SAINT PAUL – RAMSEY COUNTY
COMMUNITY HEALTH SERVICES
ADVISORY COMMITTEE TO THE SAINT PAUL CITY COUNCIL AND THE RAMSEY COUNTY BOARD OF COMMISSIONERS
555 Cedar Street
Saint Paul, Minnesota 55101-2260
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MINUTES
COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE
January 4, 2012

MEMBERS PRESENT
Bob Tracy, Chairman
Jane Amberg
Maridee Bain
Thomas Kottke
Liz McLoone Dybvig
Regina Ripple
Sylvia Robinson
Jack Rossbach
Karla Sand
Kerri-Elizabeth Sawyer
Nancy Shier
Esther Tatley

MEMBERS EXCUSED
Dorii Gbolo
David Muhovich
Colleen Quesnell

GUESTS PRESENT
Kathy Campion
Ann Poole
Jill Stewart
Mary Yackley

STAFF PRESENT
Joan Brandt
Sharon Cross
Rina McManus
Richard Ragan
Julie Seiber
Jim Yannarelly

Introductions
There was an extended time for introductions because there were several new members, a number of applicants and also some guests in attendance.

Election of Chairperson
Richard Ragan stated that at the end of the November 2, 2011 meeting a member stepped forward and said he was willing to lead the committee and facilitate the meetings as committee chairman. That member was Bob Tracy. Richard then contacted every committee member via email or telephone to solicit additional nominations. There were no additional nominations. Thomas Kottke made a motion to select Bob Tracy Chairman of the CHSAC by consensus. All said “aye” and the gavel was handed to Bob Tracy.

Bob said he was anxious to work with Rina as the new leader of the health department and with the committee that also serves as the SHIP Community Leadership Team. He said we should expand outside engaging networks of influence to engage the community. He encouraged the committee members to develop an informal network of advisors and informants who they can engage in their CHSAC work and deliberations. He also wants to create a structure for expert advisors.

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

Joan Brandt presented information on a new grant where the Department received $200,000 for working with the Karen population (40 families). There is a commitment to conduct the program for 3 years with an additional 2 years possible. Staff involved will include: 3 public health nurses, 1 Health Education Program Assistant and 1 Public Health Nurse Clinician. All must complete the Healthy Families America training.

The Affordable Care Act of 2010 created the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to respond to the diverse needs of children and families in communities at risk. Through collaboration and partnership at the federal, state and community levels the goal is to improve the health and development outcomes for at-risk children through evidence-based home visiting programs.

MDH identified at-risk communities based on the criteria identified in a needs assessment. The criteria for the selection of at-risk communities included data on the following: maternal and newborn health, child injuries, maltreatment and emergency room visits and economic self-sufficiency.

Seven communities were invited to partner in the MIECHV program and seven evidence-based home visiting models (EBHV) were approved by the federal government as potential models for MIECHV. MDH selected two models for use within Minnesota: Healthy Families America and Nurse-family Partnership.

Ramsey County was identified as one of the communities of highest risk. With the recent arrival of the Karen families into our community, it was determined that this population would be identified as our target population for MIECHV. SPRCPH's long history of involvement with refugee resettlement provides a foundation for identifying the characteristics and needs of the newly arrived refugees. Most refugees come to this country relatively healthy. However, as they assimilate, health issues develop especially post traumatic stress syndrome usually due to the refugee camps. Ramsey County identified the Health Families America (HFA) model as well suited for working with the Karen population.

The eagerness of the Karen community to embrace public health services increases our ability to provide voluntary, relationship based, long term nurse home visiting services. The family centered qualities of the Karen community parallel the family-centered approach that HFA embraces. Examples of outcomes to be measured include:

improved pregnancy outcomes; child growth and development; school readiness; child spacing; prevention of child abuse and neglect; and parenting.

Staff is excited about the unique opportunity to serve this newly arrived population using an evidence- based model. Evidence based early intervention with a newly arrived refugee population may improve the risk factors associated with resettlement.

SPRCPH-MFIP Teen Parent Program: A Program Partnership to Improve Teen Family Outcomes

Sharon Cross is the Supervisor of the Teen Parent program.

The Ramsey County MFIP (Minnesota Family Investment Program) - Teen Parent Program is a program partnership to improve teen family outcomes.

There are many important challenges for teen parents that are addressed by the Program. Children of teen mothers are more likely to be born premature and at low birth weights. Teen mothers are more likely to have a child placed in foster care and children of teen mothers are more likely to have behavioral health problems such as impulsiveness, over activity and low self-esteem. Parenthood is the leading cause of school dropout. 60% of mothers who have a child before they are 18 never graduate.

Children of teen mothers generally do worse in school. There is a proven link between teen pregnancy, poverty and other social issues. The primary health determinants are education and poverty. A child born to a teen mom is nine times more likely to be poor.

Family Health uses evidence-based principles to develop and implement the Teen Parent Program. The principles are: relationship-based practice, initiated during pregnancy, long term, coordinated, teaching and sharing information, interactive between the teen, their child and their own parent, and culturally relevant. The program forms community partnerships with public health, financial workers, attorneys, health care, schools, housing resources, sheriff's truancy program and other community resources.

The program goals include: Healthy teen and child outcomes, secure attachment and health interaction between parent and child, delay of teen subsequent births, positive child health and development, regular school attendance until graduation, self-sufficiency, getting out of poverty and positive decision making.

Teen parents live on a very low income. Currently the cash subsidy is $437/month for a mother and child. Ramsey County has the 5th highest pregnancy rate among 15-17 year olds in Minnesota. Funding for this program comes from RCWFS, third party reimbursement, and tax levy dollars. In 2011 WFS supported this program with a budget of $670,000 which is being reduced by 12% ($590,000) for 2012 due to WFS fund budget reductions. As part of the MFIP program requirements, staff monitors teen school attendance in approximately 67 schools each month. If teens are not compliant

with their school attendance and progress plan, sanctions to their MFIP benefits are applied which result in a 10% reduction in their grant for the 1st month of non-compliance and 30% of their grant for subsequent months. Program evaluation data indicates that sanctions initiated early in the teen parent's non-compliance, assist them in correcting their behavior and complying with their established plan. Program social workers complete between 3 and 5 MFIP Statute driven living arrangement assessments per month with minor teens not living with a relative over the age of 21. The goal of the LAA is to assure a safe and supportive environment for the teen parent and her/his child. The Police Departments are very cooperative in assessing environmental safety. The program's effectiveness is evidenced by comparing teen parents' national rate of high school graduation of GED completion of 40% to the SPRCPH's program rate of 68.2% in 2010. When the Department began this program partnership in 2003, the Ramsey county teen parent graduation/completion rate was 33%. In the 7 years since the program's initiation, the rate has more than doubled. Although we hope to qualify for a federally recognized promising new program, currently the program's evidence has not been rigorously enough evaluated to meet the standards for evidence based programs. Consistent with PH practice, the program also examines change for a system's perspective. A current example is SPRCPH MFIP program staff's meeting with Hennepin County program staff to implement our model in Hennepin County through a pilot program funded by DHS. We are looking at systems change. Ramsey County program is meeting with Hennepin County program to implement our model in Hennepin County.

Several questions were posed and answered.

Sylvia – Do you work with husbands (fathers of the children)? Sharon Cross – absolutely.

Jane Amber – How do teens find out about the program? Sharon mentioned WIC referrals, school and clinic referrals in addition to all referrals of pregnant and parenting teens receiving MFIP.

Ann Poole – How do you ensure teen feedback regarding the program? We have completed 2 teen parent client surveys in the past 6 years. Do you work with Champions of the program? Sharon – This summer with Workforce Solutions and RCHS staff, we submitted a Department of Labor grant application to fund a mentor program including teens in the SPRCPH program and those under the age of 23 who are now served in the adult MFIP program through HIRED's Young Adult Program. Although the application was not funded, additional funding opportunities for implementation of this program innovation are being examined.

Regina – Do you facilitate volunteer mentoring? Sharon – not currently but that's a very good idea that we would be interested in, if resources are available.

The Transitioning to Healthy Homes Debate

Jim Yannarelly has worked for the health department for 30+ years as a housing and children's lead poisoning program specialist. Jim recently presented a paper at the International Housing Conference in Vancouver, BC, Canada. He applies for numerous grants to support his programs. Ramsey County has been a leader in eliminating lead from homes by replacing windows. Recently his program is transitioning from lead abatement to "healthy homes." There has been a redistribution of federal funding. Previous funding was primarily for treatment of symptoms and health care. For lead work the budget was as high as $ 60 million. For Healthy Homes work the budgets have been more like $4 million in 2011 and $10 million in 2012.

The Department is currently negotiating two different healthy home grants with MDH. The first is a CDC grant through the MDH Lead and Asbestos Section to use an environmental health specialist to complete a home assessment to determine existing environmental triggers. The second is a HUD grant through MDH's Asthma Section to the Department's Healthy Families Section to use a public health nurse to complete a health assessment using a data collection form.

Research has been targeted at defining the environmental triggers of asthma which are found in the home and then to determine a strategy that can minimize the environmental triggers. Research has shown that the environmental triggers are very consistent and that the cleanliness of a home is a very important component. Asthma is a very serious health problem in Saint Paul due to dust, mold and mildew.

Environmental Action for Children's Health (EACH) is a HUD Healthy Homes-funded inspection and modification program for children with asthma in the greater Minneapolis and St. Paul metropolitan area. EACH provides an essential service to low income children with asthma and their families.

Concerns that may contribute to asthma exacerbations are identified, recommendations for modification made, some products are provided (bed encasements, HEPA vacuum cleaners, dehumidifiers, air cleaners) and minor repairs (plumbing leaks, caulking) are made. Asthma care management modifications (medication changes, revised asthma action plans) are coordinated with the child's Health care provider. Some structural modifications (removal of sheetrocking, etc) are also occasionally made. Referrals to other environmental Programs are made as needed. Health care utilization, school absences and symptom burden are measured at baseline and 3, 6, 9, and 12 months. Significant improvements in daytime and nighttime symptoms and functional limitations ($p<0.05$) have been noted; hospitalizations, emergency department admissions and oral corticosteroid treatment showed significant differences from baseline and there was a significant decline in school absences. Residents and their physicians indicate that the program has filled unmet needs with a service previously lacking in asthma care management.

Home assessments for environmental triggers of asthma usually results in the purchase of vacuums which decrease asthma triggers and the cost is only $460 per kid, which is cheap. The Section 8 population is a highly mobile population. They can take their bed sheets, air cleaner and vacuums wherever they move. Ann Poole – The results are amazing with ED visits costing $1,000/visit, the payer (insurance) must be willing to fund your work to lower their costs. Tom Kottke agreed stating that $500 is way less than a visit to the ER. Insurance companies may be interested but not the hospitals – they want the $ for the ER visit and there is no incentive to fund a less costly program. Jack stated that a HEPA Dirt Devil vacuum at Target is $39.

We are going to do more work/collaborations between Sections of the health department i.e. environmental health and family health to integrate children's environmental health issues with the work of the department and of community partners. We will be working with approximately 120 homes of kids with asthma. The goal is to keep kids asleep at night, all through the night and then to school the next day so that parents can go to work.

Statewide Health Improvement Program (SHIP) Updates
Director Rina McManus described the goal of the Statewide Health Improvement Program (SHIP).

In 2008, bipartisan cooperation and support resulted in Minnesota's landmark health reform initiative, designed to improve the health of Minnesotans, enhance the patient experience of care and contain the spiraling costs of health care in our state. This effort was initiated to address the questions: How do we do health care system reform? And How do we prevent chronic disease? And What do we do about rising health care costs? SHIP came out of this vision to do health care system reform.

MDH took the lead and provided funding across the state to and through local public health departments. Funding came from the 2% health care provider tax and resulted in a total of $49 million.

Four areas of focus were prescribed: Workplaces, Communities/cities, schools and health care. SHIP tackles the top three causes of preventable illness and death in the United States: tobacco use, physical inactivity and poor nutrition. Nationally, tobacco use, physical inactivity and poor nutrition have been estimated to cause 35 percent of all annual deaths in the United States.

Minnesota Department of Health (MDH) awarded 39 grants (86 counties and eight tribal governments) to Minnesota communities to help lower the number of Minnesotans who use tobacco or who are obese or overweight.

Community health boards and tribal governments applying for the grants chose from a menu of interventions that have been proven effective in reducing tobacco use and exposure and in improving physical activity and nutrition. The interventions focus on

four settings – schools, communities, worksites and health care – to make sustainable improvements to the policies, systems and environments that determine how Minnesotans live, learn, work, play and receive care.

Measurements will provide information about: Health care costs, Risk factors of tobacco use/exposure and obesity and related chronic disease, Individual health behaviors linked to tobacco use/exposure and obesity, Policy, systems and environmental changes that are proven to reduce tobacco use/exposure and obesity and Activities that move local communities toward those changes.

Ramsey County had experience with these types of programs with the STEPS CDC Grant. The SHIP effort is not about programming but policy change, systems and environmental changes and interventions. MDH is taking a leadership role working with the big health care systems.

SHIP aims to improve health and contain health care costs in two ways: (1) by reducing the percentage of Minnesotans who use or are exposed to tobacco and (2) by reducing the percentage of Minnesotans who are obese or overweight through better nutrition and increased physical activity. By reducing these risk factors, SHIP addresses the top three preventable causes of death in the United States. The goals of SHIP are ambitious but achievable.

Now we have SHIP 2.0. Funding for SHIP was reduced during the 2011 legislative session and fewer grantees are receiving funding this year. For the second phase of SHIP, the Minnesota Department of Health (MDH) awarded 18 grants (51 counties, four cities and one tribal government) totaling $11.3 million for the next 18 months to Minnesota communities to help lower the number of Minnesotans who use tobacco or who are obese or overweight. Ramsey County has been approved for a grant and is now negotiating the grant tasks with MDH.

Bob said whatever you see out there in the media and literature re SHIP read it, study it and it will help you be an active contributor to the SHIP CLT and discussions. SHIP will shape our agenda for the next 18 months both on the SHIP Community Leadership team and the Community Health Services Advisory Committee.

Meeting Schedule for the Next 12 Months

The next meeting will be on February 1, 2012. The members will be meeting as the Community Leadership Team to work on the SHIP (Statewide Health Improvement Program) agenda.