



# Public Health Advisory Council Meeting

---

## MEETING MINUTES – December 19th, 2018 @ 4:00pm

Health Department Board Room, 2<sup>nd</sup> floor  
2030 Tecumseh Road  
Manhattan, KS 66502

In attendance: *Please see attached sign in sheet.*

1. Welcome and Sign In
  - a. Adam called the meeting to order at 4:05 pm
  - b. Call for other items to be added to the agenda
  - c. No public comment.
2. Director's Report
  - a. Grants
    - i. KDHE Kansas Opioid Overdose Crisis Response, awarded \$70,000
      - A. Community needs assessment
      - B. Community training
      - C. Safe prescribing practices, K-TRACs, Mental Health First Aid, ACES, Opioids and Pregnancy - not all physicians are using K-TRAC's. We are hoping to get KTRAC's integrated with their EMR's.
    - ii. Screening Brief Intervention and Referral to Treatment (SBIRT) training
    - iii. Development of evidence-based screening and referral protocol
    - iv. KDHE Injury Prevention Mini Grant, awarded, \$1,850. This will purchase pack n' play and sleep sacks.
    - v. KDHE Aid to Local Grants
      - A. Released - January 15
      - B. Commission approval – March 8
      - C. Due March 15
  - b. Hiring/Staffing
    - i. Public Health Nurse
      - A. Carla Marrier, rejoined the Public Health Clinic
    - ii. Temporary Position – Medical Clerk
      - A. Interviews soon tomorrow. Without a temporary person, we are out of clerks.
    - iii. Opioid Interns
      - A. 3 Paid interns, 20 hours a week, January – August. We have had grad students, one nurse, 3 MPH students, former military, and one that has worked with community corrections apply for this position.
      - B. Interviews, January 3<sup>rd</sup>
  - c. Accreditation and Strategic Planning
    - i. Timeline
      - A. 1 year to upload documentation
      - B. Goal: March 2018
    - ii. Mock site visit
    - iii. 2 Day site visit – October 2019

- A. Sessions to review each domain
    - B. Meetings with staff, community partners, Board of Health and You!
  - iv. Decision by December 2019
  - v. Completed Health in all Policies (HiAP) Training
    - A. HiAP Training for the Community in April in collaboration with Greater Northview Action Team
  - vi. Customer Satisfaction Survey
    - A. Results in December - send via email.
  - vii. New Commissioner Orientation – John Ford – on December 28<sup>th</sup>. Jenn will give a tour and educate the commissioner on the Health Department.
  - viii. Employee Satisfaction Survey
    - A. Results in January
- d. 2019 Plans
  - i. Access to Healthcare Report – January
  - ii. Health Department Annual Report
    - A. We are waiting on the financial portion which should be done by February.
  - iii. Strategic Plan Annual Report– January
  - iv. Community Needs Assessment – January- Fall
    - A. We will find out on Friday if we get money from the Peine Foundation.
  - v. New EMR Go Live– July 1<sup>st</sup>
  - vi. Strategic Plan 2020-2025 – Spring (March-December).
    - A. Contracting with KHI
    - B. March 12 – staff professional development
    - C. BOCC/PHAC planning day
  - vii. Accreditation Site Visit – September/October facilitated by WSU
    - A. Mock site visit – June 11<sup>th</sup>
  - viii. CHIP monitoring – ongoing
- e. Community Health Improvement Plan (CHIP) Updates
  - i. Some of the items from the CHIP have been completed, such as adding routes to the ATA Bus, the Community Care Team, and the implementation of IRIS.
- f. Performance Management
  - i. Systematic process by which an organization involves its employees in **improving the effectiveness of the organization** and **achieving** the organization’s **mission and strategic goals**.
  - ii. PHAB Requirement: Use a performance management system to monitor achievement of organizational objectives
  - iii. Measure: the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance
  - iv. Performance Standard: a generally accepted, objective standard of measurement such as a rule or guideline against which an organization's level of performance can be compared.
  - v. Baseline: 2017 starting point for the measure
  - vi. Child Care Licensing
    - A. Measure: % of illegal care complaints that are converted to licensed facilities
    - B. Illegal Care converted to Licensed Facilities
    - C. Next steps and opportunities
      - I. Quality Improvement Project!
        - 1. Goal: 60% of substantiated illegal care complaints will obtain a child care license or no longer reside in Riley County.
        - 2. Follow-up letter about the benefits of becoming a licensed provider
        - 3. Follow up follow call if they do not sign up for orientation

vii. Raising Riley

- A. Measure: the percentage of parents who read to their children 0-5 years of age every day in the past week – The progress has stair stepped. When parents come in, they ask if they read to their kids. Raising Riley provides “book buddies,” which is a stuffed animal to help encourage children to read. They also are conducting Making Parenting a Pleasure, Loving Logic, to get families engaged.
- B. Percent of Parents who read to their children (0-5) every day in the past week.
- C. Next steps and opportunities
  - I. Hired Raising Riley Parent Engagement Specialist
  - II. Ask about reading during each visit
    - 1. Provide books for parents
  - III. Two family engagement events in the spring, Book Buddies - Wild about Reading, March 14<sup>th</sup>

viii. Women, Infants, and Children (WIC)

- A. Measure: percentage of WIC mothers breastfeeding to six months. – We will look at this in January. The Breast Feeding Peer Counselor contact with clients have increased in the last year. Via Christi is no longer sending formula home after babies are born. This is to encourage breast feeding.
- B. Next steps and opportunities
  - I. Continue to increase the number of direct contacts with the WIC Breastfeeding Peer Counselor (BFPC)
    - 1. Review BFPC data in January
  - II. Implemented breastfeeding room at IACH
  - III. Working with the hospital for full recognition as a High 5 for Mom and Baby recognized hospital

ix. WIC

- A. Measure: Percent of WIC Caseload Assigned by the State WIC Office – The caseload depends on the deployment schedule. Overall, the WIC numbers have increased in Riley County.
  - I. Percent of WIC Caseload assigned by the State WIC Office.
- B. Next steps and opportunities
  - I. A results of our one year plus efforts at Ft. Riley
  - II. Caseloads across the nation are decreasing
  - III. Riley County caseloads are increasing
  - IV. Continued outreach efforts

x. Maternal and Child Health

- A. Measure: the percentage of mothers enrolled in Becoming a Mom who began prenatal care during their first trimester
  - I. The MCH Program is promoting the perinatal grant which helps pregnant moms without insurance, gain financial access for prenatal care. TWHG will not see moms unless they have insurance or can pay a large fee up front. TWHG doesn't want the grant applications there but do tell them about it the grant. TWHG sends them to us but it's up to that moms, to come to the Health Department which can take a number of days. There is no way to know if these moms actually come into the Health Department to apply for the grant. Obtaining the grant can be a lengthy process which includes a denial letter from KanCare which can take up to 2 weeks. Unfortunately, there is a lot of time that is lost from the time pregnant moms go to THWG and the time they get to us. The Team is trying to determine how to get these

women here faster. The faster they get here the faster they can start their prenatal care. Even if you start prenatal care in the second trimester, you have to pay the same as if you were starting in the first trimester.

Appointments will be rescheduled if KanCare is not approved. We have to do a better job at advertising the grant. Deb questioned if there is a champion in the practice. Leslie, Nursing supervisor, said our family planning consultant may be an advocate. It was suggested that we use KSU as a resource. We've have a good relationship with Lafene and have had conversations with about our needs The perinatal grant does not apply to KSU students because they have access to student insurance. We get ref to the clinic weekly. We have a good relationship with Lafene.

B. Next steps and opportunities

I. Revising application process for the Perinatal Grant to get women into care faster

II. Quality Improvement Project

1. Texts for appointment reminders and follow-up on referrals
2. Serves as cue to action for clients to receive services sooner

xi. Public Health Emergency Preparedness

A. Measure: the percentage of staff who have completed Fit testing

B. Percentage of staff who have completed FIT Testing

C. Next steps and opportunities

I. Bringing in Fit Testing in house next year

II. Collaboration between RC-EMS and RCHD

III. Provide Fit testing continuously throughout the year

xii. Public Health Clinic

A. Measure: percentage of young adults (18-26) clients who have been immunized against the Human Papilloma Virus (HPV)

B. Measure: Percentage of infants fully immunized by age 2.

C. Next steps and Opportunities

I. All programs can impact immunization rates

1. Memorial Hospital Association Grant
2. Uninsured adults – vaccine flu shots for uninsured adults.
3. Vaccine incentives (Northview, MESI, and OktFluBer Fest)

II. Programs scan immunization records. Input data into WebIZ to identify children that are behind – WIC request immunization records and Raising

Riley will provide an extra \$25 in their scholarship for immunization records.

III. Childcare incentives for immunizations

V. Presentations to parents/schools

VI. Letter to providers

VII. Immunize Kansas Kids Performance Grant

1. Baseline measure for HPV Rates for 11-18 years old: 17.2%
2. Follow up measure: 20.1%
3. Data WebIZ clean up - This is not up to date since most providers are using this system.
4. Reminder/recall system
5. School nurse champions – Get school nurses involved by reminding their students that they need to get their shot.

xiii. Public Health Competencies

- A. Measure: Average percent of non-supervisory staff that are proficient in each public health competency domain
  - B. Average % of non-supervisory staff that are proficient in each Public Health Competency Domain.
    - A. Next Steps and Opportunities
      - 1. Targeted trainings during all-staff and professional development meetings - financial competencies, areas need to improve on.
      - 2. Financial – completed
      - 3. Evidence-based programs – completed
      - 4. Health in All Policies (HiAP)- completed
      - 5. Cultural competency – offer in the Spring
3. Business
- a. The PHAC will discuss what they want to focus on for 2019.
  - b. Jenn will send Robert Boyd the PHAC letter used for last years Annual Report.
4. Other
- a. Are you going to use this Power Point when briefing Commissioner Ford? Jenn will explain program and educate on the budget. Jenn has a list of items she needs assistance with and how to get him involved. Robert recommended that Jenn give him a Public Health 101. Deb recommended that he is invited to the Wellness Coalition Meeting. Bob mentioned that he hasn't seen any commissioners at the PHAC Meeting yet.

Meeting adjourned at 4:50 pm Bob

**Next Meeting: January 23rd, 2019 @ 4:00pm**