

Citizens Health Advisory Council Meeting Notes – January 13, 2012

Attending: Terra Anderson, Karen Zink, Bridget Hall, Erin Youngblood, Lon Erwin, Sheila Casey, Trisha Kellogg, Paula Dunne, Emily Burns, Joe Theine, Peter Trugellis, Liza Trugellis, Marsha Portor-Norton, Kathleen McInnis, Jenny Wrenn, Michelle Appenzeller, Scott Wallace, Bill Warren, Missy Rodey, Nora Flucke, Jill Patton, Jaynee Fontecchio-Spradling (facilitator), Elizabeth Silverstein (Meeting notes)

After a brief round of introductions Jaynee introduced Joe Theine, Director of Public Health at the San Juan Basin Health Department. Joe's powerpoint presentation is attached.

Background

Joe introduced more of his background as a certified athletic trainer. He holds an MBA in Health Administration. Although he has no formal public health experience he has spent his career in health-related jobs including a family-owned business, sports medicine, large drug company sales, strategic planning and management.

Joe provided background about public health. There are great needs but few resources. Public Health Departments cut one fifth of the workforce since 2008. The SJBHD drew \$300,000 from reserves to operate in 2011, which didn't include capital investments, company vehicle accidents or building problem costs. There is a balanced budget for 2012.

Core Public Health Services Rule – effective November 2011

CDPHE determines what the core public services are and what county and local programs are required to offer in CO. SJBHD has historically done all the requirements with the exception of the assessment planning. SJBHD has previously completed assessments, but they have not been a core part of the program. Now, the assessments will help look at what the state is requiring, what the local community needs and how to locate resources to meet those needs.

10 Colorado's Winnable battles – elevating health and environment (see ppt)

These criteria define needs or issues that are relevant and that progress can be made. These are state level defined battles. Local public health needs have not yet been determined.

The community assessment is focused around the 10 winnable battles. How does this tie into what happens locally? The local public health office concern is that local needs may not make the top 10 list. If there are determined local needs and progress can be made on them then those needs will become a local focus.

Changes

Some programs are discontinued in 2012, such as prenatal care & home care services as these are now found in the community. It is not a good use of tax payers' money to duplicate profitable efforts in the community. In La Plata, SJBHD helps clients find a prenatal program. Currently, only 1 person out 200 is not placed for prenatal services in the community.

Funding from the CO Trust for the Senior Outreach Program (Sheila's program) ended in June/July, and the county stepped in to fund the program for the rest of 2011.

Over the next few months, SJBHD will be transitioning from offering separate immunization and family planning programs, to combining them and training nurses to do

services for both programs. The current immunization model loses \$100,000 in direct costs. SJBHD will also be working on next day/same day scheduling for immunizations and family planning, so as to cut down on the currently high no show rate.

Services Added

Community Care Team (CCT)

This program grew out of a CHAC recommendation and collaborative with much work from Sheila, Kathleen and others at the table. There are a lot of nurses working with clients that are not getting connected to available health care. The question is how to build the team valued by the community enough to be locally funded. Funding for this program is secured from Rocky Mountain Health Plan, MRMC, Pediatric Partners and the County for the next year. Contracts haven't been signed, but everything is moving forward. Over the next year the focus, regardless of age, will be working with defined number of cases to get good access to primary, dental and behavioral health and to prove there is value to the funders and the community as a whole so it can continue to be funded. Emily and Joe are working on Quick Strike Research Grants to get a pot of money to get a short research study around the CCT and get quantitative information to explain what this means to service providers. There is one full time and two part time nurse navigators assigned to the program.

Community health and capacity assessment

Non-profit hospitals are now required every three years to submit an assessment. This year, three hospitals and SJBHD are collaborating to fund one instead of three different ones. Emily will be the lead on this project. SJBHD will incorporate all work (community and internal assessment) to define future local public health efforts in the community. CHAC's involvement is important. **Next Tuesday morning, there is a stakeholder meeting from 9-11:30am at the Recreation Center. Everyone is invited.**

Joe encouraged everyone to stay in touch.

Questions and answers

- Are there increases in funding? The county is cutting back on local funding. Joe was told to expect a 5% cut that didn't occur. No direct services were cut. They were not duplicated and thus valued. The county offered training and money for public health staff to attend county training sessions. This is meaningful in a positive direction.
- Joe will provide information on how to donate to SJBHD. If anyone in CHAC has an interest he could use help in determining a system for donations.
- Is any funding coming down nationally? Everyone is worried as a country. The Affordable Care Act requires that money be spent on public health. The state had a block grant to disperse throughout public health. Other counties struggling far worse than La Plata, so money was distributed to other counties rather than La Plata.
- How much comes from the federal/state level? \$5 million for 2012, with \$600,000 from the county not earmarked for direct service. About half comes from the state, but most of that funding is federal flow through dollars.
- The tobacco tax may come back this year (Amendment 35).
- Is there money for population health IT, prevention? There is no money specifically earmarked for public health yet for these systems.

- Has the Alliance been any benefit to SJBHD? Yes, although that precedes Joe's involvement. It's a great place to gather information, facilitate connections and generate small solutions among leaders.

Health Alliance (HA)– Bob Juskevich

- The HA is putting partnerships together. The value is to promote integrated actions, form relationships and use those relationships to get things done in this community. The December retreat found that the HA was valuable in a different way than originally thought. The HA will continue to meet for these purposes without additional goals. The HA was commended for looking at this differently and staying together. It was suggested that CHAC communicate with the HA in a more formal way so Bob can carry the message. Bob's honesty and candor is appreciated. Jaynee did a great job facilitating the retreat and allowed for changes and an honest conversation to happen. A permanent place in the HA agenda should be added so Bob can give a more formal report and perhaps a request if needed. CHAC member certainly have resources, connections and perhaps capital to contribute. Bob was thanked for the work he has done as HA chairman. Joe Theine will now take over as HA chairman and Bob will remain the CHAC representative to the HA.

Sustaining CHAC beyond 2013

Jaynee shared that Beth was not able to join us this morning so we will defer the report until next month. Marsha spoke about the resource directory as a part of the sustainability plan. There was a brainstorming meeting with Deb Uroda, Beth Lamberson, Jaynee and Liz. The directory will be simple, without eligibility and other items, and be designed to get in the hands of people that can give it out to those in need. Kathleen and Jenny worked on this information for the Summit last year and are willing to help. Not so much the private end of things, but some places where people can go to find the private resources. Where can people without access go? **Can other CHAC members help?** The team will work on it in February. Liz is working with SWConnect; it may have useful information for the directory. Please visit www.chaclaplata.org for current information and activities related to capacity project work.

ANNOUNCEMENTS

- **SENIOR RESOURCE DIRECTORY, plus....**

Sheila has resource directory, which she handed out, a new resource. The senior outreach program ended after four years. It is transitioning now. Many of you have been partners and instrumental in helping seniors. Sheila offered a **certificate of recognition** to CHAC. Because the program has changed, there will be gaps, so please continue to offer that level of commitment to the seniors. There is a caregiver conference on March 28th.

Sheila will forward the announcement to Jaynee to send to CHAC members.

- **PALLIATIVE CARE/END OF LIFE**

Terra Anderson announced there are three Bighorn projects being worked on the western slope. Her project is about palliative care/end of life care. She wants to get the word out about this to 18-30 year olds to sign a medical durable power of attorney. There is a contest to produce a video about this. It's a contest and only available to people on the

western slope. There is a \$500 cash prize. **The due date is April 5. Terra will send information to Jaynee.** This was chosen as a project because a lot of people on life support are in that age group and do not have a medical durable power of attorney.

- **COMPREHENSIVE PLAN**

Jenny reported on the many hours and amount of money (close to \$700,000) spent on the comprehensive plan. A majority of people were for the plan yet a minority voice prevailed and the plan was set aside. She extends a big thank you to everybody who went to meetings and wrote letters for the health piece of this plan. Depending on who gets elected in the next county commission, they will have the power to resurrect the document and use it. Thank you all for your involvement. Today (Friday, Jan. 13) is the last day to apply to the county commissioner position.

- **DURANGO HEALTH FAIR**

Karen Zink announced the Durango Health Fair on **March 30 and 31**. Help is needed.

- **PALLIATIVE CARE**

Michelle Appenzeller announced that the new palliative care program is going so well that they have hired another nurse. The statistics are amazing including decreased hospitalizations. There's no shortage of what can be done to change the climate of end of life care. These programs show costs savings, which is unprecedented in health care. Karen Zink added that palliative care patients, on average, live longer and report better quality of life. Trisha Kellogg said that it's been dramatic how many people have been able to stay in assisted living with this help. Nine people have been able to pass in assisted living facilities instead of moving to nursing home in her facility alone.

- **CIVHC – CENTER FOR IMPROVING VALUE IN HEALTH CARE**

Emily Burns announced the Center for Improving Value in Health Care's Stakeholder Meeting on **January 25 at noon at the Library**. The top two leaders will be doing tour to talk with providers, administrators and CHAC while in Durango. They're pushing payment reform and need to know what may not work in rural areas. **If you plan to attend, please RSVP for lunch by Jan. 23!** elizabeth.silverstein@swcahec.org

Next meeting: February 10, 2012-Alpine Hospice Care (Medicare) and Hospice residence/palliative care update-Erin Youngblood and Michelle Appenzeller

Future dates/possible topics:

March 9, 2012	Community Assessment update-Emily Burns
April 13, 2012	Community College update-Nora Flucke (proposed) and Long term sustainability progress-Beth Lamberson (proposed)
May 11, 2012	Community Assessment report-results and plans (proposed)-Emily Burns and Joe Theine