cost cat vaccination. Kern County has its first human case of West Nile virus. They are also looking at a lot of budgetary items.

Bill Mitchell, San Joaquin County, updates that they filled some key positions. The Health Promotion Coordinator will start soon and the Assistant Health Officer position will be filled this coming Monday. Bill also announced that the last week of June is always budget hearings in San Joaquin County. By spending less money they were able to fill positions that had been eliminated. There will be some realignment funds coming from the health agency to the county hospital; some of the funds will also be distributed to the health department. The department is also being restructured to bring back some of the infrastructure. Another big project is the hospital has to complete a community health improvement plan. The assessment is being structured whereby it includes an agreement with a vendor, Valley Vision. The process is being structured for the community health assessment and community health improvement plan. San Joaquin Health Department doesn't feel they are ready to apply for accreditation, but are going to start on it. There was a group discussion about accreditation.

Karen Haught, Tulare County, updated that they are finishing up the budget. Some positions will have to be cut, or shifted to other positions. They are keeping busy on different grants like the SNAP ED, CTG and the Pregnancy Prevention grants. Karen wants to determine that there is a grant to support the upcoming pediatrics search in her county.

Ed Moreno, Fresno County, updated about the Community Needs Assessments as it relates to accreditation. He spoke with Lynne Ashbeck, from the Hospital Association, and the hospitals all agree to participate in one needs assessment. They all agree to participate and lend their support. Fresno County is still looking into recurring needs assessments and how it can be an opportunity for the health departments.

Keith Winkler, Kings County, updated that they are not looking at any big changes. Some office positions are being deleted. The department has developed training and standards. The staff underwent training and there were some union complaints because of the training. Keith also updated that Kettleman City was in the news, the state reported on some new birth defects detected in the area.

Grant Updates

Elizabeth Gazarek, Kings County, announced that SNAP ED has finally been approved and they have less than four months to administer a $300,000 grant. The project was supposed to start in November it is now scheduled to start June 15, 2012. Most of the grant was subcontracted to a community based organization. They don't know if they have the time to administer the grant because a large portion of work they will be doing during that time was already intended for the Community Transformation Grant. Group held discussion that focused on the SNAP ED grant.

Charles Sandefur, Adventist Hospital, updated that there will be a new addition of a Women's Center and Birthing Center to the hospital facility.

Van Do Reynoso, Madera County, updated that on July 10, 2012 the California Endowment in Los Angeles will host a conference. She will forward the information to everyone. The group held a discussion concerning this event.

Elect Chair and Co-Chair- Action Item

Marlene Bengiamin, Fresno State, opened the floor to members of the Central California Public Health Consortium to nominate individuals for the position of chair that is currently held by Keith Winkler. In 2013, it will be mandatory that a vice chair be elected. Marlene asked if there were any volunteers. John Walker nominated Van Do Reynoso. Van Do Reynoso turned it down because she has a full schedule. Ed Moreno commented that the process used to be where they would rotate the chair through the different counties. Everyone had an opportunity to be chair. Bill Mitchell and John Walker nominated Tim Livermore, Merced County, to be chair elect. Tim (on phone) commented that he will not mind taking on the position.

2012 Retreat Planning Discussion - Action Item

Marlene Bengiamin, Fresno State, updates that they are on track with the California Endowment grant. Drafting the progress for this grant is underway. Van Do Reynoso wanted to clarify that the core of this grant is accreditation. Marlene confirmed that the core is to talk about the accreditation process and how everyone can help each other get to the process. Bill Mitchell asked about the grants and talked about the assessment and community health improvement plan. He feels that the group made a lot of commitments and decisions to move forward. But he feels that the agenda at these in person meetings have not been to work on moving forward. Marlene suggested that they can restructure the agenda and conduct workshops. Karen Haught commented that accreditation should be a big part of the meeting every time. Marlene added that she thinks it's really important to help everyone at their stage of the accreditation process. John Capitman suggested going through a process of talking about one of the standards at each

meeting and everyone talks about where they are in the accreditation process and what their needs are. Van Do Reynoso suggested that the group also needs to look at the community assertions, the strategic planning, and health improvement. Keith Winkler stated that those can be included as agenda items.

Keith Winkler, Kings County, talked about the scope of work for the retreat. Marlene Bengiamin announced that she has secured a facilitator who will be present at the retreat. She will share the agenda once she has a conversation with the facilitator.

New Business
Ed Moreno, Fresno County commented that Kathleen Grassi started today at Merced County. He recommends having one of the in person meetings at the Merced County Health Department.

John Walker, Stanislaus, wanted to recognize the regional group for having these regional meetings.

Everyone thanked Van Do Reynoso for having this wonderful in person meeting.

Adjourned at 2:28 p.m. by Keith Winkler

FRESNO STATE
Central California Public Health Consortium

Monday, July 23, 2012
Central California Public Health Consortium Meeting Minutes
12:30pm – 2:30pm, Conference Call

Present: Marlene Bengiamin, John Capitman, Keith Winkler, Karen Haught, Claudia Jonah, Bill Mitchell, Chuck Sandefur, Karen Furst, Miguel Perez, Donna DeRoo, Ed Moreno, David Dyjack, Kathleen Grassi, Tim Livermore, Elizabeth Gazarek and Ashley Hart

Absent: Andrew Hoff, Ora Murray, Colleen Woolsey, Steve Roussos, Van Do Reynoso, Paul Brown and John Walker

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 12:36 p.m. All in attendance introduced themselves.

Approval of the 6/25/2012 Minutes

Minutes were approved as corrected.

After review the June 25, 2012 meeting minutes were approved with corrections by Bill Mitchell, Karen Haught, and Elizabeth Gazarek.

Accreditation- Dr. David Dyjack, Associate Executive Director, Programs, NACCHO

Keith Winkler welcomed Dr. David Dyjack discussed that building and assisting with efforts in accreditation and that establishing relationships is a key to success. Dr. Dyjack introduced Miriam Sznycer-Taub and Erinn Monteiro who discussed various resources and how NAACHO can assist local health departments with accreditation. Miriam stated that their goal is to reach out to local public health departments at all stages of the accreditation process and that they want to continue to provide resources once accreditation is achieved. She discussed various resources available at all phases of the process and wanted to know where each department is in relation to the accreditation process and if the Consortium intends to apply as individual county health departments or one entity. Keith Winkler responded that they had not made a decision; however, the current plan is to apply as individual counties and added that each county is at different phases of the accreditation process. Later in the discussion, Bill Mitchell responded that since the counties don't share provision of any services cross-jurisdictionally that they will have to apply as individual counties.

Miriam discussed the resource center and that it should be mostly complete by December 2012, with additional resources added as they become available. She also explained that they offer

technical assistance, a strategic planning guide, and a speakers bureau of accreditation champions, who can offer a peer perspective about the accreditation process including successes and pitfalls. Keith Winkler responded that is would be useful for the Consortium members to hear a member of the speaker's bureau at one of our future meetings or at the retreat in August. Miriam answered that she can start planning an in-person presentation for the future.

Erin discussed a funding opportunity for the Consortium consisting of 18 two year grants of $125,000, with the call for proposals starting at the end of August 2012. Erin added it to their webpage and will email the link soon. Miriam added that the funding opportunity is for different stages of cross-jurisdictional regional groups.

Dr. David Dyjack asked if Ron Chapman has been supporting the accreditation process of the county health departments in the Central Valley. Keith Winkler responded that he had not seen support from him personally and is aware that he is interested in local accreditation; however, he hasn't seen anything from the CDPH to assist with accreditation of local departments at this point.

Ed Moreno inquired about slides and documents from the annual meeting and Miriam responded that they are not yet available, but if he sends her the name of the session she might be able to get him the information ahead of time.

Dr. David Dyjack will email any follow up information to Keith Winkler and he will send the information to the members.

County Updates (All)

Karen Furst, San Joaquin County, updated that she received an email about the California Health Equity Initiative and assumed that it was also sent to many of the counties in the Consortium. She described that the initiative includes interviewing representatives from California counties that have highest percent population of Hispanic individuals and asking what they are doing about health equity. She wondered if other health officers received this email as it was not sent to the executives and what others are doing in regards to health equity. Ed Moreno, responded that during the first phase, counties that have implemented health equity will be interviewed and during the second phase they will utilize the summaries to engage selected counties, with high Hispanic population, and explore what has been done to determine what can be addressed to further current work in the area of health equity in public health. Karen added that from the email, all counties from the partnership will be included in the second phase and suggested that health equity be added to the agenda at a future meeting. Keith Winkler agreed that this would be a good topic for a future meeting. Bill Mitchell, added that they finished the nutrition network four year plan and budget, that the behavioral health department wants to work with them on a client empowerment initiative, and that in lieu of a PH lab replacement project that was cancelled due to budget constraints funds from emergency preparedness were allocated to a modular suite which should be delivered in late August or early September.

Tim Livermore, Merced County, updated that they are working on AB 258, the dog rabies exemption. They put together a one page application and certificate, which requires sign off by a

vet and health officer and a cover letter to vets explaining the process. The draft is in the county council office and awaiting final approval. Although the State CDPH was supposed to come up with a form, LA County put together their own and Merced used it as a guide and tried to be consistent with the law. Kathleen Grassi joined the conference call and confirmed that once the county council approves it, they can share with everyone in the Consortium.

Madera County, no representative present.

Ed Moreno, Fresno County, stated that he has nothing to add since the last meeting abd they are working on accreditation and the grants mentioned in the previous meeting.

Karen Haught, Tulare County, has nothing new to add.

Claudia Jonah, Kern County, had to leave the conference call early due to prior conflict.

Elizabeth Gazarek, Kings County, updated that they hosted a conference on Valley Fever and decided to continue the staff education provided by the UC Extension. She also updated about the CDPH SNAP workgroup, small/medium counties are allowed to have 20% rollover and medium/large counties are allowed 50% rollover.

Grant Updates

John Capitman, Fresno State, updated that a Request for Proposals from the CDC for Small Counties/Community Transformation Grants, only valley county that was identified as Kings County for this round of funding, possibilities for network approaches under same RFP,

He explained that Kings County Public Health, Social Services, Education, Adventist Hospitals, and others have been working with CROP on a proposal to address obesity and smoking in Kings County. This includes initiatives to increase access to fresh fruits and veggies, small store makeovers, traveling farmers markets, clinical process change for Adventist health centers, counseling, and recommendation and referral for behavior change. Other Community Transformation Grant ideas include proposals to work with school systems on school wellness plans, create more opportunities for fresh food and more activity on campuses, as well as related topics.

Marlene Bengiamin, Fresno State, updates that they are on track with the California Endowment grant, following scope of work, finished the media release, announcing the four month forming of the Consortium, and getting ready for the upcoming retreat. She stated that she shared a draft agenda for the retreat for feedback and that the next task is to issue a policy brief and work on submitting a proposal to one of the Affordable Care Act funding opportunities. She also introduced the new coordinator, Ashley Hart, who will be attending the retreat in Lodi.

Community Assessment/Strategic Planning and Health Improvement Updates:
Kathleen Grassi, Merced County, updated that she plans to attend the Aug 1st workshop in Sacramento. Bill Mitchell added that they are sending a few people from San Joaquin County and Karen Haught stated that one or two people from Tulare County are attending as well.

Karen Haught, Tulare County, met and talked UC Merced students about a community health needs assessment and they want to help out as it will fit in their area of study. John Capitman wants to follow up and work with Karen on this issue.

Bill Mitchell, San Joaquin County, updated that they have a very robust process with local hospitals to perform a community health improvement plan and have a plan from four years ago that needs to be updated. He attended a planning conference, which include an online guidebook. Their biggest need is to perform a quality improvement plan, which they have not started.

Karen Haught, Tulare County, updated that they performed a community health assessment two years ago. There is no update since the last meeting regarding the hospital council. The assessment will be performed regionally; however, since county specific data is required for accreditation, evaluators will collect county specific data. They still need to organize their staff to coordinate this process and need to determine a new title to go along with the responsibilities.

Ed Moreno, Fresno County, added that since the position is required by the accreditation board it should have a new title as it is a position of authority. They are currently looking for someone to take on this position in Fresno County.

Network for a Healthy California Funding Opportunity

Bill Mitchell, San Joaquin County, updated that he was interested in the Network for a Healthy California funding opportunity and wanted to discuss it with the Consortium. He stated that he didn't have any specific ideas, but thought the Consortium could apply as a region. Marlene Bengiamin, updated that the LOI is due August 3rd with the full proposal due on August 16, 2012. John Capitman inquired as to CCROP's proposal and Marlene and Bill were not sure as to the focus of CCROP's proposal. John Capitman thought that the focus of the CCROP proposal was similar to what they proposed in the Community Transformation Grant; support to schools and school systems along with CCROP's key activities- joint use agreement, walking school buses, rethink meal services, etc. Ed Moreno summarized that it would be the same concept as the Community Transformation Grant and that it would be difficult to compete with CCROP. John suggested that the Consortium partner with CCROP on the proposal and Marlene suggested this as well. Ed Moreno answered that it doesn't seem like it will work at this time.

2012 Retreat Planning Discussion - Action Item

Marlene Bengiamin, Fresno State, updates that the draft agenda for the retreat including a tentative timeline was emailed to everyone with the meeting reminder. Donna DeRoo added that the same facilitator as last year will be there to ensure consistency. She also added that the Consortium should have a plan for 2013 by the end of the retreat and that she needs a final count for retreat as reservations will be finalized on Tuesday, July 24, 2012.

Bill Mitchell suggested that under the Accreditation portion of the retreat agenda that since we are such a small group it would be easier to discuss everything together instead of in pairs. Ed Moreno also shared interest in this suggestion.

Donna DeRoo will update the retreat agenda based on the recommendations, add more detail, and send an updated version to all Consortium members. She announced that edits are welcomed and to please send any comments or additions after reviewing the next draft.

New Business

None

Adjourned at 1:44 p.m. by Keith Winkler

Monday, September 24, 2012
San Joaquin Valley Public Health Consortium Meeting Minutes
3:00pm – 4:30pm, Conference Call

Present: Marlene Bengiamin Keith Winkler, Karen Haught, Bill Mitchell, Chuck Sandefur, Karen Furst, Donna DeRoo, Kathleen Grassi, Elizabeth Gazarek, Van Do Reynoso, and Ora Murray

Absent: Andrew Hoff, John Capitman, Colleen Woolsey, Steve Roussos, Paul Brown, John Walker, Ashley Hart, Claudia Jonah, Ed Moreno, and Miguel Perez

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 3:00 p.m. All in attendance introduced themselves.

Approval of the 7/23/2012 Minutes

Minutes were approved. The retreat summary was approved with one revision to add Karya Lustig to the list of attendees.

Accreditation Updates (All)

San Joaquin – Could not apply for NACCHO opportunity because it requires a letter of support from the Board of Supervisors and since the number of applicants for grants to be funded did not seem competitive they opted not to apply.

Merced – No updates to provide, although, Edward Moreno, Fresno County, applied for funding opportunity that included Merced and Madera counties as co-applicants.

Tulare – In the process of putting together a presentation to agency director concerning needs of the kinds of position(s) needed for administrative support.

Kings – They have begun the strategic process utilizing the Baldridge process and moving ahead with it.

Funding Opportunities (All)

There have been no new additions since prior update. Waiting to hear about CTG awards. The website was checked during the meeting for small communities CTG awards, two proposals for grants in SJV were not awarded. The largest number of grants awarded went to California and Maine.

Comments on Draft Revised Operating Principles:

Operating Principles draft will be approved at the October meeting. Several changes were proposed for Item 6 of the draft. Based upon discussion it was decided to come up with wording regarding consensus vs. quorum.

Changes: Decision Making
All decisions are based on the principle of one health department; one voice. Operations decisions and program priorities can be made with a consensus by members of health departments. Decision making can be determined by associate members, as determined by the health department members. There are a total of eight counties in the SJVPHC; five counties would need to be represented to make a quorum and have a majority of unanimity of five in agreement for a decision.

Discuss the possibility of hiring a facilitator for in-person meetings

This item was discussed at the retreat. Funding is available to hire a facilitator for 2-3 meetings during this funding cycle. There was discussion by the group of hiring a facilitator. The group came to a consensus to hire Karya Lustig. Marlene Bengiamin will contact Karya to invite and confirm her availability as facilitator.

Policy Brief Update

John Capitman and Marlene Bengiamin have a scheduled time to get together to outline the Policy Brief. Thereafter, the Policy Brief draft will be shared with all members. The priority focus will be capacity building to address chronic disease.

County Updates (All)

San Joaquin County, Bill Mitchell, reported over the years there has been an accumulation of carry over funds in emergency preparedness. SJ County has received funds to acquire a Modular B Sweep. This is awesome and exciting since the process was four years in the making!

Merced County: none.

Madera County, Van Do Reynoso, is a member of the SNAP Ed Advisory group and she has lobbied to stay on. If you have administrative issues implementing the grant please let Van Do Reynoso know as they have been very successful in resolving issues. Van will follow-up on a request from Kings County for a letter from the state of California concerning departments with SNAP Ed grants. She will update all after the follow-up with the state.

Tulare County, none.

Kern County, none.

Kings County, Keith Winkler, reported Kings County has upcoming flu clinics but that most clinics will be eliminated due to drop in usage and that the vaccine is available at many places now (i.e. pharmacies, care providers, clinics, hospitals, etc.). The flu vaccine will be available Monday through Friday at satellite facilities across the county. This reduction will result in a $24,000 savings in staff time. The Diabetes Coalition with support from Kaiser Permanente is showing a movie and hoping for 100 participants. A healthy meal will be provided.

New Business

NAACHO is providing assistance to those in the accreditation process. During the discussion some members of the SJVPHC expressed the desire to have technical assistance with training or tools to help counties move forward with the accreditation process rather than have speakers come in and talk about what accreditation is. Keith Winkler will discuss this concern with the appropriate personnel and report the findings back to the Consortium.

Adjourned at 3:50 p.m. by Keith Winkler

Monday, October 22, 2012
San Joaquin Valley Public Health Consortium Meeting Minutes
10:00am – 1:30pm
Fresno City Hall: Room 2125, 2600 Fresno Street, Fresno, CA 93721

Present:, John Capitman, Keith Winkler, Bill Mitchell, Chuck Sandefur, Karen Furst, Ed Moreno, Kathleen Grassi, Elizabeth Gazarek, Ashley Hart, Van Do Reynoso, Paul Brown, John Walker, and Karya Lustig

Absent: Ora Murray, Marlene Bengiamin, Donna DeRoo, Karen Haught, Miguel Perez, David Dyjack, Steve Roussos, Tim Livermore, Claudia Jonah, Andrew Hoff, and Colleen Woolsey

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 10:15 a.m. All in attendance introduced themselves.

Approval of the 9/24/2012 Minutes

Minutes were approved with the following revision: Add Ed Moreno as absent to the minutes.

Accreditation Updates (All)

Madera County, Van Do Reynoso: updated that they are working on strategic planning. They are utilizing the SWOT analysis to do an internal plan and will meet with community members when their portion is completed. They estimate that it should take about two months to do the internal analysis.

San Joaquin County, Bill Mitchell: stated that they added a second senior deputy position, which will have a lot of policy and planning responsibilities such as QI and strategic planning. Both of these positions will be opening very soon. Once these positions are filled, these individuals will be working on accreditation as one of their main activities. They have a strategic plan in place but it is out of date at about four and half years old. He is interested in setting up QI training for the Consortium members in the next few months.

Fresno County, Ed Moreno: explained that they applied and received a NACCHO grant for approximately $60,000 related to accreditation and QI management. They will be hiring a consultant team to help them educate the department about the need for a QI management system, determine what they currently have, and implement a system or modify a system they already have in place. They are contracting the technical work through Fresno State and providing training to Madera and Merced counties. The grant will start very soon and go through July 2013. In addition, the board approved the program management position, which will include duties such as strategic planning and policy work and they will start recruiting for it soon.

Kings County, Keith Winkler: updated that they have completed the second strategic planning process with previous managers, front line employees, and those involved with the department. They are utilizing the Baldridge principles and focusing on general QI and fiscal issues, accreditation, what services and duties they should and/or shouldn't be performing related to the mission. Beth Gazarek updated that she is starting the health risk assessment process; however she is doing it a bit differently than PHAB accreditation requires. The managers gathered numbers so that they are in one book and decided to update everything to a baseline of 2010, which they will eventually use as a baseline for PHAB accreditation.

Merced County, Kathleen Grassi: explained that since she is only on her fourth month on the job, they are still looking at the general fund and determining where they are as a department.

Comments: Van asked the group if they had gone before the board to verbalize the accreditation process and/or their eventual intent to apply. Ed relied that has met with one person on the board, but not gone officially to the board yet. However, they are going to start budgeting for the cost of accreditation. Van has sent out feelers to specific board members and was wondering if the Consortium members should announce it collectively and stage it together as to have a bigger impact in all of the counties. Bill hasn't gone to the board yet and therefore didn't want to get an emergency letter to apply for a grant and explain the accreditation process in a rushed way. Keith hasn't gone to the board yet either, but he has discussed the idea with administration. He is planning on having an explanation session in the future, but is not planning on asking for additional funding. Bill talked to multiple people at a recent conference and asked what they are doing in regards to QI management and implementation. In Yolo County they are using the same QI consultant from Solano County and paying $20,000 for a whole QI package. He wanted to know if this would this be a valid expense under the vital records improvement fund. Most of the members thought that it would be valid and that it was a great idea to keep in mind for the future.

Funding Opportunities (All)

TCE Funding Update: Ed Moreno believed that TCE would be willing to cover all of year one and two, part of years three and four, and that the Consortium would be self-sustaining after year four. Keith Winkler discussed that each department would need to determine what they can cover as far as the Consortium budget. He also added that it would be nice timing for a transition for it to fit into the yearly budget. They discussed the need to determine the cost of counties versus associate members. This could be a percentage based on budget, prorated based on the size of population with each county, or another method. The members also proposed that the Fresno State staff talk with TCE about a possible extension of the current grant through June 2013 so the members can start contributing as part of a new fiscal year. Bill Mitchell prefers to pay any fees out of current year dollars.

Other Funding Updates: Bill Mitchell updated the group that there are grants for the continuation of the nutrition network. Chuck Sandefur wanted to know if someone in each county is designated to look for funding opportunities or if was the director's job. He wanted to know if there was a way to coordinate it together to save time and money. Ed Moreno believes that Fresno State staff could be better suited to look at funding in a different way for all counties from

a non-biased perspective. Fresno State could also approach different funding sources about funding a regional approach to public health. Van Do Reynoso added that it would be helpful to work together with other counties and not just with the Consortium, such as with the recent NACCHO grant with Fresno, Madera and Merced. Paul Brown, from UC Merced, asked if each county had the appropriate staff to be able to apply and work on grants. Van replied that they need enough turnaround time, at least 30 days because they have to get approval from different levels of the board and county council. Beth Gazarek and Kathleen Grassi added that scanning the grants is the hardest part to see if it will not add too much extra work, plus to have someone write a grant. They are both hesitant to add new grant requirements because of the added workload on current staff. Paul Brown suggested that their team can write the grants but it is hard for them to determine what each county needs and finds he is reinventing the wheel with each proposal. It would be very helpful to him if he could get the priorities of each county and the priorities of the region. Paul Brown asked about future plans for funding the Consortium and stated that a big problem in our region is a lack of collaboration. It would be helpful to set the infrastructure to collaborate and then respond to the grants that come along. Karya asked the health directors if it was easier to apply as a group as opposed to on their own. Keith replied that they need to be able to follow the process and it takes quite a while to complete it. Beth explained that the last grant that came to her had a deadline of less than 30 days, required four years of budgeting and each of these steps takes 30 days each. Paul Brown stated that UC Merced could put it in for grants and subcontract with the county health departments. In this process, they could get an agreement from the counties after the grant has been turned in to the funder. All he would need from each health department would be a blanket statement. Kathleen added that the amount that each grant is worth is a large factor in what ones they will spend the time applying to, but it is difficult to determine where to draw the line where it will cost too much to apply. Keith discussed the disconnect between the amount of the grant and the scope of work that is added on the health department staff. Paul Brown stated that by working together they can increase the economies of scale, for example share epidemiologists. Keith explained that a main benefit of the Consortium is applying for grants as a group. Chuck Sandefur explained the process for Adventist Health to apply for grants and that is used to take a long time to get grant approved and needed to change the policy to make it easier to obtain funding. Their last grant required a 72 hour turnaround time. A main obstacle is the culture of the PHDs and the policies as they do not fit the changing grant culture. For example, it would benefit them to turn grants in as subcontractors and get final approval after the grant has been finalized. Bill explained that San Joaquin County doesn't require board approval, unless the funding source requires it. He also added that the county council and board are much more efficient and do not meet as often; however, the earliest to get on the board agenda is Nov. 20th. Van is interested in commitment from the state level. Karya explained about positioning yourself to get funding together as many grants expect you to be in partnerships. This would allow the partners to work on your behalf. John stated that the barrier is not getting people on board, but the problem is identifying opportunities for funding for all counties and finding enough funds to adequately help all the counties. For example, small foundation grants aren't large enough. We need grants like CTG that offer additional staffing options to local public health departments; however, these can be very competitive and you must invest a lot in these grants. John summarized that we could make a case that local health department are not adequately resourced to even apply for grants. The public health departments can't get funding because they don't have enough people to write the grants much less run the projects. For the next TCE grant cycle, we are going to

contribute to sharing the cost of the Consortium but we would like to add TCE funding a policy position in the departments as well. If this is what they really want, they need to be partners. We can focus on how the Consortium members realized the challenges while working together. Paul Brown added that since each county doesn't have economies of scale, the infrastructure could come through there. John Capitman asked the members, "Who has an FTE for prevention policy in their county?" and John Walker responded that their epidemiologists have reached the point where we recognize that we need a grant writer. He also added that part of the reason why we changed the name at the last retreat is to brand ourselves. Because of our significant burden of chronic disease, being a known region creates opportunities. Although rural funding isn't as prevalent, we are going to continue to grow in population and anything under 1 million doesn't get much federal attention, but if we work as a region to create a culture we have more chances to be seen. Kathleen was concerned that health departments in the county governments struggle to be seen in their own counties. She also brought up that one of the current propositions makes it easier to contract out government services which might be a problem in the future. The group agreed that while looking for strategies to help internally within the county government to build capacity and recognition of the public health departments, we also need to look at the regional issues. The Consortium will help everyone to be recognized and it is very important to build capacity and champion public health within local and state government. Ed stated that if we are looking to TCE, their staff might want to know how the public health departments are going to align with the TCE goals. Bill added that a regional approach to looking at funding (a central set of eyes to benefit all counties together and each county separately) either from Fresno State, UC Merced, Adventist, or another group would be best for everyone. Chuck explained that collaboratives are becoming more complex and grant opportunities that he sees want more collaboratives between all types of organizations. Karen Furst summarized that many of these grants have money coming to health centers but none coming to health departments related to meaningful use. We understand that connections need to be made, but the LHDs aren't getting the money to bridge the gaps with other organizations. Paul Brown stated that grants can provide money to LHDs, for example, the advisory council for environmental monitoring which collaborates with universities and receives money from other organizations as well. John Capitman discussed the governor's partnership for the San Joaquin Valley, which is an organization that is looking for money. He also wondered if the link between local public health departments and state level government would interest TCE in providing funding from their statewide fund. Karya explained that TCE is not doing very much LHD funding and instead focusing everything towards BHC and moving away from LHD funding. She also added that they are trying to merge the two funding tracks and align with other foundations, such as the Debeaumont Foundation. Ed asked where the TCE offices are located for Stanislaus County and John Walker replied that he thought all the counties are under the Fresno TCE office. Since Sarah Reyes is a strong advocate for the valley, maybe she could make a case for using state funding. Karya added that they are co-funded with two BHC funding pots, and they liked this approach a lot, partnering across their own lines.

Approve Revised Operating Principles

The proposed changes from Karen Furst were approved by the members present. Paul Brown suggested adding outcomes; however, Karya pointed out that the operating principles started out with more specific outcomes and were revised to be more general. Kathleen Grassi suggested

adding capacity building within communities and across the region. Karen Furst wanted to add Public Health Departments instead of public health programs. The revised Operating Principles including all changes were read to the members by Ashley and they were approved by a consensus of Consortium members.

Policy Brief Update

John Capitman described the NACCHO 2010 Profile Data Set that the Consortium purchased. It is made up of a core and two modules; however, after reviewing the questionnaire, we are most interested in the core and module two. All of the Consortium counties have completed the core, except for Merced County. John Capitman proposed that Merced completes the Core and all other counties complete Module 2 so we can create a policy brief from the data. Since the data set is from 2010, we would like to get the core data from the counties as if it was 2010 to be able to compare with the other counties in the NACCHO data set. Many of the Consortium members commented that it would be too difficult to complete module two as if it was 2010. John Capitman proposed that if it is too hard to complete module two as if it was 2010, each county could complete it in real time, 2012 or not at all. John Capitman prioritized the requests for completing the policy brief, 1. Need Core from Merced, 2. Module 2 from all in 2010

John Walker thought it would be too hard to have his staff work that far back. Kathleen thought that all of the data in 2010 would be hard to compare because of the financial problems. It might be better to use another year instead. Paul Brown added that they looked at FTE funding over time from 2005-2010 using the NACCHO data sets. They were looking to see if FTE's decreased during the time period but not funding. They looked at the staff numbers that were being slashed and put in special CA variables to compare to other places in the country. John Walker was interested in if they could separate the public health services and functions. Kathleen added that salary pensions and benefits went up, health realignment lost funding revenue before everything else and that 2010 was a change period with the revisions to license plate sales, sales tax, and property tax. John Capitman asked all the members if they thought that 2010 would be a bad year to use. John Walker replied that trending data is different than just 2010, but we should use it because we already have the data. John Capitman summarized that we will look at the relative capacity of the San Joaquin Valley public health departments based on population compared to other locations, overall relative share of funding from county sources compared to other sources and whether these county health departments are relatively less staffed and less financed per population, compare to other parts of the state and state funding. Karen replied that we should also look at the data and see where we want to fill in gaps and John Capitman stated that we can definitely do that in the future, but for the time period of completing the policy brief for the TCE grant report deliverable, that we need to stick with the data that we already have. Karya added that the NACCHO Data set gives us good comparison data and it is a trusted source. By using this data set, the Consortium can begin the branding process of the San Joaquin Valley and begin to make the case for the valley. John Capitman added that we could compare where the valley counties were in 2010 compared to other counties in the state and country. Kathleen suggested that we could compare data from 2012 to 2010 data to supplement an analysis. John Capitman proposed that we do this in steps, first analyze the 2010 data and then collect supplemental information to compare for the next policy brief. John Walker suggested that since the data from 2010 is low hanging fruit and it would be helpful to see that

first we should just focus on it for now; however, he is concerned about completing module two in the time before the policy brief is due. John Capitman offered that we drop module two for this policy brief and simply get data out of what we already have as the first step and use it as a basis for additional data collection. Karya suggested that we could use the policy brief to provide data and a precursor for the next grant. Keith wondered how we can compare the data and the need to define what is public health in each county and remove those items that are not truly public health. Paul Brown suggested that we can go through the questionnaire and find indicators for these things, such as WIC to see the contribution; however, he doesn't think that the data breaks it down as much as we would like. Keith was curious about how we can compare counties in a way that isn't apples to oranges. John Capitman added that there are a lot of categories so we can compare different things other than expenses, funding, and budgets. Paul Brown suggested that we look at the change in counties versus the absolute numbers. Van had questions about certain public health funds that are from the county funds versus a trust fund. Bill Mitchell stated that San Joaquin County doesn't receive realignment funds and that they are largely funded through county funds. Karya summarized that everyone wants to continue with the data that we already have and have Merced County fill out the core questionnaire, to the best of their knowledge for 2010. All the members agreed to use the 2010 NACCHO Profile Data, but to remember that each county has many differences that need to be taken into account.

Next Steps: Fresno State will have a summary of the data by the November 26th phone meeting.

LUNCH BREAK 12:10 p.m. - 12:30 p.m

Keith brought the meeting back to order at 12:30 p.m.

County Updates (All)

San Joaquin County, Bill Mitchell: updated that since they are receiving expansion dollars and increasing the SNAP-ED program. When they started the program, they hired a nutritionist and had her as the coordinator and they are going to hire two health educators. In the next fiscal year they will hire an additional community health worker. In addition, they are working on bringing in new grants. Last week they performed an emergency preparedness drill, utilizing point of dispensing clinics. They had clinics in Lodi and Manteca and utilized health care volunteers along with staff members. They have a web-based DOC information management system, Virtual DOCs. There was a limited DOC office but everyone could see what is going on at the same time. They created their own DOC patterned after WebDOC. This year, they only did a limited number of flu clinics in the community, especially now that Medicare covers them for seniors. They have a few small clinics with on a few hundred at each location as compared to the few thousand they had in the past. They don't usually buy extra flu vaccines. He is involved in the county's Equal Employment Opportunity Committee, which puts on a diversity luncheon for county employees. He suggested the lunch topic as looking at diversity, through the social determinants of health and they chose his idea. The speaker at the event was Desiree Backman, from the California Department of Healthcare Services. It was a wonderful opportunity to expose the county employees to the concepts and ideas. Next month he has been asked by the county administrator to talk about their healthy food policy in public health. For the past 4 years, they have been trying to get a bio-safety level 3 module/laboratory and it was recently trucked

out here from Florida on a flatbed. They are in the process of converting it within the next year. He is also interested in the impacts of the ACA and believes that all members would benefit on a video/speaker discussing how to integrate it into care and the public health department.

Merced County, Kathleen Grassi: shared that they hired a new director of nursing who has been on the job for 2 months. She has been working with Kathleen to determine what we are doing, should be doing, and can do differently to help the department and community. They will be hiring a community health educator to run the SNAP-ED program. Currently, the department only has one masters educated health educator and this will be the second one. She also discussed the Champions for Change program for local elected officials to sign up as champions of the lets move effort. They must commit to supporting one of five goals related to healthy nutrition and physical activity for children. The National League of Cities website has a map where officials are signed up as Champions for Change and their representative is the first in the San Joaquin Valley.

Madera County, Van Do Reynoso: was intrigued by the ACA comment from Bill and wondered if we could have more time to talk about preparing for ACA at a future meeting, possibly November. For their flu clinics this year, they added a $5 administration fee for each person and approximately, 99% of people gave the $5 fee. County employees have had the most complaints about the added fee as they were used to getting it for free. The total cost of the vaccine is $20, $11 plus $9 for staff, so the fee helped a little bit. They used the state purchased vaccines as well as some that they purchased. They did not turn anyone away because of an inability to pay.

Fresno County, Ed Moreno: is interested to know what other health departments are going to do related to the ACA. They recently hired an assistant director who starts next Monday, October 29th. They recently lost their contract with the SPCA and have completed a temporary agreement with Liberty, with animal control and offices for the contractor. There have been many meetings with local animal rescue groups, who have also been critical of SPCA. The mandate is much more focused than the general community would like it to be. If he could redo the situation and turn back time, he would redo the mandate, meet with the SPCA, talk to them about being strategic moving forward and guide them not to take unnecessary action. Their EMS program has been tracking the frequent fliers, individuals who request the ambulance 2-3 times per day. He was able to get the county council to agree that ambulance companies can refuse transport of these people. As a result of this change, many of the frequent fliers hardly ever call anymore. They recently pass a Tobacco Control program in Fowler and Parlier. They have adopted ordinances/fees/fine schedules that the city must implement. This includes assigning officers to go to retailers with youth and do sting operations to determine who is selling tobacco to youth. This program will be funded through fees for retailers to sell tobacco products. Bill Mitchell asked about tobacco licenses and wondered if that excluded pharmacies. He has wanted to ban selling cigarettes at health stores and pharmacies by making them ineligible to get a license. For example, Ed Moreno explained that he was at a retail pharmacy getting prescriptions and saw a sign that said if the store forgot to offer you a receipt, you would get a free 2 liter Pepsi. Ed was asked to attend a meeting with the Fresno Environmental Response Network recently who are working to create one phone number to call and text as well as one website for the public to contact if they think there is an environmental hazard. It will work with someone on the other end who can determine who should be contacted. They are currently using

the Kern County system for reporting; however, that have a request for each county, local government to sustain it in the future. They recently discovered Hantavirus just north of Fresno County. They are preparing a response to an unofficial request from Community Regional Medical Center regarding flu vaccines versus mass vaccines. They are working with the hospital council and Lynn Ashbeck, to determine the best approach as there are more problems associated with this than they thought. Karen Furst added that they were approached by infection control nurses from Kaiser and met with the hospital council. They council agreed that they wanted her to do it, so she put it in place for just the hospitals, not all health providers. John Walker asked if she required it to be by physicians and Karen responded that each hospital has the authority to do their own thing related to doctors. John Walker sent out a letter that he strongly recommended it and agreed with Karen. The nurses thought that by having it mandated it made a huge difference in the increase in vaccination rates and helps them with compliance and lowering their risk. However, all members have reluctance about how far to go. For example, Sacramento went too far with their regulations. Karen explained that many counties use the dates Sept 1st to March 31st and the San Francisco used December to April, but Karen decided to stay with her original dates as information had already gone out. Additionally, Karen Furst has a letter that explains that they might have to extend it to the end of April because of an extended season. Karen will send the letter to John Walker and any other counties that are interested.

Stanislaus, John Walker: They recently hired a new director of nursing and she starts on Wednesday, October 24th.

Tulare County, no representative present.

Kern County, no representative present.

Kings County, Keith Winkler: updated that this is the first year that they did not do the mass flu clinics. They have the vaccine available at offices and remote clinics and have an open day one day a month, and also offer them at the Salvation Army homeless lunches. They have had a reduction in the number of people at the clinics because of the push from pharmacies offering flu shots and it is much more convenient for many people to get them there. The board accepted their proposal and it saved them over $20,000 in staff time. Additionally, SNAP-ED was not doable for them and they will not participate in it next year. The welfare department is a separate department and they don't want to do education and wanted no part of it so they subcontracted it. They are doing something similar for the tobacco program and tried to get tobacco licensing in Corcoran a few years ago and had a split vote in city council, so they haven't gone further with it since. They are currently looking closely at vacancies and staff retiring. They have learned that office assistants can be shared between managers, a 2 days here and 3 days there. They are moving the WIC program to a new site downtown and been will be working with the rest of the county staff, fire department, and information technology to convert the building to a county EOC to replace the older one. It will double as a classroom for IT training and other departments will utilize the building for multiple purposes. Van added that she is on the State Policy Committee for SNAP-ED and any issues that the Consortium counties have, she can bring it up with the state. The committee was able to change the 300,000 to 500,000 for subcontracting purposes, changed rollover limits, and is helping to get more

flexibility for all counties. Van will send the SNAP-ED letter to Ashley and she will disseminate to all members.

Associate Member Updates

Charles Sandefur added that the chief medical officers are talking about ACA and talked about the fact that it drives the medical field and public health departments together, whether they like it or not. Physicians are interested in integrating with public health departments in order to see health in a large picture. They recently figured out that the number of employees and family members of Adventist make up 4% of the population in the Central Valley. How they serve their own population is a role model for the region so they decided to make some changes. All the campuses are going tobacco free and they are going to throw away the deep fryer at their locations. Their food service actually makes money off their employees, so they hope this will make an impact. The continuum of care becomes more important because of factors such as chronic users of unreimbursed care and ways they can redirect the savings from chronic user population programs. They are continuing to have to look at how to redefine community benefits as not just writing off cancer care for an individual to real community benefits. They are opening a school-based clinic in Reedley at an elementary school and are very excited to learn about this different way to provide health care and how it can work through a school.

New Business

Kathleen Grassi, invited Dr. Paul Brown to attend this meeting based on results of the planning retreat. She summarized that the Consortium was interested in talking with him about a future project related to economic framing issues as well as talking about an opportunity for us to talk about the broader cost of communities to allow reduced health and how to create communities where health is a factor that promotes well-being as well as an attractive factor for businesses and putting the community on the map. Paul Brown had a PowerPoint presentation to present to the group, but we did not have time at the meeting. He was curious who the Consortium wanted the audience to be and explained that would be the next step. John Walker added that a requirement of phase one of CTG is to perform a health disparities assessment and present it to your governing body, which is usually the county council or board of supervisors made up of farmers and businessmen. These leaders see things in terms of dollars and cents and public health loss of productivity are not captured well enough in statistics such as birth and death rates. The council and board members need to see public health in terms of dollars. The Consortium members want to translate what they do into economic reality for others to understand. Bill Mitchell added that this will help brand the San Joaquin Valley, create the image of what and who we are in order to make the case to state and national legislators to get a share of resources. Keith Winkler suggested that we put the PowerPoint and determining the audience on the next meeting agenda. John Walker suggested that we have a separate phone call to just talk about the information from Paul Brown; however, the other members wanted to simply extend the next phone meeting on November 26th.

Adjourned at 1:40 p.m. by Keith Winkler

Monday, November 26, 2012
San Joaquin Valley Public Health Consortium Meeting Minutes
3:00pm – 4:30pm
GoTo Meeting

Present:, John Capitman, Keith Winkler, Bill Mitchell, Karen Furst, Kathleen Grassi, Elizabeth Gazarek, Ashley Hart, Van Do Reynoso, Paul Brown, John Walker, Karen Haught, Cathy Volpa, Donna DeRoo, John Capitman, Claudia Jonah, and Steve Roussos

Absent: Ora Murray, Marlene Bengiamin, Miguel Perez, Tim Livermore, Andrew Hoff, Colleen Woolsey, Karya Lustig, Chuck Sandefur, and Ed Moreno

Welcome and Introductions

Ashley Hart welcomed all and called the meeting to order at 3:07 p.m. All in attendance introduced themselves.

Approval of the 10/22/2012 Minutes

Minutes were approved with the following revisions: change SWOT analysis, Beth Gazarek name edits, and change Van to Committee.

TCE Current and Future Funding

Donna DeRoo presented the current California Endowment Budget and how much it would cost for the gap between February 15th and June 30th, 2013. She also added that with the current budget projections, we would have approximately $7,500 to $8,000 surplus, which could be used for many different purposes. She then asked what other types of activities the consortium members would be interested in doing in addition to the current budget. John Capitman explained that at the last meeting the members were interested in one FTE per department paid for by TCE to work on public health policy. Many of the members were interested in this as an addition to the budget but were concerned who would be hiring the staff. John Capitman explained that we would ask that the position would be paid for by TCE and then hired by each health department. Donna also asked the Consortium members how they would like to split the cost of the consortium for the future. She suggested multiple options such as an equal split, population size and area served. The members felt comfortable with these options, but wanted a summary of the cost based on each model. Donna replied that she would create a spreadsheet and matrix that would outline the cost to each health department based on the different options. Bill Mitchell was interested in setting up QI training for all consortium members and Donna replied that this could be something that could be paid for with the surplus. Donna summarized that she would send out a spreadsheet with different options for splitting the cost of the consortium between the members by the end of the week.

Economic Value of PH for the Region

Paul Brown stated that he had a PowerPoint presentation for the group with different options about what they were interested in creating for the Consortium, but he wanted to hear from the members about more details, such as the audience and goal of the project. From what he discussed with Kathleen Grassi, he thought it was generally to expand investment in public health and specifically public health departments in regards to preventing and managing chronic disease. John Walker recalled the discussion as primarily around chronic disease and not any specific diseases. Paul Brown asked if they wanted to focus on how the public health department efforts were having an impact on the population and also monetary impact in savings. Bill Mitchell replied that they want to focus on the potential economic benefit for needing to invest in public health and departments as well as the alternative, if the money is not invested what consequences might occur. Once Paul Brown had a better idea of what the members goals were for the project, he described two types of economic studies. First, he described the cost of illness study, which puts a monetary cost on a condition. For example, the cost of breast cancer in terms of work days lost, loss of productivity, etc. He stated that policy makers like these studies as they frame the question; however, this doesn't tell you what you can do about it or if what you are doing is right now is having an impact. The other type of study would be a cost effectiveness study which compares two different things. For example, is one program better than an alternative program at increasing health outcomes. From a public health stand point, we could also look at what would happen if we didn't have these programs, the benefit of doing these programs, and how much benefit we get from a bigger or new program. Kathleen stated that she was in Sacramento earlier today discussing how the ACA will possibly be taking public health dollars. From that conversation, she thinks the arguments should be the cost effectiveness of public health programs, especially those not engaged in direct care as many of the consortium health departments do not perform direct care services anymore. John Capitman explained that the cost effectiveness might not be as helpful right now as there are different funding sources for different programs and it would also be hard to identify the programs that we could evaluate from all counties. Paul Brown replied that it is important to add who will save this amount of money in order to identify with the cost analysis of each audience. He also added that it would be possible to do this study with simulation modeling and include some programs where you already know about the effectiveness. Another main goal would be to get people to start working on evaluating their own programs. John Walker discussed a document from 2007, entitled, "Measuring the Value of Government Public Health Systems". The author interviewed the health officers at a meeting and used the information in the publication. John Walker felt as if the author was nudging them to do a better job of demonstrating their value as public health departments. He will forward the PDF to Ashley for distribution to all consortium members. Karen Furst also remembered these interviews. Kathleen Grassi added that the argument is being framed in Sacramento as departments who do provide direct care services will benefit from Medicare expansion. She explained that since their department does not offer direct care health services, she is concerned for Merced and other smaller counties and is looking to build the argument for traditional public health services and how they are cost effective to communities. For example, disease surveillance and monitoring, self-help promotion campaigns, and required public health services. We need to determine a common theme across all consortium counties in

order for this to benefit all members. For example, 3-4 core services that we are all required to do, i.e.- TB control, and build case around that to build a case for public health as a core function in communities. Paul Brown summarized that the members would like to focus on surveillance/monitoring, health promotion activities (policy, environmental) and not direct care and delivering health services, as it is more uncertain if you will be continuing these services. He explained that the first step, before gathering data would be to review existing literature. John Capitman added that public health department functions such as restaurant surveillance and those services with direct protection of health and safety are good and will stay. However, it is harder to explain why it is important to do surveillance of chronic disease and acute outbreaks and that is part of the challenge. He also explained that the audience is the business community and policy makers. Karen Furst recalled from the planning retreat that the main goal of this was to make the San Joaquin Valley more visible in terms of public health similar to other regions in the country. We want to get on the radar at the Federal Level, not necessarily in the local area. Karen Haught stated that both issues are important – local and federal recognition are both necessary. Paul Brown summarized that the consortium members want a bigger picture plan including policy changes and health outcomes to gain federal recognition and a more local approach to public health on a programmatic level including individual things that public health departments do and why they are valuable to the community and local business leaders. The consortium members were interested in how long this would take and the resources required. Paul Brown replied that for the first part, he would need to first look through secondary data which would take a couple months. For the second part, he would need each health department to take stock about different types of programs that you have right now, perform a literature review about how effective these programs are, which would be a bit more of a time-consuming literature review and also time to put everything into a framework for other to understand. Paul Brown is going to take this information from the meeting and send something to the consortium members for them to look at and review in order to decide about going forward.

Policy Brief Update

John Capitman presented the NACCHO data tables to the consortium members. The data is grouped into the following categories: revenue, personnel, services provided, and community assessment. The counties in the San Joaquin Valley are listed separately and as a group and the rest of the California counties are grouped by population, under 200,000, 200,000-800,000, and over 800,000. John Walker asked the other consortium members about the population break downs. He is personally used to the categories, under 250,000, 250-1 million, and over 1 million and stated that 800,000 is not a number that he is used to hearing. John Capitman stated that since Fresno and Kern are compared to modest counties and not larger counties that we would be able to create comparisons with other counties in California. He stated that you almost have to take the biggest counties out of the mix and that is why he is trying to find the right cut point in order to favor all of the consortium member counties. John Walker explained that the valley is composed of small and large counties and normally a million is what describes a large county. However, the CTG grant used 500,000 for a national cut off but CA is usually a million and up. John Capitman asked the members if the categories for revenue made sense to them and stated that poor person is defined as less than 200% of the FPL. Paul Brown asked how you control for the age of the population and asked if Medicare gives more to older counties. John Capitman

wasn't sure how we could control for this yet, but it is a very good point to consider. Karen Furst added that by pulling out Medical and Medicare it pulls out most of the medical services which allows us to simply look at public health functions. Beth Gazarek asked if they pulled the prison populations out of the general population, as they are paid for with different funding. John Capitman replied that the prison populations are very important to remove and thanked Beth for her suggestion. Karen Furst asked if any of the counties performed correctional health at local jails and Stanislaus, Madera, and Merced replied that they do not provide services at the jails. John Capitman then showed the personnel section of the data. John Walked suggested adding a total number of employees to the table. John Capitman asked the members if they would be interested in total FTE per population as an indicator. John Walker was concerned about lumping the personnel categories together as opposed to splitting them apart. Many of the consortium members had issues with how the personnel was categorized by each public health department and they discussed the likelihood that it was different for all departments. John Capitman explained that total FTE would be the easiest to understand and compare across departments. He also asked them if they wanted to be involved in the process of how to best analyze the data. He told the members that we could send you information about this you could provide comments, which would be very helpful but we just want to know if the members are interested in this. He also showed the members the services performed table, which all of the members felt was very valuable information. Keith Winkler was concerned about how to normalize public health functions for all departments as some departments perform certain functions while others do not and some are performed by different sectors in the county. Paul Brown explained that they came across these same problems in a past study and decided to compare the change over time as each department used a different categorizing system. However, they assumed that each department was consistent in their categorizing across the surveys and over time. Beth Gazarek asked that we send the tables to the members so they can think about how things should be grouped.

January 2013 Meeting Location

Ashley Hart suggested that the January 2013 in-person meeting be moved to an easier, more accessible and cost-effective location. Keith Winkler was concerned about the fog in January and thought more people would take the train for that purpose. Bill Mitchell explained that although the fog is dangerous, the train times are simply not that practical for the northern and southern counties to both take the train. Keith agreed that it is not practical for all members to be able to take the train and suggested that we hold the January meeting from 11 a.m. to 2:30 p.m. and hold it near Fresno State. Ashley Hart explained that we can ferry members to and from the train if they would still like to take it and that a call-in option would be available for those who are unable to attend. The members agreed that this would be a good change to accommodate the weather and that they would keep the normal time, 10 a.m. to 1:30 p.m for the other 2013 in-person meetings. She also asked how they like the Go To Meeting format today and the members all thought it was easy to use and helpful. She then asked if the toll call was a problem for them and the members stated that it was not a problem.

Accreditation Updates, Funding Opportunities, County Updates

These standing agenda items were delayed until the January 2013, in person meeting as the action items took up most of the meeting time.

New Business

Bill Mitchell asked the members what preparations, if any, health departments and their partners (Ag Commissioners, Farm Bureaus, Environmental Health, PIO's, schools, etc.) are making for the release of the report about application of pesticides near schools. Karen Furst stated that they are working on a preliminary report. Claudia Jonah added that the Ag Commissioner is pulling things together for Kern County. John Walker stated that in Stanislaus County, the PIO is taking the lead rather than the health department so they can speak for the county as a whole, including the Ag Commissioner. In addition, they are starting a study of their own to compare urban with rural schools. They have not done the work but they have created the framework. Karen Furst asked why they are making that comparison. John Walker replied that their thought process was that there is a confounding variable in SES in agricultural areas. We will use free lunch enrollment as comparative measures and our opinion is that there should be a comparison between the urban and rural schools. John Capitman explained that the pesticide study does not show actual exposure at public health levels, but that it just showed that there are more pesticides in the rural areas. He finds this study methodologically troubling and it raises important questions but doesn't answer the questions. John Walker explained that it is their mission to protect children and they have no objection to making changes, but he too has serious concerns about the methodology of the study. Karen Furst wondered if anyone has tools for the news media and suggested that all the consortium members use the same talking points for a consistent response. John Capitman stated that the report should be released by the end of the month and John Walker explained that the public health departments will have 2 weeks' notice to review and comment on it. The consortium members agreed to plan a conference call to discuss the draft when it comes out.

Adjourned at 4:40 p.m. by Keith Winkler

Monday, January 28, 2013
San Joaquin Valley Public Health Consortium Meeting Minutes
11:00am – 3:30pm

Social Welfare Education, Research and Training Center (SWERT)
1625 E. Shaw Ave, Suite #106, Fresno, 93710

Present: Ed Moreno, Keith Winkler, Claudia Jonah, Bill Mitchell, Karen Furst, Kathleen Grassi, Elizabeth Gazarek, Ashley Hart, Van Do Reynoso, Paul Brown, John Walker, Karen Haught, Cathy Volpa, Donna DeRoo, Marlene Bengiamin, Andrew Hoff, and David Luchini

Guests: Diane Littlefield, VP of Programs and Partnerships at Sierra Health Foundation, Karya Lustig, Facilitator, and Kelly Brooks, CSAC (by phone)

Absent: John Capitman, Ora Murray, Miguel Perez, Tim Livermore, Colleen Woolsey, Steve Roussos, and Chuck Sandefur

Welcome and Introductions

Kathleen Grassi welcomed all and called the meeting to order at 11:15 a.m. All in attendance introduced themselves.

Approval of the 11/26/2012 Minutes

Minutes accepted by consensus with the following revisions: on page two, half way down change APA to ACA. In addition, the members agreed to shorten the format of the minutes to include the following components: attendance, approval of the minutes, and key bullet points and action items for each agenda item.

TCE Work Plan Progress

Ashley Hart updated the group regarding the TCE Work Plan and what activities need to be completed before the end of the grant period in mid-February.

Action Items

- Ashley will send a draft of the grant report to the members before February 20th for the members to review, edit and provide feedback at the February 25th phone meeting

Policy Brief Update

Marlene Bengiamin updated that they have divided the California counties into the following four groups; San Joaquin Valley, population under 250,000, 250,000-1 million, and over 1 million. The data is organized by revenue, services provided, and personnel and are broken down into other categories. For example, revenue per person, revenue per poor person, means, SD, and Z scores for each group. They have been comparing and analyzing the data and are working to remove outliers out of the comparison so they don't skew the data.

Action Items

- Remove prison populations from county populations utilizing the CDC website
- Members send updates for 2010 NACCHO Profile to Marlene as soon as possible
- Members send 2012 NACCHO Profile Data to Marlene when completed
- Outline with action points/summary by February 7th for meeting with Sarah Reyes
- Send draft of policy brief to members before February 20th for the members to review, edit and provide feedback at the February 25th phone meeting

TCE Current and Future Funding and Sustainability

Donna DeRoo updated the group about the current TCE budget and plans for using the remainder of the funds on quality improvement training. She also explained the possibilities for future funding and spreading the operating costs of the Consortium between the members. John Walker wanted to revise the population for Stanislaus and San Joaquin as they were flipped; however, the percentages are correct.

Action Items

- Cost sharing; no FTE: split costs by county percentage of population
- Cost sharing; 1 FTE
    - Personnel costs should be defined in a different way than FTE
    - Ask TCE to fund the whole FTE
    - Hard to get personnel hired with only a one or two year commitment
    - Pick up each county's own half of FTE
- What type of person, classification, qualification, how much would they cost
    - FTE- chronic disease health policy, support to Consortium, accreditation
    - Cost of person: $60,000 is too low
    - Masters Prepared, PH Educator
- Change the time frame of the next grant period from two years to three or more years in order to make it easier to hire an employee
- Donna will redraft the budgets, draft job description and send the information this week

Public Health Quality Improvement Exchange (PHQIX)

Donna DeRoo introduced the organization and explained about the training that she attended in December 2012. The main quality improvement methods that she learned about were the LEAN method, SixSigma, and Baldridge Principles. The training that she attended included a phone conference, two webinars, and a three day in-person training. The cost of the training is $2,000 per person plus travel, which would costs approximately $1,800 per person. Donna asked the organization to come to the San Joaquin Valley and provide training for the Consortium members as well as other public health department employees.

Action Items

- All members were interested in attending a training in the San Joaquin Valley
- Donna DeRoo will update the members regarding her conversation with the organization

Healthy Lunch Break

Health Realignment/MediCal Expansion Presentation

Kelly Brooks, CSAS presented over the phone about the history of health realignment, the governor's 2013 budget and the risks and benefits of the state and county options.

Sierra Health Foundation Introduction

Diane Littlefield, VP of Programs and Partnerships explained the purpose and history of the Sierra Health Foundation and her goal here at the meeting to understand the San Joaquin Valley. She explained that they are a health focused foundation, involved with grant making as well as run multiple programs. She was very interested in learning about the San Joaquin Valley, public health concerns, and goals for the future as the foundation is looking into expanding their borders.

<u>Focuses, Challenges and Opportunities for the San Joaquin Valley</u>

- Prevention: inside and outside the physician's office
- Creating a qualified workforce for the future, health leadership programs with universities
- Large size and population of the area, it could be a state on its own, all counties are different but rural
- Geography, urban centers are spread out
- Weather, challenge and health threat, no heat/air conditioning, water quality, air quality
- Politics, conservative leadership makes it challenging to substantiate continued funding
- Fewer resources and greater need
- Immigrant, farm labor, and service industry won't be covered under any part of health care
- Summaries from the county health status indicators show the San Joaquin Valley counties at the bottom of the list
- Environmental justice, climate change, water issues, heat/cold
- Political issues, identify champions to bring about health in all policies, public health and prevention that holds convening for elected officials

Diane Littlefield is interested in sitting in on other meetings in the valley and would love suggestions as to where to focus her attention.

Economic Impacts of Public Health Update

Dr. Paul Brown from UC Merced explained the options that he has researched for determining the cost and benefits of public health. The members decided that they needed to define what they want to get out of Paul Brown's study before talking with him again. From the retreat, they remembered wanting to focus on how ill heat and economic loss related to chronic disease and how you lose out intern of work force efficiency, attracting businesses and the overall economic

impact to local communities that have high rates of ill health. This relates to the economic value that is added from public health services and functions. This then ties to the programs offered by each county related to Paul Brown's studies including the medical and public health costs of doing and not doing these activities. For example, if we had more resources we could be doing it more effective and be able to achieve a 1% reduction in the diabetes rates. More discussion needs to happen before talking to Paul Brown and making a decision.

Action Items

- Define what we want to get out of Paul Brown's study
- Ashley email the retreat summary to the members, highlight the sections about policy brief, Paul Brown study and how this conversation started
- Kathleen will summarize the conversation from today
- Van will send out a Survey Monkey, if necessary

March 2013 Meeting Location

Ashley Hart suggested that the March 2013, as well as the other in-person meetings in 2013 be held in the same location.

Action Items

- 2013 In-Person Meetings will be in Fresno at Social Welfare Education, Research and Training Center (SWERT), 1625 E. Shaw Ave, Suite #106, Fresno, 93710
- Consensus from the group as to the same caterer, Food for Thought

Accreditation Updates

Kings: Accreditation Coordinator designated, Elizabeth Gazarek

Madera: hired a program manager, Hilda Zarate, from Fresno

San Joaquin: in the middle of recruiting for the deputy position, continuing the community assessment process

Fresno: item to the board to receive funds from NACCHO to create a QI system and contract with CVPHI, program manager starting Feb. 8th and heading up the office of policy planning and communication where accreditation will be a main priority,

Merced: they will be recruiting next month for the vacant assistant director position to assist with prerequisites for accreditation

Kern: their director is on board with accreditation; they are working on a framework for strategic planning with the CCS administrator who will be the designee and they are reviewing questions such as who do we serve, what do we do; SWOT analysis working on right now and once they finish the division plan they can present it to the managers and get the whole department

included and excited to help; they are tapping into the hospitals community assessment and community improvement plan and will adjust it to fit into accreditation

Funding Opportunities

- NACCHO funding opportunity for the master trainer, $11,000 award
- Health Care Foundation: outreach and education, health care expansion and health care reform, only for county governments to apply, social/mental/and public health working together to conduct outreach and education
- Kaiser: open ended cycle, community benefits program for those in the area, invitation only

County Updates

San Joaquin County: Bill Mitchell asked if any other counties have a Community Health Council. Kathleen replied that there is a Health Consortium in Merced made up of hospitals, FQHCs, health departments, Medical/Medicare managed plans and they meet regularly to work together to coordinate services. Bill knew of a Community Health Council in Sacramento that had been meeting for over 30 years.

New Business

Bill Mitchell asked the members about the Regional Industry Cluster Initiative: Health and Wellness. Donna DeRoo added that she was on a call with John Capitman, Marlene Bengiamin, and Mike Dozier from the Office of Community Economic Development. Mike is holding an event on Feb 21st to talk about what this group would do; however, she believes it will be an industry perspective regarding the business side of health. The cluster focuses on health related to economic development, worksite wellness and how the cluster can support it in the valley. Many of the members were afraid over being overstretched by committees; however, Van, Kathleen and Bill plan on attending to provide the public health perspective.

Adjourned at 3:15 p.m. by Kathleen Grassi

San Joaquin Valley Public Health Consortium

Monday, February 25th, 2013, 3:00 p.m. – 4:30 p.m.

GoTo Meeting/Conference Call Meeting Minutes

Topic Area	Overview of Discussion	Member Action / Follow-up
Call to Order	Kathleen Grassi welcomed all and called the meeting to order at 3:08 p.m. All in attendance introduced themselves. Those present on the GoToMeeting/call were: Kathleen Grassi, Bill Mitchell, Cathy Volpa, John Captiman, John Walker, Keith Winkler, Ed Moreno, Donna DeRoo, Marlene Bengiamin, Ashley Hart, Charles Sandefur, Karen Furst, Karen Haught, and Cathy Volpa.	
Approval of Minutes	The minutes from 1-28-13 were approved by consensus.	
Action Items		
TCE Funding, Sustainability & Future Directions	Donna DeRoo and Ed Moreno met with Sarah Reyes from The California Endowment (TCE) on February 7th and presented her with a summary document and attachments as an overview of the Consortium's activities since February 2011. They also applied for a no-cost 90 day extension which was recently approved. They discussed the idea of splitting the cost of the Consortium between the health departments and TCE based on population. They discussed the potential next phase of the Consortium in that the funding initiatives at TCE have changed. TCE is currently interested in the Affordable Care Act (ACA) as well as the health of men and boys of color. Sarah Reyes suggested that the Consortium write a short proposal for her outlining the next phase of the Consortium. The members discussed different options for how to demonstrate TCE's new funding priorities in the work of the Consortium and eventually decided that TCE doesn't have to drive the activities; however, the proposal can be reframed to reflect their new initiatives. For examples, the health departments can work on preparing for ACA implementation and rebuilding public health	-Ashley print one copy of TCE report for members to review at March in-person meeting -TCE Draft to include work related to ACA, prevention role, QI work, support the consortium operating costs at 50% -Donna DeRoo, Ed Moreno, Kathleen Grassi, John Capitman, John Walker set up a time to talk in the next week or two to create a draft proposal for TCE

	infrastructure to reduce chronic disease, costs and health disparities. Ed and Donna deduced that Sarah wanted to receive a proposal for the next phase as soon as possible so the members created a group to work on it over the next few weeks.	
Quality Improvement Training	A. California QI 101 Program: personalized training over a year for 5-6 staff members per county in the Central Valley, estimated costs $80,000, travel $20,000= total: $100,000 Donna has been in contact with them and could negotiate multiple options with the organization after input from members. For instance, we could only do parts of the proposed program instead of the whole thing. B. National Network of Public Health Institutes, NNPHI, partnering with NACCHO to offer Public Health Improvement Training in Atlanta, Georgia in April 2013 for $60/person and travel is separate.	-Ashley email NNPHI QI training to members -Ashley email proposed scope of work for QI 101 personalized program to members -Ashley add QI Training Update to March 2013 Agenda
Policy Brief	John Capitman summarized views and opinions from the 2012 retreat in Lodi. He recognized that the issues faced by public health departments were not understood and not a focus of decision makers in the region. He added that policy makers treated public health simply as another bill to be paid. However, he feels that public health departments haven't done a good job of telling their own story about what they do and how it contributes to the community. In summary, he added that the members wanted to show that public health department capacity in the San Joaquin Valley is less than other counties in the state and nation. John Capitman explained the initial data table derived from the 2010 NACCHO Profile Study and how San Joaquin Valley counties compare to other similar sized counties in California. He also explained his thoughts for the rest of the policy brief related to operational capacity and adding legal capacity for added interest and significance. He talked with Kathleen about the public health in California law and department's ability to shape the policies related to health. After researching and talking with the Western Center for Public Health Law, he concluded that	-John and Marlene will review the data to determine the best way to adjust for the prison population -John will schedule individual times to talk with each Public Health Department regarding the legal capacity related to public health -John will send a survey related to services performed as required or not

	California law doesn't make the role of public health departments clear. John wants to schedule individual times to speak by phone or in-person to talk about these issues, get views and suggestions for other materials. The members were interested in talking with John and looking into the legal capacity. In addition, John wants to present the services provided columns in a different way. Members discussed that it could be done as required services, ie. remove WIC and clinical services to focus on core public health services. John wanted to ask the members what services they provided were required or not and the members agreed that an online survey would be the easiest. Karen Furst commented about the prison populations and that the populations are counted in the place where the prison is located and she said it doesn't matter where their residence county is, they are counted in the prison where the county is located. Many of the members were also interested in separating the tables in order to display the information better and cleaning up the numbers so we can be confident about the story they tell.	
Paul Brown's Economic Value of Public Health- Next Steps	Kathleen Grassi asked for a few members to work with her and Dr. Paul Brown on a sub-group to focus the project and create a draft to bring to the membership to decide on next steps and feasibility of this project. She also added that although Van DoReynoso isn't on the call today, that she was interested in helping at the last meeting in January.	-Kathleen and Van will work in a sub-group with Dr. Brown to create a draft and focus the project
Consortium Representative for CVHPI Advisory Council	John and Marlene asked for a representative from the Consortium to participate in the Advisory Council for the Central Valley Health Policy Institute (CVHPI). The group meets four times per year in Fresno, however, you can call in if that is easier. The representatives provide guidance and feedback to the CVHPI related to their work on health policy.	-John and Marlene will send a description of membership duties and 2013 dates for the Advisory Council to the members -Ashley keep on March Agenda to revisit as an action item
Health Realignment / Medi-Cal Expansion- Follow Up	Kathleen summarized updates regarding health realignment and Medi-Cal expansion related to the presentation by Kelly Brooks at the January meeting. She said they are putting together a third option besides the state and county options, which includes	-Ashley keep on March Agenda for additional updates and move to updates

	support for a state option but also allowing interested counties to pilot a local option to be able to do so, ie. Ventura and Santa Clara counties. Ed Moreno added that the legislature is not interested in the third option as it would delay implementing Medi-Cal expansion and create a loss of federal dollars. He also added that the current bills favor the state option.	
Updates		
Accreditation Updates	Keith Winkler, Kings County, updated that they are continuing to work on the Baldridge principles and have six teams working on processes.	
Funding Opportunities	Ed Moreno, Fresno County, updated that their grant from the CDC and NACCHO for QI for Fresno, Madera, and Merced counties has run into delays from the board related to subcontracting with Fresno State.	
County Updates / Questions for Other PHDs	Bill Mitchell, Kathleen Grass, Van DoReynoso, John Capitman, and Donna DeRoo attended the Health and Wellness Cluster last week. Bill updated that the cluster focuses on economic development in the valley and that information presented was related to workforce development, worksite wellness, and new data related to health manufacturing jobs leaving the valley. He provided information to the organizers about primary prevention. John Capitman wanted them to take on doing training for elected public officials related to public health. Kathleen added that Medi-Cal low reimbursement rates was a big issue as well but no one knew how to move forward and everyone was more comfortable with worksite wellness and job development. Kathleen said for the next meeting they are going to rotate meetings to other locations in the valley so it is easier for everyone to participate. She asked members from the Consortium if they can attend and report back; however, no one was able to at this time. Karen Haught, updated to the group that Tulare County has a public health advisory council made up of 15 members representing different organizations and regions.	-Members please let the Consortium know if you are attending the meetings if they are closest to you -Maybe add as a standing agenda item and report at each meeting
Adjourn	Kathleen Grassi adjourned the meeting at 4:32 p.m.	

Next Meeting: Monday, March 25th, 2013, 10:00 a.m. - 1:30 p.m.
Social Welfare Education, Research and Training Center (SWERT)
1625 E. Shaw Ave, Suite #106, Fresno, 93710
A Healthy Lunch will be Provided by Food For Thought Catering

San Joaquin Valley Public Health Consortium

Monday, March 25th, 2013, 10:00 a.m. – 1:30 p.m.
Meeting Minutes

Topic Area	Overview of Discussion	Member Action / Follow-up
Call to Order	Kathleen Grassi welcomed all and called the meeting to order at 10:15 a.m. Those present at the meeting were: Kathleen Grassi, Bill Mitchell, David Luchini, Keith Winkler, Elizabeth Gazarek, Donna DeRoo, Marlene Bengiamin, Ashley Hart, Karen Furst, Karen Haught, Van Do Reynoso, and Charles Sandefur.	
Approval of Minutes	The minutes from 2-25-13 were approved by consensus with the edit from Karen Furst.	
Action Items		
TCE Funding, Sustainability & Future Directions	<u>TCE Funding</u> Donna DeRoo, John Capitman, Marlene Bengiamin, Ed Moreno, Kathleen Grassi, Ashley Hart, and John Walker (by phone) met on March 22nd to brainstorm for the next phase of the Consortium with TCE. Meeting Summary: John Walker reminded everyone that it is important to brand the Consortium and think beyond TCE funding. Based on the conversation with TCE and Sarah Reyes, the members discussed how public health departments will adapt for the implementation of the Affordable Care Act (ACA) as well as continuing to work towards Public Health Accreditation Board (PHAB) accreditation. The two main categories discussed were workforce development and primary prevention. Donna DeRoo and Kathleen Grassi summarized the meeting by talking about different ways the Consortium could work on these topics. For example, connecting people to medical homes through roles such as educators, linkers, informers, or community health workers. They also discussed the US Preventative Services Task Force and how the Consortium could work towards many of these goals. When looking at communities, the public health department could provide the wrap around services to direct clinical care such as education, referrals, informing. However, what is going to be a reimbursable service is still unknown, as well as who will decide, ie. health plans, state medical, federal dollar flow. The doctors aren't going to want to take on this issue; however, there are many community based organizations (CBOs) that are already doing some of this work. Sometimes CBOs are doing the work, but other times they don't have the funding. At the meeting, Ed Moreno suggested contacting Georgia State University as the California	-Fresno State Staff will draft an outline (with today's discussion added) and cost-sharing budget and send to the members by next week for a final draft to Sarah Reyes in the next two weeks -Ashley will send the CDC/Georgia toolkit link to members, TCE Press Release of what they are looking to fund, and notes from the brainstorming meeting on Friday to members -Van will send the Stanford Model link/example to members

	Department of Public Health (CDPH) had a consultant assist them with determining changes for the CDPH related to the ACA. There should also be an online tool, Leading Through Health System Change, Opportunity Planning Tool through the CDC Office of Health Reform to help health departments determine specific areas to focus on related to changes with the ACA. Ashley will email notes from the meeting on March 22nd. Members commented about the necessity of certain clinics as many people who go to those clinics wouldn't receive treatment elsewhere and losing the core processes of public health. The members also discussed the chronic disease self-management program at Stanford as a model for public health departments. They could offer individual or group programs and become a physician referral site. Another example is the CPSP model that demonstrates wrap around care for pregnant mothers and the possibility of doing something similar related to chronic disease. The members understand the need to integrate; however, it is still very unclear what this will look like and who will be involved. Donna DeRoo reminded the members that we are going to request a 50% cost share from TCE; however, it is always unknown. She also added that Fresno County is going to budget their whole portion in order to plan.	
Quality Improvement Training Update	Donna DeRoo updated the members about the Quality Improvement Training 101 program and that they reduced their estimate from $100,000 to $80,000 to include training for the Consortium members and county staff. Donna DeRoo and David Luchini summarized the NACCHO Grant for Fresno, with Madera and Merced as connector sites. They are working with a consultant to develop an electronic performance management / quality improvement tool to keep track of goals, aims, and measures. The training and knowledge gained from the grant will be shared with all Consortium members. Van DoReynoso commented that CHIAC has leftover funds to be used related to PMQI for future trainings and resources. Charles Sandefur commented that the hardest part of quality improvement process is connecting the work of the organization to the mission and strategic plan.	-At the April GoTo Meeting, members who attended the NACCHO PMQI Training in Fresno will report back to the group about how it can be adapted for all Consortium members -The members agreed to add QI Training similar to NACCHO PMQI to the TCE proposal and budget

	They use the Baldridge Principles at Adventist Health and have had a lot of success. Kings County is also using the Baldridge Principles as a staff member is knowledgeable with it. The members decided to add QI Training, including the consultant, tools, and trainings to the next TCE proposal with more details to be determined later. One option the members discussed was to add the PMQI Training before or after a regularly scheduled Consortium in-person meeting. The Consortium members agreed by consensus not to continue with the QI 101 training and to look into other options similar to the NACCHO PMQI Training.	
Policy Brief	Marlene Bengiamin summarized that they completed the phone interviews and are analyzing them and the NACCHO Data. They are specifically looking at the funding sources comparing to counties of the same size. They are also looking at the services performed and trying to determine a way to show what the valley is doing compared to other counties. Marlene summarized that they see a lot of difference in the amount of money coming to Valley counties compared to other counties. The Valley counties are receiving comparably less funding than other counties of the same size doing similar service. She added that the policy brief will include data from the NACCHO survey, phone interviews, a literature review, as well as health data. She added that the policy brief will be disseminated through a press release, the website as well as other sources. They anticipate that this report will serve as evidence to policy makers, local officials and future grant makers in order to secure sustainable funding. The policy brief will show the state and federal government to allocated funding on the burden of disease, morbidity, mortality not just population. In terms of the prison population, David Luchini has document showing which California counties use health realignment for jail health and will send it to the members. Marlene anticipates having a draft to send to the members for review in the next few weeks with a final draft in late April or early May.	-Marlene Bengiamin will have a draft and tables out to the members in a few weeks with a finish date by late April or early May -David Luchini will email the jail document to all members
Regional Transportation Plan / Sustainable	Bill Mitchell asked if other members are working on the Regional Transportation Plan in their counties and if so, if the members wanted to create talking points for a unified message. San Joaquin is trying to add	

Communities Strategies/ General Plan Updates	health concerns into the Sustainable Communities Strategy portion. Fresno County finished their plan when Kathleen Grassi worked in Fresno and received a lot of community engagement and feedback; however, the community engagement portion was not as diverse and representative of the community as it should have been. Bill Mitchell is also concerned about the small amount of community engagement in San Joaquin and is working with other groups to increase it. Kathleen added that the Local Government Commission, a non-profit out of Sacramento that specializes in land use / transportation planning, received funding from the Robert Wood Johnson Foundation over the next years to work with multiple counties on the built environment, safe routes to school, etc., and asked members to check if they are participating. Karen Haught thinks Tulare is and Bill Mitchell stated at San Joaquin is not. Kathleen Grassi suggested that we share tools and ideas related to community planning at each meeting as necessary.	
Lunch Break		
Updates		
California Leadership Academy for the Public's Health	Karya Lustig, from the Public Health Institute presented over GoTo Meeting about an upcoming training. She will send more information to the Consortium members about signing up.	
Paul Brown's Economic Value of Public Health- Next Steps	Kathleen Grassi updated the members that Paul Brown applied for funding through UC Merced, the Robert Wood Johnson Foundation and Kentucky State University to perform economic impact assessments for four San Joaquin Valley public health departments related to TB control, child immunizations, and community needs assessments. Kathleen Grassi and Van DoReynoso provided input on this grant and it was submitted on March 19th. Madera and Merced are interested in working with Paul Brown and Fresno contacted him. If he is funded he will contact the Consortium members to determine another public health department. Although this study does not cover the original goal to determine the impact of chronic disease on the San Joaquin Valley; this could be an opportunity to frame an approach so we can apply the same framework to chronic disease.	
Health Realignment / Medi-Cal Expansion- Follow Up	Kathleen Grassi updated that there isn't much news since the call in January 2013; however, the CSAC Board will be meeting later this week and will be taking a position on the governor's proposal. The Health and Human	

	Services Committee supports the state option, but will allow those counties who want to do a pilot program, Ventura, Santa Clara, Kern, to test the county option. CHIAC, sent a letter with the same recommendation, state option with county pilot. There is not support from state legislators or counties for the county option. The conversation with state staffers is that the county option has disappeared and when the state option will be implemented is more likely. The state does not feel ready to implement in January 2014, possibly July 2014, but it will likely be a phase-in approach throughout 2014 and 2015; however, there aren't any solid decisions. The legislative analyst's office report came out in January 2013 which recommended 46% of health realignment to be returned to the state from the counties. All of the members are concerned about the amount of realignment that they will need to return and the effect on their budgets. Kathleen Grassi explained the Narrow Bridge Program, coming out of the exchange which will allow an individual who was on MediCal but they are no longer eligible to keep their health plan membership and providers and receive their insurance through the exchange, Narrow Bridge.	
Representative for CVHPI Advisory Council	Marlene Bengiamin followed up with the members regarding the CVHPI Advisory Council. Keith Winkler volunteered and Bill Mitchell and Karen Furst are considering participating.	
Accreditation Updates	Kings, Keith Winkler; stated they are still working with the Baldridge Principles and trying to get the CAPE (California Achievelment Award for Performance Excellence) Award. Fresno, David Luchini; is working on QI with the NACCHO Grant. San Joaquin, Bill Mitchell; updated that both deputy director positions are filled and one is focused on accreditation. They have had a great community health needs assessment with the hospitals for years and thought they had a good process to create a community health improvement plan and things have not gone as planned. They talked about accreditation in their justification paperwork for the new deputy director but have not talked to the board about it. Tulare, Karen Haught; they haven't talked to the board about accreditation but are looking into hiring personnel.	

Funding Opportunities	Sierra Health Foundation Update Kathleen Grassi met with Diane Littlefield and she said they haven't formally determined that they will extend their funding past Stanislaus County. However, they are considering opening a Central Valley office and are hiring someone for that office who will be responsible for Central Valley related funding opportunities. San Joaquin, Bill Mitchell; applied for a grant from their local health plan to start a promotoras program for $25,000. They also applied for a grant from the Sierra Health Foundation to expand this program for $18,000. He received an email with grant opportunities and will send it to the group. Fresno, David Luchini; discussed the NACCHO Grant earlier in the meeting. Tulare, Karen Haught; asked the members who wrote the grants and if it was done in the department or if they contracted it out. Kings, Beth Gazarek; goes through emails and funding opportunities once per month and found maybe two over the past few months that they are interested in pursuing. They write grants within their own department. They started a 501C3 that people can donate money to that is separate but related to the county so they can assist with running small programs.	-Bill Mitchell will forward an email to the members with grant opportunities
County Updates / Questions for Other PHDs	Bill Mitchell asked the group in regard to SNAP-Ed, if they have to complete a departmental capacity assessment. David Luchini and Karen Haught are not sure about that assessment, but will check with others in their department. Bill added that the small counties were recommended to work with larger counties or group with other small counties, which he was not aware of until a small county asked to partner with him. Bill Mitchell and Karen Haught are both in the middle of releasing their RFPs for SNAP-Ed.	-David Luchini and Karen Haught are not sure about that assessment, but will check with others in their department.
Adjourn	Bill Mitchell, chair elect, adjourned the meeting at 1:39 p.m.	

Next Meeting: Monday, April 22nd, 2013, 3:00 p.m. - 4:30 p.m.

GoTo Meeting/Conference Call

Please join the meeting by going to https://global.gotomeeting.com/join/188448581

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Access Code: 188-448-581; Audio PIN: Shown after joining the meeting; Meeting ID: 188-448-581

San Joaquin Valley Public Health Consortium

Monday, April 22nd, 2013, 3:00 p.m. – 4:30 p.m.
Meeting Minutes

Topic Area	Overview of Discussion	Member Action / Follow-up
Call to Order	Kathleen Grassi welcomed all and called the meeting to order at 3:03 p.m. Those present at the meeting were: Kathleen Grassi, Bill Mitchell, John Capitman, Keith Winkler, Donna DeRoo, Marlene Bengiamin, Ashley Hart, Karen Furst, Karen Haught, Cathy Volpa, Van Do Reynoso, Paul Brown, Claudia Jonah, Ed Moreno, Andrew Hoff, John Walker, and Charles Sandefur.	
Approval of Minutes	The minutes from 3-25-13 were approved by consensus.	
Action Items		
TCE Funding, Sustainability & Future Directions	Donna DeRoo discussed the outline and drafts that were sent to the members over the past few weeks. The funds to support the Consortium will come out of the ACA implementation dollars through TCE which is a different fund than we were previously funded out of; therefore, she explained that we organized the proposal around accreditation and how the ACA strengthens each local health department's efforts. Donna suggested that the Consortium pick one topic and provide suggestions of more specific activities they wanted to complete. Kathleen Grassi thought it was a great summary of what the counties requested. Bill Mitchell did not understand where this was going and how it connected with what we have been doing over the last couple of years and felt like a stretch to get the dollars. Keith Winkler agreed with Bill Mitchell. Kathleen didn't see it as a stretch as it fit to where they are in Merced County related to ACA and accreditation. She also felt that QI is good idea no matter what anyone is doing. Ed Moreno said they haven't done a CHIP and option #1 would provide guidance and a time commitment for completion. He also felt that #2 quality improvement is different in every county and it would be hard to create a regional approach. Keith Winkler agreed that #2 is different in all counties as they are choosing different approaches. Ed Moreno commented on #3, it would be helpful to look at role after ACA and to be able to play to have an adequate workforce for the future. Claudia Jonah has a different focus on achieving accreditation within the next 12 to 14 months, which is individual and not Consortium wide. Bill Mitchell felt the plan was too rigid as they do not know where they will be in two years because of changes from the ACA.	-Staff will reframe the proposal and send to members as soon as possible

	John Capitman explained that the context of all our work is effected by the implementation of the ACA. In this outline, we are framing and doing the work around accreditation, QI, workforce improvement, and primary prevention in terms of the ACA. It isn't so much specific portions of the ACA we will be addressing, but an overall awareness of how the context of what a health department does is changing related to the ACA. We need to frame what we are doing and want to continue doing in terms of this context. Ed Moreno added that we need to align with the priorities of TCE which are ACA and primary prevention. He believes the draft attempts to align with TCE and priorities of the Consortium members. Kathleen Grassi summarized three options for moving forward; 1. Go forward to TCE with the current draft, only the counties interested would participate 2. Not go forward with this proposal and drop TCE funding and look at other potential funding sources to continue work on accreditation 3. Redraft to include opinions from others about which pieces to remove, reframe, and/or add to make it better for you and what you need as a county and region Van DoReynoso reminded everyone that with or without this proposal, they will all move forward with accreditation. She also cautioned that we not move forward with the proposal if not all counties are on board as we are a united regional group. John Capitman explained that the general topic of the proposal is how does the country, California, and specifically public health departments move forward with the implementation of the ACA. There will be new roles for everyone; insurance companies, small businesses, etc. Health departments are going to change as new needs arise and they might not do things that they used to do. Health Departments need to see how their current approaches fit in to the new world of the ACA. There isn't a commitment to do anything specific related to the ACA but to take it into account with the work that we are doing and future of public health departments.	

	Bill Mitchell liked how John explained the proposal, ACA is happening and evolving around you and the process changes as you figure out what works best for you. If we framed the proposal as an evolution and road to discovery together that would make more sense to him. Karen Furst agreed to write it as assessing their roles related to the ACA and not as helping implement the ACA. The Consortium members provided their suggestions and reservations for each of the four specific activities. Based on members' comments, Kathleen suggested that the staff change the outline to be less complicated, broaden it a bit, and focus on #1 and #3. She also suggested that if we can add that we will work in two phases, starting by dialoguing amongst ourselves and across regions related to current, expanding and future roles of public health related to ACA with action in the second phase that we can create a proposal to fit the Consortium and TCE. Kathleen summarized that there was time sensitivity with the next proposal as we have a 90 day no cost extension that ends in the middle of May with a report due in mid-June. Donna suggested that we can ask for another extension but it is probably unlikely that it will be accepted. The members agree that the concept of cost sharing should be addressed at a future meeting since it might not be as feasible as previously thought.	
Policy Brief	Marlene Bengiamin and John Capitman summarized the project and explained the revenue table titled, Consortium Draft Tables and how the San Joaquin Valley counties compare to other similar sized counties. Bill Mitchell asked where realignment would be listed as they do not receive realignment dollars from the state. He believes that Kern and Stanislaus County could have the wrong information for local revenue. Keith Winkler also added that realignment could have been listed in other areas which could have skewed the results. Marlene and John will follow up with Kern and Stanislaus to check on the local revenue. In terms of the services provided, Karen Furst added that in terms of high frequency they are comparable; however, the mid and low frequency services are much lower than other California counties. Marlene and John next explained the table	-Marlene and John will contact Kern, Stanislaus, and Merced counties to inquire about their revenue levels -Marlene and John will email the tables and documents to the members and add numbers to the tables so they are easier to reference

	titled, 10 Essential Services Level of Performance, with red, yellow, green labels from the phone interviews. John and Marlene asked for comments and initial reactions. Kathleen added that they should add a footnote for the counties that do not have an environmental health department. Claudia Jonah would like the raw data and would like copies of everything. Keith Winkler added that we should add numbers to the tables to make it easier. Kathleen Grassi added that the number on her local revenue was wrong. The next step is to start writing the text of the policy brief with a draft document and have a discussion with everyone about recommendations very soon as the policy brief is due with the final report on June 14, 2013.	
Updates (There was not enough time to share updates)		
Adjourn	Kathleen Grassi suggested that the Consortium add a GoTo Meeting in May to review the TCE proposal and the policy brief. The members came to a consensus on Monday, May 20th, 3:30-5 p.m. Kathleen Grassi adjourned the meeting at 4:39 p.m.	

Next Meeting: Monday, May 20th, 2013, 3:30 p.m. - 5:00 p.m.

GoTo Meeting/Conference Call

Please join the meeting by going to https://global.gotomeeting.com/join/642050813

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Access Code: 642-050-813; Audio PIN: Shown after joining the meeting; Meeting ID: 642-050-813

San Joaquin Valley Public Health Consortium

Monday, May 20th, 2013, 3:30 p.m. – 5:00 p.m.
Meeting Minutes

Topic Area	Overview of Discussion	Member Action / Follow-up
Call to Order	Kathleen Grassi welcomed all and called the meeting to order at 3:32 p.m. Those present at the meeting were: Kathleen Grassi, Bill Mitchell, John Capitman, Keith Winkler, Beth Gazarek, Donna DeRoo, Ashley Hart, Karen Haught, Claudia Jonah, Rob Oldham, and John Walker.	
Approval of Minutes	The minutes from 4-22-13 were approved by consensus with the correction in attendance.	
Action Items		
TCE Funding, Sustainability & Future Directions	Donna DeRoo discussed the work plan drafts that were sent to the members over the past few weeks. The funds to support the Consortium will come out of the ACA implementation dollars through TCE which is a different fund than we were previously funded out of; therefore, she explained that we organized the proposal around accreditation and how the ACA strengthens each local health department's efforts. Bill Mitchell feels that this reflects his thoughts and concerns and continues to support the future of the Consortium. He added that as the ACA is implemented we will be evolving and discovering what our roles are as public health departments. He wanted to add that we continue to find ways that we can support each other regionally in terms of the ACA and accreditation. Karen Haught feels the new draft is more cohesive and makes more sense for the future of the Consortium. Her main question was about the California Partnership and wasn't sure that they would be a good advocate for public health. John Capitman replied that they realize their shortcomings and want to do more work related to population health. Kathleen Grassi thinks this will further the work of the Consortium as a whole and as individual local health departments. Kathleen also asked about the role of each county in cost-sharing. Donna summarized that for this proposal a cost-share is helpful but not necessarily required and that the next step will be to send this, the narrative and budget to Sarah Reyes. The members agreed by consensus that this is the final version of the work plan and give Donna approval to move forward by creating a budget and narrative.	-Donna DeRoo will draft a budget and two page narrative for review by members -Members will let staff know who can contribute to the cost-share so we can include that in the budget

Policy Brief	John Capitman summarized the policy brief draft and their findings/recommendations. John asked if the members are comfortable with the report and the recommendations. He also added that the timing with the release of the governor's proposal is very advantageous. Keith Winkler asked about Figure 1 and the California Mandates. John explained that he found that there is not clarity as to the role and statutory capacity of LHDs related to chronic disease. Keith Winkler added that they do not have problems in their county as to what they should not be conducting. Karen Haught added that this issue might be very important if realignment is taken away. Keith said if realignment was taken away they wouldn't be able to do very much in Kings County; ie. TB will be cut if realignment was taken back by the state. John Capitman summarized that there are not enough funding sources for non-communicable diseases and Keith added that it is very similar with communicable diseases. Bill Mitchell agrees with the focus and timeliness of Keith's comments and that the mandates do not explain how large or small each of the public health components need to be. John Capitman sees a disconnect between regulation, the funding structure, and the poverty and ill health of local communities. Bill Mitchell thought that funding formulas were missing in regards to new initiatives for public health and explained that nothing comes from the state general fund. Bill wants to add something related to creating new funding formulas related to burden of health conditions in communities and not simply based on population. Bill summarized that realignment is a renaming of AB8 County Health Services funding to maintain an adequate level of services that existed prior to Prop 13. Bill Mitchell stated that the indigent care fund is separate from other public health realignment. John Capitman summarized that he sees a disconnect in California between promoting healthy communities and what LHDs are required and funded to do. Bill Mitchell thinks that putting it into regulation would memorialize it for the future. John Capitman wants to show this and show that there isn't a current funding stream to make it possible. Bill Mitchell agrees with this but doesn't know how it will turn into funding even if they get it into regulation. John Walker wanted to add page numbers. Karen Haught asked questions about Table 1 and thought the	-All members will send more comments to John by June 3rd -John and Marlene will have another draft for the members by June 17th

	blue was hard to read. She thought it was a comprehensive report but didn't want to not provide something just because it is not a regulation yet. All members will send more comments to John by June 3rd.	
2013 Retreat Dates / Locations	Donna DeRoo updated the members about the retreat dates, August 14-16th and she is searching for a location. She is getting quotes from the following locations: Bass Lake Pines Resort, Tenaya Lodge, and Wine and Roses. John Walker asked about the cost of the training if we do not have another grant. Donna DeRoo added that we can pay for it out of the current grant if we need to do that. Consortium staff will send more information before the next meeting.	- Consortium staff will send more information about dates and location quotes before the next meeting
Updates		
California Leadership Academy for the Public's Health Update	Karya Lustig presented an update on the California Leadership Academy and explained a timeline for applying and cohort year.	-Karya will send the application to Ashley to send to Consortium members
County Updates	Kings County; Keith Winkler is making large cuts in Kings County services and programs, such as Family Planning and Senior Services because of reduced funding and reduced realignment in the future. Merced County; Kathleen Grassi is going to close their Family Pact Program in 13-14 because of reduced funding and reduced realignment in the future. Kern County; Claudia Jonah is waiting to see what happens with realignment and they have submitted proposals based on different funding levels. If they make those reductions they will have to reduce services but are not looking into those cuts right now. Tulare County; Karen Haught is also in the wait and see mode related to cutting or reducing services. Fresno County; Rob Oldham is also waiting to see what they will do as they	

	are working with an interim health director and health officer. San Joaquin County; Bill Mitchell added that they are working on a status quo budget and are putting in a request for a general health educator. The board has not funded it before but they always ask for it. During public health week, a board of supervisor suggested a county-wide employee wellness program but it was stopped as the county started doing this on their own prior to consulting the public health department.	
Adjourn	Kathleen Grassi adjourned the meeting at 4:43 p.m.	

Next Meeting: Monday, June 24th, 2013, 3:00 p.m. - 4:30 p.m.

GoTo Meeting/Conference Call

Please join the meeting by going to https://global.gotomeeting.com/join/750049069

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Access Code: 750-049-069; Audio PIN: Shown after joining the meeting; Meeting ID: 750-049-069

San Joaquin Valley Public Health Consortium

Monday, June 24th, 2013, 3:00 p.m. – 4:30 p.m.
Meeting Minutes

Topic Area	Overview of Discussion	Member Action / Follow-up
Call to Order	Kathleen Grassi welcomed all and called the meeting to order at 3:02 p.m. Those present at the meeting were: Kathleen Grassi, Tim Livermore, Bill Mitchell, Marlene Bengiamin, Karen Furst, Keith Winkler, Ashley Hart, Karen Haught, Cathy Volpa, Claudia Jonah, Van Do Reynoso, David Pomavile, David Luchini, Andrew Hoff, Chuck Sandefur, and John Walker.	
Approval of Minutes	The minutes from 5-20-13 were approved by consensus with the advised changes.	
Action Items		
TCE Funding, Sustainability & Future Directions	Kathleen Grassi sent the final version of the work plan, narrative, budget narrative, and budget to Sarah Reyes and she replied that we need to include more focus on the ACA. She also said she no longer has the funding that Donna, Ed Moreno and her discussed earlier. Kathleen also met with her in person at a meeting on Saturday. She felt the activities did not have enough deliverables in the work plan and wanted us to add more substance. She didn't have a problem with blending the ACA and accreditation, but wanted more deliverables from the work of the Consortium. She did not provide specific suggestions. Kathleen asked for feedback from the members as to their opinion and the continued focus on workforce development. Marlene added that Sarah Reyes is also looking for more of a focus on the ACA. Kathleen, David Luchini, Bill Mitchell (by phone) are willing to meet with staff in a small group to brainstorm and send ideas out to the group within the next week.	-Kathleen, David Luchini, Bill Mitchell (by phone) are willing to meet with staff to brainstorm and send ideas out to the group within the next week
2013 Retreat	Ashley Hart summarized the email responses from the members and asked whether they preferred to have the retreat as a half day on Thursday and a full day on Friday or a full day on Thursday and a half day on Friday. The members agreed that all day Thursday, August 15th starting at 9am and the morning of Friday, August 16th. If members need to come up Wednesday evening, they will let us know and the grant will most likely be able to cover that.	-Staff will send out more information in the new few weeks

Policy Brief	Marlene Bengiamin summarized that Tulare, San Joaquin, Kings, and Fresno have agreed to talk with her about their TB programs. Van was interested in talking with Marlene as well. With the NACCHO data, we received local and federal money but did not include realignment funding. There was confusion related to realignment and how removing it would impact services provided. Marlene and John want to use TB programs as an example of a major public health impact from reduced or cut realignment funding.	-Ashley and Marlene are setting up calls with members regarding TB and realignment funds -Ashley send questions to members -John and Marlene will have another draft for the members in a few weeks
Updates		
Health Realignment / Medical Expansion Follow Up	Kathleen Grassi updated the members about the changes to health realignment and Medi-Cal expansion. There will be a kickback in 2013-2014, total $300 million across all California counties. Estimated costs per county have been created by CSAC but there hasn't been anything finalized from the state. Counties have a few formulas to use and have to commit that to the state in October and a board signed decision by December. CMSP counties, Kings and Madera, are held harmless with the CMSP allocation being returned to the state. Van asked how the payments to local hospitals will be made from CMSP and Kathleen didn't know. John Walker added that there isn't a pattern to the 12 counties and Kathleen agreed with this summary. She added that there was also a formula related to hospital counties vs. non-hospital counties. A baseline is being created with 08-09 to 11-12 fiscal years, each year there is an audit in regards to their current expenditures for a few years. Karen Furst discussed creating agreements with local Medi-Cal managed care plans and Kathleen added that we can add that into the next grant. She also suggested something similar with SNAP-Ed and the Stanford Chronic Disease Self-Management Program.	-Ashley will send documents from Kathleen to members
Regional Industry Cluster Initiative	Ashley Hart read a summary from Chaz Felix who is working with the Leadership Education group. They are focusing on an initiative through which they reach out to local elected officials and other valley leaders to engage in discussions focusing on important issues of public health. The discussions will be used to generate a report that can help inform local	

	health policy discourse, and to create tools to ensure regional leaders are informed and connected with important issues of public health. They are in the process of creating an interview guide and contact list.	
Accreditation Updates	Ashley Hart asked whether the members were interested in attending a PMQI Training Pre/Post the July Meeting or during the retreat. Sara Bosse from Fresno County and Allison Hensleit, the consultant working with Fresno, Madera, and Merced would like to share the information with all the members. Karen Haught is interested in attending. Karen Furst and Bill Mitchell are interested in attending after the meeting as well. <u>County Updates</u> San Joaquin: they hired a new senior deputy director who will be involved with accreditation Stanislaus: they had a setback as the CDC fellow ended their position and they are currently unable to sustain it Merced: in the process of hiring an assistant director position who will be responsible for accreditation Madera: no updates Fresno: working on QIPM consultant through the NACCHO grant and developing aims and goals for Public Health Nursing, OPPC, and started with Children's Medical Services Kings: continuing to develop the Baldridge program, have 6 teams working on projects Tulare: they have 3 people working on steps in the QI plan but cannot hire someone to lead the efforts Kern: moving forward on developing the departmental strategic plan, starting augmentations to the community needs assessment and community health improvement plans	
Funding Opportunities	CCCHHS is talking with the California Department of Public Health for continuation of the NACCHO grant work with Fresno, Madera, Merced, and adding San Joaquin County.	

	Kathleen Grassi informed the member about funding from the Public Health Institute, due date is July 1, for building capacity in counties on climate change and incorporating health equity issues into the discussion.	
County Updates / Questions for Other PHDs	Kathleen Grassi summarized about the AB145 Drinking Water Program, to shift the drinking water program over to the State Water Board. Tim Livermore got a call from Chuck Moser, from Mariposa County, give the responsibility of drinking water to the State Water Board. He was concerned about this issue and felt that drinking water was a public health and local issue. John Walker added that this was an agenda issue late month, Mark Star gave a presentation. There was a compromise to bifurcation of responsibilities, CDPH would continue its operational oversight of the water programs; however, the financial granting would move to the water board. To his knowledge, the bill has not reached the governor's desk but the health officers and environmental health groups plan to agree. The bill was authored by two legislators from the San Joaquin Valley and clearly the issue in Kings County brought it to a boiling point. Both Ed Moreno and John Walker gave testimony supporting leaving it in CDPH but the political movement would not allow it. Keith Walker added that controversy in Kettleman City was a cause to this issue and CDPH did not act in a timely matter to fix the drinking water there. He thinks the compromise is very reasonable. <u>County Updates</u> Kings County: conducted a strategic planning process in Fall 2012, but since the realignment will be taken back they took an even deeper look. They looked at what programs they spend most realignment funds on which were, preventative health care for the aging and reproductive health. After looking at what is provided in the community, they made a recommendation to discontinue both programs and the board agreed. This has been a controversial issue, especially closing the reproductive health clinic, and many news stations have been visiting. Stanislaus discontinued their senior program in 2008 and they have continued to provide nurses to the local agency on aging. They closed their STD clinic until the regional outbreak in	

	2004 and reopened that clinic and have been self-sustaining. Many of the clients are private pay. Contraception, cancer screenings, etc, are done through the FQ lookalike system. Merced is also going to be closing their Family-Pact services by the end of the year as it costs too much money. They plan to move people back to primary care providers with the implementation of the ACA. Fresno County ended their Family- Pact clinic and stopped their senior program a few years as well. Tulare has FQHC lookalike clinics where they do these activities, but are not Title X and stopped the senior program a while ago. Madera has a STD clinic, but not family planning, and they are rethinking if they will reapply for the area agency on aging grant to perform senior services. Chuck Sandefur added that they have clinics of all sizes and shapes and will make this work for residents of the valley. Stanislaus: Colleen Woolsey, director of nursing is leaving in July and headed back to Seattle for family reasons	
Adjourn	Kathleen Grassi adjourned the meeting at 4:22 p.m.	

Next Meeting: Monday, July 22, 2013, 10:00 a.m. - 1:30 p.m.
Social Welfare Education, Research and Training Center (SWERT)
1625 E. Shaw Ave, Suite #106, Fresno, 93710

San Joaquin Valley Public Health Consortium

Monday, July 22nd, 2013, 10:00 a.m. – 1:30 p.m.
Meeting Minutes

Topic Area	Overview of Discussion	Member Action / Follow-up
Call to Order	Kathleen Grassi welcomed all and called the meeting to order at 10:15 a.m. Those present at the meeting were: Kathleen Grassi, Bill Mitchell, David Luchini, Donna DeRoo, Rob Oldham, Marlene Bengiamin, Ashley Hart, Karen Haught, Tim Livermore, Van Do Reynoso, Jody Hironaka-Juteau, Charles Sandefur, and guest, Chaz Felix. By Phone: Keith Winkler, Elizabeth Gazarek, and Claudia Jonah	
Approval of Minutes	The minutes from 6-24-13 were approved by consensus.	
Action Items		
TCE Funding, Sustainability & Future Directions	Kathleen Grassi summarized the response from Sarah Reyes at TCE on the previous scope of work. Donna DeRoo explained that the staff attempted to add more substance in the scope of work related to the Affordable Care Act. She also added that this is a draft document and asked for suggestions from members. Kathleen suggested that we should include additional deliverables. Deliverable two, at least two members have initiated, completed the community health assessment as Sarah is looking for changes to have occurred during the funding period. Bill Mitchell added that we should do more than the same things in the region, but should perform things as a region. Tim Livermore added that PHAB should be included; however, the funding focus of TCE has shifted to the ACA. There can be overlap with both, but it needs to focus on ACA. Rob Oldham added that under #3, the ACA has funds for preventative training programs and the shortage of people being trained in preventative health. He specifically suggested this for early career physicians. Donna and Marlene will edit the scope of work and send it to the members. They will focus on working as a region. Donna also added that she things we have an opportunity to approach the California Wellness Foundation for future funding. She attended a conference and a main focus was changes related to public health and ACA. Van added that we should also approach the Fresno Regional Foundation. Donna reminded the members about the Sierra Health Foundation.	-Staff will send a revised draft to members in the next few weeks -Kathleen will send the revised work plan to Sarah Reyes by July 31st -Staff will research and contact the California Wellness Foundation, Fresno Regional Foundation, and Sierra Health Foundation
Policy Brief	Marlene Bengiamin summarized the realignment case study for the policy brief. They used TB as a case study to show how provision of services	-Staff will revise the policy brief and send it out by the end of

	would change after realignment is taken back from each county. Van asked about the number served related to testing and investigation. The members clarified the results of the TB case study with each other and with Marlene. Bill Mitchell suggested that we should have a specific recommendation for funding depending on health conditions in the area instead of simply population. He stated that he didn't see that recommendation in the policy brief and felt it was very important to the members from the beginning of the partnership. Kathleen and Van added that this relates to the project with Paul Brown from UC Merced. They did get the grant and they are working with the Public Health Institute on the work plan. Rob Oldham added that as the active cases go down the funding often decreases. Kathleen added that we should call out the importance of what we do and stress the role of public health in the community. Tim added that in Congress that if the trend decreases the funding decreases but there needs to be maintenance of effort level. Bill suggested that they should add their information about TB or remove their county from the discussion as much of the column is blank. Tim added that we could use the data from the hospital as comparable to the county TB data. Bill added that San Joaquin also has a TB screening program for the homeless and they provide multiple services that can be added to this case study. Charles Sandefur asked about the funding disparities in the San Joaquin Valley in Table 1. Bill speculated that in the more resourced counties, the counties are adding more discretionary dollars into the health department. He also suggested reduced support from foundations in the Valley compared to other regions. Rob Oldham added the interest of companies who locate their large facilities in places that have lower health burdens and costs. Bill also added that he talked with John Capitman about where the brief was going related to state statutes and regulations and thought it would be helpful to add that summary into the policy brief as well. Tim brought up the county health status data and that the statistics are similar across the years.	July -Van will send the TB data to Marlene by July 26th -All members send comments and suggestions to Marlene
Retreat Topic Suggestions	Kathleen Grassi asked the members what they wanted to discuss at the retreat. Bill asked if the TCE scope of work will be approved by the retreat and Donna replied that we should know where it is in the process but we will most likely not know if we are funded by then. Bill Mitchell wanted to have a	-Staff contact Karya Lustig about facilitating the retreat

	discussion about sustainability, future directions, and commitment from each county. Also, create a plan if we don't get the TCE grant and what will we do as a Consortium. Either Van or Dr. Brown will present on their grant, title TBD. Charles Sandefur added that much of the time is spent on defining the Consortium and he suggested spending time focusing on common disparities and topics as a group. For instance, how can we advocate for funding, what are common needs for the ACA and create a concrete plan for the future. Tim agrees with this idea but believes it might be easier to show process as opposed to outcome. Kathleen thinks it might be difficult to do as a group and agrees with Charles that we should discuss different options together. For example, chronic disease self-management and accreditation, share PMQI and other areas where we can help each other. Kathleen suggested that each county present on their realignment summary and what option they will be choosing. Van also agrees that with the decrease in health realignment that we provide a summary of how are we changing our operations. She felt it would be helpful to share the thinking in each county even if the strategies aren't the same. Example, how we are planning to integrate services with other departments and link with others in the community. Bill Mitchell summarized his suggestion for a member dinner on Thursday night at Alebrijes.	
Lunch Break		
Updates		
California Leadership Academy for the Public's Health – Member Interest	Kathleen asked if other counties are planning on applying to this training program. Bill has been in contact with Karya about the program and she sent the application materials, which include more information about the program including requirements, group composition, dates, and cost. Bill added that the training is paid for as well as travel and meals; however, the	

	attendee's time is paid for by each member. The application deadline is August 31st with a start date in October. Bill is going to contact partners and put together a team. Claudia thought they might participate in this program as they sent someone for the previous program. Karen Haught is considering the program. Van and Kathleen are going to ask Karya if they can send two representatives from their counties. Fresno and Kings are not planning on sending representatives.	
Health Realignment / Medi-Cal Expansion-Follow Up	Kathleen summarized that each department share more at the retreat about each county's decision.	
Regional Industry Cluster Initiative: Health and Wellness	Donna summarized that they are creating a score card but not much else at this time. Bill added that their work group suggested information related to training public officials about their impact on health in the community. Bill has attended Building Healthy Communities conferences online and wants to hold one in San Joaquin county. They are going to put on a conference with a purpose to bring in elected officials and community members to raise awareness about. In addition, they hope to create champions for creating their community health improvement plan in the future.	-Bill will let everyone know more about this conference
Lunch Break		
Accreditation Updates	Donna DeRoo shared a potential funding opportunity from the CDPH related to accreditation, performance management, and quality improvement training. They are waiting to hear more information related to this in the next week. Fresno, Kern, Madera, Merced, San Joaquin, and Kings are planning on attending the CHIAC and CDPH training. Tulare is not attending as the training is not related to where they are currently with accreditation. <u>Fresno, Madera, and Merced</u>: The NACCHO grant is ending at the end of July; however, we hope to continue the work with the rest of the counties through CDPH funding in the future. Merced and Madera felt it was a great starting point and enjoyed having work time as well as being able to see what Fresno created.	

	Kern County: Claudia stated that they have been working on their department strategic plan and they have started moving forward since staff have attended the PHAB seminar at the NACCHO conference. Kings County: Beth summarized that they are about to finish their first year with the Baldridge Principles and are going to be writing their reports and splitting into new groups. San Joaquin County: Bill stated that their deputy director started her position and in the next month they will create an accreditation readiness team to start planning. They worked with local hospitals; however, the community health improvement plan was not able to be completed but they are planning to be able to complete it in the next assessment cycle. They are considering using MAPP as a structure tool for community health assessment. NACCHO provides MAPP training once per year; however, the next one won't be until 2014. Their deputy director has contacted NACCHO about holding MAPP training in California, possibly in a few regions as it only allows about 40 people per training.	
Funding Opportunities	Van, Kathleen, and Karen Haught were contacted by the Public Health Institute for a federal innovation grant related to coordinating community health workers related to diabetes, high blood pressure, and obesity. They are also hoping to work on another project related to building capacity around health impact assessments. The project will revolve around training public health staff to be able to train surrounding communities as well. This project is leveraging the CTG work through the Public Health Institute.	
County Updates / Questions for Other PHDs	Kern County: Claudia updated that they are launching a Valley Fever website with information of use to the average person and plan to create more information for businesses, medical providers, etc, in the future. Congressman McCarthy has been championing the move towards Valley Fever awareness. They are holding a symposium in Bakersfield in September and he is working with CDC to create a vaccine for Valley Fever and is working with CDC. Their 2nd annual valley fever awareness walk will be in August. Kings County: Beth stated that they are closing the reproductive health	

	clinic; however, they have had a lot of opposition from the community. The board is taking one more look because of the large public input. If the board decides to reinstate the clinic, there will likely need to be more cuts to other services. Tulare County: Karen added that there was a meeting last month about Valley Fever planning on a research agenda for the communities. They also will have a CDC Public Health Associate working with them for two years. Fresno County, David stated that they have an interim health officer and director, but are not sure what the structure will be in the future. They will soon be releasing the 2011 Communicable Disease Report. They are not sure which formula they will choose but will probably the hospital formula or 60-40. The will be releasing an RFP for jail medical services in the next month. Madera County: Van stated that they are facing more drastic cuts and are looking reorganizing their structure and streamlining services. They plan to concentrate on essential services. Merced County: Kathleen stated that they are going to the board to recommend discontinuing the STD/family planning clinics. If this is approved they will work with the disease surveillance team to provide continued service for reportable cases. At NACCHO, there were many sessions on the ACA, for instance immunization services, which featured people from public health departments (PHD) with different models dealing with contracts with all health insurance plans. Rather than holding clinics the PHDs are going to sites where they can capture the most people, ie. school sites, businesses, etc. They will be releasing a Ground Ambulance Provider RFP in the near future. She noted that the CA Ambulance Association recommended the period of time should be up to the county, which contradicts the EMSA requirement of every 10 years. San Joaquin: Bill added more information about immunizations and the complications of mass billing. They are not planning to do this at this point. They have had philosophical discussions about mass clinics and goals of PHD and still adhere to fill in gaps of what is needed in the community. They recently reclassified the emergency preparedness coordinator. They recently opened cooling centers for emergency heat. They have a status	

	quo budget and were approved to hire a chronic disease educator. They have been tracking the report on pesticides near schools and meeting to determine strategies for media/reporters with the ag commissioner and county superintendent of schools. Kern County: Claudia stated that they are without a director of nursing as the person they were expecting left for an academic position. Their budgets are status quo and don't have any indication of the need for layoffs. Other Questions Tim Livermore asked if other counties received reports from physicians of heavy metal screens. Claudia replied that they had a physician who contacted poison control about elevated lead levels and didn't realize they had a lead monitoring program. Kern has a state funded lead program. Tim is referring to other heavy metals. They had an issue with a cream from Mexico which caused Mercury poisoning in San Joaquin. They also have a few Pakistani populations that have been exposed to a toxic type of eyeliner. Karen Haught suggested Cal OSHA if the exposure was in their work place.	
Adjourn	Kathleen Grassi adjourned the meeting at 1:35 p.m.	

Next Meeting: Retreat

Thursday, August 15, 2013, 9:00 a.m. – Friday, August 16, 12:00 p.m.

Wine and Roses Hotel

2505 W Turner Rd, Lodi, CA 95242

(209) 334-6988

Attachment C: Operating Principles

San Joaquin Valley Public Health Consortium
Operating Principles

I. Purpose

The Consortium engages in strategic planning, training, capacity building, action oriented policy development and research to improve the quality and responsiveness of Public Health Departments in the San Joaquin Valley.

The Consortium is a forum for County Public Health Directors, Health Officers, and invited members to collaborate and exchange ideas and information and to develop regional strategies for addressing pressing public health issues faced by the counties and the region.

II. Vision:

Achieve health equity for all residents in the San Joaquin Valley.

III. Mission:

Provide leadership for a regional health agenda that addresses the social determinants of health in the San Joaquin Valley.

IV. Core Values:

Help all residents in the San Joaquin Valley to lead healthy and productive lives through focusing on prevention by addressing the Social Determinants of Health. Continually work on building capacity of expert workforce. Engage communities, and utilize evidence based practice to inform and advocate for health equity in all policies.

- **Expert Workforce**: the Consortium develops a regional public health workforce that is culturally and linguistically appropriate, dedicated, trained in core competencies of public health and accountable.

- **Quality:** the Consortium achieves and maintains quality public health services through establishment and maintenance of continuous performance improvement processes in each local public health department.

- **Health in all Policies:** The Consortium achieves health equity by addressing the Social Determinants of Health. The circumstances that people live in are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

- **Innovation:** Promoting access to and use of state-of-the-art tools for improving the quality, relevance, and timeliness of community health information that will drive innovation to improve the health of the San Joaquin Valley.

Revised 10/22/2012

- **Engaged Community:** Engaging and partnering with the community for public health surveillance and assessment and community health improvement planning to strengthen the relevance and quality of effective interventions, and enhance the translation or results into evidence-based practice. Ultimately, this collaborative approach improves both the quality and impact of public health.

V. Membership

Members include the Central California County Public Health Directors and Health Officers from Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties and Associate members from regional academic institutions and other organizations as recommended, needed, and approved by members of the Consortium.

VI. Decision Making

All decisions are based on the principle of one health department; one voice. Decisions for the Consortium can be made with a consensus by members of health departments. Associate members may participate in votes on a case by case basis as determined by the health department members. There are a total of eight counties in the SJVPHC; five counties would need to be represented to make a quorum and have a majority of unanimity of five in agreement for a decision.

VII. Leadership

The Consortium leadership consists of two elected officers: a Chair and a Chair-Elect. Each serves one-year term. The Chair-Elect assumes the responsibilities of the Chair if the incumbent is not able to continue in the role. The Chair and Chair-Elect are elected by a majority of the voting members at the last meeting of each calendar year. The Chair-Elect automatically assume the role of the Chair after serving as Chair-Elect for one term. The Consortium Chair presides at all meetings and works with the Consortium staff in preparing meeting agendas and overseeing the work of the Consortium.

VIII. Meetings

Consortium meetings are designed for active director-level and Health Officer participation and the exchange of ideas is critical to fulfilling the consortium's mission. If a director or Health Officer for a particular county is unable to attend a monthly meeting, an alternate may attend in their place. The Consortium will convene monthly meetings, one of which will be an annual planning session, featuring action-oriented, facilitated discussions and providing organizational structure, staffing and follow-up.

Meetings are held at a time, place and duration determined by Consortium decision. Consortium staff is responsible for all logistics involved in setting the meeting, taking and distributing detailed minutes to Consortium members and conducting necessary follow-up. Agendas and meeting minutes are produced by staff in consultation with Chair and/or Co-Chairs as appropriate. Final versions are distributed to Consortium membership and other participants,

as appropriate. Records are retained at the Center for Health and Human Services at California State University, Fresno.

IX. Administrative and Staff Support

When financial resources are available, the Consortium will staff in response to needs and directives. The California State University, Fresno Foundation will serve as the fiscal agent for the Consortium.

Approval

These Operating Principles were revised and approved by a consensus of members on October 22nd, 2012.

Attachment D: Website Screenshot

San Joaquin Valley Public Health Consortium

COLLEGE OF HEALTH & HUMAN SERVICES

San Joaquin Valley Public Health Consortium

With a combined population of 3,971,659 people and a land mass of 24,603 square miles the central San Joaquin Valley is one of the largest rural and agricultural areas in the nation.

It is also culturally diverse with more than 70 ethnicities and 105 languages spoken. The central San Joaquin Valley counties share common concerns such as a predominately rural and agricultural base, a rapidly growing and highly diverse population, serious health needs and limited public health resources.

The San Joaquin Valley Public Health Consortium is a uniquely regional approach to serving the public health needs of the San Joaquin Valley. Members of the Consortium include the Central California County Public Health Directors, Deputy and Assistant Directors, and Health Officers from Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare counties, and Associate members from regional academic institutions and other organizations.

Mission: Provide leadership for a regional health agenda that addresses the social determinants of health in the San Joaquin Valley.

Vision: Achieve health equity for all residents in the San Joaquin Valley.

Purpose: The Consortium engages in strategic planning, training, action oriented policy development and research to improve the quality and responsiveness of public health programs in the Central California region. The Consortium is a forum for County Public Health Directors, Deputy and Assistant Directors, Health Officers, and invited associate members to explore and exchange ideas and information and to develop strategies for addressing pressing public health issues faced by the counties and the region.

This Consortium is facilitated by the Central California Center for Health and Human Services and funded by The California Endowment.

San Joaquin Valley Public Health Consortium
1625 East Shaw Avenue, Suite 146
Fresno, CA 93710-8106
P 559.228.2140

Attachment E: 2011 Retreat Summary

Central California Public Health Consortium

Retreat 2011 Notes

WORKPLAN NOTES – CURRENT STATUS

2/14/11 – 2/14/12

thing to keep in mind

- sustainability of core infrastructure of the Consortium
- funding doesn't drive who 'we are'
- the term research might need to be further defined
- no decisions should be finalized at this retreat without all counties represented

<u>Current Status updates for workplan items</u>

*= next step item for action soon….to be developed into full list at end of retreat

#1 A: done, exceeded but want more membership representation, new members aren't at the meeting

*questions that emerged:

- is everyone involved who needs to be?
- how do we bring new member into the process?
- what does it mean to participate? is there more than one way to be a member/ participate?
- potential idea to continue engagement through invites to share specific pieces of information without official membership
- need to document value of participation/ return to members
- create orientation process (Marlene and Donna will start with draft)
- should we explore partnership between counties and university system on work related to PH…all focused on bringing focus to Central Valley issues

#1B: in process

infrastructure, prioritizing and accreditation being worked on at retreat

*website and sustainability have not been worked on yet

CSU is handling the website – concept needs to be developed, idea for a one-stop health data site, model of the hospital council might be useful.

#1C: done

Marlene is the researcher/ interim coordinator

clerical is absorbed into a CSU clerical position already there
Donna is in-kind to consortium

#1D: have list, discussion will be at this retreat

#2: on track

#3A: partially complete, connection of data to research and criteria will be done at this retreat

#3B: to be done at this retreat

#3C: later in process, talk about again after recruitment complete and by 9/12 at the latest

*CSU has common media list for all counties, Donna to send out for updates
strategy to be developed for regional versus local media approaches
look into TCE funded media fellowship as a resource

#4: to be done next year….items start sooner

*BARHII/ ABAHO – get information on membership structure

*long term sustainability plan – start looking at

phased county membership dues
monitor ACA funds for relevance

*plan retreat date for next year soon in hopes of more full participation

Thursday retreat notes 9/8/2011

<u>vision</u>:
ccphc is a thriving regional partnership of experts working together to achieve health equity for all residents in the sjv to lead healthy and productive lives.

<u>Mission</u>:
ccphc provides expertise and leadership to set a regional heLth agenda that addresses/improves the social determinants of health in the sjv. We promote health and wellbeing by following the following guiding principles:

- focus on prevention by addressing the SDOH
- Advocacy
- Health education
- catalyzying policy and system change
- advocate for health in all policies
- data nad policy analysis
- innovative research/ evidence-based practice

- expert workforce
- capacity building
- accreditation/ CQI
- community engagement
-

membership/ governance structure: core group (PH representatives) and exeficio (everyone else)
decision making: core group comes to consensus on all issues

<u>Additional issues to add to PH Issues</u>
Obesity
Diabetes
Cardio
Air quality
Poor nutrition and lack of physical activity
Breastfeeding
C-section
Health care access
Pay scale to attract staff
Water quality/ access to water
chronic disease

<u>Criteria</u>
Hanging fruit and early success
Number of impacted/ how widespread
Ypll
Sphere of influence for lphdc (active/ intentional impact)
How much of a regional impact
Funding impact related to
Is it possible to make an impact
Political will
Lends itself to regional approaches
fit under hp2020
Getting worse over time
Is there an infrastructure to build on.

TOP ISSUES AFTER USING CRITERIA TO RATE
1-Nutrition/wic
Physical activity

Obesity

2-Chronic disease
Diabetes,asthma, cardio

3-intentional/unintentional injuries--- apha has divided injury into 5 categories

cocci, Breast feeding, teen pregnancy, place matters are also issues that comes up as important

NEXT STEPS

Category	Item	Who, when, how
Membership	What does it mean to participate? (further define detail)	Marlene draft email and send it to the partners by 10/24/11
	Outreach plan for new members	Marlene will send list and letter to the partner by 9/26/11 and make plans for further outreach
	Orientation plan	Donna and Marlene put material together for review for 9/26 call
Website development	CSU will develop, need concept and elements to include	Donna will make minor updates and send to Marlene to share 9/26
Media alert/ policy brief	After recruitment and by 9/12 at latest	in six months
	Common media list for all counties housed at CSU. need to email to check for updates	will be ready for 9/26 call
	Develop strategy for regional vs. local approaches to media	in six months
	Look into TCE funded media fellowship	Donna will follow up by 9/26
Plan ahead/ begin work to accomplish	Information on ABAHO/ BARHII membership structure	Marlene will research and have ready by 9/26
	Long term sustainability plan • phased county dues? • monitor ACA funds for relevance	six months Donna and Marlene ongoing
	Plan next year's retreat date early	Sept 5- 7 /2012 --- save the date based on venue
	Plan for accreditation related training needs for some common domains	??
Other	Explore partnership between counties and universities (work related to PH), how to bring focus to Central Valley issues	will come up naturally
Mission / Vision	Finalize mission and guiding principles	by October 24th meeting-- all
	Finalize vision	by October 24th meeting ---- all
	Finalize membership (who) and decision making	

	Develop guiding org governance document	Fresno State will draft full review by 19/24-- discussion is on 9/26 call
Accreditation	Come to consensus on 1-3 domains to start on and identify regional approaches	Marlene will send out accreditation pp --- by October meeting all will have read the PHAB and ready to discuss in person
Priority issues	Look at prereqs and see if there is training needed on any (capacity building)	at october meeting and determine next step if needed earlier and domain decision ??
	Pro's/ con's discussion for effective team design/ org structure to get done 1. Finalize top 3 2. Research top 3 3. Use data info to pick one	start conversation in 6 months

Follow up meetings commitment
Representative at a higher level that is informed
Monthly calls
In person meetings at a central location---- in a couple of months and retreat next year--- October 24 probably in Merced
Another in person location would be Hanford
Agreement that if someone can not make it to the meeting that there will be a trust level that we are moving forward

Timeline for netxt steps:
Membership--- what does it mean to participate? Before or at next meeting
Outreach plan for new members
Orientation plan
Website development
Media alert--- policy brief
After recruitment and by 9/12 at latest
Common media list for all counties to check for
Develop a strategy for regional vs local approaches to the media--- dis ussion in 6 months
Look into tce funded fellowships.--- ask sarah

Plan ahead begin work to accomplish info on ABAHAO- BARH?
Long term sustainability plan
Plan next year retreat data early

Plan for accreditation training needed for some common domains

Other:
Explore partnership between counties and universities work related to public health
How to bring focus to central valley issues
Mission and vision and guiding principles
Finalize vision
Finalize membership
Develop guiding org governance document

Accreditation
Come to consensus on 1-3
Domains to start on and identify approach
Look at pre requisite and see if there is training needed on any ca
Pro and con discussion on design/ org structure to get done.

Priority issues
Finalize top 3
Research top 3 bring data to October in person meetiing
Marlene will bring data to discuss and prioritize.

Agreement to move forward
Next meeting on October 24 in merced

Attachment F: Cost Sharing by Percentage of Population

San Joaquin Valley Public Health Consortium
Proposed Cost Share Matrix Draft by Population
One Year Only

	Current Level of Funding			With 50% Cost Share	
Partners	Population*	%	Dollar Amount	%	Dollar Amount
Fresno	930,450	24%	$ 15,000.00	24%	$ 7,500.00
Kern	839,631	21%	$ 13,125.00	21%	$ 6,562.50
Kings	152,982	4%	$ 2,500.00	4%	$ 1,250.00
Madera	150,865	4%	$ 2,500.00	4%	$ 1,250.00
Merced	255,793	6%	$ 3,750.00	6%	$ 1,875.00
Stanislaus	514,453	13%	$ 8,125.00	13%	$ 4,062.50
San Joaquin	685,306	17%	$ 10,625.00	17%	$ 5,312.50
Tulare	442,179	11%	$ 6,875.00	11%	$ 3,437.50
Total	3,971,659	100%	$ 62,500.00	100%	$ 31,250

*2010 US Department of Commerce

Attachment G: Consortium PHAB Accreditation Progress Chart

PHAB Status of Consortium PHDs

- Monthly Accreditation Updates as standing agenda item
- Quarterly Accreditation Coordinator Updates (when most depts have decided on an AC)
- PMQI Training with Fresno, Madera, Merced, Tulare, and San Joaquin

Fresno	7/2013: The NACCHO grant is ending at the end of July; however, we hope to continue the work with the rest of the counties through CDPH funding in the future. Merced and Madera felt it was a great starting point and enjoyed having work time as well as being able to see what Fresno created. 6/2013: continuing working with Fresno State on the NACCHO grant 3/2013: working with Fresno State on the NACCHO grant 1/2013: they have an item on the board agenda to receive the funds from NACCHO to create a QI system and contract with CVHPI; their new program manager will be starting on February 8th and heading the Office of Policy Planning and Communication where accreditation will be a main priority 10/2012: applied and received a grant from NACCHO for $60,000 related to accreditation and QI management, they are contracting through Fresno State and it includes training for Madera and Merced, the board approved the program management position which will include duties such as strategic planning and policy work and they will start recruiting for it soon 8/2012: intent to get approval for Program Manager that will hold accreditation process, doing needs assessment for CTG, plan to continue doing a needs assessment with the Hospital Council every 2 years, raised awareness in newsletter, strategic planning/ QI – will do and is linked to improvement plan
Kern	7/2013: continuing work on their department strategic plan and they have started moving forward since staff attended the PHAB seminar at the NACCHO conference 6/2013: moving forward on developing the departmental strategic plan, starting augmentations to the community needs assessment and community health improvement plans 1/2013: their director is on board with accreditation; they are working on a framework for strategic planning with the CCS administrator who will be the designee and they are reviewing questions such as who do we serve, what do we do; SWOT analysis working on right now and once they finish the division plan they can present it to the managers and get the whole department included and excited to help; they are tapping into the hospitals community assessment and community improvement plan and will adjust it to fit into accreditation 8/2012: health officer went to workshop (15-20 staff introduced to background), agreement on concept from Director, completed online orientation, had 1 internal meeting re: process but need buy-in before move forward, no coordinator
Kings	7/2013: they are about to finish their first year with the Baldridge Principles and are going to be writing their reports and splitting into new groups 3/2013: they are still working with the Baldridge Principles and trying to get the CAPE (California Achievement Award for Performance Excellence) Award.

	1/2013: Accreditation Coordinator designated, Elizabeth Gazarek 10/2012: completed the second strategic planning process with the previous managers, front line employees, and those involved with the department, they are also starting the health risk assessment process but doing it a little different than PHAB accreditation requires but will eventually use this information for accreditation 9/2012: started strategic planning and utilizing Baldridge process 8/2012: they are a long way from ready to start, begun strategic planning (done SWAT), begun QI plan (will do more in 2013), no FT coordinator but PT staff dedicated to some work
Madera	7/2013: The NACCHO grant is ending at the end of July; however, we hope to continue the work with the rest of the counties through CDPH funding in the future. Merced and Madera felt it was a great starting point and enjoyed having work time as well as being able to see what Fresno created. 3/2013: working with Fresno State on the NACCHO grant 1/2013: hired a program manager, Gilda Zarate, from Fresno who will be assisting with accreditation 10/2012: working on strategic planning, utilizing SWOT analysis to do an internal plan and will meet with community members when it is completed, estimate 2 months to complete the internal analysis 8/2012: has support internally, waiting to hire a coordinator, will launch pre-work in January 2013
Merced	7/2013: The NACCHO grant is ending at the end of July; however, we hope to continue the work with the rest of the counties through CDPH funding in the future. Merced and Madera felt it was a great starting point and enjoyed having work time as well as being able to see what Fresno created. 6/2013: in the process of hiring an assistant director position who will be responsible for accreditation, continuing to work with Fresno on the NACCHO grant 3/2013: working with Fresno State on the NACCHO grant 1/2013: they will be recruiting next month for the vacant assistant director position to assist with prerequisites for accreditation 10/2012: no updates as she has only been there 4 months 9/2012: no updates, they are included in the NACCHO grant with Fresno and Madera 8/2012: contemplative on pre-reqs, looked at readiness checklists, no coordinator
San Joaquin	7/2013: their deputy director started her position and in the next month they will create an accreditation readiness team to start planning. They worked with local hospitals; however, the community health improvement plan was not able to be completed but they are planning to be able to complete it in the next assessment cycle. They are considering using MAPP as a structure tool for community health assessment. NACCHO provides MAPP training once per year; however, the next one won't be until 2014. Their deputy director has contacted NACCHO aboutholding MAPP training in California, possibly in a few regions as it only allows about 40 people per training.

	6/2013: they hired a new senior deputy director who will be involved with accreditation 1/2013: in the middle of recruiting for the deputy position, continuing the community assessment process 10/2012: they have a strategic plan in place but it is 4 years old and will need to be updated, they added a second deputy director position which will have a lot of policy and planning responsibilities such as QI and strategic planning, both of these positions will be opening very soon, these positions will be responsible for accreditation, they are very interested in setting up QI training for all Consortium members 9/2012: couldn't apply for the NACCHO opportunity because it required a letter of support from the Board of Supervisors and couldn't get it in time 8/2012: no readiness checklist, recommended position (Deputy Director) in hiring process, participated in a community needs assessment with the hospitals to create a community health impact plan, need to get started on a QI plan
Stanislaus	6/2013: they had a setback as the CDC fellow ended their position and they are currently unable to sustain it 1/2013: Stanislaus County Health Services Agency is moving forward rapidly. We are in the midst of our third CHA and CHIP. Our senior management team has had two strategic planning sessions and a third soon to be held. Our focus is on PHAB and triple AAAHC. We have created a position for an Accreditation Specialist and hope to have someone hired by July 2013. Overall we view PHAB as an agency wide process and an opportunity for cultural change.
Tulare	6/2013: they have 3 people working on steps in the QI plan but cannot hire someone to lead the efforts 3/2013: they haven't talked to the board about accreditation but are looking into hiring personnel 9/2012: in the process of putting together a presentation to the Director concerning the needs of accreditation and the type of position/s needed for administrative support 8/2012: staff person went to information meeting, started strategic planning (but with turn over process slowed), have support of Director, want to move forward with Coordinator position

Attachment H: 2012 Retreat Summary

San Joaquin Valley Public Health Consortium
Retreat Summary

Wednesday, August 29th, 2012
Wine and Roses Resort, Cellar Room
Lodi, CA
1:00pm – 4:00pm

Present: Donna DeRoo, Marlene Bengiamin, Andrew Hoff, John Capitman, Ashley Hart, Edward Moreno, Kathleen Grassi, Keith Winkler, Van Do Reynoso, Cathy Volpa, Bill Mitchell, Karen Furst, Charles Sandefur, Miguel Perez, Tim Livermore, Claudia Jonah, Karya Lustig

Note: Summaries were added afterwards for added benefit and are italicized.

Welcome and Introductions

Keith Winkler welcomed all and called the meeting to order at 1:20 p.m. All in attendance introduced themselves.

Donna DeRoo discussed announcements and information for the retreat.

Keith Winkler reviewed the retreat agenda.

Review of Achievements

Keith Winkler discussed The California Endowment Grant and briefly reviewed the work plan.

Work Plan

- Keith Winkler discussed The California Endowment Grant and briefly reviewed the work plan (the objectives that are highlighted are in progress or still need to be completed by the Consortium by February 2013)
- Marlene Bengiamin stated that since the last retreat we have worked on the Consortium's mission, vision, core values and the approved operating principles are in the binders under tab three.

Karya updated the group regarding her organization, the Center for Health Leadership and Practice, and explained her role for the retreat as the facilitator. She led an ice breaker and had each person say what they wanted to get out of the retreat and a norm for the group.

- Bill- grant deliverables, decisions to move forward + engaged
- Andrew- clear what next steps are moving forward + communication
- Cathy- better understanding of the group's goals, mission, very interested in accreditation and what other counties are going to be doing + communication
- Miguel-academic units help in accreditation process, how students can benefit + respect
- Donna- Clear vision of work to, prepare for phase 2 + engaged

- Marlene-CVHPI can provide data for depts to move fwd with accreditation process, identify the issue we will move forward with policy brief + fun
- Keith- come to an agreement to priorities that we can address, work together on accreditation + collaborate and share as a team
- Charles- public private collaboration, accreditation models, work together + novelty
- Van- agree on accreditation, actual next steps on how we will proceed, how we will structure our monthly meetings so they will be more useful for all members + fun
- John- policy, work plan, accreditation, how we go from getting a consensus on regional priorities → 1-2 local policy issues, how can CCPHI help + diunital thinking
- Kathleen- very clear and doable next steps for this group + thinking outside the box

Health Priorities

Last year

- Reviewed the criteria and health issues from last year

Current data

- Marlene Bengiamin reviewed the updated data since the last retreat, which focuses on the health priorities determined at the last retreat. Andrew Hoff inquired about teen physical fights and Marlene discussed the zip code effect. Kathleen Grassi asked about errors in the population counts per county and John Capitman discussed possible reasons. The national rate for diabetes is 8.5%, since the Central Valley is a much younger population
- Bill Mitchell discussed the need for the health officers to be present when we determine the health priorities. In terms of the policy brief, our goal is to increase capacity, chronic disease prevention work; however, the California Endowment requires the Consortium to focus on health priorities. John Capitman explained that through the policy brief, we can focus on our capacity to manage the chronic diseases. Kathleen Grassi agreed with John's explanation. John explained that the capacity to prevent a disease is a health priority in itself.

Regional Priority Setting Summary

Definition of regional priority

- *Higher value if addressed by consortia*
- *Synergy on higher impact by having a regional approach*
- *Will address the regional population as a whole*
- *An issue that needs to be addressed on a bigger level (regional, state, federal) and can't be done locally*
- *Allows for or calls for collaboration with other sectors that impact regional health*
- *There is political impact of a regional approach*

<u>Additional criteria used to determine priorities</u>

- *Is there a policy lever that public health can impact?/*
- *Is the issue of a 'size' that we can address it or impact it?*
- *Can this group specifically add value (through resources and/or political will) to the issue, impact and/or approach?*

- *Does this issue have funding 'appeal' as a 'hot issue' (i.e. place based/ equity work)?*

Voting and chosen topic

- *In voting on the regional priority we allowed 1 vote per county and 1 vote for Fresno State*
- *The winner was 'capacity for prevention and management of chronic disease' (10 votes), next highest was 'health disparities' (4 votes)*

Notes on priority area:

Capacity for prevention and management of chronic disease

- *Primary prevention [see John Capitman and Ashley's notes on this to flesh out further]*
    - *Systems view like health in all policies*
    - *Support for clinical primary prevention*
    - *Education/ support/ helping community organizations*
    - *Tracking data/ prevalence and risk at community level*
- *Disease management/ secondary prevention*
    - *Systems*
    - *Clinical care improvement*
    - *Education/ support*
    - *Data on use and outcomes (health information exchange)*
- *Tertiary prevention?*

Other notes related to priority area

- *Work is linked to spectrum of prevention and essential PH functions.*
- *Approach the issues from a health equity lens/ health disparities focus.*
- *Focus is not to do new work, it's to highlight what's happening in the counties and increase capacity to do this work regionally and/or with a regional approach.*

Regional Priority Setting Discussion Notes

Define Regional vs. Local Health Priority

- Karya asked if everyone knows what a health priority means---
- Keith stated that at the last retreat they defined it as big issues, but is still confused as the difference between them. Marlene discussed that the regional priority is what the Consortium will work on together and the local priorities are what each county will focus on separately, with help from the Consortium. Kathleen explained that air quality is a good example of a regional issue as it is not county specific, whereas locally the built environment must be addressed through community action and local policy adoption. John reaffirmed Kathleen's explanation. Keith explained that we have not linked with other public entities that are doing public health work in the Central Valley and discussed the national issue of West Nile Virus, the severity of the problem, and that there is nothing being done to prevent it. We should be working with the mosquito and vector control districts and they have their own problems, which include lack of mosquito control chemicals due to the development of resistance rendering them ineffective with no new ones in development, pressure from environmental groups to preserve wetlands. We need to be working with the mosquito abatement districts to support their programs and reduce West Nile Virus. We are not always communicating with other groups who are doing public health work. The Valley Air District is another such example. There is

also a political impact for the regional issues if we focus on one as a Consortium. Andy Hoff questioned that should the regional issue have the ability to show results. John also discussed the need to show change when choosing a regional priority. Keith stated that it is difficult as the health departments have different capacities. John added that we should be connected to BHC if that is happening in their communities.

- Karya brought up the question, should we address the same local issues in each county, but do so separately, for example, diabetes? For the local, should we each have our own local priorities or work on separate priorities in our counties? The local priority is not as important as the regional priority as the grant requires a policy brief from the regional priority.
- Van asked if we should wait to determine local priorities until each county finishes their community health assessment so they can use the data from it to better determine the local priorities. Ed Moreno asked about the work plan and whether the local priorities were going to be used in a deliverable and John stated that the policy brief and the grant will be related to the regional priorities.
- Year potential life lost (ypls) for each county to determine the local priorities for each county
- John discussed the benefits for explaining reduced capacity
- Bill discussed the regional health equity goals related to BARHHI and that the Bay Area is centralized and much different than the Central Valley, where we have isolated communities and not scalable related to the Bay Area.
- Kathleen- focus not just on what they don't have related to capacity, but also their needs and strategies to achieve them.
- Cathy stated that each county can focus on their local priority based on their capacity.
- Charles explained that the regional priority should be chosen based on ability to make change as a group, what is the value brought to the table by choosing a regional priority? Bill agreed with Charles in that, what would happen if we did not do things regionally? Kathleen related it to the capacity building by stating that there could be something created for all counties to access and use to increase capacity. Karya stated that we should focus on the regional health priority first as to better understand the regional priority

<u>Criteria for Health Priorities</u>

- Karya-- Process should we use to set our priorities, tab 5 in the binders, pg 1
    - At the last retreat, we used these criteria to narrow the health priorities
    - Do we need to change the criteria or add to it?
        - John- Is there a policy lever that public health can impact? For example, obesity--- as it has individual, environmental, and cultural factors related to it as well
        - Keith- we shouldn't go too big on the health issues, it should be an issue of a size that we can impact/address
        - Kathleen- work on something that you don't have funding for already, structural umbrella to prop up these health problems to further that work, collectively work on health disparities/inequities, data, information, resources, is there a way this topic could knit in the resources that can fill the gap

        - Ed- political will vs. resources, don't want to be left behind, Fresno example of why legislation is needed
        - John- capacity to pander to funder, place based approach to equity in order to continue to receive funding from TCE
        - Ashley, Ed- Age or lifespan related to health issues, can also focus the priority and make it a reasonable goal and help with funding by focusing on a separate issue
        - Marlene, John- health department capacity, county has an issue but not a department there to address it, or only certain capacity to do certain things

BREAK

Choose Regional Priority (using criteria + added criteria from today)

- From Last Retreat
    - Nutrition/WIC
        - Physical activity
        - Obesity
    - Chronic disease (diabetes, asthma, cardio)
    - Intentional/Unintentional Injury
- Added at 2012 Retreat
    - Health Disparities
    - West Nile Virus
    - San Joaquin Valley Fever
    - Capacity for prevention and management (data systems, tracking, staffing, education within health departments, running/supporting programs within the community)
- Unanimous or Majority Vote:
    - Keith referenced the operating principles as a majority vote; however, many of the members wanted the decision to be unanimous
- Karya explained the "fist of five" prioritizing method with over three as a vote, and after each vote, we will discuss issues with counties
- Updated Regional Priority List Used for Voting + Round 1
    - Nutrition
    - Physical activity
    - Obesity
    - Diabetes
    - Asthma
    - Cardio
    - Intentional/Unintentional Injury- 1
    - Health Disparities- 4
    - West Nile Virus- 2
    - San Joaquin Valley Fever- 1
    - Capacity for prevention and management (data systems, tracking, staffing, education within health departments, running/supporting programs within the community)- 10
    - Pediatric Surge Capacity- 1
- Choosing a Regional Priority: Fist of Five

Adjourned at 4:00 p.m.

Thursday, August 30th, 2012
Wine and Roses Resort, Cellar Room
Lodi, CA
9:00am – 4:00pm

Present: Donna DeRoo, Marlene Bengiamin, Andrew Hoff, John Capitman, Ashley Hart, Edward Moreno, Kathleen Grassi, Keith Winkler, Van Do Reynoso, Cathy Volpa, Bill Mitchell, Karen Furst, Charles Sandefur, Miguel Perez, Tim Livermore, Claudia Jonah, John Walker, Karya Lustig

Monthly Meeting Structure Summary

Agendas set by program staff working with Chair. Coordinator will send ideas out for approval to consortia members. Chair will make decisions on requests for agenda following criteria.

Criteria: meets deliverables of meeting and type of meeting (in person or phone/webex), professional consultation request that requires whole group input, topics that has regional impact/ scope.

Pre-meeting and in-between meeting agreements, all members agree to:

- *Answer all requests sent by program office and/or delegate a staff person to respond*
- *Read background information prior to a meeting (and send ahead for any of their own agenda items.*
- *Do 'homework' prior to a meeting related to a given topic*

Logistics of in-person meetings: 4 x's a year + retreat – meetings should be in a central location within region, 4 hours long with working lunch (time to be determined by train schedules). Portion of each meeting facilitated by an external facilitator, rest of meeting facilitated by Chair.

Objective/ Purpose of in-person meeting time

- *Health departments sharing time at the beginning or end of the meeting*
- *Decision making*
- *Strategic planning*
- *Activities that require facilitation*
- *Policy agenda discussion and decision*
- *Department presentations (time-limited and pre-screened)*
- *Relationship-building with funders, sponsors and/or key people*
- *External partnerships highlighted at each meeting with discussions*

Logistics of phone/ webex meetings: 5x's per year, 90 min max per meeting. Meetings facilitated by Chair.

Objective/ purpose of calls/ webex meetings

- *Keep tabs on progress*
- *Updates*
- *Setting agenda items for future meetings*

- *Follow through on in-person meeting topics*
- *Sharing between PHD's (time limited snippets)*
- *Workplan/ grant updates*
- *Focus on objectives*
- *Sharing information/ progress on accreditation guidelines*

Notes from the Discussion

Positive/Strengths	Change
Enjoy seeing people face-to-face, slideshows, hear	Not easy to get away, hard to hear during call-ins
Structured meetings, timeline for projects, alternate in person and call in structure	
	Difficult to get everyone together, meeting in the middle is fair, some counties participate less than others, phone calls are difficult to get work done/deliverables, need very structured agenda and outcomes Discuss HD operational issues, just want to bounce info off each other, it's okay to share Travel, meeting times, increase meeting time when we meet in person
Meeting in person is necessary	Web communication could be more helpful, quarterly retreats, enhance web-based meeting structure (i.e. gotomeeting), commit half days to the in person meetings so they can be more intensive and productive
	Video conferencing equipment—Tulare County has a room for that, maybe southern and northern counties could meet and video with each other, Agenda- action steps, next steps, timeline for when things need to be completed
Sharing is important for all counties	Relooking the standing agenda items—grants section?, relook at standing agenda items, special topics—is there a way to determine what topics the speakers are doing?
	Action items and knowing what is going to take place, what else is coming up
	Trade offs btwn meeting in person vs. phone/videos Timing of meetings- phone conferences can be at different times, starting and ending times could change for phone and in person, in person can be longer
	Meeting culture—think about having the live meetings 4 times per year and make the agenda

	longer, phone conferences can be informal but decisions cannot be made over the phone, 30 minute phone meetings once per month, 4 longer in person meetings, would be more productive in person, live= be lively, there is too much reporting in the meetings,
	Half hour before or after to present updates about each health department, consistency in the partners to do the work and they falter and the staff are stuck doing the work and then everything has to be reexplained, academia/Adventist health/hds but we need more members and partners, how does academia, private health, assist with More deliberate in what is on the agenda—some of the topics are not productive to the group
Ag Folks--- stronger organizational ties with these groups	Need to systematically work in the meetings to bring in new groups in order to build relationships
	There is great benefit from connections between other organizations and departments—they phrased their call of action in a way that they didn't know everything and
	What is the authority of the Local Public Health Departments? Someone needs the power to convene the big sectors of the Central Valley work together to help make communities healthy--- that large group doesn't exist currently but only in small sections, how can health care organizations help us

Objective/Purpose of Meetings

In Person Meetings	Phone Meetings
Frequency- 4 times per year Length- 4 hour meeting + lunch included Location- Madera or Fresno Time- TBD after retreat, location staff will pick up and drop off Facilitator at all in person meetings- same person at all meetings and plan to have them at all meetings	Frequency- 5 times per year Length- 1.5 hours max Time- (same??)
<u>Purpose</u>: Decisions, strategic planning, facilitated discussion, policy discussion, presentations by certain counties/guests-	<u>Purpose</u>: bring up agenda for future meetings, follow up from in person meetings, updates/sharing btwn LHDs, work plan update,

prescreened and time limited, introductions/funders/supporters, maintain relationships with funders, relationship building with key people, LHD time to share with each other, partnership presentations and planning one each time would bring everyone together, determine how to influence state government/lobbying	someone research and present at an in person meeting, split accreditation work through creating/sharing of documents- ie- Fresno County created a document for one section of the accreditation process, discuss the criteria and

General Meeting Agreements

- Facilitation: by the Chair + Facilitator
    - In Person Meetings: Led by Chair + Certain Portions Led by Facilitator
    - Phone Meetings: led by Chair
- Agenda Setting
    - Coordinator: use the next steps from the retreat to determine agenda items
    - Review each agenda with the Chair + Vice Chair
- Decision making
    - Agenda
        - Ashley sends to Keith, comments, Ashley send to Consortium as Proposed Agenda, any member can add anything to it
        - Chair schedule the time for the presentations and require an explanation from the member
        - Criteria for presentations by members/outsiders (all time sensitive)
            - Meets deliverables of meeting and type of meeting (in person vs. call)
            - Request for professional advice from the Consortium members
            - Topic that would have regional impact/scope
    - At Meetings
        - One county, One vote→ review at Next Steps
- Roles/Responsibilities- Chair + Chair Elect: rotating through the counties, executive committee consideration--- keep it in mind for the future
- Agreements on meeting pre-work: updates that are pure updates can be sent ahead, background information related to a topic can be read ahead, receive updates from members, delegation for follow up is okay and sent to coordinator
- Balance all meetings between grant requirements and Consortium group updates

Regional Priority: Capacity for prevention and management of chronic disease

<u>Define priority and regional approach</u>

- What does capacity mean?---
    - Primary Prevention
        - Systems Level: how are we connected to planning, environmental, policy
        - Support for Clinical Primary Prevention:
        - Education Support for Community Organization/Public:
        - Tracking Data: prevalence, risk factors at regional level
    - Secondary Prevention
        - Systems Level

        - Support for Clinical Care Improvement
        - Education Support for Self-Management
        - Tracking Data: service use and health outcomes (using health information exchange)
    - Tertiary Prevention
        - Systems Level
        - Support for Clinical Care Improvement
        - Education Support for Self-Management
        - Tracking Data

How do we "do" the work for the regional priority?

1. *Flesh out 8 areas within the regional priority under primary prevention and disease management/ secondary prevention*
2. *What is each county doing now in each of the 8 identified areas?*
3. *What permission/ authority/ budget does each county have in each of the 8 identified areas?*
4. *Determine the role and leverage point for regional priority based on data from 1 and 2 (this will also help determine areas of external collaboration for the consortia to initiate)*
5. *Within this, need to quantify the work PHD's do and it's impact/ value.*
    a. *What is the current capacity of depts.? Where could resources be shared? What is capacity or could be capacity by building in role of consortia?*

- Develop where each county is in each of these areas?
- Does each county have the authority, research, skill set to do it?
- *What evidence* do we have and what evidence do we need?
- Determine role collaboration points
- Not only determine current capacity of each county health department in each area but also how to increase capacity and how do it (share resources)
- Determine a disease that we can test this model/process
    - Use an issue that they are currently funded to perform, concerned about determining a new issue, instead test it on something that they are working on right now
    - By choosing one issue, i.e.- diabetes, it lends itself to bringing attention to PH and the Consortium
    - The messages that we are sending to the politicians isn't working to change legislation, the Central Valley needs to have numbers of what will happen—they can relate to it better by reframing what we are already doing
- What are we going to write the policy brief about?
    - Chronic Disease more generally→ focus on one disease
    - Public Health is a lofty consideration of things, we need to be more result oriented
        - Similarity between funders and legislators—concrete in the goals
- How to get public support→ funders→ eventually prevent/manage chronic disease
    - Personalize it through testimonials, media consultant
- Public expression that spills out of the regional priority, name something new because we are together, all counties are underfunded compared to the rest of California

    - The CCROPP project got the attention of funders, CDC and brought in other funding opportunities
- Share capacity between LHDs, is- Dos Palos Paper: wants to know what is related to West Nile Virus and able to ask other depts for assistance

LUNCH

Website

Population- update

Claudia contact info- update

Updates to website- how will people know when I add things to the site?—Ashley determine if we can have updates sent by email when I change something on the site

Local Priority

Does the regional priority tie to the local priority or do we set that differently?

- It would be easier to relate the regional priorities to the local priorities
- Local with larger implications affects 1 or more county
- Came, discussed, and decided
- Discuss with TCE
- Report with other colleagues in the state and the benefit of this is seen throughout the state

Policy Brief Summary: Due by 2/13/2013

- *Use regional priority around capacity to address chronic disease as focus, make the case that there isn't ability to address adequately due to funding / resources*
- *Overlay of why to invest in SJ Valley to address chronic disease*
- *Build off of health policy institute work*
- *Focus on underfunding of the Central California PHD's (regional funding is a clear and measureable outcome)*
- *Build relationships so that the collaborative voice is stronger on addressing chronic disease as a regional community*
- *"brand" the San Joaquin Valley name as a specific 'area' (like Delta and Appalachia have done)*
- *Focus on framing the message and thinking about different stakeholders needs (cost to employers, tax payers, communities around built environment)*
- *Focus on future funding (not remedying the past disparities)*
- *Identify a positive vision of where want to go and what could do with funding/ develop a business case that is a positive promise about addressing chronic disease*
- *Use health impact assessment methodology of what could be done with more funds to address*
- *Use a health equity lens to frame the issue, collect data and measure results*

Notes from Discussion

- Focus on capacity to address chronic disease
- Health Policy Institute has done these for certain counties and determine what hasn't been done or create something new not related to specific conditions
- Underfunding of public health
- Consortium could exist to show the funding disparity in the Central Valley

    - An outcome should be an ability to influence PH funding in this area
    - How to measure accountability--- regional funding as a way to determine effectiveness
- Name Change?? San Joaquin Valley Public Health Consortium
- Equity and allocation of funding for future resources, be at the table when formulas are being drafted/reviewed
    - How to do this without whining? Need to frame the issue in a certain way.
- Purposes of our existence should be that there should be equitable funding in our area
- CTG Money—because this is an underserved and overly ill area
- Policy Brief Topics
    - Underfunded--- not a good way to go/or explain it as it will upset/attack the county supervisors
    - Build a case with public officials/public—that preventing and managing it should be done, we are not set up to solve this problem, we don't have the capacity to respond to this
    - Incorporate funding into the policy brief, but not make it the main focus but also make the case about capacity to prevent/manage chronic disease
- Future funding—ability to convince Feds that funding is needed in the Central Valley
    - Future threats to our current funding—rates for returning money should be fair based on the way it was allocated
- How does the public view LHDs?
    - Frame the policy with a positive vision for the future
    - Picture for all readers—burden of chronic disease
    - What is the vision/future that people will want to see?
    - Employers—cost of providing health to their workers is a burden to them
        - This is how we take the region to the future
- Health Impact Assessment-- Ex- Each county gets money with what they can do with a certain amount of money and show what can be done in business, politics, education in the valley
    - Humboldt County did this--- funding
    - HIA on the financing of public health--- could be something different
- San Joaquin/Central Valley- paint a picture of what a health value can look like and talk to the public/right people about the disparities in the Valley
- 30,000 ft Level: cost to employers (sick/a work force that never gets to be a workforce), cost to tax payers, cost to communities (b/c of built environment)
    - Show a healthy community and how to get there and the continuing costs it will take to get there
    - What things we would do if we were adequately funded—what are we not doing that we could do that would be beneficial
    - Positive! Positive! Positive!
    - Every time you do a health fair--- they are always full!
- Next steps--- what needs to be accomplished, create a time line tomorrow, delegate tasks

Accreditation Summary

Role of consortia

- *Coordination of accreditation coordinators to share resources/ ideas and link to state level work*
- *Broker training/ consultation/ TA re: specific topics (there are limited current funds for this) – maybe QI would be a good first topic*
- *Apply for funds as a support organization (NACCHO)*
- *Build time into monthly agendas to share work/ templates/ tools/ approaches to prereqs and domains (and use web portal to share)*
- *Regional strategy for tackling certain domains (i.e. staffing assessment) – maybe a couple counties do first as pilot and then share with others.*
- *Overlay gaps in accreditation needs with regional priority, assess gaps and plan next steps*
- *Use statewide data to compare SJ valley to state, need to build sub-county data capacity*

Next steps for consortia accreditation work:

1. *Set monthly check-in as standing meeting agenda item*
2. *Quarterly check in regarding coordinator (once enough, start coordinator meetings)*
3. *Bring in TA for QI (each county will invite staff) – Claudia might have trainer on staff*

County Accreditation Status

Merced	Contemplative on pre-reqs Looked at readiness checklists No coordinator
San Joaquin	No readiness checklist Rec'd position (dep dir) to shepherd process Participate on community needs assessment w/ hospitals (and community health impact plan) Need to get started on a QI plan
Kern	Health officer went to workshop (15-20 staff introduced to background) Agreement on concept from Director Completed online orientation Had 1 internal meeting re: process but need buy-in before move forward No coordinator
Madera	Support internally Waiting to hire a coordinator Will launch pre-work January 2013
Kings	Long way from ready to apply for accreditation Begun strategic planning (done SWOT) using Baldrige criteria Begun QI plan (will do more in 2013) No FT coordinator but PT staff dedicated to some work
Tulare	Staf person went to information meeting Started strategic planning (but with turn over process slowed) Have support of Director Want to move forward with Coordinator position
Fresno	Intent to get approval for Program Manager that will hold accreditation process

	Doing needs assessment for CTG (did mostly) Plan to continue with hospital council every 2 years Raised awareness in newsletter Strategic planning/ QI – will do and is linked to improvement plan

Notes from Discussion

Include health equity in the work we do as a Consortium

Determine where each LHD is in the Accreditation Process

- Merced: reviewed the checklist, contemplating starting prerequisites
- San Joaquin: no checklist, new position in a senior level will be to shepherd the accreditation coordinator but not sure if that will be the coordinator, participate with local hospitals for CHA & CHIP (will meet PHAB reqs)
    - Department Strategic Plan- need to redo it
    - Also working on a quality improvement plan
    - 2-3 yrs before starting application process
- Kern: Accreditation Coordinator (AC) attended the workshop, 15-20 staff have learned more about accrediation, agreement and concept from director, had 2 people do online orientation, 1 meeting internally with 15 ppl who are excited about accreditation, not started prerequisites but have recommendations and still looking for coordinator
    - Next steps: Director + Coordinator
- Madera: support from mid management, waiting for retirement + will fill with a coordinator, start CHA January 2013
- Kings: not ready based on checklist, started Dept Strategic Plan, SWOT Analysis, Quality Improvement Plan, no full time coordinator but part time contributions from staff, 5-8 year time frame
- Tulare: sent staff to a meeting to come back with information, 3 yrs ago started strategic planning, changeover in leadership in the county which has slowed progress, have support from the director of the agency, presentation for other agency directors to let them know what the process is, need to hire a coordinator to get everything moving
- Fresno: intent to get approval for a program manager + coordinator, CHA- short term immediate basis to use the work out of CTG to satisfy that + long term to do this would be through the Hospital Council of Madera, Kern, Kings, raised awareness in a PH newsletter, Improvement & Strategic Plan→ create these from the results of the CHA (but no timeline yet)
- Stanislaus: have an AC as a CDC Fellow, determining the gaps, shared website and place to see where all the postings/documents are going, finished with CHA post on their website, non-profit hospital paid for the secondary data, used OSHPAD data, HEDIS data, primary data- Kaiser is funding it, community services + welfare depts are accredited, the CHA is a living document, using the MAPP Process as the format for informing and recruiting support from the community

What can the Consortium do for the counties?

- Network of Accreditation Coordinators for the Central Valley + the state was also discussing doing this as well (share resources and ideas)
- Quality Improvement: don't know very much about quality improvement, the quality improvement cycle—training for everyone
- Training/Consultation/TA determined by the readiness checklists

    - Commit to doing the readiness checklist by a certain time period--
- NACCHO $40,000 a grant as a Consortium to offer trainings
- NACCHO larger grant as well and use what was learned to assist other smaller regions (September 17th to May 13th 2013)- Fresno + Kern
- Helpful for everyone to share accreditation updates/struggles at each meeting
    - Being able to share examples of documentation
- Divide Domains and/or Create Templates: create a regional strategy/templates to help other counties (1-2 counties could work on this)
    - Staffing Section: defining staffing + assessment of staff capability
- CHA: what primary/secondary data is out there, what do we need?
- Tie regional priority capacity assessment with capacity to become accredited

<u>Accreditation Next Steps for Consortium</u>

- Bring in someone to train members how to perform and monitor QI
    - Bring in the IT Folks
    - Claudia- has a staff member with knowledge of QI that can come in for a low price or free
- Check in at in person meetings
- Review secondary data from the county health rankings, CDPH and/or Report from the University of Wisconsin (social determinants of health, clinical outcomes, national database)
    - CDPH might not continue providing the current data and will focus on the ACA instead
    - We don't have the sub-county data so just doing focus groups and meetings
- Future: add AC meetings/conference calls

<u>Health Disparities</u>

- Need to focus on it for TCE—add it into the regional health priority
- Place Matters Conference in February—the document from that is the product, for purposes of the grant work plan
    - Place Matters for Health in the Central Valley—document is on the website
- Add Health Disparities into the Policy Brief, deal with the regional issue in a way that we take into account, use the lens of Health Disparities
- John and Marlene are available to present and explain to groups about the issue

HEP C Summit Information

- Discussions Regarding--- Prevention, Lack of Screening/Early Detection, Treatment, Management
    - Hard to prevent, exponential type of growth and expensive to treat
- Drug companies provide medications free to the clinics but not sure about

Adjourned at 3:55 p.m.

Wednesday, August 31st, 2012
Central California Public Health Consortium Retreat Notes
Wine and Roses Resort, Cellar Room
Lodi, CA
9:00am – 12:00pm

Present: Donna DeRoo, Marlene Bengiamin, John Capitman, Ashley Hart, Claudia Jonah, John Walker, Edward Moreno, Kathleen Grassi, Keith Winkler, Tim Livermore, Cathy Volpa, Bill Mitchell, Karen Furst, Charles Sandefur, Miguel Perez, Tim Livermore, Claudia Jonah, John Walker, Karya Lustig

Carry Over from Yesterday

- Concerned about adding more work onto the basic functions of the public health department and balancing the public health dept with the focus of the funders
- Need to explain to the public about the functions of public health, funding is cut from certain departments as compared to the Sherriff's Dept/Public Safety

Next Steps

- Revisit decision making process
    - As determined by the members,
    - For certain topics, One vote per organizational entity that is a member
    - Voting only for counties, not for affiliates, associate members, Fresno State, UC Merced, Adventist
    - Needs to support PH focus and directors but there are two groups that are here (grant vs. previous)
    - Voting privileges given to permanent members that have demonstrated a long term commitment and record of success, Fresno State made things happen
    - Advisors—Adventist, Fresno State
    - Ex-officio members, partner consensus
        - Voice/participate but not vote
    - One county, one vote. Operate by consensus of the public health departments. Voting privileges will be granted to associate members, as determined by the Consortium members.--- fist of five.—bring updated Operating Principles to 10/2012 Meeting
- Times for in person meetings
    - All in Fresno: 10-1:30pm
    - TCE, Library
- Flesh out 8 areas within regional priorities
    - Marlene, John, Ashley—work on a data collection form
- Determine what each county is doing in each of 8 areas
    - Marlene, John, Ashley—work on a data collection form--- October 2012 Agenda
    - Preliminary framing, draft questionnaire
    - Bring to the next in person meeting and get comments
    - Get commitments from the Consortium members
- Role and leverage point for Consortium regional priority--- 6 months from now
    - Have a matrix with data collection by January 2013

    - PHD's provide data to Fresno State prior to January 2013
- Quantify work PHD's do, impact and value—to follow
    - Burden of chronic disease
    - Economic Assessment of PH: Costs to the public about having public health, how costs distributed and who isn't, benefits
    - October 2012—Invite a Dr. Brown of the UC Merced Institute, Fresno State, Bakersfield, look for expertise at other universities, find academic home for the project
        - There will be costs associated with the endeavor, estimated budget $75-$100,000
        - John Walker- limited conversation with Dr. Brown, interested in short term- identifying projects for Masters Grad Students, long term- doctorate students, no conversation about something new
        - John Capitman been talking with him for 3 years about this project
            - Merced-- Kathleen and Tim from Merced are going to ask him to assist and report back, wait to have him discuss this before future funding opportunities—not present but encourage him to attend the Oct 2012 Meeting
    - Build a stronger case about the value of PHD's and their role in communities--- how do you demonstrate the cost benefit of public health as health policy
    - This is separate from the policy brief--- and a larger project that is related to the subject of the policy brief
- Future Initiative: Make case current funding doesn't address vision- can be started now—Start in Oct
    - Advocacy, funding world and see what access we have, what could/should funding look like
    - Current funding levels in comparison to other places
    - Able to map out what we are doing- consultant?
    - Fresno State bring a strategy to do this/start and summarize to October 2012
    - Topics to Include
        - Identify partners and stakeholders—Start in Oct
        - Collect data (research academic analysis) —Start in Oct
- Policy Brief- Due Feb 2013—Identify positive vision of where to go
    - Burden/extent of chronic disease in the valley, high lights health inequities, employers not wanting to come here (1 pg)—bring to Oct meeting
    - What is the role of PH in the management of chronic diseases—bring to Oct meeting
        - Here are the things that can be done as a region to combat and manages
    - Here is what the HDs are currently doing, also highlight what is not happening ie opportunities
        - Data collection--- 8 areas + create questionnaire and bring to Oct Meeting
    - Strategies for how to create more resources and do more, what we might do differently- January Meeting
        - Summary: 10 pages, chart to fill up 3 pages
    - January Meeting--- look at data, agree on story, get creative about strategies
- "Brand" the San Joaquin Valley name—tie to all future events

    - Future: hire communications, marketing experts
- VOTE: Change the name and logo, consensus + Van over text
    - San Joaquin Valley vs. Central California
    - Do not want to include Sacramento Valley counties
    - Early phases of identifying tremendous funding opportunities, but we have to be focused about what we represent and the needs we represent (8 county region)
    - Logo—have choices soon
        - Go to NACCHO--
- Distribute/post notes from retreat- Ashley will summarize/disseminate in next couple of weeks
- Set in person standing agenda- Ashley in next couple of weeks
    - Add Accreditation
    - Add Funding Opportunities
- Set phone/webex standing meeting agenda- Ashley in next couple of weeks
- Use info from retreat to schedule out topics/deliverables for future meetings
    - Create a schedule—Ashley, Donna, Marlene, John
- Accreditation- apply for funding (NACCHO) as support organization
    - Due September 19th- Ed will work with Staff
    - Proposed Draft will be sent out to members- Ashley
- Set monthly accreditation check in on agendas
    - Set goals for elements of accreditation, data kept in a chart for TCE and all members
    - Quarterly check in re: AC's
- Bring in TA re: QI for PHD's—when will
        - Claudia has a staff person that can perform the training, she will contact him/her
    - Identify particular staff internally—by January 2013
    - Preliminary assessment of what each person knows/needs- February/March
    - Identify trainer
    - What would everyone like to get out of it?
        - Basic information about QI, start to develop expertise internally in order to start implementing for future accreditation
- Overlay gaps in accreditation needs with regional priority—so synergy can happen between both areas of work
- Funding discussion
    - Work with TCE
        - Who talks to TCE- attended one of the meetings and offered funding, follow up done by Donna and Ed
            - Chair, Chair Elect, Ed- contact them in early October 2012 regarding finishing the grant as well as future funding
        - End of Sept is an update report, Staff draft, to Chair, and out to Staff
        - Ask during the phone call ask about De Beaumont Foundation
    - Explore other funding options
        - De Beaumont Foundation—recently grew portfolio/interests, PH Departments specifically, no not accept unsolicited proposals
            - Karya knows the person's name as well

        - Branding the San Joaquin Valley in conversations with program officers
        - Grant Makers for Children and Youth
- Distribute BARHII Model—add to future agenda
    - TCE loves the model, need to revisit this
    - What do we look like in terms of this model? How can we change it to fit the Consortium?
- TCE Report/deliverables
    - Interim Report Due September 30th
    - Final Report Due End of March
- Facilitator for Future In Person Meetings—add to future agenda

Update to Fall 2012-2013 Meeting Dates

- Change ALL conference call times to 3-4:30pm

Election of the Co-Chair

- Keith Winkler: current chair 2012
- Tim Livermore: chair-elect, respectfully withdraw his participation as chair-elect
- Kathleen Grassi: co-chair 2012, chair 2013
- Bill Mitchell: co-chair 2013, chair 2014

CCLHO Rep

- John Walker- SJVPHC Rep
- Karen and Ed will be the back up

ACA Grant Opportunities

- Why is this in the TCE Grant?--- focus on applying for more grants in the future from ACA
- Completed through CTG/ACA Funding, we all applied and almost everyone received funding
- CMS Innovation, Asthma Care financing and did not get it
- Low income health grant
- Document this information in the report

Everyone ended the retreat on a positive note with summaries and thank you's.

Keith Winkler adjourned the retreat at 11:34 a.m.

Attachment I: Policy Brief

SAN JOAQUIN VALLEY PUBLIC HEALTH CONSORTIUM

Current Investments in Public Health in the San Joaquin Valley

John Amson Capitman, PhD
Marlene I. Bengiamin, PhD

Central Valley Health Policy Institute
California State University, Fresno

Acknowledgment

The San Joaquin Valley Public Health Consortium is a forum for County Public Health Directors, Health Officers, and invited members to explore and exchange ideas and information and to develop strategies for addressing pressing public health issues faced by the counties and the region. The Consortium engages in strategic planning, training, action oriented policy development and research to improve the quality and responsiveness of public health programs in the Central California region. The vision of the Consortium is to achieve health equity for all residents in the San Joaquin Valley and the mission is to provide leadership for a regional health agenda that addresses the social determinants of health in the San Joaquin Valley. The San Joaquin Valley Public Health Consortium's core values are to help all residents in the San Joaquin Valley to lead healthy and productive lives through focusing on prevention by addressing the social determinants of health. The consortium continually works on building capacity of expert workforce, engaging communities, and utilizing evidence based practice to inform and advocate for health equity in all policies.

This report is the result of collaboration between Consortium members including the eight San Joaquin Valley Public Counties' Public Health Departments located in Fresno, Madera, Merced, Kings, Kern, Stanislaus, San Joaquin, and Tulare Counties; Adventist Health Central Valley Network, University of California Merced, California State University, Fresno and the Central Valley Health Policy Institute at Fresno State. Funding for this publication was made possible by a grant from The California Endowment.

The authors would especially like to thank Donna DeRoo, Ashley Hart, and Charles Felix who took the time to edit the report and facilitate the process. You are a gift and we deeply appreciate your work.

We would like to extend a special acknowledgment to Dr. Jody Hironaka-Juteau, David Pomaville, David Luchini, Bill Mitchell, Cathy Volpa, Charles Sandefur, Dr. Claudia Jonah Elizabeth Gazarek, Dr. John Walker, Dr. Karen Furst, Dr. Karen Haught, Kathleen Grassi, Keith Winkler, Dr. Miguel A. Perez, Dr. Paul Brown, Dr. Steve Roussos, Dr. Tim Livermore, and Van Do Reynoso for providing insights, excellent and extensive advice throughout the project and peer review comments before publication.

Executive Summary

Background: Current discussions on the role of county Public Health Departments in California are shaped by ongoing fiscal crises and extraordinary demands on county and State budgets. At the same time, public health policy priorities are shifting to emphasize primary prevention and self-management of chronic disease. In this context, there is increasing need for a clear assessment of the capacity and impacts of public health on the communities they serve. This need is perhaps most pronounced for residents of the eight San Joaquin Valley (SJV) counties since they experience greater socio-economic and environmental barriers to population health and higher rates of morbidity and mortality than other California regions. Nationally, a growing literature shows how the programmatic and statutory capacities of local health departments (LHDs) differ and how these differences impact population health outcomes. No prior study in California examines these aspects of capacity across LHDs serving populations of similar size. This brief compares the operational capacity of the eight SJV LHDs to their peers across the State and explores how relative budget constraint and unclear statutory context influence their perceived effectiveness.

Methods: All quantitative, numerical data is based on 2010 data from the National Association of County and City Local Health Officials (NACCHO). With 82 percent of LHDs having completed their surveys, the data collected are the most comprehensive and accurate source of information about LHD infrastructure and practice in the United States. This high response rate provides the information needed to update the picture of local public health. This data is useful to practitioners and policymakers at the local, state, and federal level; researchers; the media and the public. With information on LHD governance, funding, workforce, activities, services and more, the data can be used to make local and regional comparisons, drive policymaking, and educate the workforce about local public health practice. Qualitative, narrative data is based on interviews with the eight San Joaquin Valley Local Health Departments' directors and their designees. Incomplete or inconsistent NACCHO data elements were updated if appropriate with additional county data from interviews or electronic resource.

Findings: California's future economic well-being and quality of life rest on promoting population health and reducing the costs of chronic disease. Increased access to health services alone has been deemed insufficient to yield population level shifts in epidemics such as heart disease, diabetes, and asthma. This brief shows that SJV counties, despite their high levels of poverty and relatively poorer health outcomes are receiving less in State/ federal population health revenues compared to other counties with similar population size.

Despite the importance of non-communicable disease primary prevention initiatives, California statutes and regulations fail to establish an expectation that LHDs prioritize these concerns. As California implements both the Affordable Care Act and budget reduction initiatives, there have been calls to review and adjust the relationships between the State and the counties with respect to roles in financing and delivery of personal health care services. This brief indicates the need for a broader discussion of LHD roles and better alignment between new expectations to prevent and manage non-communicable diseases, public health statutes and regulations, and LHD financing for population health activities. Several recommendations are suggested by these findings.

Recommendations: As California implements both the Affordable Care Act and budget reduction initiatives, there have been calls to review and adjust the relationships between the State and the counties with respect to roles in financing and delivery of personal health care services. This brief indicates the need for a broader discussion of LHD roles and better alignment between new expectations to prevent and manage non-communicable diseases, public health statutes and regulations, and LHD financing for population health

activities. Several recommendations are suggested by these findings, including: a) Education of local leaders on emerging roles; b) Assess the adequacy of Realignment program funding and other public health funding levels to ensure local capacity to meet primary prevention needs as well as health care for the uninsured. Funding must be adequate for LHDs to meet the 10 essential public health services; c) Simplify funding process and categorical programs; d) Create greater alignment in California public health statutes/regulation to reinforce the primary prevention roles of LHDs in the context of the Affordable Care Act.

Overview

Current discussions on the role of county Public Health Departments in California are shaped by ongoing fiscal crises and extraordinary demands on county and State budgets. At the same time, public health policy priorities are shifting to emphasize primary prevention and self-management of chronic disease. In this context, there is increasing need for a clear assessment of the capacity and impacts of public health on the communities they serve. This need is perhaps most pronounced for residents of the eight San Joaquin Valley (SJV) counties since they experience greater socio-economic and environmental barriers to population health and higher rates of morbidity and mortality than other California regions. Nationally, a growing literature shows how the programmatic and statutory capacities of local health departments (LHDs) differ and how these differences impact population health outcomes. No prior study in California examines these aspects of capacity across LHDs serving populations of similar size. This brief compares the operational capacity of the eight SJV LHDs to their peers across the State and explores how relative budget constraint and unclear statutory context influence their perceived effectiveness.

Changing Context for Public Health

Because health care services for preventable conditions form a large and growing share of United States health expenditures, changes in medical care financing and delivery alone will not adequately reduce rising costs or improve our nation's health. According to the Institute of Medicine (2012), achieving the long-term goals of the Affordable Care Act and other personal health service financing reforms depends on bending the cost curve and thus requires more attention to the social and environmental determinants of health. In California as in other States, there are calls to adopt a "health in all policies" approach, in part to restrain growth in public costs for personal health services. Yet they conclude that LHDs lack the financing, organization, and statutory authority to mount effective primary prevention initiatives .

> *Much has been learned about the actual or distal (as opposed to the proximal) causes of death and disease, including social and economic conditions that impair health and make it hard to avoid health risks. Therefore, it is no longer sufficient to expect that reforms in the medical care delivery system (for example, changes in payment, access and quality) alone will improve the public's health. Large proportions of the U.S. disease burden are preventable. The failure of the health system (which includes medical care and governmental public health) to develop and deliver effective preventive strategies is taking a large and growing toll not only on health, but on the nation's economy.*
>
> Institute of Medicine. (2012). For the Public's Health: Investing in a Healthier Future.

Concerns with the adequacy of existing funding to provide public health core services and meet new demands have been raised in California and nationally. California is ranked 37th on per capita spending by the Centers for Disease Control and 8th in State per capita spending.

For 2012-2013 81% of the California Department of public health' total budget (including federal and state) of $3,469,355 funds were allocated to local health departments. These funds are allocated to the LHDs through multiple agreements and categorical contracts, each with discrete funding rules and reporting requirements. California LHDs also receive State Realignment funds for both indigent health services and public health, with local policymakers determining to what extent these funds are directed to population health programs. The recently passed California budget calls for significant reductions to Realignment funding over the next several years. LHDs can receive funding directly through local county general fund appropriations and other sources. In this complex funding context and in light of the implementation of the Affordable Care Act, there is considerable uncertainty about how actual investments in population health programming differ across California counties (See Case report below).

Although many factors influence population health, a growing literature links the financing and structure of local public health agencies to community health outcomes. Mays, McHugh, Shim et al (2006) used data from LHDS in seven States to show that per capita spending was the most consistent predictor of public health system performance . Using the National Association of County and City Health Officers (NACCHO) data for 1973-2005, Erwin et al found that mortality rates were correlated with local health department expenditures: for each $10 increase in per capita expenditures, infectious disease mortality decreased by 7.4% and premature mortality decreased by 1.5% . During that same timeframe, increasing local health department expenditure was associated with decreasing cardiovascular disease mortality. Grembowski, Bekemeier, Conrad, and Kreuter (2010) found that greater local health department expenditures per capita were also associated with lower racial/ethnic inequalities in mortality.

Other scholars have highlighted other determinants of LHD impacts on public health. For example, Rodriguez, Chen, Owusu-Edusei, et al (2012) found that after controlling for community characteristics and the governance and organizational linkages of local health departments, revenues were unrelated to STD prevalence. Local health departments with independent governance and broad sharing of responsibilities with local organizations were associated with lower STD rates. Other studies have highlighted overall LHD staffing, governance, State policies, and the level of local vs. State/federal investment as determinants of public health impacts.

CASE REPORT: Realignment & Tuberculosis Services in the SJV

Under current California statutes, LHDs are required to fulfill several investigative[1], reporting[1], and discharge[1] requirements for persons with tuberculosis (TB). As indicated in the Table below, most SJV LHDs mount a significant program to address TB, serving large numbers of patients. These LHDs provide direct care for active TB cases. To finance TB related activities, most SJV LHDs heavily rely upon Realignment funding, to support this core, mandated public health service (from 81% in Fresno to 90% in Madera of this program is supported through Realignment funding.)

CMSP counties do not have county specific expenditures (beyond the amounts each county transfers from realignment to participate in CMSP). The expenditures are made by CMSP on behalf of each county. All CMSP counties will be required to keep paying to the state the same amount of Health Realignment funding each county currently pays to CMSP, which is set in state law. The goal was to hold each CMSP county harmless. There is still some financial risk to CMSP counties if the cost of covering the residual uninsured population in those counties exceeds the roughly $45 million that will be available in FY 2014/15 [xviii]

COUNTY	FRESNO	TULARE	MADERA	MERCED	KINGS
Participating Staff	13	11	11	19	11
Population	947,895	451,977	151,000	262,305	856,158
Number served	1,280 individuals served (7963 direct patient interactions)	3,800 direct patient interactions (1,542 home visits + 2,258 clinical visits)	8,354 direct patient interactions	3,106	1,472 Number of patients treated
Total TB Budget	$1,549,360	$611,000	$262,740	$277,000	$309,136
% of Budget Financed by State Realignment	81%	83%	90%	88.1%	84.7%
% Other State/ Federal	19 %	17%	10%	11.9%	15.2%
Under the 2013/14 budget, counties must elect between a 60% reduction in Realignment funding or a capped 80% of the difference between revenue and costs for indigent care . Because either option represents a significant cut to Realignment funding, counties may be presented with significant barriers to administering prevention and treatment programs as they currently operate.					

Public Health Core Functions and Policy

The core activities and indicators of LHD performance have been explored in several contexts. A set of 10 core public health services was detailed in 1994 (and shown in Figure 1) and has been the basis for subsequent research and performance measurement. Early descriptions used examples from environmental health, communicable disease control and maternal/child health services to exemplify these core functions. More recently, the National Public Health Performance Standards Program (NPHPSP) has released new aspirational measures after testing in many localities and States. Embracing and extending the NPHPSP, the Public Health Accreditation Board (PHAB) has also established new expectations for LHDs and the San Joaquin Valley LHDs, like many in the State and nation are seeking to meet these standards. Still using the framework of 10 essential public health functions, the new performance expectations highlight comprehensive data, community mobilization, policy making and research focused on primary prevention of non-communicable disease, promoting optimal provision of clinical preventive services, and encouraging self-management of chronic conditions.

California has been a national leader in promoting primary prevention of non-communicable disease and control of chronic health conditions as major goals for public health. From early successes in tobacco control to recent initiatives throughout the State such as the Central California Regional Obesity Prevention Program, successful initiatives combine policy and systems change and community mobilization strategies to address primary prevention of non-communicable disease. California implements "safe and active communities" initiatives in several domains, though maintaining an adequate infrastructure is viewed as a key challenge. Nonetheless, as shown in Figure 1, existing California statutes and regulations do not explicitly assign responsibility to LHDs for the community mobilization, policy development, and evaluation/ research core public health functions; and are more likely to specify functions around environmental quality, communicable disease monitoring and control, and maternal/child health services . These statutes and regulations provide broad latitude and authority to county boards of supervisors and county health officers to monitor and control conditions and outcomes relevant to the public's health.

Figure 1 may suggest that California's statutory and regulatory requirements do not explicitly promote emergent professional, federal, and State policy objectives regarding LHD provision of community mobilization, policy development, and research/evaluation focused on primary prevention and effective management of non-communicable, chronic conditions. Given the particular burden of non-communicable disease faced in the San Joaquin Valley, there is particular urgency to understand how the region's LHDs are meeting both traditional and new expectations regarding their core functions. This brief examines two questions: a) How does the fiscal/operational capacity differ among Local Health Departments in the San Joaquin Valley and in comparison to other similar size counties in California and b) How do existing resources and statutory authority influence the capacity of San Joaquin Valley Local Health Departments to provide the 10 essential services and new expectations to address chronic disease.

Figure 1- Core Public Health Services and California Mandates 2012*	
10 Essential Public Health Services	California Mandated/ Required Public Health Services
Monitor health status to identify and solve community health problems.	Collection, tabulation and analysis of all public health statistics
Diagnose and investigate health problems and health hazards in the community.	Provide services of a public health laboratory. 4 infectious disease requirements 7 environmental Health requirements 2 drug control requirements
Inform, educate, and empower people about health issues.	Plan, offer, and coordinate health education programs including for staff, community organization, public information, and individual and groups
Mobilize community partnerships and action to identify and solve health problems.	
Develop policies and plans that support individual and community health efforts.	
Enforce laws and regulations that protect health and ensure safety.	Communicable disease such as tuberculosis and the venereal diagnostic, epidemiologic investigation and control 14 environmental requirements 5 Infectious disease requirements
Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	2 Maternal/Child requirements 4 Infectious disease requirements 1 drug control requirement
Assure competent public and personal health care workforce.	Establish, coordinate, and provide standards of education and experience for professional and technical personnel employed in LHD—
Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	
Research for new insights and innovative solutions to health problems.	
*Mandated Public Health Services Requirements for Local Health Departments. California Department of Public Health, State of California, 2012	

DATA SOURCES

The paper relies on two primary sources of data: the National Association of City and County Health Officers (NACCHO) 2010 National Profile of Local Health Departments data for California, and qualitative interviews with the eight San Joaquin Valley LHD directors and their designees. Incomplete or inconsistent NACCHO data elements were updated if appropriate with additional county data from interviews or electronic resource. In order to compare fiscal/operational capacity between SJV counties and similarly sized counties in California, we divided NACCHO respondents by the 2010 county population, and then compare SJV counties to the six additional counties with populations from 250,000-1,000,000 (San Francisco, San Luis Obispo, Santa Barbara, Santa Cruz, Sonoma, Ventura) and the 11 additional counties with populations under 250,000 (El Dorado, Humboldt, Imperial, Lake, Mendocino, Napa, Nevada, San Benito, Shasta, Tuolumne, Yolo). We distinguished between health care funding and all other public health sources, disaggregated funding between State/federal and local sources, and express per capita funding overall and adjusted for poverty and prison populations to reduce some of the impacts of county demographic differences. In order to compare service levels, we divided services into three groups reflecting those services offered by almost all (75% or more) California LHDs and those offered by very few (25% of less) and then count the number of these services performed by each agency. In order to direct attention to population health services, our primary indicators focus on revenue by source minus Medi-Cal, Medicare and other payments for personal health care services. The NACCHO data did not distinguish State funding for population health and personal health care for indigent populations provided through the LHD.

In-depth qualitative interviews were conducted with each public health director and officers or designee and supplemented by additional individual and group interviews. Each LHD assessed its performance relative to the 10 essential public health services and then discussed to what extent financial/operational barriers, statutory/regulatory authority, or local public support influenced their reported level of performance. LHDs provided specific examples of successes and challenge around performance of each the 10 core services.

Table 1- Local Health Departments Revenue: San Joaquin Valley Counties and Comparison Counties 2010

County	Total Revenue most recent	Total Revenue minus Medi-Cal/ Medicare and fees	Total revenue minus Medi-Cal/ Medicare and fees per person*	Total Revenue minus Medi-Cal/ Medicare and fees per poor person*+	Percent Revenue from Local*	Local Revenue per person minus prison population*
Fresno	$60,202,387	$54,207,682	$60	$220	3%	$2
Kern	$31,228,792	$29,002,240	$36	$145	25%	$10
San Joaquin	$25,504,085	$249,02,542	$37	$183	30%	$12
Stanislaus	$23,896,905	$22,101,921	$43	$221	24%	$10
Tulare	$44,975,800	$33,627,713	$79	$270	2%	$1
Average 250K -1Million[1]	**$271,985,975**	**$113,554,585**	**$182**	**$2,029**	**28%**	**$121**
Kings	$12,090,556	$11,706,880	$79	$384	4%	$3
Madera	$9,131,144	$9,131,144	$62	$262	0%	$0
Merced	$14,153,180	$13,841,470	$57	$211	11%	$7
Average <250K [2]	**$14,285,427**	**$12,256,160**	**$110**	**$653**	**33%**	**$10**
SJV Average	**$29,308,884**	**$26,499,847**	**$60**	**$231**	**13%**	**5.62**

* Minus Prison Population +Population with income < Federal Poverty Level in 2010
[1] San Francisco, San Luis Obispo, Santa Barbara, Santa Cruz, Sonoma, Ventura
[2] El Dorado, Humboldt, Imperial, Lake, Mendocino, Napa, Nevada, San Benito, Shasta, Tuolumne, Yolo

FINDINGS

As shown in Table 1, the San Joaquin Valley LHDs receive lower total revenue for population health services than do their peer counties in California. One factor is that these counties have a much greater proportion of their total agency revenue for population health and less revenue associated with direct service delivery. Nonetheless, focusing on only population health targeted revenues, the mid-size SJV counties receive notably less per capita than their peer counties, while the smaller SJV counties receive somewhat lower revenues. But when the population with incomes less than 150% of the Federal poverty level is considered, all San Joaquin Valley counties have revenues per low income person that are notably lower than for their peer counties. There was considerable variation in revenues for population health services, with one major difference among counties being whether or not they included environmental health services within the same agency as public health, with three of the eight SJV counties (San Joaquin, Stanislaus, and Madera) performing environmental health through a separate agency. It should be noted that the comparison counties demonstrate as much variation in these measures as do the San Joaquin Valley counties, with San Francisco showing the largest per poor person expenditure at $1125 and Ventura the lowest at $174.

Table 2: Proportion of High and Low Frequency Services Performed by Local Health Departments: San Joaquin Valley Counties and Comparison Counties 2010*

	High Frequency Services: % Performed	Low Frequency Services: % Performed
Fresno	92%	24%
Kern	100%	27%
San Joaquin	92%	5%
Stanislaus	92%	5%
Tulare	92%	41%
Average 250K-1 Million[1]	**89%**	**39%**
Kings	92%	14%
Madera	100%	3%
Merced	100%	11%
Average <250K[2]	**77%**	**16%**
SJV Average	**95%**	**16%**

*Percent performed is from Average for All California Counties. Service list available

[1] San Francisco ,San Luis Obispo, Santa Barbara, Santa Cruz, Sonoma, Ventura

[2] El Dorado, Humboldt, Imperial, Lake, Mendocino, Napa, Nevada, San Benito, Shasta, Tuolumne, Yolo

Also shown in Table 1 are comparisons of local contributions to population public health between the SJV counties and their population peers. Both mid-sized and small San Joaquin Valley counties received a lower percentage of total population health revenue and a far lower per capita than the average of their peers. Again there was significant variation among the peer counties with Imperial, Lake, Napa, Nevada, San Benito, Shasta, and Yolo joining Madera, Kings, Tulare and Fresno with local expenditures at $5 less per capita.

As shown in Table 2, this lower level of funding did not diminish the scope of public health services SJV counties reported performing in 2010 compared to their population peer counties. SJV counties reported performing over 95% of the 12 most commonly performed services (such as: Adult and child immunization, HIV/AIDs screening, TB screening, MCH services, and vital records) compared to averages of 89% and 77% for the mid-sized and smaller peer counties. SJV counties also tended to perform a slightly lower proportion of the 37 low frequency services (such as, STD treatment, Family planning, and epidemiology- non-communicable) compared to 39% and 16% for the mid-size and smaller peer counties.

Table 3: San Joaquin Valley Local Public Health Departments: Self-assessment of Performance of 10 Essential Public Health Services 2013

	Fresno	Kern	Kings	Madera	Merced	San Joaquin	Stanislaus	Tulare
Monitor								
Diagnosis & Investigate								
Inform & Educate								
Mobilize								
Develop Policies								
Enforce Policies								
Link								
Assure								
Evaluate								
Research								

= does not perform--red

= performs with limitations--yellow

= performs at high level--green

While the SJV counties and LHDs Statewide are reporting high levels of provision of key public health services, the reported proportions of services performed by the LHD in the NACCHO survey may not shed light on the adequacy of operational resources and statutory/regulatory responsibility to perform core public health functions.

Table 3 summarizes the results of SJV public health directors' assessments of their agencies' performance relative to each of the core public health functions. In the table, core functions are described as "performed at high level" when respondents noted multiple ongoing activities and achievements, no major gaps in performance, statutory/regulatory authority and responsibility, and clear local support for the activity. Core functions are described as "performed with limitations" when respondents noted ongoing activities and achievements but there were clear gaps in performance, inadequate funding to meet identified needs, or some uncertainty among local leaders about authority and responsibility. As shown in Table 3, SJV directors perceived limitations on their performance for most functions and seven counties assessed their agencies' as not performing evaluation and research activities.

In explaining their assessments of core function performance as limited, the LHD directors highlighted inadequate staff and other resources as well as doubts from local leadership about the LHD responsibility for activities linked to primary prevention and effective management of non-communicable diseases. In describing these limitations, one director noted, for example, that the LHD did not have sufficient epidemiology staff to monitor and investigate non-communicable disease morbidity and mortality. Four counties highlighted the scope and achievements of community partnerships mobilized to address primary prevention such as tobacco control and obesity. The remaining counties noted some categorical funding around tobacco use and other risks, but assessed these resources as inadequate to support county-wide education or mobilization. Most

counties noted inadequate resources for investigation, policy development and enforcement relative to chronic disease prevention and management. Two counties each assessed their performance around public education and policy development at a high level, in part because of their success in helping their counties or localities recognize needs and adopt healthy eating and active living policy elements. By contrast, other counties could identify resources to develop and enforce policies around environmental hazards but inadequate capacity to participate in policy making around health-elements in land use, transportation, or community services.

SUMMARY AND RECOMMENDATIONS

There is broad agreement that California's future economic well-being and qualities of life rest on achieving the dual goals of promoting population health and reducing the costs associated with chronic disease. Central to obtaining both goals and realizing the full potential of the Affordable Care Act are thriving public health initiatives that address the community, environmental, and policy as well as cultural and attitudinal determinants of chronic conditions. Increased access to health services alone has been deemed insufficient to yield population level shifts in epidemics such as heart disease, diabetes, and asthma. The brief sheds some light on two questions:

1) How does fiscal/operational capacity differ for SJV LHDs compared to LHDs in similar size California counties? This brief shows that SJV counties, despite their high levels of poverty and relatively poorer health outcomes are receiving less in State/federal population health revenues compared to other counties with similar population size. Although SJV counties report an impressive range of public health activities, relative to their peers, county directors often assess their performance of these as less than needed by their communities because of inadequate staffing levels and other resources.

2) How do current resources and statutes influence the capacity of SJV LHDs to address the 10 essential public health services in context of new expectations to address chronic disease? Despite the importance of non-communicable disease primary prevention initiatives, California statutes and regulations fail to establish an expectation that LHDs prioritize these concerns. Provisions of these activities are not made explicit responsibilities in statute nor are they supported in current State/federal funding directed to the counties.

As California implements both the Affordable Care Act and budget reduction initiatives, there have been calls to review and adjust the relationships between the State and the counties with respect to roles in financing and delivery of personal health care services. This brief indicates the need for a broader discussion of LHD roles and better alignment between new expectations to prevent and manage non-communicable diseases, public health statutes and regulations, and LHD financing for population health activities. Several recommendations are suggested by these findings, including:

- **Education of local leaders on emerging roles**

  This briefing paper shows that the SJV public health agencies are receiving less on average in local revenue than their population size peer counties. We also show that SJV Directors sometimes find relatively little public support and engagement in ensuring adequate funding for population health services and primary prevention activities in particular. The region's political culture has often emphasized individual responsibility and small government, yet there may be little recognition of the human and economic costs of inadequate attention to public health faced by SJV communities.

There is an ongoing need for education and dialogue among diverse regional leaders about the environmental and economic determinants of health. Successful implementation of current federal projects, such as the Community Transformation Grants, and attracting other public and private funding for infrastructure projects and other key development initiatives in the Valley can be strengthened by better shared recognition and planning around potential health consequences.

- **Assess the adequacy of Realignment program funding and other public health funding levels to ensure local capacity to meet primary prevention needs as well as health care for the uninsured**

Most county costs for indigent personal health care and some costs of population public health are financed by California's Realignment program. By imposing significant cuts to the Realignment program in the current and upcoming years, the recently passed budget reflects confidence in the belief that persons receiving local indigent health care will become eligible and enrolled in Medi-Cal or through Covered California, offsetting the need for current levels of State funding for indigent care. Even with a reduced need for local indigent personal health care services, Realignment funding cuts can impact other core public health activities and key services funded through the program as shown in our example of funding for TB related services. The planned reductions in Realignment funding appear to neglect the documented need for additional resources in LHDs in the SJV and other California regions to enhance their capacity to promote population health and reduce chronic illness through policy and systems change approaches. Counties with greater proportions of their populations in poverty and those with greater burdens of chronic disease should receive a greater share of remaining funds. Independent of decisions around financing personal health care for indigent populations who remain ineligible, California's implementation of the ACA presents an opportunity to reinvest funding directed to primary prevention while sustaining traditional public health core functions at consistently high levels Statewide.

- **Simplify funding process and categorical programs**

The findings suggest the continued value of the 2008 California Performance Review Project recommendations to continue consolidation of federal and State categorical funding from California to the LHDs into simplified application and contracting processes. Program funding consolidation may also be a context to clarify roles in primary prevention of non-communicable disease. While the ongoing initiatives involving LHD and State officials to simplify contracting have identified barriers at multiple levels of government, consolidation of funding and reporting remains an important goal.

- **Create greater alignment in California public health statutes/regulation to reinforce the primary prevention roles of LHDs in the context of the Affordable Care Act**

From a long-term perspective, the success of California's implementation of the ACA is dependent on building healthy communities with lower rates of chronic health conditions. Without this achievement, reigning in the costs of personal health care will be difficult. Yet our findings suggest that there is notable misalignment of California statutory responsibilities and funding for LHDs and the significant leadership role for LHDs in promoting population health and prevention and effective management of chronic illness through community mobilization, research and evaluation, and policy functions. Like efforts to re-work the responsibilities of California and the counties for financing and delivery of care to indigent populations not insured through the ACA, there is an equally important need to clarify responsibility.

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[xvii] Table 1 summary of California statutory and regulatory requirements for LHDs is based on a 2012 summary by California Department of Public Health Assistant Chief Council. It should be noted that County Counsels may interpret requirements differently and there may be ongoing policy changes not reflected.

[xviii] SENATE BILL No. 80 AMENDED IN ASSEMBLY JUNE 13, 2013 Introduced by Committee on Budget and Fiscal Review (January 10, 2013)

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Attachment J: Press Release from July 2011

8 Valley public health departments form consortium

(July 24, 2012) – A new Central California Public Health Consortium has been formed by public health directors, health officers, academicians and hospital administrators in Fresno, Kern, Kings, Madera, Merced, Stanislaus, San Joaquin, and Tulare counties.

"The consortium provides a forum to explore and exchange ideas and information and to develop strategies for addressing pressing public health issues faced by the counties and the region," said Dr. Marlene Bengiamin of the Central Valley Health Policy Institute at Fresno State. The institute is housed within the university's College of Health and Human Services.

It was formed as part of an initiative of the Central California Public Health Partnership that was awarded a two-year $125,000 grant from The California Endowment, which aims to improve the effectiveness of health departments in the San Joaquin Valley. The partnership is a collaboration of Fresno State and public health departments working to develop and implement regional strategies to enhance their capacities, which may ultimately lead to national accreditation by the Public Health Accreditation Board.

The consortium's mission is to provide leadership for a regional health agenda that addresses the social factors that determine the health outcomes of San Joaquin Valley residents. The consortium will be engaged in strategic planning, training, action-oriented policy development and research to improve the quality and responsiveness of public health programs in the region.

For more information, contact at 559.228.2167 or marleneb@csufresno.edu.

# # #

Attachment K: BARHII Presentation

The Bay Area Regional Health Inequities Initiative:
Transformation of Public Health Departments

Sandi Galvez
Executive Director

Edith Cabuslay
Co-Chair, San Mateo County Health System

Michael Stacey
Co-Chair, Solano County Public Health Department

Central Valley Public Health Partnership
October 24, 2011

Alameda
Berkeley
Contra Costa
Marin
Napa
San Francisco
San Mateo
Santa Clara
Santa Cruz
Solano
Sonoma

Rationale for a Regional Approach

- Media market
- Air/water quality
- Transportation
- Housing
- Mobility of Community
- Opportunity to learn from and influence peer efforts

Health Disparities vs. Health Inequities

What's the difference?

Health Disparities

- The difference in health status between two groups.
- Term is used almost exclusively in the US.

Health Inequities

"Health inequities are differences in health status and mortality rates across population groups that are *systemic, avoidable, unfair,* and *unjust*."

Margaret Whitehead
World Health Organization

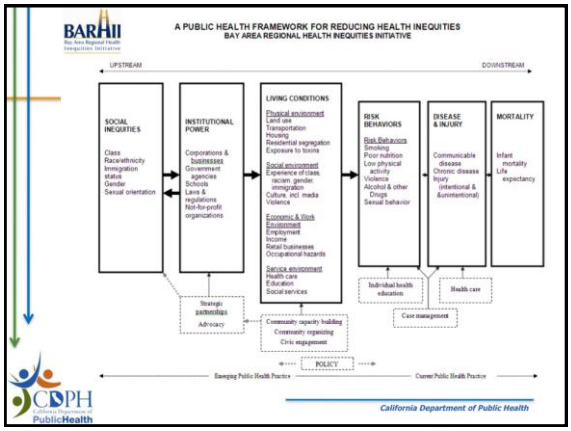
BARHII MISSION STATEMENT

". . . To transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities."

Organizational Approach

- Identify *Social Justice* as a core Public Health value
- The difference in health status between two groups.
- Term is used almost exclusively in the US.

- *Build alliances with key institutions* that influence the health of communities
- *Inform policy makers and the general public* about the underlying social causes of Health Inequities
- *Build the capacity* of Public Health workforce and agencies to effectively address Health Inequities



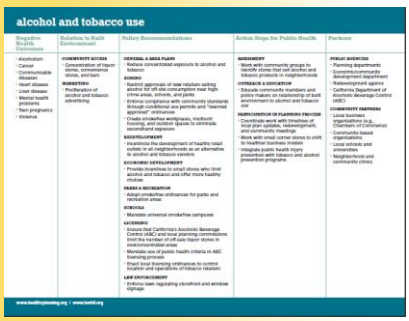
BARHII Structure

BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

BUILT ENVIRONMENT

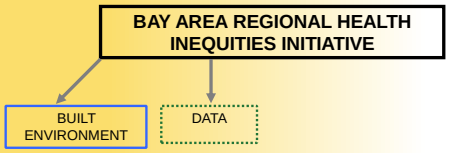
Built Environment Committee

Healthy Community Planning Guide

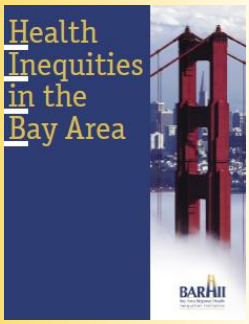


Partners for Public Health

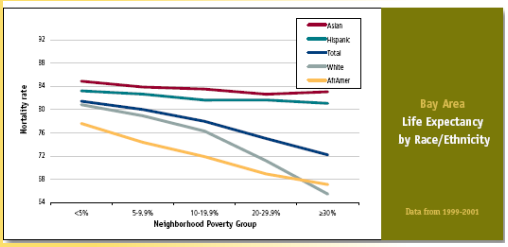
BARHII Structure



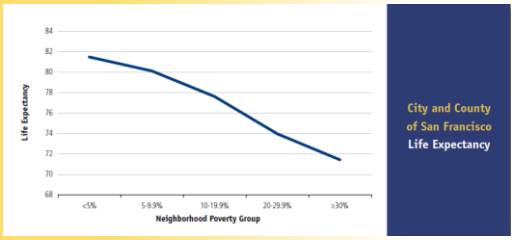
Data Committee



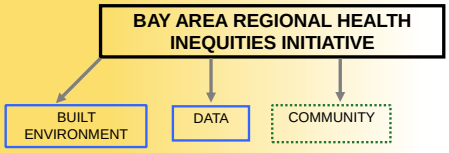
Health Inequities in the Bay Area



Health Inequities in the Bay Area



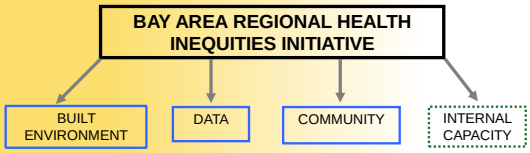
BARHII Structure



Community Workgroup

- Process to understand LHD's relationship with the communities it serves;
- Identify best practices for partnering with community to address health inequities;
- Strategies to challenge LHDs to develop their capacity to work with communities in ways that improve power dynamics

BARHII Structure



Mission of the Internal Capacity Committee (ICC)

Enhance the **capacity** and **collaboration** of multiple health departments to effectively eliminate health inequities.

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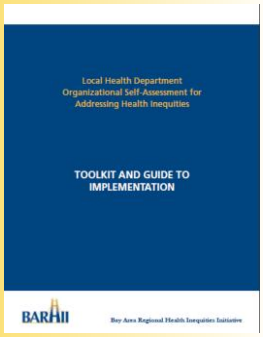
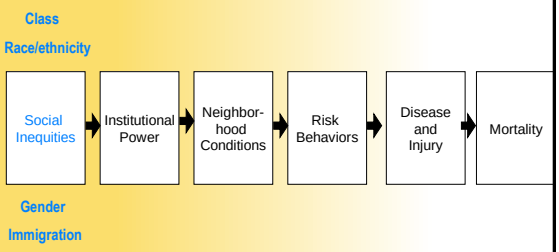
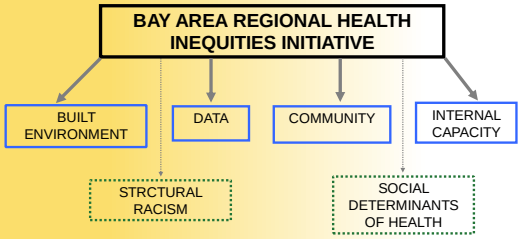
Internal Assessment Toolkit



BARHII Framework



BARHII Structure



Social Determinants of Health and Structural Racism Workgroups

- Build capacity of LHDs to address SDOH & Structural Racism
- Influence institutional policies and practices that support or undermine efforts to bring equity into LHD practice
- Develop resources to aid LHDs in addressing social determinants of *health equity*

BARHII Operations

- General membership meets monthly
- Committees meet monthly
- Overall organization and all committees have co-chairs
- Executive Committee provides leadership
- Staff provide support and leadership
- One county; one vote
- Protocols outline process for taking policy positions

BARHII Successes

- Increased awareness health disparities vs inequities
- Challenges LHDs to work upstream
- LHDs using health equity lens in program planning
- Allowed LHDs that are just beginning work on health inequities to benefit from experience of the more experienced
- Encourage LHDs to look at uncomfortable issues such as Social Determinants of Health and structural racism
- Voice of 11 health departments is greater than one

BARHII Challenges

- Limited resources limits LHD ability to participate
- Varying size and distance of LHDs a challenge
- Varying levels of participation, yet expectation of equal power
- Informal commitment, protocols, etc.
- Questionable benefit for more “advanced” LHDs
- Erosion of public health infrastructure has led to reduced focus on prevention efforts
- Coordination of work between different committees
- Are we meeting our mission?

BARHII
Bay Area Regional Health Inequities Initiative

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BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE (BARHII)

Operating Principles

February, 2006
(Revised October, 2008)
(Revised May, 2010

TABLE OF CONTENTS

Operating Principles

Name

The name of the organization is the Bay Area Regional Health Inequities Initiative (BARHII).

Mission and Purpose

It is the mission of BARHII to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.

Membership and Participation

Membership. Membership in BARHII is open to health departments in the greater San Francisco Bay region when a health agency director, public health director and/or health officer is willing to commit his/her organization to BARHII's mission and to participating to the extent they can.

Participation. Participation in the BARHII general membership meetings will be determined by the senior official from each member health department and will reflect that official's judgment about who can best represent the organizational commitment and expertise of his/her health department.

Officers

Co-chairs. BARHII general membership meetings will be presided over by two co-chairs. Committees and work groups will also have co-chairs.

Terms. BARHII co-chairs will be elected to two-year terms by a majority vote of member health departments. BARHII co-chairs will be elected in alternate years to promote continuity. BARHII co-chairs may serve more than one term. At least one BARHII co-chair shall be a public health director or health officer.

Representation. Election of co-chairs should take into consideration diversity based on race/ethnicity, gender, jurisdiction and position in the organization.

Committees and Work Groups

Executive committee. An executive committee will consist of BARHII co-chairs and co-chairs of standing committees. If necessary, members will be added to the executive committee to assure that *at least half* of BARHII member health departments are represented. The composition will be reviewed annually by the executive committee for diversity and fair rotation of representation. Members who are not committee co-chairs shall serve a three-year term with the possibility of serving a second term. Members will be elected in alternate years to promote continuity.

The executive committee will be responsible for executing the directives of BARHII general membership, making recommendations to BARHII general membership for consideration and adoption, and ensuring accountability for committees and work groups.

Committees. Standing committees and/or ad hoc committees may be created by a majority vote of BARHII general membership.

Work groups. Work groups may be created by standing committees.

Representation. The composition of standing committees, ad hoc committees and work groups should not only take diversity into consideration, but they should also attempt to engage health department staff beyond those participating in BARHII general membership meetings and to have representation from as many BARHII health departments as possible.

Staff

When financial resources are available, BARHII may hire staff to provide logistical support to BARHII general membership and its committees and work groups, as well as represent BARHII when deemed appropriate by BARHII general membership. Staff will also be responsible for managing an approved budget and for reporting to the executive committee and BARHII general membership. Specific position responsibilities, job titles and hiring decisions will be determined by BARHII general membership and/or a committee designated for those purposes.

Decision Making

Voting. All votes will be based on the principle of one health department, one vote.

Public representation. Authority to publicly represent BARHII positions can be granted only with a unanimous vote of member health departments. Public positions also stated as representing member health departments can only be made when the governing bodies of those member health departments have approved those positions.

Operational decisions. Operational decisions, including budget approval and staff recruitment, and program priorities can be made with a majority vote of member health departments.

Delegation. BARHII general membership may delegate decision-making authority to committees, work groups and/or staff.

Conduct of Business

Meetings. BARHII General Membership, Standing Committees and Ad Hoc Committees will be conducted by their respective Co-Chairs, with facilitation as required by staff.

Section 2: Record Keeping. Agendas and notes will be produced by staff in consultation with relevant Co-Chairs. Final versions will be distributed to BARHII General Membership, committee and work group participants, as appropriate. Records will be retained by BARHII staff.

These Operating Principles were approved at a meeting of the BARHII General Membership on February 17, 2006.

BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

PROTOCOLS FOR TAKING POLICY POSITIONS*

Policy Position	Protocol	Form of Representation
1. Position requires individual public health official support--e.g., letter to Joint Policy Committee re: regional greenhouse gas emissions standards	Each individual public health official must give personal consent and sign--dissenting or absent officials will not sign	Letter on BARHII stationery with individual public health official signatures
2. Position requires support of the organization (BARHII)--e.g., request to support specific legislation	Staff will poll senior public health official in each jurisdiction via e-mail or phone--a simple majority of BARHII member health departments is required for support	Letter on BARHII stationery with signatures of director and/or co-chair(s)
3. Position requires oral testimony--e.g., comments on draft plan before Bay Area Air Quality Management District board	Staff will poll senior public health official in each jurisdiction via e-mail or phone--a simple majority of BARHII member health departments is required to support	Director, co-chair or content expert will represent BARHII position
4. Rapid response required (controversial)--e.g., a press release in the immediate aftermath of raids by the Immigration and Customs Enforcement agency	Staff will poll senior public health official in each jurisdiction via e-mail or phone--only those officials who commit personal support will be listed as signatories	Letter on BARHII stationery listing only public health officials who agreed to support--no actual signature required
5. Rapid response required (non-controversial)--e.g., request to support legislation that would include prevention in health reform	Executive Committee judges that position is straightforward and non-controversial, and approves organizational support	Letter on BARHII stationery signed by director and/or co-chair(s)

* All policy positions must comply with Public Health Institute protocols on lobbying and advocacy, as well as laws governing eligible activities related to funding sources.

Attachment L: 2013 Retreat Summary

San Joaquin Valley Public Health Consortium
2013 Retreat Summary

Thursday, August 15th, 2013
Wine and Roses Resort, Cellar Room, Lodi, CA
9:00 a.m. – 4:00 p.m.

Present: David Luchini, Kathleen Grassi, Keith Winkler, Van Do Reynoso, Bill Mitchell, Karen Furst, Tim Livermore, Claudia Jonah, Stergios Roussos, Paul Brown, John Walker, Jody Hironaka-Juteau, Donna DeRoo, Marlene Bengiamin, Ashley Hart, Facilitator: Nancy Nisbett

Welcome and Introductions
Kathleen Grassi welcomed all and called the meeting to order at 9:10 a.m. Kathleen Grassi reviewed the retreat agenda. All in attendance introduced themselves.

Review of Achievements
Donna DeRoo discussed the current California Endowment grant and briefly reviewed the work plan. The last day of the grant was on Wednesday, August 14th and Ashley Hart is working on completing the final grant report which is due to Sarah Reyes in mid-September. The last item to finalize is the policy brief and creating a Consortium logo that represents the group.

Economic Value of Public Health
Paul Brown explained a project that UC Merced is working on with Merced, Fresno, San Joaquin, and Madera with funding from the Public Health Institute. It is a 12 month grant that will end by end of June 2014 to look at 3 processes (immunizations, tuberculosis, and community health assessments). They will be analyzing the resources used and benefits received in each county. The goals are to synthesize a model that can be globalized and build internal capacities in the counties to be able to complete these types of cost effectiveness analyses on their own and be able to create a similar methodology to be able to compare between counties. They will look at the flow of how things works, isolate the types of resources used and required for activities and put a price to it. Paul Brown anticipates that they will have initial data to share with the members in January 2014. All the counties are interested in learning from this experience and believe this will be a good opportunity for public health departments to make decisions based on sound analysis, validate what they are doing, and have a more rigorous way to make decisions regarding current and future programs.

Policy Brief
Marlene Bengiamin discussed the policy brief and explained that we had a graphic designer create a more professional version. Marlene asked for input on the title to better explain the policy brief. Kathleen Grassi suggested "Current Investment in Public Health in the San Joaquin

Valley" for a new title and all members agreed. Marlene also let the members know that she recently received new data from Keith Winkler and will include that in the final draft. Donna DeRoo added that on the inside cover we will include a paragraph explaining the history of the Consortium, member counties, and the funding source. John Walker suggested adding a date to the policy brief, for example, August 2013. Marlene is planning on publishing the policy brief in a journal; however, she is not sure where yet and wanted to get input on how we should move forward with a media release. Marlene explained that we will do a media release and publication within the next month and we plan to publish the article in a journal in the future, but she will consult the members when that occurs. John Walker added that this type of regional assessment provides a chance for future grant opportunities and collaborative projects. He believes there is more that we can do besides simply publishing this document. Marlene suggested that it is also useful for public awareness about the role of public health departments. John Walker added that this document substantiates serious challenges that our region faces and starts the process of branding the San Joaquin Valley as the Appalachia of the west coast. The members would like to see the policy brief distributed through the Consortium as opposed to individual counties; however, they would like to send it to their Boards of Supervisors and all state and federal representatives prior to public dissemination. The members also suggested publishing the policy brief within multiple professional organizations, for example, Place Matters, CDPH, CDC, CHIAC and CCLHO. Jody suggested creating a communication plan for current and future dissemination and contacting the Central California Association of Social Services Consortium (CCASSC) to see what they do regarding publishing reports. Tim Livermore suggested a journal with wide readership of public health policy makers; however, wherever it is published, we can use the publication as a citation to reference it in the future. He also suggested creating an abstract for the policy brief. Karen Furst agreed and suggested creating an executive summary. Marlene said she and John Capitman would create an executive summary for the current policy brief and send it to the members in the next week. Bill Mitchell wanted to make sure that the main points stood out in the policy brief and especially the executive summary.

Logo Brainstorm Notes

The members brainstormed logo ideas as follows: similar to CROPP Logo, cities, poverty, example: Framework for a Striving Stanislaus: people and families, not CDPH logo/shield, include valley/cities/urban, scenic/tourist/mountains in the background, 2-4 colors, diversity, people, grapes/bunches: silhouette representing counties, 8 counties outline that represent all counties, outline of state, magnified circle with valley counties popped out of it the whole state with picture ideas and words around the outside, across bottom . All members agreed on including their vision: "Health Equity for All." Donna will meet with the designer on Monday so he can create a few mockups and we will send these out to get feedback from members.

Break

Future Directions and Next Steps

Ashley Hart summarized the results of the pre-retreat survey. Van asked if the levels of engagement in each county are dependent on the projects that we are working on or dependent on other issues. Kathleen summarized that it is difficult to work on projects that all counties are engaged in but that the value and usefulness of the Consortium is still very helpful for all members. Kathleen added that there are enough similar activities and needs for all members to be involved. John Walker added that the value of the relationships in the Consortium is most useful. He also added that within each county we might not have enough resources; however, as a group we share commonalities and can adapt resources for all members. Claudia Jonah added that not only shared resources, but shared experiences and shared ideas are very helpful. Keith Winkler agreed with this as shared ideas and experiences are extremely valuable. Van suggested that even without funding, the members should set aside a time to meet and share ideas. Kathleen added that the staff support is very important to the success of the Consortium and funding from outside organizations will be necessary in this stage of the Consortium. Karen Furst is concerned about the future of the group if the funding does not continue.

Donna DeRoo summarized that four counties responded positively about the county contribution and three were able to contribute the suggested amount. She also explained that before there was funding for the Consortium, there was a collaborative commitment with each county. Donna and members suggested funding from the Fresno Regional Foundation, California Wellness Foundation, and Sierra Health Foundation. Bill Mitchell summarized that everyone seems to feel that the public health departments should have a forum for networking and he suggested that since the county updates are very valuable to all members that they should be moved to the beginning of the meetings. For future activities for the Consortium, he suggested workforce development, performance management and quality improvement (PMQI), community health assessments, and MAPP training. Kathleen agreed with the suggestion for MAPP training and was curious who was considering this approach. She also agreed with workforce development as it is a huge need, but is concerned about how to tackle this issue regionally. Bill explained about meeting standards for current public health workforce and creating a workforce development. Karen Furst suggested a Public Health 101 course for all employees as they struggle in San Joaquin around new employee orientation. Bill would also like to add the BARHI and health equity component to their current and future workforce trainings. John Walker summarized that BARHI submitted a proposal to the Bill and Melinda Gates Foundation and explained that he sees the policy brief as a starting point for future funding and branding of the San Joaquin Valley. Paul Brown sees the strength of the Consortium and a goal would be to identify specific projects to be able to do within all counties. He added that most granting organizations need to see a bigger picture and specific outcomes with concrete deliverables. Jody Hironaka-Juteau added the excitement with new leadership at Fresno State and the coordinated efforts of the group. Since President Castro is from the region, it is a unique opportunity to make change and new partnerships. At Fresno State, they want to be able to assist students understand public health and succeed in their education and careers as well as inform them of other options and careers in health. It would also be helpful to understand the highest priorities for students and

the need for educating future public health professionals. The members noted that many of the health departments currently have student interns, but others are looking at new opportunities and ways to include them. Kathleen Grassi wanted to conduct a survey to determine what type of training was being conducted for current and new staff i.e. Public Health 101 and employee orientation. She also wanted to work on future job development and explained that their job descriptions in Merced need updating and there are position descriptions that are missing altogether and it would be helpful to see what other departments are using i.e. what type of positions do other counties utilize for different roles, examples of updated descriptions. She stated that it would also be useful to have these descriptions be consistent across the region and state. Kathleen would also like to create a forum to determine what counties need from our college graduates i.e. critical thinking capacity, ability to articulate and write plans, understand environments, legislation, and assessments. Paul Brown summarized three categories for moving forward as a Consortium (1) Information sharing within public health departments—low cost (2) Workforce development and training: staff trained on regular basis—low cost (3) Bigger picture coordination i.e. grant proposals for future goals—costly. John Walker added that the group needs to consider a sustainable solution to be able to work on long term projects. He suggested non-traditional sources of funding such as hospitals, businesses, local stakeholders and using the baseline funding to diversify funding sources. Karen Furst brought up the regional priority of preventing and managing chronic disease and determining the burden in the region, for example, "Healthy Sonoma." Paul Brown explained the project he is working on with the CDPH on the burden of chronic disease and also said that UC Merced and Fresno State should be able to support an infrastructure of the Consortium for a short period of time. Donna added that staff should be able to apply for core operating support from The California Wellness Foundation to cover the basic costs and strategic planning for the Consortium. Steve Roussos suggested a peer-review of how to strengthen each health department. Bill Mitchell related this to accreditation and the MAPP process. Van agreed with this suggestion and did something similar in the behavioral health department with focus groups and would be willing to do this in Madera County.

Lunch Break

Continued Discussion: Future Directions and Next Steps

Karen Furst continued the discussion of the Consortium and our role in chronic disease. John Walker discussed possible future partners such MediCal managed plans. He believes this Consortium will be very useful to other organizations, such as managed plans and Federally Qualified Health Centers (FQHCs). He also was interested in a partnership with hospitals, but isn't sure of their interest. Tim Livermore brought up shortening emergency room and hospital visits as reasons for hospitals to be involved. John Walker added that a local hospital found that most diabetic hospital readmissions were the severely mentally ill and a pilot group led to reduced readmissions. This type of collaboration is an example for hospital partnership. Madera, Merced and Tulare are funded through a grant at PHI looking at the role of public health

and community health workers at reducing hospitalizations. Kathleen explained another example of the FQHCs working with the health department and training medical assistants top perform follow up and support groups. John Walker suggested an ongoing agenda item related to this issue. Kathleen wants to explain the cost of chronic disease and the effects on the county and all populations. She wants to be able to tie disease outcomes to dollars and cents. Kathleen agreed with adding the new agenda item, role of public health departments related to chronic disease, as this transition occurs over time. Paul Brown was curious what health departments had received about the future of public health. Kathleen sees Merced as a referral source and although there is not current reimbursement for that, she sees this in the future. Paul Brown discussed the need for communities that are not enrolling in health plans to have someone, possibly the health department do this. John Walker explained the need to reengineer health departments from public health to population health. He believes that the health department's role and expertise in population health is their expertise in population education. He stated that there is a CMS grant for testing reimbursement and reducing costs. Kathleen referenced CPSP and believes there could be something similar to that in the future that is cost effective and could reduce costs in the long run. John Walker suggested connecting the public health staff into the patient-centered medical home, not a full-time position, but a role in that model. Kathleen suggested a model in other states where counties are contracting with schools to do school nurse services. Paul Brown suggested a conference day where people can come together and have this discussion. John Walker referenced a report, "Integration of Public Health in Primary Care" which explained evidence-based interventions throughout the country. Kathleen's first reaction is that since there aren't any set roles, public health departments are in an uneasy situation. Bill Mitchell is interested in a forum and believes each county will choose very different ways to define their new role with the implementation of the ACA. In San Joaquin County, their staff are all very specific and program related and he would be very interested in brainstorming other ideas as he doesn't see what else they can be doing besides their current activities. The basic roles of public health still need to be fulfilled so that will always be the main focus. Paul Brown explained this is three categories (1) services will not be happening and have to be completed by the health departments i.e. monitoring (2) services completed by primary care and not by health department (3) and those services that fall in the middle. David Luchini explained the need for health information exchange and providing education to hospitals, FQHCs. Paul Brown brought up the financing and need for data and information to show what is being done and what is not being done. Karen Furst agrees that their role is to collect the data and monitor the health of the community and determine what is working and what is not working. David Luchini explained that in the future there will be a good system in place to track a large amount of information. John Walker explained that their key partner, Golden Valley, is reluctant as to the costs of partnering and the county is not sure about going forward without them in order to have an appropriate need for information sharing. Claudia Jonah updated that they are committed to and still talking about a shared data system and they do certain projects with vulnerable children and ambulance frequent fliers, but have not completed a formal agreement. San Joaquin is in the

process of developing a health information exchange (HIE) with Inland Empire, will be holding a release event next week and all organizations contributed financially. Steve Roussos suggested the need for community level data that is not collected by providers. John Walker added the need of the data from the welfare department, especially in the future. Donna DeRoo suggested a joint meeting with the Social Service Directors because of their enhanced role in the ACA. The members were very interested in a joint meeting but were not quite ready to organize it at this time. Bill believes this is a conversation to have as time goes on and he would like to return to the future of the Consortium.

Kathleen summarized that there is (1) a need to meet regularly in regards to health department general updates; (2) there are also projects that counties are working on together that need have updates; and (3) projects that all members are involved in i.e. MAPP, workforce development, and accreditation. John Walker summarized the need for meeting and supporting each other. Bill Mitchell explained that there needs to be a way to explain what it means to move forward as a region; for example, we are going to move forward as a region with accreditation, move forward to promote health equity, affordable care act. Kathleen suggested identifying specific roles of the Consortium in each group. Bill wanted to work on a theme for the group, i.e. educating public officials and business leaders related to social determinants of health and the impacts of their decisions. He was involved in connecting healthy community forums with the Federal Reserve Bank and Robert Wood Johnson Foundation which connected health and the economics of health. He will send this information to the members. This could be something we can do as a region, invite people to a convening in Stockton and hold another in Fresno in the future. Van DoReynoos announced an upcoming conference in San Jose, November 19th-21st, "Healthy Counties Mean a Healthy California" and suggested that the members attend with their Boards of Supervisors to start this conversation.

Break

Continued Discussion: Future Directions and Next Steps and New Roles for Public Health and Opportunities for Collaboration

Tim Livermore brought up health equity and agrees that they should talk with their board members and wants to be able to measure their progress through process measures and possibly outcome measures for the future. BARHI has toolkits available for training and evaluation related to health equity. Kathleen Grassi utilized a BARHI online staff survey and it was very helpful to determine what their staff knew related to health equity. She incentivized the survey with a drawing and they had over a 90% response rate. John Walker asked Jody Hironaka-Juteau about workforce development and about the incentive and motivation between public and private organizations, retention of younger employees and he explained much recruitment comes from outside the region and wanted to focus on youth development prior to workforce development. Van employs student assistants at the high school, college and post-college level and will send information on it. These internships and positions need to be relevant to the

student and workforce and not simply filing and copying. Jody explained that they are always working on retention and graduation by creating relationships and connections. She feels that feedback from professionals is very important for everyone at the university and helps improve the university for everyone. She feels that high school is the perfect place to start guiding people to health professions and they are looking at new ways to do this, for example, preview days at Fresno State. Their funding over time will be tied more to retention and graduation rates and they are open to diverse relationships and mentors from within the community.

Consortium Groupings

Karen Furst agreed with the three groupings of the Consortium but wanted to talk more about what is included in each area, what will be included in each meeting, the priority levels for these activities, and decide on one main goal for the year.

(1) Networking	**(2) Individual/Group Projects**	**(3) Overarching Project**	**(4) Long Term Planning**
-Sharing information, updates, ideas (Public Health 101 Training/Orientation, Job Classification, Program description, staff training) -Dept issues, operational issues -Pending legislation, state policy issues -Sharing interesting programs -Problem solving -Realignment planning	-Network with welfare directors, behavioral health directors -ACA (roles, partners) -Health equity (culture within depts.) -Economic Value of Public Health	-Chronic disease: specific cost to communities, burden -Resources & investment in public health (ex- policy brief) -Educating elected officials and leaders (public health, social determinants of health) -Accreditation (PMQI, community health assessment, MAPP training, workforce development- training current workforce around PH capacities)	-Training & Collaboration with universities -Peer review -Sustaining Consortium (nonprofit) -Health dept sustainability and future funding sources, nontraditional funding (ie. demonstrate cost effectiveness of prevention and intervention for chronic disease, policy for future reimbursement)

Community Health Assessment Update

Merced	CHA- not initiating yet, sent staff to MAPP training, funding to do pre-strategic planning work, BARHI survey, emerging public health issues, community conversations and perspective of health department, hopefully hire assistant

	director, require extra funding, potential with current work with local hospitals
San Joaquin	CHA- worked with the hospitals; however, they will need to do another one
Kern	CHA will not be comprehensive enough
Madera	CHA- Gilda, using CDC model, invited UC Merced PH students and Fresno State nurses, community agencies (elementary school) to help roll out within Madera county, trial runs for tool, roll out in October
Kings	Completed Strategic Plan, CHA- have not started, but will work off Adventist plan
Tulare	
Fresno	CHA- working with hospitals but will need to add more to it
Stanislaus	CHA- will have Part 2 completed by the end of September

Paul Brown summarized about the Valley Fever Forum and asked for support from Consortium members.

Adjourned at 4:00 p.m.

Friday, August 16th, 2013
Wine and Roses Resort, Cellar Room, Lodi, CA
9:00am – 12:00pm

Present: David Luchini, Kathleen Grassi, Keith Winkler, Van Do Reynoso, Bill Mitchell, Karen Furst, Tim Livermore, Claudia Jonah, Stergios Roussos, John Walker, Donna DeRoo, Marlene Bengiamin, Ashley Hart, Facilitator: Nancy Nisbett

ReCap and Continued Discussion from Thursday

Networking	Individual & Group Projects	Overarching Project	Long Term Planning
-Sharing information, updates, ideas (Public Health 101 Training/Orientation, Job Classification, Program description, staff training) -Dept issues, operational issues -Pending legislation, state policy issues -Sharing interesting programs -Problem solving -Realignment planning	-Network with welfare directors, behavioral health directors -ACA (roles, partners) -Health equity (culture within depts.) -Economic Value of Public Health	-Health equity: how BARHI evolved, regional focus -Chronic disease: specific cost to communities, burden -Resources & investment in public health (ex- policy brief) -Educating elected officials and leaders (public health, social determinants of health) -Accreditation (PMQI, community health assessment, MAPP training, workforce development- training current workforce around PH capacities)	-Training & Collaboration with universities -Peer review -Sustaining Consortium (nonprofit) -Health dept sustainability and future funding sources, nontraditional funding (ie. demonstrate cost effectiveness of prevention and intervention for chronic disease, policy for future reimbursement) -Formal regional education related to health outcomes & population health (similar to the Cluster, connect with Mike Dozier, more intentional: where health takes the lead, CSAC Conference: develop a one-pager) -Small, rural communities

Tim Livermore discussed health equity factors in the San Joaquin Valley such as household income, demographics, education system, and business practices. John Walker believes the case has been made through BARHI and we should focus on the greater needs of the valley by bringing the model to the valley. In regards to African American health he referred to a report from the Institute of Medicine, Future of the Public's Health in the 21st Century, and the health impact of discrimination not related to poverty level and disconnects with the health provider. He thinks we need to bring what has been learned in that to our local populations. A paradox related to African American men is they were disproportionately drafted and were in an occupational health system. Claudia Jonah discussed a need to interact with Tony Eighton however he is working on many other projects and doesn't necessarily know what is going on in the valley. She explained that just because your top priority is known by you and your organization doesn't mean that it is the same with others. She suggested choosing six topics of conversation to bring up with leaders. Van suggested for everyone to attend the CSAC Conference and create a one pager in order to reframe the conversation. Tim Livermore brought up that legislature is considering dismantling the mandate for public health departments to approve a discharge plan for people with TB. He explained that mandates do not bring funding or success and those things such as community mobilization without mandates can be accomplished. Bill explained that the brief explains what current expectations are for public health departments related to mandates. Tim explained that barriers with different populations, the actions we plan to take and the results we expect, both short term and long term. Keith Winkler explained about small communities, with populations under 2,000 that are very low income, high Hispanic, isolated from society, limited services, food deserts, contaminated water, sewage disposal issues, and have low access to healthcare. These represent a major inequity in the San Joaquin Valley and might be something to work on as a group. Steve Roussos explained community engagement of neighborhood people working on systems change as a goal, community connection. Bill Mitchell brought up the difference between the San Joaquin Valley, Bay Area, and Los Angeles for instance isolated, distinct populations. Steve agreed with the difference in community engagement funding for rural areas. Kathleen discussed an experience with the Building Healthy Communities (BHC) group focus on youth and a broad community impact. John Walker brought up the unique, decentralized public health structure in California and suggested looking at templates and models similar to the southeast which are regional. He explained that there are parts of the BARHI model that will work and others that will not. Steve explained that TCE is struggling with community engagement and systems change. Bill added the difficulty with sustainability with the example of a program in San Joaquin related to healthy children. John Walker discussed training about classism versus racism, and they learned that they don't speak the language of multi-generational poverty regardless of race. In terms of community engagement, we don't understand what motivates them as we use the middle class lens.

County Updates

General Updates

Kings County, Keith Winkler, summarized that over the past year they have been working on strategic planning and SWOT analyses for their programs. They proposed internal changes such as reduced nursing staff, discontinued preventative healthcare for the aging, and discontinued the family planning and reproductive clinic, half of which was subsidized by realignment and was competing with local organizations. There was an outcry by activists and have been coming to the board and hope to have a new vote very soon. They have a large Pilipino population in the county and are working on a health initiative. Their STD clinic will continue doing their duties in their communicable disease clinic without changes. Realignment will cause them to cut back programs and do not anticipate receiving any additional general funds. Keith explained that the Massachusetts experience report will be important and that there will be Covered California town halls throughout the state.

Merced County, Kathleen Grassi, explained that they are closing their family planning and STD clinic with a hearing later this month and don't anticipate a pushback from the community. They have a small number of people coming through the clinics and have multiple other community resources. The primary service they provide is birth control and they want to encourage people to go to medical homes. They won't continue the STD clinic, but through their epidemiology clinic they will be able to handle a syphilis outbreak. They will reduce positions from eight to one in the medically indigent program, where they have been providing referrals. They are transferring the eligibility program to the social services division. They anticipate a lawsuit from advocates because they don't serve the undocumented population and only a certain level of poverty. She recently received a call from Health Access interviewing them about changes to their programs. The Merced County grand jury focused on their restaurant inspection program. They are 40% behind on inspections and there are restaurants that haven't been inspected in 3 years. Their ambulance services will be re-awarded and they have had a provider for 64 years and lost the bidding process. They now are required to do a new RFP because of outcry from the original provider and the community; however, they hope it will be a positive change.

Stanislaus County, John Walker, stated that they have the resignation of the director, retirement of two managers and another who resigned within the past month. They are fortunate to have three retired directors who are willing to come back on a part time basis. Their agency has other managers who can assist during this period and will update the members when they have any other updates.

Madera County, Van DoReynoso, stated that they have been looking at how they as a county are leading the charge with the implementation of the ACA. They want to redefine their role and relevance in the community. They are working with First 5 and other community organizations to increase community understanding of the ACA. They are holding a symposium regarding how to get people enrolled, how to provide service to these people, explain the effects on

employers and seasonal workers, and ACA related to behavioral health. They want to reinvent the public health department as more than a place to get immunizations. They will be applying for the PHI leadership program and hope that they can build a multi-sectorial health commission on how to make Madera County a healthier community. They have had success integrating with behavioral health, which reduces the stigma for these populations. The behavioral health employees will be working with MCAH and WIC mothers related to post-partum depression. They are also working on intentional succession planning with a selected group of health professionals and attending a supervisor training with DSS and UC Davis. They are very interested in Public Health 101 and Van created a PPT on the ACA and health equity for their staff with a local twist and is willing to share it with the members. She suggested that each county create something similar on different topics. She attended a training regarding ACA and Mental Health and will send it to the group.

Kern County, Claudia Jonah, they have a vacancy in the director of nursing and deputy health officer. Their health promotion workload was heavily weighted on the CTG and BHC that they did not have time to do general health promotion. They now have a new division to be able to do these new activities and the graphic office and public information office will be doing more health promotion. There was a container in the Kern River and there were multiple agencies trying to work together such as homeland security, federal organizations (toxics, DTSC). It ended up being a movie prop and had been lost. There was supposed to be coordination so that this confusion would not happen in the future with all these organizations; for more information, member can contact Matt Constantine. They also had a problem with leaking pipes which had an odor and killed crops in the area. There isn't a very good map of where these pipes are located and there isn't very good monitoring. There is a high risk of these types of problems on the west side of the valley. There was a demolition of a PG&E plant and afterwards they found out that there was not a lead agency that was in charge of coordinating everything. They have challenges with medications brought up from Mexico that are being sold at swap meets and there is a state unit, food and drug branch, that are supposed to handle this but they take a long time to reconcile it. The environmental health workers found these while inspecting businesses that also sell food and fined them; however, they do not have any other authority in this matter. They are holding a Valley Fever Symposium in Bakersfield on September 23rd at the health department and 24th at CSU Bakersfield and they will have an agenda and flier very soon.

Fresno County, David Luchini, explained the article in the Fresno Bee on jail medical services and they decided to contract out services; however, they are struggling to hold positions in the meantime. They are looking at contracting with Corazon, from Tulare and are looking at privatizing the jail medical services, especially with AB109. They are leading towards the formula and are going to go in front of the tribunal. Community Medical Centers are not interested in renegotiating the contract. If they have to give back $7 million to the state it will devastate their department so they are very concerned. They released an epidemiology report for 2011 which has public health recommendations for 15 diseases. They met with the agriculture

commissioner and have scheduled a meeting with the education supervisors related to the pesticides report. They have animal control under their department and are looking at a solution to that. Their health officer position will be an assignment to a current physician in the public health department. David asked about a flag system for wind advisory days related to valley fever, similar to something for air quality.

San Joaquin County, Bill Mitchell, explained that they are developing a news release related to windy days and valley fever. They contacted the Valley Air Pollution Control District about smoke press releases and they were not interested in partnering with anyone and were only willing to send an email informing the health departments of their press release. Their health department solely houses public health and so they do not have many of the issues that other counties face related to realignment. They also have succession issues and had to turn in a succession plan; however, with the economic downturn things have not worked out as planned. In the next 15-18 months, they will have a lot of key leadership positions retiring. Over the past year, they created a classification for their emergency preparedness coordinator and also have a new epidemiologist and a public health educator to do chronic disease prevention. They are currently recruiting for the public health educator and have had more than a dozen applicants with MPH degrees and it is still open. He sent an email to members about an upcoming CalPact program through UC Davis for basic program evaluation. They are still involved in their regional transportation plan and are continuing to bring public health to the discussion. They are working on the nutrition contracts which have to be in place to start work by October 1st. Kathleen Grassi added that NEOP will be changing the scope of work in September, which will impact the subcontractors. Van contacted someone and said they will be held harmless with the change in scope of work. She also added that the change will be related to services and education not required in the schools. Bill had concerns about the PHI Leadership program and will be contacting Karya about it next week and might not be applying as it is a large time commitment. Karen Furst brought up a case involving a young boy with Mercury level poisoning at 240,000 ppm from an acne cream from Mexico and the state was very helpful with the entire process as many of the family's possessions had to be destroyed. Over the past few years, there has been a strain of TB in their Cambodian population and causes high rates of conversion. They have a few times where they can't find the connection, but most times they are able to determine it. There have been two other counties with the strain over a few years ago and David Luchini thought they might have a case of this in Fresno County. They are considering setting up special clinics for DOT as people are not compliant.

<u>"Pesticides and Schools Study"</u>

John Walker was asked to comment on the study and wanted to get the opinions of the group. This year, they have included all schools in the 15 counties for a total population of 1.4 million students. The agriculture commissioners are concerned about the data sources in the report. He believes the report brings up questions and tells the public that there is risk; however, doesn't include outcomes or solutions. He explained that schools are more concerned because of the

perception and concern of parents. Another issue he sees is that there is not data of pesticide application on school grounds. Claudia Jonah discussed that the report does not analyze school children exposure; however, the report can lead to other assessments. She explained that she will be commenting on the report as it raises questions that cannot be answered. Bill Mitchell explained that even if the study is fixed, there will be a public question, "Is my child safe in school?" and they are determining a way to respond to public and media questions. John Walker emphasized reiterating the importance of protecting the health of children and families. There is confusion between the intent of the report as public health policy change versus the perception of the public. Members will respond and copy other health departments with their responses to the report.

Questions for Other Health Departments

Kathleen brought up a bathroom bill related to public buildings; however, the members did not have time to discuss it.

2014 Meeting Dates

Bill Mitchell suggested that the phone calls be used for county updates and the in-person meetings are more for decision making. Kathleen asked if four in-person meetings are sufficient and the members agreed that four were fine. Van suggested an interactive approach to the meetings, for example, asking questions during the meeting. The members agreed to rename the retreat to a strategic planning meeting.

Election of the Co-Chair

- Bill Mitchell: 2014 Chair Elect, 2014 Chair
- Van DoReynoso: 2014 Chair Elect, 2015 Chair

Kathleen Grassi adjourned the retreat at 12:17 p.m.