

Foundational Public Health Services Workgroup

February 25, 2020

Meeting Summary

Welcome and Introductions

#HealthierMO Project Manager Casey Parnell opened the meeting with a welcome and introductions. She provided updates on initiative work since January.

- **FPHS model:** The final model was shared with local public health agency administrators via email on January 10, and was then shared publicly through the #HealthierMO Today e-newsletter on January 31.
- **Capacity Assessment:** #HealthierMO is working in partnership with DHSS to combine their Infrastructure Survey with the Capacity Assessment questions in a single web-based survey. It is scheduled to go out April 1 and will remain open for 6 weeks. All LPHAs complete the survey as part of their Core funding contract, so the resulting data set will be rich.
- **Professional Organizations:** The group is working on finalizing a set of bylaws for their group. Their Advocacy Workgroup is working on messaging and materials around key public health issues, such as immunizations. They are also working to bring training to Missouri.
- **Phase II Timeline:** Casey reviewed the timeline for the second year of Phase II. A draft adoption and implementation plan should be developed by the FPHS Workgroup by May. It will then be presented to the Advisory Council in June, and will inform development of a draft proposal for Phase III by August 2020.

Communication

Communication Coordinator Jaci McReynolds presented communication pieces for feedback.

- **FPHS Model:** The final model is available on the #HealthierMO website, along with pdf documents, videos, and other resources to help explain it.
 - **Workgroup recommendations:** Explain the benefits of adoption and implementation, explain how to share it with staff and leadership, give it to them in a way that they can present it, be clear that they can determine the best way to use it in their community while still maintaining their identity, saturate public health professionals with information.
- **PHS Gearbox:** These evergreen educational handouts are intended for use by public health professionals at state and local levels to increase familiarity with the FPHS model by discussing each component individually. The pieces are available at HealthierMO.org and are emailed out to LPHA administrators at the end of each month. A link can also be



found in the monthly e-newsletter. The next iteration will be a revision of the current documents to make them more usable as an education tool with partners and policymakers.

- **Workgroup recommendations:** Make the topic of each piece more visible, highlight the featured piece of the model better, and add a QR code as a shortcut to links, allow a place for each public health agency to personalize or brand the piece as their own.
- **Videos:** Two videos on the FPHS model are currently available – a 4-minute “sales” piece for LPHAs and an 8-minute educational piece with more detail on the model’s development. Both are available at HealthierMO.org.
- **Academic Model:** A web-based, interactive, academic model is in production. The interface will allow a user to click on components of the model for additional detail and links. It will also allow the user to drag a capability to align with an area of expertise for additional links and resources.
- **Slide Deck:** A slide deck is also in development, from which slides could be dropped into any stakeholder’s presentation to assure language and messaging consistency.

The group provided suggestions for improvements on existing tools, asked for pre-scripted social media pieces they could share out, and suggested attending regional LPHA meetings to talk about #HealthierMO and share tools. They emphasized the need to be sensitive to local conditions and needs, to develop tools that allow public health agencies to see themselves in the model, and to equip administrators to champion and “sell” the model locally.

Capacity Assessment

Lead Evaluator Todd Daniel, PhD provided an update on the FPHS model capacity assessment questions and answer scale. He explained he is taking the headlines from the model and putting into a mathematical way to measure capability and expertise. #HealthierMO will be partnering with DHSS to add the capacity assessment questions to their Infrastructure Survey, which will give #HealthierMO full participation from local public health agencies and a very rich data set. It will also provide longitudinal data – data that can be compared over time, since the Infrastructure Survey is repeated every two years.

The capacity assessment questions are not a performance evaluation, they are intended to identify gaps to which resources can then be strategically applied. Todd stated the capacity assessment questions are not related to accreditation, but are around achieving a minimum set of foundational capabilities and areas of expertise that will lay the foundation for pursuing accreditation, if that is the path an agency chooses. #HealthierMO will handle survey data with care, only sharing out deidentified and/or aggregate data, except that each local public health agency may request their own county profile and determine how or if they want to share it.

Group recommendations: They recommended minor language changes, adjustments and clarification on the Likert scale, and clarification on follow up response options. They suggested offering a webinar to introduce the survey and sending out a frequently asked questions document. They also recommended emailing reminders about the survey.

21C Learning Community

Casey shared updates on transformation efforts in other states involved in the PHNCI Learning Community. She shared specifics about what each state is doing around adoption and implementation of their FPHS models.

Brainstorming

Casey led the group in three rounds of brainstorming around first steps to the adoption and implementation plan.

Round 1 – Big ideas with no limitation

The group emphasized the need to share information on the benefits of the model with local public health administrators, in order to equip and support them as advocates who will engage partners and educate the general public on the model. They suggested regionalizing some of the FPHS components with regional experts in public health areas. They recommended allowing local public health agencies to spend state and federal funds on community-identified needs, offering core training to all public health professionals, and coaching public health organizations through strategic planning based on the FPHS model. They also suggested working with University of Missouri Extension on their new outreach efforts in public health.

Round 2 – Informed by work in other states

After Casey reviewed work being done in other states, discussion focused on how to better utilize the resources Missouri already has, to create a more efficient and effective public health system without any additional funding. The group recommended doing a better job of educating and recruiting students. They suggested improving partnerships with Missouri's universities, tapping into their expertise, partnering with them on workforce development, even creating more academic health departments. They discussed using the model as a foundation for quality improvement and/or accreditation, and brought up again the idea of regional experts like public health nurses, and the idea of cross-jurisdictional sharing of staff and resources, while protecting local resources. They emphasized the need to be thoughtful in messaging, to discuss the return on investment in public health and emphasize that partnerships support doing what is best for the community regardless of who does the work. They suggested public education through town hall meetings, with support from #HealthierMO representatives to explain what the FPHS model is and how it impacts public health.

Round 3 – Within our scope and sustainable

The workgroup suggested hosting an event around human resources and legal training centered on the FPHS model and addressing the fear of change. They recommended regionalizing human resources expertise. They suggested building a culture of continuous quality improvement, engaging businesses and medical community partners, and looking at philanthropic investment. They recommended pilot projects in different regions during Phase III, regional resource sharing. They also recommended pursuing funding and support from private insurance companies. The group also suggested requesting that a portion of grant overhead be pooled to support the ongoing work of #HealthierMO due to the expertise and resources it offers.

In Attendance:

Jeanine Arrighi
Susan Long
Enid Schatz
Michelle Walker
Cindy Reese
Tom Burroughs

Tiffany Tuua
Mike Chambers
Peggy Bowles
Casey Parnell
Jaci McReynolds
Todd Daniel