

**Health Commission Meeting
City of Stamford
APPROVED MINUTES
October 8, 2015**

Commissioners Attendance September 2015 - October 2015:

Present:

Dr. Barbara Decker (2-0)
Dr. Peggy Cobb (1-1)
Ms. Patricia Parry (2-0)

Absent:

Dr. Edward Schuster (0-2)
Dr. Bert Ballin (1-1)

Guest Attendance:

Ms. Anne Fountain, MPH, Director of Health and Social Services, Ms. Pam Scott, Recording Secretary, Mr. Ted Jankowski, Director of Public Safety & Welfare, Ms. Stephanie Paulmeno, CEO, Global Health Systems Consultants

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| Meeting called to order | | Dr. Decker called the meeting to order at 9:11 a.m. Roll call of attendees. |
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Minutes:

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| Minutes of September 24, 2015 | Minutes from September 24, 2015, meeting were reviewed. | Ms. Parry moved to approve September 24, 2015, minutes. Dr. Cobb seconded. Approved unanimously. |
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Director of Health Report:

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| <p>Ann Fountain, MPH Director of Health and Social Services, and Ms. Stephanie Paulmeno, CEO, Global Health Systems Consultants</p> <p>Present:</p> <p><i>The Stamford Department of Health and Social Services Community Health Needs-Assessment Report and Strategic Plan.</i></p> | <p>Ms. Fountain provided background to the initiative to develop a Strategic Plan for the DHSS. It will help to develop a Community Health Improvement Plan (CHIP) and would position the department well to consider accreditation. Director Jankowski's agreed with this and thought all Public Safety departments should have a Strategic Plan.</p> <p>Director Fountain thanked Ms. Stephanie Paulmeno, CEO, Global Health Systems Consultants for all her efforts, and for being here to present the draft document.</p> | |
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Ms. Paulmeno thanked Director Fountain for all of her support. Ms. Paulmeno indicated that not many health departments have done work like this and she agreed that the work would help to position the department if it considered PHAB accreditation (the Public Health Accreditation Board) Such accreditation might be helpful in the future when applying for grant monies.

Ms. Paulmeno stated that Director Fountain has been exemplary in ensuring the input of all members of the DHSS.

The following powerpoint presentaiton was provided to the health commission.



Acknowledgements

City Officials
Commissioners of Health
Department Division Heads
Department Support Staff
Director of Health & Social Services
Front Line Staff
John Snow, Inc.
Medical Advisor
Stamford Hospital Collaborative Committees

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Documents Utilized In The Process

- **Census Quickfacts 2013**
- **Communities 4 Action: Data and Trends: What's new? 2014**
- **CT DPH's Strategic Plan 2013-2018**
- **CT's State & Local Public Health System**
- **Healthy People 2020**

Documents Utilized In The Process

- **Healthy People CT: Parts I and II (DPH)**
- **Leading Health Indicators: DHHS**
- **LFC-RAC's Epidemiologic Profile: Substance Use, Suicide & Problem Gambling (2014)**
- **NACCHO: Self-Assessment tool for Local DoH**

Documents Utilized In The Process

- **National Profile of Local Health Departments: 2013**
- **National Public Health Performance Standards (PHAB)**
- **Stamford Charter & Code**
- **Stamford DHSS Annual Report: 2014**

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Documents Utilized In The Process

- Stamford Public School Website
- SWOT Analysis: Looking Outside for Threats & Opportunities (Harvard Business Review)
- The 10 Essential Services of Public Health: (CT DPH)
- The Stamford Community Health Needs Assessment (Stamford Hospital & SDHSS)

Informational Sources

- Administration and staff of the SDHSS
- Community Councils and Workgroups
- Community Health Centers
- Director of Public Safety, Health & Welfare
- Health Commissioners of the City of Stamford
- Hispanic Advisory Council of Greater Stamford
- Medical Advisor to the SDHSS
- P.I.E.S.- Senior Provider Network
- Stamford Hospital Vita District Collaborative

Data-Gathering Tools Developed

- *Strategic Planning Worksheet*
- *Division Services & Functions Worksheet & cover letter*
- *Division Goals & Objectives Worksheet*
- *PHAB Standards Attainment Worksheet*
- *SWOT analysis tool*
- *Division Head Interview Questionnaire*
- *SDHSS Commissioner Surveys*
- *City Officials Interview Questionnaire*
- *Medical Advisor Interview Questionnaire*

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Information Gathering

Focus Group Discussion Areas Continued:

- Exploring **marketing** in public health
- Examining **opportunities** and **threats**
- Looking at **IT** needs/obstacles
- Discussing **CQI** studies/projects in place
- **Accountability:** fiscal/programmatic
- **Leadership:** perception/obstacles

Information Gathering

Department Leadership Focus Group Topics:

- Establishing a basis for a SDHSS **Vision, Values, Mission and Strategy** statements
(See page 7 of the SDHSS Strategic Plan/
Public Health Report)
- Identifying **stakeholders** in public health
- Identifying/engaging **champions** for public health

Information Gathering

Department Leadership Staff Development:

- The **Strategic Planning Process**
- Reviewing the **PHAB Standards** and how to meet them
- Evidence-based Approaches/Best-Practices**
- Conducting a **SWOT Analysis**
- Establishing **Goals/Objectives/Strategies**
- 10 Essential Services** of public health

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10 Essential Services of Public Health: Assessment

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community



Public Health Functions Working Group: Department of Health & Human Services - 1994

10 Essential Services of Public Health: Policy Development

3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts



Public Health Functions Working Group: Department of Health & Human Services - 1994

10 Essential Services of Public Health: Assurance

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services



Public Health Functions Working Group: Department of Health & Human Services - 1994

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**10 Essential Services of Public Health:
Serving All Functions**

10. Research for new insights and innovative solutions to health problems



Public Health Functions Working Group: Department of Health & Human Services - 1996

Components of the SDHSS Plan

- Executive Summary
- Message of Intent
- Methodology
- Department Overview/Division Profiles
- SWOT Analysis Results
- National & State Performance Standards
- State DPH Needs-Assessment Findings
- SDHSS Goals, Objectives & Strategies
- Areas to Review with Revenue or Cost Center Impact

Department/Division Profiles

- Demonstrates the workload of each Division
- Identifies the staffing in each Division
- Shows the productivity and innovativeness of people within each Division
- Classifies the programs and frequency of delivery of programs & services conducted within each Division
- Identifies cost centers vs. revenue producing programs/services

Pages 9-24 of Executive Summary & 50-73 of the full Strategic Plan/Public Health Report

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It Takes Courage to Look Inward



See Pages 27-30 of the SDHSS Strategic Plan

| Strengths | Weaknesses |
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| <ul style="list-style-type: none"> • Dedicated Leadership/Staff • Great staff longevity • Highly productive despite limited staff • Knowledgeable/experienced Commissioners • Organizational Structure <ul style="list-style-type: none"> ✓ Director of Public Health, Safety & Welfare reports to the Mayor ✓ A Public Health Professional & a Medical Advisor work collaboratively • Excellent Programming in all areas • Good history of community collaboration • Public health services are well regarded • Revenue producing areas/functions | <ul style="list-style-type: none"> • Limited marketing of Public Health • Limited marketing of the SDHSS • Laborious bureaucracy • Inadequate Information technology • Lean staffing/support staff carry very heavy loads • Contract restrictions • Inability to assess staff performance • Limited staff time for capacity-building |

| Opportunities | Threats |
|--|---|
| <ul style="list-style-type: none"> • Tap Commission Resources • Collaboration-building /community agency-capacity building • Expand public health leadership role within the Public Health System • Innovative marketing strategies: <ul style="list-style-type: none"> ✓ Stakeholders ✓ Purse-string holders ✓ General public ✓ Special interest/cultural groups • Examine/update fee structures • Evaluate /prioritize services and programs against cost vs. other providers • Create a Public Health Committee; incorporate members of target populations (Health Equity/CLAS Standards) | <ul style="list-style-type: none"> • Stakeholders do not recognize the value of Public Health • Stakeholders do not recognize themselves as stakeholders • Uncertain funding • Contracts restrict competency testing • Funding cuts/Fewer grants • Hospital's recent funding cuts could increase demand for services for which there is limited funding |

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The Nations Leading Health Indicators

12 Topics/26 Indicators

(See page 31: SDHSS Report)

- **20 of the 26 INDICATORS** are addressed by the Stamford Department of Health & Social Services
- **Greater emphasis could be placed on:**
 - ✓ Suicide Prevention/Post-vention
 - ✓ Mental health especially depression in adolescents
 - ✓ Social Determinants of health (i.e: H.S. diploma)
 - ✓ Substance Abuse

7 Public Health Focus Areas

Identified in Healthy CT 2020

(See page 32 of the SDHSS Strategic Plan/Public Health Report)

1. Maternal, Infant, and Child Health
2. Environmental Risk Factors and Health
3. Chronic Disease Prevention and Control
4. Infectious Disease Prevention and Control
5. Injury and Violence Prevention
6. Mental Health, Alcohol, and Substance Abuse
7. Health Systems

Determining Department Priorities

Healthy People 2020 (USA)

Healthy CT 2020 (State)

SDHSS Strategic
Plan 2015-2020

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**Key Indicators Identified in Stamford
Community Health Assessment 2011**

[See Pages 33-34 of the SDHSS Strategic Plan for Stamford's comparative findings against the State, and in comparison to the "low income profile"]

Priorities derive from assessing identified needs in the **Stamford Community Health Needs-Assessment** against the nations and the State's **Leading Health Indicators** and against **public health priorities** that were set at the State level.

**The Stamford DHSS's Overarching
Strategic Planning Priorities**

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| Continuous Quality Improvement in order to ensure effective programs and service delivery |
| Market public health services and Functions within the Diverse Communities of Stamford |
| Public health coalition-building |
| Public Health workforce capacity building (The members of the Public Health System) |
| Maximize Customer Service |
| Health Equity in Care, Access, and Outcomes (CLAS Standards) |
| Effective public health informatics/technology infrastructure |
| Quality administrative and managerial capacity |

CT DPH's Request to LDH's

- **Increase the strategic alliance between the plans of the state and those of the local departments of health!**
- The **Stamford Department of Health and Social Services Strategic Plan** reflects its goals, objectives and metrics in a fashion similar to the State's Plan

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Goals, Objectives, Strategies

- Each of the **8 goals** has one or more stated objectives
- There are **22 objectives** related to the 8 goals
- Each objective is accompanied by a series of **measurable strategies**, each with a **specified due date**.

(pages 38-40:Goals & Objectives and
Pages 94-103: Goals, Objectives & Strategies)

**Stamford DHSS Strategic Planning
Goals for 2015-2020**

1. CONTINUOUS QUALITY IMPROVEMENT TO ENSURE EFFECTIVE PROGRAM & SERVICE DELIVERY
2. MARKET PUBLIC HEALTH SERVICES/FUNCTIONS WITHIN THE DIVERSE COMMUNITIES OF STAMFORD
3. PUBLIC HEALTH COALITION-BUILDING
4. PUBLIC HEALTH WORKFORCE CAPACITY-BUILDING
5. MAXIMIZE CUSTOMER SERVICE
6. HEALTH EQUITY
7. EFFECTIVE PUBLIC HEALTH INFORMATICS/TECHNOLOGY INFRASTRUCTURE
8. QUALITY ADMINISTRATIVE/MANAGERIAL CAPACITY

Additional Resources

- Thomas R. Frieden, MD, MPH, CDC Director. About CDC & the US Public Health System: 10 Things Every Health Official Should Know Video. Downloaded on 2-6-15 from: <http://www.cdc.gov/stltpublichealth/docs/usph101.pdf>
- Jan Wilhoit, Senior Project Management Specialist.NACCHO. 2013 National Profile of Local Health Departments. Downloaded on 2-6-15 from: http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013_National_Profile021014.pdf
- Brownson, R. C. Gurney, J. G. and Land, G.H. Evidence-Based Decision Making in Public Health. Journal of Public Health Management Practice, 1999, 5(6), 86-97© 1999 Aspen Publishers, Inc. <http://www.uic.edu/sph/prepare/courses/chsc400/resources/evidencedbasedpublichealth.pdf>

There were several discussions throughout the presentation. However, Dr. Decker spoke about the need for measurable objectives so that it would be clear that an objective had or had not been achieved.

The Health Commissioners noted a dated draft version undated of the Strategic Plan and a draft version dated 2015.

Dr. Decker thanked Ms. Paulmeno for an interesting and valuable presentation.

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New Business:

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| There was no new business | | |
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Old Business:

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| Diabetes Education | <p>Ms. Parry stated that currently, Diabetes education is generally handled by Primary Care Providers. Patients may seek additional education at the Diabetes Education Center run by SH, but there is a charge and insurance covers the cost for the patient only. If someone was interested in learning about diet, finger stick testing, or medication administration for a friend or family member there is no resource that she knows of in the community.</p> <p>Dr. Cobb stressed the need for physicians and the public to understand pre-diabetes and the meaning behind blood glucose numbers.</p> | Director Fountain will look into what might be available in the community, including speaking with the American Diabetes Association. |
| Healthcare Gap Processes | None of the commissioners knew what this topic was about and generally thought it may have been misunderstood in the context of another discussion. | Dr. Decker moved to drop this item. |
| Idling Engine – State Law/City Ordinance | <p>Director Jankowski reported the ordinance passed; it mirrors the States requirement, with max idling time of three minutes. There are some exceptions, such as vehicles in traffic, temperatures below twenty degrees if it requires repair to a vehicle or if the running of the engine is required to obtain a cooling system (a vehicle providing power to a building).</p> <p>Ms. Parry asked about school bus idling.</p> <p>Dr. Cobb asked how often tickets are issued.</p> | Director Jankowski answered school buses were not exempted. The school has been notified. Director Jankowski responded that no tickets had been issued yet. |
| Parks – Anti-Smoking Policy | There was a general discussion about signs going up soon but no enforcement possible. | |

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Appeal:

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| There were no appeals | | |
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Adjournment:

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| There being no further business before the regular session of the Health Commission, Ms. Parry moved to adjourn the meeting at 10:59 a.m. The motion passed unanimously. |
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Submitted by,
Pam Scott/pp/bd
Pam Scott
Recording Secretary