



Saint Paul - Ramsey County Public Health

*Marina McManus, Director*

**Community Health Services Advisory Committee**

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**MINUTES**  
**COMMUNITY HEALTH SERVICE ADVISORY COMMITTEE**  
**February 6, 2013**

**MEMBERS PRESENT**

Maridee Bain  
Kathryn Champion  
Julie Gagne  
Thomas Kottke  
David Muhovich  
Ann Poole-Nyakundi  
Colleen Quesnell  
Regina Rippel  
Sylvia Robinson  
Karla Sand  
Kerri-Elizabeth Sawyer  
Nancy Shier  
Jill Stewart  
Esther Tatley  
Bob Tracy  
Mayblia Yangsao

**MEMBERS EXCUSED**

Liz McLoone Dybvig

**STAFF PRESENT**

Amira Adawe  
Said Ali  
Say Say Eh  
Nina Harris  
Ben Johnson  
Rina McManus  
Sue Mitchell  
Adriana Pinner  
Richard Ragan  
SuzAnn Stenso-Velo  
Mao Thao

**GUESTS PRESENT**

Dorothy Bliss (MDH)  
Gail Gettling (MDH)  
Jula (Bethel University)  
Der Moua (Neighborhood House)

**Organizational Self-Assessment**

Bob Tracy, Chair of the committee, began the meeting by updating the members on the agenda for the next few months. Bob then conducted an introduction of the guests to the meeting.

SuzAnn Stenso-Velo gave an update on the local public health assessment and planning process.

Saint Paul - Ramsey County Public Health conducted an organizational self-assessment in relation to all the standards and measures established by the Public Health Accreditation Board. Based on this assessment, the agency identified the following three standards most in need of improvement. Standard 9.1 – Use a performance management system to monitor achievement of organizational objectives.

Standard 10.1 – Identify and use the best available evidence for making informed public health practice decisions.

Standard 10.2 – Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Quality Improvement is an ongoing process. The Department has completed a staff survey, established a QI leadership team, created a Quality Improvement plan, and has provided on-line and in-person advanced training regarding Quality Improvement and the Plan-Do-Study-Act cycle.

### **Community Health Assessment**

The Community Health Assessment being conducted since September 2012 is more formal, more in depth, requiring increased staff time and resources. Completing the assessment will have benefits beyond just meeting the statutory requirements. Staff will gain experience in Leadership and project management. The Community Health Assessment process will provide quantitative data by April 2013 for review by staff, the Department Leadership Team and the CHSAC.

The Community Health Opinion survey will provide qualitative data collected between February and April 2013. The data will answer the question(s) what are the public health concerns of people (groups) in the community?

After collection, the data will be reviewed and analyzed during April and May of 2013.

### **Community Health Opinion Survey**

SuzAnn distributed the draft Community Health Opinion Survey for review and comment.

Regina asked who will be receiving the survey, who is the audience? SuzAnn said the general public is the audience. Regina asked about people who can't read, or who lack education/comprehension and/or don't have a computer.

Sue Mitchell said the survey is not completed but it will be done soon. It is still in draft form and should be guarded. Sue will be working with a University of Minnesota graduate student working on the data collection/survey with her and her staff. The U of M graduate student will tell us how many surveys we need to complete to have a valid study sample AND will help with the analysis of the data. The survey will be made available both on-line and hard copy. The survey "construction" is still on-going. There will be an approximately 7 week period of time to complete the survey once it is final.

Sue said she expects data collection from the survey from a stratified sample from many subgroups- young, old, Karen, Somali, African-American, low income, Hmong, Spanish, American Indian and other.

Sue Mitchell introduced her staff who will be doing the survey work: Said Ali will work with the Somali community in Highland Hills Elementary School and Skyline Towers; Amira Adawe will work with the Somali community in the mosques; Ben Johnson will work with low income people; Mao Thao will work with non-profits, faith communities, clinics, WIC, Hmong American Partnership, Hmong markets and the 18 clans of Hmong people in Ramsey County; Nina Harris will conduct family health home visits and conduct African American adult male and female interviews during home visits and the African American Leadership Forum; Say Say Eh spoke about the Karen people and churches. She will be working alongside Eh Taw Dwe; Sara Hensche works for

screening and case management and will survey older adults at senior centers; and RJ Wilkins will be surveying young people...tagging along on child and teen checkup visits.

A question was asked about over sampling versus missing a group. Also, is there a way we could create incentives to increase participation in the survey process?

Bob asked about the GLBT community. He stated they need targeted outreach due to health disparities. He suggested contacting college organizations, the Family Tree clinic and other organizations.

Jill Stewart asked about people with disabilities such as the blind and illiterate. Sue said staff will read the survey to them.

If CHSAC members have suggestions about the survey, please submit comments to Richard Ragan and he will get them to Sue and SuzAnn. After the survey is completed, there will be invitations to the CHSAC and community partners to take and share the surveys with contacts.

A committee member asked about vulnerable people who don't have a voice – how do we reach them?

Maridee suggested surveying inmates in the Ramsey County correctional facilities where you could get a good cross section of men.

Bob asked what the motivation is to take the time to fill out the survey. What's the message we want to get across? How do you answer what's in it for me?

David Muhovich stated that he believes there will be a connection between the survey results and the Affordable Health Care Act because politics and economics impact health.

### **Community Health Improvement Plan**

During the CHSAC meetings in April thru September there will be additional community people joining the group that will increase community representation. We may refer to the group as CHSAC PLUS.

SuzAnn S-V will write up a paragraph regarding the attributes of community participants with the CHSAC members for recruiting purposes.

Bob asked to see the data before the meeting where they will be asked to discuss the data. Committee members agreed to review the data prior to the meetings.

David Muhovich asked if quantitative data will be "weighed" equally to the opinions from the survey. Which will be used data or community perception?

Bob asked about quantitative trend data versus point in time data. Which data will be used to make decisions and how?

Deliverables (assessment data and plans) are due to the Minnesota Department of Health in February of 2015.

Healthy Minnesotans 2020 and Vision for a Healthy Ramsey County are documents that will be considered.

Rina mentioned that in the Community Health Improvement Plan (process), Saint Paul - Ramsey County Public Health is just one part of the community. We happen to be the convener of community public health discussions. But many organizations need to be involved in the "care and feeding" of the public's health. As the leader of the health department, we don't want to create unrealistic expectations of what can be undertaken, funded and or accomplished.

Rina mentioned that she is facilitating a number of presentations to the elected officials re the Affordable Health Care Act and the impact on #1 the community; #2 programs and services of Ramsey County and; #3 Ramsey County as an employer of over 3,000 employees. The next presentation is March 19<sup>th</sup>. Three Departments will be impacted the most. Those departments are: CHS because of insurance, Public Health because of prevention, and Workforce Development.

Karla mentioned the committee and staff should consider the "return to community" legislation.

The committee adjourned at 6:35. The next meeting is March 6, 2013, 5:00-7:30 PM.