

MCH/CSHCN APRIL 2005 WEBCAST

April 14th, 2005

CHRIS DEGRAW: Good afternoon and welcome to mchcom.com. This is the Maternal and Child Health Bureau webcast coming to you from the bureau in Rockville, Maryland. The series of our monthly interactive webcasts for children with special healthcare needs directors. I'm Chris DeGraw and I'll be your moderator today. We have an interesting program but before I introduce today's speakers I would like to review technical information about the webcast. Please note in response to your suggestions the speaker's Power Point presentation is now available on the mchcom.com website so you can download the slides before the webcast.

Slides will appear in the central window and should advance automatically. Slide changes are synchronized with the speaker's demonstration. Use the slide delay control at the top of the message window. We encourage you to ask the speakers questions at any time during the presentation. Type your question to the right of the interface, select question for speaker from the dropdown menu and hit send. Please include or state or organization in your message so we know where you're participating from. The questions will be relayed onto the speakers periodically throughout the webcast depending on the number of questions, may wait until the speaker is finished. If we don't have the opportunity to respond to your question during the broadcast we'll email you afterwards. We encourage you to submit questions at any time during the webcast.

On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning underneath the video window. At the end of the webcast, the interface will close automatically and you'll have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your responses will help us plan future broadcasts in the series and improve our technical support. At this point I would like to turn our webcast over to Cassie Lauver who most of you know is the director of the bureau's Division of State and Community Health. She'll give a few words of introduction to the speaker.

CASSIE LAUVER: It's my pleasure to introduce Grace Gorenflo. During her 14 years at National Association of County National Association of County and City Health Officials and worked in depth on a number of issues. Access to primary care and injury prevention, among others. Currently she's directing NACCHO's efforts. I'm still working on that particular phrasing. It was in that context I met Grace several months ago as one of HRSA's two representatives to a work group that nacho has organized, what I found out was part of their effort is organizing around a central public health services and looking at -- she'll talk to you a little bit about what their expectations are and what their work is relative local public health agencies around these ten essential functions.

And because many of them correspond so directly with the work that state directors do, such as needs assessment work, such as workforce recruitment and retention, I thought it would be helpful discussion in knowing how closely you work with local health

departments to know the initiatives that are going on in this venue as well. So it's my pleasure to ask Grace to share with you what their current activities are.

GRACE GORENFLO: Thank you, Cassie. And on behalf of NACCHO we appreciate MCH providing us this opportunity to meet with you all virtually and tell you a little bit about our effort and my goal for this session is to give you enough information and pique your interest enough that you'll be willing to weigh in on our operational definition and at the end of the broadcast I'll tell you how you can do that. In addition, of course, to answering any questions I can during the broadcast itself right now. I would like to begin by telling you what the goal of our effort is. As you can see on the screen we're seeking to develop a shared understanding of what every citizen, regardless of the size of their community, regardless of where they live, what every citizen can reasonably expect from the governmental public health presence at the local level. We're talking about the local health department but we make this distinction because the form, the presence that governmental public health takes at the local level can vary, as you all know.

It could be a branch of the state health department. It could be a locally governed health department. It could be part of a multi-county or region or district arraignment. So when we say local public health agency we're talking about the various arrangements. To meet the goal we have three objectives we're currently working on. The first one is to achieve agreement on the operational definition. The definition consists of standards that describe functions. What is it that health departments need to do in order to protect the health of

their communities? The second objective is to create more compelling versions of this definition. If you've downloaded the PDF file, hopefully you have.

I think it's five pages, the version of the definition has many details in it. And we realize that most people aren't going to plow through all of the details if we ask anybody to look at it or if we ask our health officials want to use this to describe what it is that public health does. So we have developed much shorter -- a much shorter version that we'll be distributing shortly that more clearly and compellingly describes what it is that health department does. Finally the last piece on here is to generate public support for a robust governmental public health presence.

Most people know that there are certain things that they want from their government. They want adequate police protection, as an example, good fire department services but you don't hear many people talking about the important functions of public health. These are things people mostly take for granted. Part of this effort not only in defining what the core is that everybody should be able to expect from their health department but also taking the definition out, encouraging our members to use it so that the general public is much more aware of hopefully then much more supportive of public health.

So going on to the next slide, then, why are we doing this and why are we doing it now? Well, for years there are 2800 health departments -- local health departments across the country. For years we've said if you've seen one you've seen one and took pride in saying that. We've realized that doesn't help us. In fact, it works against us. What we need is a

certain degree of consistency from jurisdiction to jurisdiction so everyone knows what it is they can reasonably expect.

The other major reason for doing this is around the issue of accountability. Clearly local health departments need to be held accountable to the public they serve and this is no different from the need for accountability for other governmental services. I'll just tell you that we've had an increased interest in this over the past several years. I think our first real wakeup call was after 9/11. Public health, as you know, received a great deal of funding for bioterrorism preparedness and a couple of years after the funding had been granted Congress wanted to know how it had been spent. Although generally speaking there are some really good anecdotes to tell how the money was spent it wasn't the accountability they were looking for. That's one of the pushes. In a number of states, as I'm sure you all know, health departments are already being accredited or otherwise are part of a performance standards and performance improvement process. And so there is some definition, then, that is going on around health departments in various states this way.

And finally, there is right now a national dialogue that is occurring around accreditation. A great deal of interest in the national left at accrediting state and local health departments and it came mainly out of the 2002 I.O.M. report that called for a commission to look at the feasibility and desirability of accrediting public health departments. It was all these things combined, clearly there is a need to define what it is that health departments do.

There is a strong interest on behalf of our membership that we're the ones to define this. Rather than having somebody else define it or do that to us.

I just wanted to quickly mention also in terms of how this effort is supported, the funding that we're getting to do the operational definition. Our project is supported by both the Robert Wood Johnson Foundation and CDC. We're grateful for that funding. Moving on to the next slide, the biggest piece of this effort, the most important part of crafting this definition has to do with getting stakeholder input. We have vetted versions of the definition through a number of people already and, in fact, even though the version that it was posted online is called 4.3, it is probably about the fifth version that has actually been generated.

We started by working with local health officials and board of health members in getting their input and we're at the point now where we're reaching out to federal public health agencies, that's where you all come in, as well as state health departments, on a parallel track we're also working with local and state elected officials so it's mayors, state legislators and governors' aides. Later on in the summer we'll be asking some of our national sister associations such as the American public health institution and academics to weigh in. We want to get their input towards the end of the process. We're much more interested at this point in getting input from other practitioners, other people who are working with and rely on governmental public health at the local level for various things. Next slide, please.

So we'll get back to this toward the end of the broadcast as well but I just wanted to mention how very critical your input is. In particular, as you consider the definition, we would really love to hear what are the functions that you rely on governmental public health to fulfill at the local level? Now, I understand you all work at the state level. However, I imagine that there are cases and times when it is important to reach down into the local level. What is it that you want local health departments to do? Another aspect of the question not only what is it that you look to them to do now, but what do you wish you could get from them that you may not be getting now? That's another way to answer the question as you consider our definition. OK, next slide, please.

This phase of our effort is being overseen by a governmental public health task force; the first task force we convene consists of our members and local board of health members. You can see the task force members include chaired by one of our members in Connecticut, Rick Matheny, as Cassie said, she and Shirley Henley, who is from region 6 are represented HRSA. We have two state health officers Mary Selecky from Washington and Brian from Mississippi for helping us out. Sylvia Pirani is in New York, the local health liaison official there and represents that group. In addition we have Steve Boedigheimer and Liza Corso from CDC. I think it's important for you all to know that there is a group of representative state and federal public health agency folks who are helping to generate the drafts who are consider all of the input that we get and then give the approval before additional drafts then are generated here out.

OK, I'm going to go ahead and start briefly walking us through the definition. And I think the most important thing to concentrate on even more so than any particular function or standard that's listed is to really focus on the context that this -- in which this is being done so you understand what it is you're about to read and have a good idea of what it is we're seeking to do here. In the introduction we've tried to capture all the important concepts to lay the ground work for this effort. The first piece has to do with health departments as governmental entities and you can see that we make the statement that they derive their authority from the statute, the laws, state and local laws that govern them.

The standards are framed around the ten essential services as Cassie mentioned. The first task force agreed it would be very important to use this nationally recognized framework so that to the degree possible our efforts would fit with other existing national efforts to define public health. That's where we started. And also I need to make the point again the definition consists of standards. These are not measurements. We have not yet begun to work on metrics. Another step, the next step after we finish the definition is going to be to determine what those measurements are. We're starting now with standards.

Now, the next paragraph then talks about the variety of both capacity and authority of local public health agencies. With respect to capacity, it's likely that in any given jurisdiction a health department may not have all of the capacity it needs to meet the standards. And that doesn't mean their responsibility ends there. The health department is still responsible for exerting leadership to make sure that standards are met. They might need

to draw on help from the state, they might need to work with neighboring jurisdictions or other groups and communities. Regardless of how they do it, they need to make sure that the standards are met.

Now, with respect to authority in some jurisdictions not all public health functions are housed in the public health department. The best example of this is environmental health. What we say is even if the authority for something with governmental public health implications housed separately the health department still has a responsibility to make sure that things are being done in such a manner that the standards are met. And this means doing some kind of monitoring helping to identify gaps if there are any, and then working with other entities to try to bridge the gap and meet any shortfalls that are occurring. Another important point is that the structure of health departments varies greatly and this definition is not intended to provide consistency with respect to structure. We don't get into budget amounts, types of programs and services that need to be offered.

The definition is strictly focused on what it is that people should expect from their health departments. How the health departments do this, how they meet the standard, will vary from place to place and that's OK. And then finally we make a statement in there about the local public health agency as a leader of the local public health system. And this is an important notion that was explored a bit in depth in the 2002 I.O.M. report. The fact that public health goes way beyond the scope of governmental public health. That there are other entities involved as well. At the local level you see healthcare providers, businesses, media, academia, a lot of other folks who are part -- who contribute to the

public health system and embedded throughout the definition are ways in which the health department serves as leader of the public health system and draws everyone together toward protecting the public's health. Let's go ahead then and very quickly walk through the definition.

I'm just going to summarize each of the essential services and hope that you will take the time to go over it a little bit more slowly and in more detail and weigh in on what you think about these functions. So the first essential service has to do with monitoring health status and the functions in here are all about data collection and analysis. The health department needs to have a pulse on the community. Needs to know and understand the health issues affecting the community, and again all the functions that you see -- the standards you see listed have to do with this function. It's the heart and soul of what the health department does. The data it collects drives all the rest of its activities. Not only the activities undertaken in the health department but with respect to what else is going on in the system and other community driven initiatives.

Going on to number two, then, this service has to do with diagnosing and responding to health problems. You won't see the term response as it was laid out by the I.O.M. This is where our task force decided to put in the notion of -- responding appropriately once those problems have been identified. Some of the associated functions have to do with surveillance, with communications, the health department needs to in a very timely way alert others in the community, be they other healthcare providers or other types of responders once there is -- once a health problem has been diagnosed. And then the

health department also has -- needs to be the leader in the public health response to emergencies.

For example, it's not only if there is a public health emergency. If there is a bioterrorism attack there is a health department emergency and a rule for the health department there but we also talk about natural disasters. I don't think anyone would necessarily call an earthquake a public health emergency yet clearly there are public health implications when that kind of natural disaster has occurred. We try to cover that as well.

Going on then to essential services three, educating the community. To sum up the health education piece here, we talk about the need to provide targeted and culturally appropriate information to community members. In other words, when it comes to a message one size doesn't fit all. The health department needs to be in touch with who they are serving and make sure that all health education material is tailored appropriately and the need for the health department to work with the media. Not only in times of crisis, not only in response to media inquiries but the need to build up relationships with the media so they're viewed as a credible resource and that they have then an opportunity to issue alerts, to get in there and make their points easily and well will established contact and not rely on only having a relationship because something bad has happened.

Essential service four, mobilizing the community.

We say that the health department needs to either lead or participate in a comprehensive, strategic planning process, a process that includes setting goals, identifying solutions,

setting priorities, implementing strategies and also evaluating so it's a cyclical process. When we say it's -- that they're mobilizing the community when they're doing this they need to include all members of the local public health system and really make sure that all sectors are well represented. And another piece of mobilizing the community is developing partnerships all over the place. The health department can't do its work in a vacuum. They need to not only seek out important partners in the community to do their work, but also respond when they're asked to assist in another partnership that's already been developed. OK.

Going on to number five, which is about policy development. Health officials are in an excellent place to be a resource with respect to public health policy. They really need to work with their governing bodies to make sure the policies on the books are good policies. That they're not outdated. That they cover new and emerging public health threats as they come up. Those kinds of things. And the health department needs to not only lead advocacy efforts when it comes to promoting sound public health policy but also again join other advocacy efforts going on in the community that benefit and protect the public's health.

Essential service six, the one about enforcement. This so far has been the most clear-cut of all the essential services with respect to the role of the health department at the local level. They are responsible for maximizing compliance with public health laws, regulations and ordinances. They need to make sure they know the law, first of all, that they educate

those who are affected by the laws, monitor the compliance and then as a last resort if all else fails conduct enforcement activities. For example, shutting down restaurants. OK.

On to number seven, then, access to healthcare. We've had some very spirited discussions about the role of health departments with respect to access to healthcare. Several pieces of this are fairly straight forward and non-contentious and I'll start with those. It is up to the health departments to lead efforts to increase access to healthcare. That is appropriate, that is accessible. Whatever that means to the community being served and also that it is culturally competent. If a need has been identified and there are other groups in the community that are looking to increase access for particular populations, the health department can join those efforts. If nobody else is doing it, the health department needs to jump in and be the leader.

The health department also needs to be prepared to link people to services. We hear a lot that one of the services that is lacking in most places is dental care and oftentimes there are no providers in the community who will provide dental care at little cost, which can present a huge problem for a lot of residents. A lot of health departments that are currently working on this issue. We say you need to keep working on it. You can't say you tried and it didn't work. Even if the closest dentist available is 100 miles away you need to know that the closest dentist is 100 miles away and link someone to that service. The last piece on here is a bit contentious. In some cases, in some states, the health departments are by state statute the provider of last resort. And the contentious piece of this is whether or not we mention provider of last resort in this definition.

There are some who would like to see it there because that is the reality in their state. And there are a lot of others where that's not in state statute and they really don't want to give the impression or even plant the seed that perhaps health departments should be serving as a provider of last resort. Because by and large, it's up to the health department to work with the community to fill in gaps to healthcare. The community may say the health department needs to apply for section 329 or 330 funding or otherwise do something to fill in the gaps. But that really should be up to the community. There is a lot of reluctance to say at the national level that health departments should think about being the provider of last resort unless the community has put them in that direction. That's one in particular I would love to hear some input on. OK.

Going on to essential service eight, workforce development. You can see there are lots of workforce development. I'll hit a few of them. We talk about the need to have a diverse and competent workforce, which obviously entails a lot of ongoing activities. Evaluating the workforce, again, certain competencies, providing training where necessary and making sure everyone is up to date on the latest science. We've also talked in there about the need to connect with academia so those health departments that are situated to do so can work with academic partners and offer their health departments as sites for students to come in and be exposed to governmental public health and the work that goes on there. Also, two-way street here, we think that whenever possible health departments, their senior staff should work with academia to help develop and influence their curriculum so it

reflects the reality of governmental public health. And then finally the last piece on here again is a little bit contentious.

If you look at the title of the essential public health service it talks about the public health and personal care workforce. The task force determined that the job of local governmental public health really doesn't go beyond the public health workforce.

Everything I've been talking about has related to the staff of the health department. There is just one exception. They do say that the health department needs to work with others outside of the health department who are providing -- public health services or services of public health implications to make sure that they're doing a good job. There is really no teeth here. The health department doesn't have a lot of authority in terms of being able to crack down on those who aren't. But part of assuring a competent public health workforce is getting out there, building relationships and providing information so you really increase the chances that those others are doing their job in a manner that is consistent with what the public health department is doing.

Let's go to number nine then. Evaluating effectiveness and quality. We see three areas where the health department needs to work on evaluation here. One is to evaluate the community process. We talked in essential service number four about mobilizing the community and engaging in a strategic, comprehensive planning process. A piece of that was evaluation. We really hope these kind of comprehensive community driven efforts for going on in every community and it's up to the health department to make sure that process is evaluated. That -- to feedback to the community information about how well

the strategies that they're implementing are working. The second piece for evaluation has to do with local public health agency programs. They need to evaluate all their programs and activities that they're doing internally and then finally getting back to the issue I just talked about with respect to the workforce, we do say that it's up to the health department to evaluate the effectiveness of interventions provided by others that have public health significance.

And then the last one up here, research. A couple of points about research. One is that health departments need to implement programs that are based on an evidence base. They need to take a scientific approach to the programs that they implement. And also that when researchers come to their community, this is a very important distinction. We aren't saying health departments need to engage in research for themselves. They don't need to be the primary researchers, but when researchers come into the community, health departments need to work with them to the extent possible. They need to make sure that the community is in all phases of research starting with design and implementation and also evaluation. And they need to stand ready to provide all of the experience and expertise that they can. Their data times the extent they can access the certain programs, those kinds of things. OK. Next slide, please.

This is the last slide. We do have and will have posted by the beginning of next week an online questionnaire on our website on the home page on the lower right-hand corner you'll see operational definitions. If you click on that it will take you into -- you'll have to navigate a little bit but it's really clear into the most recent draft of the definition, which is

what you have in front of you, I hope. And also a questionnaire that leads you through and asks questions by service about your opinions.

I really hope that you will visit that site and let us know what you think. Again, with an eye toward what do you rely on health departments for now and what is it that you really wish you could get from them that you may not be getting from them? And I would also invite you to call me, email me if you have any questions, if you want to discuss this further. We are really looking for all the input we can get and I would be more than happy to chat with any of you. That is all I have. I would love to hear any questions, here or typed, any questions?

CHRIS DEGRAW: OK. Thank you very much, Grace. Now is the time to submit any questions or comments for the audience or for Grace and Cassie. And we do have a couple of questions to get started. The first for you, Grace, is what do you perceive the link to be between the five-year MCH needs assessments that are done -- that we do at the state level and needs assessments that may be being done at the community level?

GRACE GORENFLO: That's a good question. I would actually turn that question back around and would say -- especially with respect to what it is that we're doing, what kinds of information do the states or have the states looked to local public health departments for as they've done their needs assessment? And would invite people to share that as well.

CHRIS DEGRAW: If anyone has any comments on that that you would like to submit, please do so. In what ways can the state MCH program best assist or work with the local public health agencies?

GRACE GORENFLO: I think I'll answer that according to the definition that we have. It seems to me there are a couple of different ways to go about this. Especially when you approach this on a state level. There are a couple of mechanisms that exist in most states to offer expertise to health departments which you may or may not be aware of and may or may not be using. Most states 38 or 39 of them, have a state association of county health officials or local public health officials and that's a great venue to offer expertise.

In addition, I think all health departments, state health departments have a local health liaison official who are in contact with the local health officials and that's another good venue there. I would also say that probably the greatest area that health departments or the greatest need that health departments have from you all would be with respect to the data that you collect and also the data that you analyze. As I said in the beginning of the presentation, monitoring health status and having a good picture of what is going on in the community is vital.

It is the critical, critical piece of the work of local health departments. And they don't -- most health departments rely to a great extent on data that is collected at the state level. Particularly when they can get it back quickly. I think that would be one area that health departments would really welcome the kinds of information that you all have. It seems to

me also that when it comes to access to healthcare services, there would be an important role for you all in helping communities figure out what services are available or when presented with the need for helping them think through what to do to get the services. That's -- those are the two that strike me off the top of my head.

CHRIS DRGRAW: We have another question from one of our state folks. The question is, why are APHA and AST and D.

GRACE GORENFLO: That's an affiliate, is that right? Nutrition directors, OK. We have the -- we thought about putting the definition in terms of going through concentric circles. The core group we vetted this through is our membership. Board of health officials and the next circle is state and federal public health agencies and that's why we're here today. The next concentric circle is the local and state elected officials. And then finally we are going to be working with our sister associations. So including APHA. We haven't included them in the core because we started with the targeted group of practitioners we're looking to get feedback from. We will be working with them.

With respect to the ASTHO affiliate. The nutrition directors, is that who -- we're trying to figure out exactly which -- what is the acronym again? Directors of nursing, right. We're working through ASTHO to get to all of their affiliates. So this whole phase only started about a month ago so if you haven't heard about it through that channel yet, I would say it's just that, you haven't heard yet doesn't mean you aren't going to hear. We just felt it

was important to work, because of our relationship with ASTHO, it was important to work through them to get out to their affiliates.

CHRIS DEGRAW: We have another question, this one coming from the New York state MCH program. The comment is there is tension about local health departments providing direct health services. How might this be resolved?

GRACE GORENFLO: Well, if I could answer that -- we are hoping that through this whole process that as we get more opinions and have more people weigh in, that at the outcome at the very end of this whole effort when we release the definition, we will have been able to come up with a way to capture their role that is agreeable to as many people as possible. I'm not going to use the word consensus because we're casting such wide nets and working on this with the national scope. I think it's unrealistic to say we'll receive consensus about this role. However, I would say that because of the different nuances that have come up around this issue, each time we vetted the definition and you're seeing about the 15th version, that it is becoming easier and easier for us to get an idea of how best to approach this.

I'll also say that at the very end of the process, once we have representatives from all the key stakeholders in the room and we'll have this meeting in September, in addition to having the definition itself finalized, we'll also be coming up with whatever points of -- it's to say if it's kind of an outstanding issue and we feel we haven't been able to address it as

thoroughly as we would like, then we would have a plan of how to address it at that point as we move forward.

CHRIS DEGRAW: That seems to be all the questions we have. You have the contact information for Grace and I'm sure she would like to hear from you and you have the website questionnaire. I would like to thank Grace and Cassie for helping us out with this month's webcast. Also thank all of you for participating today. I also want to thank our contractor the Center for Advancement of Distance Education at the University of Illinois at Chicago School of Public Health for making all this technology work. It seemed to work especially well today looking at the requests on the screen that we get.

Today's webcast as with all of our webcasts will be archived and available within a couple of days on the website, mchcom.com. Encourage you to let your colleagues know about this website and hope they'll find it useful. We really would like to make these mchcom.com as responsive to your information needs as possible. If you have suggestions for topics that you would like addressed on future webcasts or have comments in general, email them to us at [info @ mchcom.com](mailto:info@mchcom.com). Thank you again and we look forward to your participation again next month.