



AGENDA

NMPHA Steering Committee

October 30, 2018 | 10:00 am to 3:00 pm

Large Conference Room
Health Department of Northwest Michigan
95 Livingston Blvd.
Gaylord, MI 49735

Morning Session

Time	Agenda Item	Presenter
10:00	Welcome and introductions	Wendy Hirschenberger Grand Traverse County Health Department
10:10	Review the agenda and process	Amanda Menzies Public Sector Consultants
10:15	Review background information	Erika Van Dam and Jane Sundmacher Health Department of Northwest Michigan
10:30	Assess NMPHA's past, present, and future	Amanda Menzies and Katie Van Dorn Public Sector Consultants
11:15	Identify goals for future direction	Katie Van Dorn
12:00	Brainstorm options for future NMPHA structure	Amanda Menzies
12:15	Lunch	

Afternoon Session

Time	Agenda Item	Presenter
12:45	Clarify options for future NMPHA structure	Amanda Menzies
1:15	Identify and prioritize elements of a successful alliance	Katie Van Dorn
1:45	Assess options against prioritized elements	Amanda Menzies
2:15	Reach consensus on how to move forward	Amanda Menzies and Katie Van Dorn
2:50	Wrap up and next steps	Wendy Hirschenberger
3:00	Adjourn	



STEERING COMMITTEE
Facilitated Discussion
Notes
October 30, 2018
Health Department of Northwest Michigan
Gaylord

PRESENT		
Denise Bryan	Health Officer	District Health Department #2 District Health Department #4
Steve Hall	Health Officer	Central Michigan District Health Department
Wendy Hirschenberger	Health Officer	Grand Traverse County Health Department
Kevin Hughes	Health Officer	District Health Department #10
Jodi Kelly	Deputy Health Officer	Grand Traverse County Health Department
Sarah Oleniczak	Deputy Health Officer	District Health Department #10
Lisa Peacock	Health Officer	Benzie Leelanau District Health Department Health Department of Northwest Michigan
Jane Sundmacher	Coordinator—NMPHA	Health Department of Northwest Michigan
Erika Van Dam	Deputy Health Officer	Health Department of Northwest Michigan
FACILITATORS		
Amanda Menzies	Vice President	Public Sector Consultants
Katie Van Dorn	Senior Consultant	Public Sector Consultants

I. Goal for the session:

The Alliance Steering Committee will reach consensus on the Alliance’s path forward

II. Future success Indicators

Full group brainstormed success indicators; highlighted items were identified as most important

Value of public health is recognized, including by legislators

Success of the Alliance is valued as much as the success of individual health departments

Continued working together, finding efficiencies

Each health department is empowered to mobilize partners to create resilient communities

Mission of the Alliance is more powerful than one agency

Real-time access to data

Addressing the needs of the aging population and other emerging health issues

Expanded Community Health Innovation Region to full Alliance region

Community Health Innovation Regions statewide with Alliance leadership

Public health data is used to demonstrate its value

Leverage our voice at the state level

Telling public health stories

Shared communication resources—thriving Communications Work Group

Funded coordinator position

Continued trust between Health Officers filters to staff

Issue addressed through cross-sector partnerships

Sustainability Plan

Competent, responsive workforce

Alliance is recognized nationally

Alliance as Chief Health Strategist

III. Assessment of past, present, and future

Three groups completed assessment in carousel method. Subsequent groups marked asterisks (*) for items they agreed with and highlighted items were identified as most important in each category by the whole group

PAST ACCOMPLISHMENTS	PAST SET-BACKS
<p>** Shared Health Officer arrangements</p> <p>** Northern Michigan Public Health Emergency Preparedness Team</p> <p>* Leveraging grant resources (HRSA, immunizations, family planning, cross jurisdictional sharing, food service)</p> <p>** Regional community health assessment and community health improvement planning</p> <p>** Workgroups (Advocacy, Communications, Maternal and Child Health, Environmental Health)</p> <p>** Advocacy efforts</p> <p>** Committee participation leads to workforce development</p> <p>* Designation as Community Health Innovation Region backbone organization</p> <p>* Development of Michigan cross jurisdictional sharing grant program</p> <p>* National recognition by Robert Wood Johnson Foundation/Center for Sharing Public Health Services</p> <p>* Informed development and piloted Roadmap for Cross Jurisdictional Sharing Arrangements</p> <p>Widespread Board of Health support</p> <p>Viewed as public health leaders in state</p> <p>Strategic plan outcomes achieved</p> <p>Medical Director backup agreement in place</p> <p>Target population outcomes achieved (immunizations, WIC, Maternal Infant Health Program)</p>	<p>** Steering Committee turnover</p> <p>** MyInsight project</p> <p>** Board of Health turnover/buy-in</p> <p>** Community Health Innovation Region not aligning with entire Alliance region</p> <p>Minor/minimal engagement with broad cross-sector partners</p> <p>Local health department leadership changes</p> <p>Challenging to communicate to staff re: NMPHA</p>
PRESENT STRENGTHS	PRESENT WEAKNESSES (CHALLENGES)
<p>** Diversity of skills & talents</p> <p>** Commitment to working together</p> <p>** Innovative & Progressive</p> <p>** Can do attitude</p> <p>** Lead through listening & setting individual agendas aside</p> <p>** Backbone & strategic planning</p> <p>** Think regional, act locally</p> <p>** Determination to succeed!</p> <p>** Willing to pilot, learn from failures</p> <p>* Willing to teach & share</p> <p>* SC presence at statewide level</p> <p>* Rotating locations of meetings</p> <p>Local spotlights</p> <p>Broad respect by State, Local & National partners</p> <p>Structure available to share funding but participation in projects is optional.</p> <p>Expert staff shares lead on projects TRUST!!</p>	<p>* Lack of dedicated funding for backbone & opportunities - No long-term sustainable funding for coordinator</p> <p>* Geography – large area</p> <p>* Board/Community awareness</p> <p>* Communication of NMPHA to all LHD staff & boards - Staff don't feel connected or understand</p> <p>* Capacity of each LHP varies</p> <p>Different EHR's</p> <p>Limited Medical Director input & engagement</p> <p>Remote meeting participation options</p> <p>Untapped potential for shared resources</p> <p>-Billing</p> <p>-Purchasing</p> <p>-Type II Coordination</p> <p>-Admin support</p> <p>Unions can be limiting factor</p> <p>Aging workforce</p>

FUTURE OPPORTUNITIES	FUTURE RISKS
<ul style="list-style-type: none"> *Continued expansion of best practices *Expanded recognition of role of public health as Chief Health Strategist *New cross-sector partnerships <ul style="list-style-type: none"> • Assure continued role of convener • Oral Health as a public health issues across Alliance *Alliance coordination towards PHAB accreditation <ul style="list-style-type: none"> • Advocacy/Bigger voice for public health *Shared workforce training PHAB and MDHHS Accreditation materials Presence on National level Northern Michigan Health Consortium non-profit opportunities for funding/fundraising Collective voice w/legislators – back-to-basics w/public health at State level 	<ul style="list-style-type: none"> **Lack of resources/uncertain future funding (especially coordinator role) *Communication breakdowns *Community Health Innovation Region expansion doesn't unfold as expected Privatization of public health Staff turnover, maintaining public health work force Changing public health priorities & threats <ul style="list-style-type: none"> *Jane's retirement/backbone staffing Too much scope/vision creep Sustainability

IV. Refinement of SWOT Analysis

Present strengths and present weakness were entered in table and new items added; group brainstormed benefits and dangers. Items highlighted were identified as most important.

Strengths	Benefits
<ul style="list-style-type: none"> Diversity of talents Commitment to work together Can-do attitude Willing to pilot and risk failure Health Officer presence at the State level TRUST 	<ul style="list-style-type: none"> Success at local health department level Leverage funding and resources Improved health outcomes We don't all have to do everything State funding follows success with grants Improved relationships with partners at various levels Support system for colleagues
Weaknesses	Dangers
<ul style="list-style-type: none"> Capacity of each health department varies Communication of Alliance to local health departments Large geographic region No long-term funding for coordinator No plan to address aging and chronic disease 	<ul style="list-style-type: none"> Local needs get lost in the big picture Scope/mission creep Not nimble enough to shift/address emerging needs Other health departments feel threatened State moves forward with regional health departments State reduces funding

V. Commitment Statement

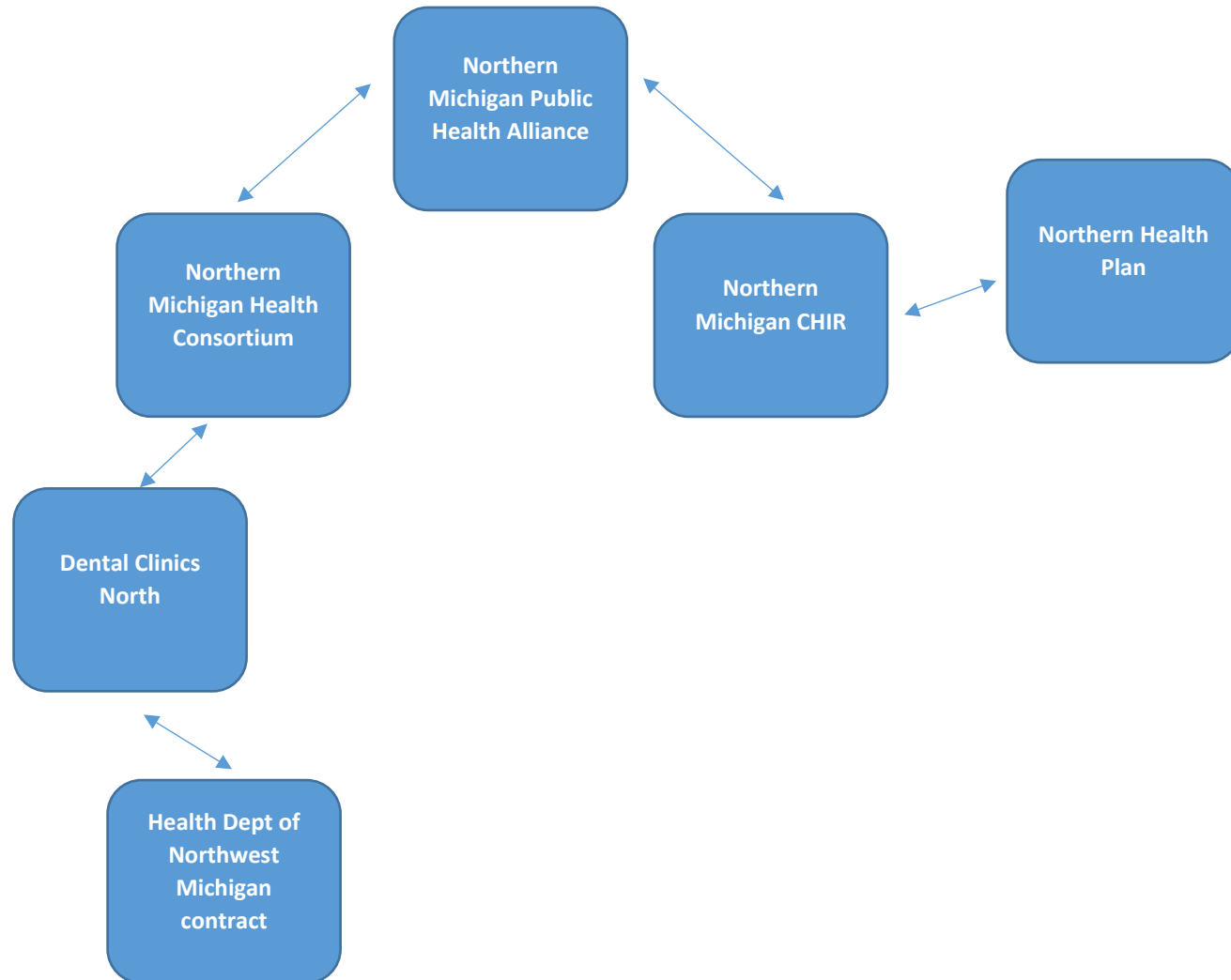
The group developed this statement together

We are committed to an Alliance that.....

- Proactively responds to communities' public health needs
- Improves health outcomes
- Strengthens each local health department
- Works collaboratively to maximize and leverage resources
- Is visionary and innovative
- Commits to assuring health equity

Alignment with not-for-profit organizations

Following extended discussion, Steering Committee agreed to this graphic representation of relationships:



Local health departments support Executive Director/Coordinator for Alliance/Consortium

VI. Next Steps

- Request additional funding for Alliance staffing from Orlando Todd
- Discuss at November Steering Committee meeting:
 - FTEs needed
 - Coordinator role
 - Current work group staffing
 - Potential for each LHD to support coordinator/work group staffing
- Identify what is being asked of the NMPHA in relation to implementation of the NHP Roadmap