

## Great Lakes Public Health Coalition – October 26, 2012

Hope Rollins (MI) welcomed the group

**Attendees:** Tom Hughes – IL, Sue Avila – IL, Jim Nelson – IL, Nancy Shapiro – OH, Rosemary Chaundry – OH, Lois Hall – OH, Peggy Hintzman – WS, Lindsey Fabian – MN, David Golden – MN, Molly Polverento – MI, Christi Demitz – MI, Jerry King – IN, and Dixie Ray - IN

### Introductions:

#### Great Lakes Public Health Leadership Award:

**Awardees** – Linda Rae Murray, Mel Shipp, Tom Quade, Pam Aaltonen, and Nancy Shapiro

- Receiving the Great Lakes Public Health Coalition Leadership Awards – for APHA leaders who hail from the Great Lakes Region
- These winners will also be recognized at the affiliate day ceremony and recognized in the upcoming issue of the American Journal of Public Health
- Acceptance comments were made by our colleagues with their appreciation.

**Coalition Reminders** - Hope reminded us of our regional partners and our leadership team.

If there is an ARGC who is leaving their position – let Hope or Dixie know so they can update the roster.

Hope reviewed the mission and vision of the Coalition.

#### Exciting news from the affiliates –

**Michigan** – conversations with UM SPH have been going well; working to increase membership; Hewlett Foundation provides grants for environmental and health causes and have worked on healthy air projects and energy production projects, especially in communities of color. MPHA will receive funding to support a part time coordinator to work on these issues. They recognize that the Midwest is “ground zero” for these issues.

**Indiana** – The state is still seeking to put together a PH Institute inside the InPHA. It has taken a back burner recently – though still very much intended. They have added staff to four statewide coalitions, funded through the state health department – have also moved to a new office as a result of having these new staff. Dixie is key in working to form the Institute. They received a small grant from NACCHO to support 3 Local Health Departments in Indiana for the coming year in their plans to do accreditation. Dixie reports working with their locals to identify what they believe are the highest needs in the communities. They will plan to share these results next year.

**Ohio** – received a \$50,000 grant from the RWJF to develop a public health professional staffing project. They have begun drafting our business plan for this project and also have begun our first pilot

customer/staff project. Memberships have been strong – now at 525. They were asked to participate in the APHA, PHACT campaign due to Ohio’s role in the national elections. The Futures of PH project includes 11 recommendations – including looking at the possibility of taxing additional tobacco, sugary beverages and such to support public health. This recommendation was “left off” the list just before being sent on to the Governor’s Office. But with the insistence of the committee – including the OPHA representative – Nancy Shapiro – this recommendation was placed back on the list. These recommendations will be sent to be considered in the next biennial budget bill.

**Illinois** – They are working on a new strategic plan. They received good technical assistance from Wisconsin. Building their direction around 3 goal areas – infrastructure for local PH, most of all. Grant from CDC, partnering with state health dept - \$450K over two years – to strengthen locals – to do a third party billing system for them primarily for vaccines. MCH section has been revitalized. In this process – wrote a grant application to CMMS – waiting to hear about funding decision. This project would see IPHA as the leader/convener and would include the schools of nursing and public health and all three state agencies working to reduce low birth weight babies. They are growing in their role in staffing projects for their state health department and added five new staff in past month. Important not to lose track of all the other work – in spite of the exciting niche work. They are also doing great advocacy work with administrators. Approached by CDC and state health department to do the billing project. Will do 10 pilot sites across the state. Looking at a centralized billing system for all counties. They will give interesting issues to confront. They also do the legislative work for the Illinois Assn of PH Administrators. Sue mentioned the topic of fracking – and wanting to know if our Coalition can do more to look at the PH issues around this practice. Suggested working on some sort of project we can do together when an upcoming movie is released – can we provide some information in the lobby of the theaters or something? With our interest in fracking and HIAs this is a perfect project for our Coalition to work on together. Also mentioned immigration law passage in Indiana – and what this might bode for all of our states in the future. Especially with the implementation of the ACA – what will this mean for our public sector?

**Wisconsin** – received an AmeriCorps grant and is up and running – placing a second round of students and all 13 from the first round have reported they will be staying in a PH field. WPHA and two partners applied for a school health services grant to develop a quality improvement assessment tool. Will also present this at the CoA or ISC at this meeting next year. WPHA HIA Section developed a toolkit on what to do and how to do an HIA. Their Retiree Section is reviewing the tools as independent reviewers. The toolkit also includes a component on how to inform policy makers about HIAs.

**Minnesota** – expanded their annual meeting to two days – had APHA president as well as Surgeon General and state health director at the meeting. Membership is up – mostly due to their new website. Now about 270. Passed a resolution about the marriage amendment – to support same sex marriage. This has been a very divisive issue in their state. MPHA officially opposed changing the state constitution – and their membership supported this position. They focused on the health benefits of same sex relationships as pertain to benefits and healthcare. The Director of Transportation also spoke – and really did a great job talking about public health issues around transportation. Some associations are fiscal agents for other organizations – Minnesota is asking for advice about doing this going forward.

They are nominating their affiliate for next year's award at APHA – for their policy forum series and their expanded memberships.

### **GLPHC New Member Orientation – Jerry**

Jerry presented this initially in Holland, Mich. He shared a ppt presentation on history of the Coalition. Would welcome comments/suggestions about the presentation – but it really would be a good background document for new GLPHC members to hear about. The document includes background and structure of APHA and the Council on Affiliates as well. There are segments of the presentation that still needs more content and to add items about the strategic plan. Everyone will continue to contribute content for Jerry via email to him. The document can be added to the Operations Manual too – for use in the future as new members come on board.

### **Strategic Planning Background – see grid in folder to see progress made**

Five Pillars of Capacity Building Success - leadership; member development; policy development; advocacy; resource development are the foundational elements of capacity building. Moving forward the pillars will be visibly seen on the website with hyperlinks to resources, toolkits, samples and templates to assist the Coalition.

### **GLPHC Budget Update – Jim**

See budget sheet provided. GLPHC has received dues from all members; expenses to date included anticipated higher expenses for this fall meeting. Due to high costs, Hope choose not to rent banquets, and no LCD projector or AV screen, therefore the estimated balance going forward is likely higher than what was listed on this sheet. Total for the room is \$320 plus \$85 for the flip chart kit. Illinois PHA is also willing to give up the “treasurership” of the GLPHC if any other state wants to pick it up. No one volunteered.

Spring meeting will be April or early May – in Indiana. Location not determined at this point.

### **CoA Report – Peggy**

Nancy Shapiro has been the CoA secretary and will be on the ballot as Chair-elect for the CoA. We also changed our name to Council vs. a Committee. Now we will be official voting member on the Executive Board. Have shared info re the student liaison position – none of our affiliates has made an appointment in this regard yet. They will also provide student reps to the Student Assembly of APHA. Student needs to be a member of APHA and the Student Assembly in order to represent the CoA.

GLPHC efforts around HIA – will be recognized later in the meeting. Lindsey Fabian will also be presenting on behalf of the section that wrote the policy. Lindsey Fabian did a great job working on this policy statement. The process to develop policies is very confusing... and has never been generated from an affiliate before – or from a coalition of affiliates. This exercise clearly showcases the talent that can be brought to the table from the affiliates. There were a lot of politics involved in being listed as an endorser of the policy was a huge task. Is a sincere intent to foster collaboration between sections and

affiliates? Hope eventually needed to write a formal email to APHA to secure their commitment to include GLPHC as an endorser.

Decision published in GC report or Nation's Health to limit candidates' appearances at annual meeting – asked if there could be a better way of organizing these appearances. Will continue to meet with the Governing Council, the ISC-CoA and the Great Lakes PH Coalition.

The CoA has minimal funds and not sure how the office of affiliates is funded through APHA – thought our dues went to support this office – but not necessarily. At Affiliate day tomorrow, we will talk more about how much our dues contribute to the budget of the APHA and what we receive in turn.

Discussed the cost of the affiliate's reception and to see if this might be a better use in some social service arena vs. a reception. The amount collected this year was not sufficient to provide the same level of reception as last year – though the reception will continue to be held.

CoA GC member - Pam Aaltonen is nominated. There are several strong candidates.

Will be no 2013 mid-year meeting.

Expect that affiliate dues will be increased in the future years.

Affiliate annual reports due 12/28/12 – brand new – but will bring good consistency in affiliate reports.

Feedback from candidate meetings – one affiliate reported that after last year's meeting – a candidate from their state had no idea about their affiliate – and had a lot to learn from the GLPHC about affiliates and that state's affiliate in particular.

### **GLPHC Website Update**

Want to use this site as an example for other regions who might want to form or act more like ours.

Will have some organization on the site around the five pillars discussed previously. Will also be able to link to each state's site and tools and documents that those states have that meet/fall into the pillar structure.

### **HIA Policy Update – Lindsey Fabian**

Hope asks that some of our members try to attend the policy hearing on Sunday.

Lindsey and Peggy took the lead on this project. At the 2012 spring meeting we decided that we would focus on this joint policy issue as a part of our ACBI grant. All of our six states passed HIA policy statements. Then reached out to APHA policy staff and they were told that there was a community health planning and policy section was also planning to work on this resolution on this topic. They were initially eager to have state affiliate perspective and then the section took the lead with GLPHC input.

GLPHC was to be an endorser of this policy. When sent to the Joint Policy Committee – this one made the cut and remained among the 10 that will move forward at this year's meeting. Also made a request

to speak at this year's meeting on this policy – and Lindsey continued to pursue this request. Focus of her presentation will be that this was a good learning process for affiliates to become more involved in the policy development process.

Need to focus also on the fact that affiliates have expertise in policy too – and are also involved in getting policy implemented at the state or local level. Point out too that while there are some barriers – there was also collaboration. Acknowledge that there are things going on at the state level as well – and it's good to connect with state affiliates when considering policy development.

Local people ought to have input in policy development that will ultimately involve or pertain to local people. Shows too, how you really study the impact of development in a PH context.

The policy statements that APHA passes often don't make it down to the state level. This is a fault of the policy system within APHA and the sections.

State level policies tend to be more simplistic and action oriented. When they can link to the higher level – rigorous – APHA policies – that makes for a good reference to support the adoption of the state policies.

Need to discuss the relationship between the APHA policies and what gets implemented in the field in the states. To get people's attention to the APHA resolutions is tough back in the states. Is this because they're so tough to read through or because folks don't see the local implications.

Helps to be able to craft or provide information to people as they begin to testify to share good, thorough information to pull together their thoughts and to pull together their statements for advocacy positions. Locals are facing major cuts and feel like there's not option or way of fighting back... we need to push the connection between APHA and what gets funded locally. What can we do to fight for PH advocacy?

One of the WPHA has been with the use of resources – so they've had to focus on local issues. Have a tough time of working on multiple efforts since resources are limited. What then is our responsibility then as it comes to the APHA resolutions – including national data and requesting national action – do we also then make these our focus for advocacy? If the APHA policies had local content – we couldn't focus on all of them any way – but if they had local content – that would at least give us something in writing – well done – that states could use as they develop or push their policy agendas.

Not sure what the affiliates' responsibility is when they go home with the adopted APHA policy statements – what is our job when APHA makes a policy?

Where does it go next for the inclusion of the states in policy development? Also if asked to participate in the PHACT campaign.

### **Strategic Planning for 2012-2013 – Dixie**

Planning is great- but action needs to follow.

Mission – agreed upon in 2010 – strengthens regional and affiliate capacity to advance public health in the region. Group agreed this is still a worthy mission for this group.

Priorities for the Coalition – see Dixie’s handout

Advocacy

Suggest also addressing effectiveness and quality of the coalition as well as our individual affiliates

Sharing best practices – resource development, identification and sharing

Capacity building – public health capacity building

Leadership development and workforce development

Moving affiliate members into APHA membership and more proactive advocacy initiatives

Internal advocacy within APHA as well – to support the role of affiliates

Organizational capacity – different than general capacity building.... Association management/structural

Sustainability – need to learn how to grow your agency’s resources, but also to maintain them; what do we offer to our members that they need? What are our “affinity projects?”

Need to collect information on what works where? Could be an edited book on what works where and why?

Shared capacity? Passing back the raw information from our affiliates to our governing boards... what can we provide to educate our boards about other state boards? How do we inform our members?

Be sure to assign a responsible person or group as strategies or activities are determined.

Our shared learning experience might be something worth expanding upon – to hold webinars for policy chairs for example, or presidents or section chairs ....

Might want to do some activities around capacity building/infrastructure and some PH topical issue - such as oral health/dental health access.

Could we produce some sort of document to describe “the best thing” that the ACBI funds did for us – so that we can either take the next step – or so that we can go to other regions to tell them about our success and how others might be able to learn from that.

Dixie will compile the notes and send information for follow up via email.

**Priorities- Policy Involvement, Advocacy and Maintaining the Organizational Capacity to do this**

Candidate Forum took place.

Meeting adjourned at 6:30 p.m. Minutes taken by Lois Hall (OH)