

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

Commissioners Attendance September 2015 - June 2016:

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

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:

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:

<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 thanked Ms. Stephanie Paulmeno, CEO, Global Health Systems Consultants for all her efforts, and being here to present.</p> <p>She continued to say, Director Jankowski thought was to have all of the Public Safety departments to prepare a Strategic Plan. However, the Department of Health and Social Services was already looking into the Strategic Plan process as it would lead us to our next step of creating a Community Health Improvement Plan (CHIP) and depending on the time and resources; as it would take the involvement of all of you and getting the</p>	
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community and stakeholders together to be a part of this Health Improvement Plan.

It was a bit of a delay on this; it is not something that is mandatory, but it is something that we feel is important. It is a draft document.

Ms. Paulmeno commented Director Fountain for beginning a process of a strategic plan. As Ms. Paulmeno stated, she is aware that not many health departments have gone down this road; is not a requirement, but it is a requirement if the department ever decide to go for PHAB (the Public Health Accreditation Board) certification. Which she strongly suggest they do at some point; because grant funding is becoming more and more limited, and people who have accredited themselves are going to be in a better position to get whatever little remaining money that is available.

Therefore, Ms. Paulmeno thinks Director Fountain has been exemplary in her due diligence thus so many version of getting many input from everybody.

Ms. Paulmeno begins the presentation of The Stamford Department of Health and Social Services Community Health Needs-Assessment: Public Health Report and Strategic Plan 2015-2020.

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**The Stamford Department of
Health and Social Services:**

**Community Health Needs-Assessment:
Public Health Report and Strategic Plan
2015-2020**

Anne T. Fountain, MPH
Director of Health & Social Services, City of Stamford
Consultant: Stephanie Paulmeno, MS, RN, NHA, CDP, CCM
CEO: Global Health Systems Consultants, LLC
A public health consulting firm since 2009
spaulmeno47@yahoo.com ~ 203-326-0400 ~ www.GlobalHealthSystemsConsultants.com

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

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

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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**

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)**

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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*

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

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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 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

**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

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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

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 - 1994

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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

It Takes Courage to Look Inward



See Pages 27-30 of the SDHSS Strategic Plan

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Strengths	Weaknesses
<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

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

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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

**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 nation's and the State's **Leading Health Indicators** and against **public health priorities** that were set at the State level.

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The Stamford DHSS's Overarching Strategic Planning Priorities

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

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 **measureable strategies**, each with a **specified due date**.

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

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	<p>Stamford DHSS Strategic Planning Goals for 2015-2020</p> <ol style="list-style-type: none"> 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 <p>Additional Resources</p> <ul style="list-style-type: none"> • Thomas R. Frieden, MD, MPH, CDC Director. <u>About CDC & the US Public Health System: 10 Things Every Health Official Should Know Video</u> . Downloaded on 2.6.15 from: http://www.cdc.gov/sttpublichealth/docs/usph101.pdf • Jan Wilhoit, Senior Project Management Specialist, NACCHO. <u>2013 National Profile of Local Health Departments</u>. 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. <u>Evidence-Based Decision Making in Public Health</u>. Journal of Public Health Management Practice, 1999, 5(5), 86–97© 1999 Aspen Publishers, Inc. http://www.uic.edu/sph/prepare/courses/chsc400/resources/evidencebasedpublichealth.pdf 	<p>Dr. Decker thanked Ms. Paulmeno for an interesting and valuable presentation.</p>
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New Business:

There was no new business		
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Old Business:

Diabetes Education	<p>Ms. Parry stated this was a continuing issue. Director Fountain was going to speak with partners in the community to see what they have, and that would afford people the opportunity to learn not just about diabetes, but how to use the finger sticks machine and when they</p>	<p>Dr. Decker moved to table this item to the October meeting. Ms. Parry seconded. Approved unanimously.</p>
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	<p>should call the doctor.</p> <p>Director Fountain said she had a meeting with Stamford Hospital – Population Health. She stated that that division was cut from the hospital. Director Fountain commented that she met with American Diabetes Association; she informed them that the Health Commission was interested in meeting with them; they are trying to reach out to the community.</p> <p>Dr. Cobb stressed the concern of physicians and patients understanding pre-diabetes and the glucose numbers and when to have it treated.</p>	
Healthcare Gap Processes		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, max of 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 questioned school buses. Director Jankowski answered school buses were not exempted. The school has been notified.</p> <p>Dr. Cobb asked how often are tickets issue. Director Jankowski responded this had been enforced with fines since the ordinance passed.</p>	
Parks – Anti-Smoking Policy	Director Fountain stated nothing has changed since the last meeting; there’s a policy in place.	

Appeal:

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.

Submitted by,
Pam Scott
Pam Scott Recording Secretary

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