

DRAFT

## PARISH HEALTH PROFILE STEERING COMMITTEE MEETING

May 12, 2008

The following persons were in attendance:

Name	Agency
Clay Trachtman	DHH Office of Public Health
Dianne Dugas	DHH Office of Public Health
Eric Baumgartner	Louisiana Public Health Institute
Gerrelda Davis	DHH Bureau of Primary Care and Rural Health
Jackie Pierson	DHH Office of Public Health
Jackie Romero	DHH Office of Addictive Disorders
Jacques Kado	DHH Information Technology
Johnathan Ledbetter	DHH Office of Public Health
Kathy Kliebert	DHH Office for Citizens with Dev. Disabilities
Kelly McCabe	DHH Office of Public Health
Lisanne Brown	Louisiana Public Health Institute
Marshall Richard	DHH Information Technology
Pam Kreyling	DHH Office of Public Health
Peter Katzmarzyk	Pennington Biomedical Research Center
Robert Starszak	DHH Office of Public Health
Ron Young	DHH Office of Secretary
Shirley Burton	DHH Office of Public Health
Stephen Henry	DHH Office of Public Health
Tonetta Morrison	DHH Information Technology

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### Minutes – May 12, 2008

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Dr. M. Rony Francois, Assistant Secretary for the DHH OPH addressed the Parish Health Profile Steering Committee members and voiced his support for our work and the development of the Parish Health Profiles.

- I. Welcome: Avis Richard-Griffin and Audrey Pugh
- II. Each steering committee member present introduced themselves and stated where they work. Also, each staff member present from DHH OPH Policy, Planning and Evaluation

introduced themselves and shared their involvement with the 2008 Parish Health Profiles.

### III. Presentations:

- a. Angela Daniel provided a short overview of the work completed to date for the PHP 2008, steps that will be taken to include the communities input as well as the meeting purpose and the three meeting objectives.
- b. Anshoo Kumar presented and reviewed information on Healthy People 2010 leading health indicators, indicators used in the previous PHP and their updates and the OPH survey completed by all program managers. Further, Anshoo introduced the concept of PHP website development including an overview of two other states sites (Illinois & Florida), overview of meetings with DHH Information Technology and conversations with representatives from these states.
- c. Avis Richard-Griffin with input from Ronald Young, DHH Financial Research and Planning, provided an overview of the DHH Data Warehouse Project

#### DHH Data warehouse

- Avis Richard-Griffin stated that we need to also explore how this will be used internally and how much we will be able to put on the web. We need to decide the limitations.
- Ronald Young stated that he would send PPE a copy of the DHH Data Warehouse Project PowerPoint point so that it could be uploaded on the PHP 2008 website.

### IV. Feedback and Discussion

#### **What other information do you feel is needed?**

- Identify disparities in health and prevention. Statistics on developmental disabilities in the previous PHP only certain age groups are covered. Kathy Kliebert can give us more parish level statistics in this area to be included in the next PHP.
- Also may want to include information about who will be caring for the aging population and the aging care givers.
- Also, autism needs to be added as an indicator on a parish level. There is some data and what is there would be helpful since this is such a growing diagnosis.
- Getting the appropriate data from programs that are up-to-date, especially vitals statistics.

- PHP 2008 should have recent demographics since hurricanes Katrina and Rita. Dr. Eric Baumgartner stated that we want to be sure that no one else out there will be publishing newer, better data than the PHP 2008.
- Include an additional chapter that provides a brief history of Public Health in Louisiana. Show the shift to the new lifestyle and the relationship to the change in indicators over time.
- Dr. Eric Baumgartner recommended taking a very disciplined approach to bring data together and making sense of everything. How will we know we are meeting the population's needs and changes are being made? Changes will be made when policies change. We could do some logic modeling to look at what connections we need to make over time. Over the next several months we could go into communities and ask, what would help them? What would they like to track? Help them set that up and see what changes we get. We also need to see marketing from the top down. Meet with some legislators and/or certain committees to discuss the PHP and how they could use the information to support policy decisions.
- Information available on the web should have data table or link to data table for all indicators. More likely to use data than book when available on line.
- Gerrelda Davis stated that the Behavioral Risk Factor Surveillance System rotates questions in and out and consideration should be given to how other programs rotate data.
- Dr. Eric Baumgartner recommended that we work to get new Louisiana Healthy People objectives. *(Note: The Institute of Medicine has convened a committee to make recommendations about new indicators. This information has not been published to date.)*
- Dr. Eric Baumgartner recommended that PPE examine how the Commonwealth uses positive strategies to make suggestions for change. PHP 2008 could offer simple positive suggestions to communities on how changing something small could make a huge impact on their health outcomes. He also suggested making sure we know how often data will be updated. Make a schedule based on data availability and plausibility of uploading to be prepared when asked about data updates.

#### V. Group Activities:

**Activity 1:** Discuss as a group what data collection tools you use to collect data in your field to make program decisions.

OPH surveillance data captured on list of 47 indicators

- Outbreak data, immunization, vital stats, infectious disease, encounter data (Regional data: WIC, COMPASS – service population), environmental health

#### Aging and Adult Services

- Nursing, cognitive, disability, family caregivers, depression, medication use,
- Office is implementing a consumer survey-access to healthcare; Medicaid crossover claims – HEDIS and ARC prevention measures

#### Addictive Disorders

- Multiple data collection sources
  - a. Communities that Care Survey
    - i. 42 parishes participate
    - ii. Public/private agencies
    - iii. Demographic data
  - b. ASI universal assessment
    - i. Treatment data/treatment needs
  - c. Outcome data
  - d. Two data collections
    - i. Working on merging systems of collection
    - ii. ATR Grant

#### Environmental Epidemiologist

- Survey collection by telephone or by adding reportable conditions for heavy metal, blood and urine to the reportable conditions listing
- Vital Statistics Data
  - a. Annual reporting;
  - b. Various state and regional DHH program data are captured at federal, state, public/private levels
- Louisiana Hospital Inpatient Discharge Database captures data from licensed hospitals
- Health Statistics
  - a. Data available online i.e., LA Health Report Card, Vital Statistics Report
  - b. Data are as good as the source; always concerns about data gaps. Data gaps are addressed at the source i.e., coroner data, hospital birth data, clerks of courts – divorce data, etc.
- Describe limitations of the data and provide information on Meta-data sources.

#### Data gathering

- Surveillance systems are one major resource for data; syndromic data; primary treatment diagnoses-in development
- Emergency room data from those admitted vs. those that are not; inpatient vs. outpatient data

- Process databases vs. organizational databases (OCDD uses ITS and DDapps; OTIS system tracks critical incidents and multiple DHH Offices use it). Difficult to get OAD adult services data and child abuse/neglect data.
- OAD is getting ready to develop a new complaint database
- Injury data - Child Death Review (monthly); safe kids

**Activity 2:** Discuss as a group who you think the end user of PHP is and will they use the information and data we provide. Using the questions below as guidance please list what your picture of the end user is and be prepared to discuss how we can best prepare the PHP 2008 to meet their needs.

- Do you know of someone/organization who uses the PHP?
- How do you see this being used?
- Who do you see this being used by and how?
- Where should this book be distributed?
- Would you use this book?

*How would the data be used?*

- Identifying gaps
- Strength
- Allocate Resources: Funding, Staffing
- Education/ Planning for staff and community
- Health Outcomes
- Comparison, trends
- Program Evaluation

*Who do you see this being used by how?*

- Concerned citizens (personal and family topics)
- Non Profit Organizations for program monitoring, evaluation, public awareness
- Police Jury, Local Government
- Churches, Schools, Hospitals and Health units
- Grant Writers/Researchers
- Districts and Authorities
- Regional
- Legislators
- Universities
  - Students
  - Faculty
- Federal and State funded survey
- Schools and Resource centers
- Physicians and Health care providers
- Libraries
- State and Local Government Offices

- Hospitals to use for health and wellness
- Law Enforcement
- State Agencies: DEQ
- Program development
- Used regularly by local governments for planning
- Proposal writers
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*Where this book should be distributed?*

- Congressional delegation
- School boards
- Charities
- Non-governmental organizations, businesses
- Government, libraries
- Internet – awareness campaigns to hospitals, clinics, schools, etc. with a letter letting groups know that it is online

*How do you see PHP 2008 being used?*

- More compact and marketable products pulled from the whole PHP: Presentations/ Fact sheets to be presented/displayed at groups, conferences, legislations, law enforcement, doctor's offices, libraries, schools, etc.

*Some other discussion during this activity:*

- Non-governmental entities might have other agendas for using the PHP for not so objective reasons; hidden agendas to support their hypothesis (minority view)
- PHP will be viewed responsibility to improve the livelihood of residents

*How should additional data be handled over time?*

- Update the information on line and every 5 years publish a summary showing trends since the last publication of the PHP.
- Striking a Balance – having an update annually and a 5 year summary. What is the progress from one five year period to the next? Some information has a natural, multi year reporting pattern. The latter does not indicate a data lag but indicates the information has to be studied over time for concrete results, i.e. chronic disease data.

**c. Activity 3:**

- Discuss as a group the many indicators and sections we have reviewed today.
- Develop a list of additional indicators you feel should be included in PHP 2008.
- Keeping your end user in mind please develop a mock Table of Contents demonstrating your groups PHP 2008 priorities.

*Develop a list of additional indicators you feel should be included in PHP 2008.*

- Transportation
- Specify information on aging and elderly
- Specific information related to people with developmental disabilities such as autism, education and vocational skills related to employment etc
- Co-occurring disorder (Substance abuse + Mental Health, Mental Health + Developmental Disabilities, Substance abuse + Developmental Disabilities)
- School Dropout rates
- Smokeless Tobacco use
- Adult Seatbelt use
- Juvenile Crime + incarceration categorized by people with developmental disability
- Emergency Preparedness evacuation
- Occupational health outcomes
- Hepatitis C
- Drug-use data
- Antibiotic-use and resistance
- Heavy metal exposures
- IAQ/formaldehyde/mold/lead
- Fish Advisory; Hg
- Obesity
- Green Areas
- Prescription Drug use by prescription
- Animal Bites
- TV watching per day
- Indicators from united health foundation
- Healthy LA 2010 indicators
- Crime Data
- Domestic Violence
- Child Abuse Elder Abuse
- Uniform Crime Card
- Disparity
- Population shift
- Free/Reduced lunch info (indicator for children in poverty)

*Keeping your end user in mind please develop a mock Table of Contents demonstrating your groups PHP 2008 priorities.*

- Option I Table of Content
- Obesity/nutrition/physical activity
- Green Space
- Substance abuse

- Alcohol
- Tobacco, addicted newborns??
- Other addictive disorder like gambling
- Infectious disease
  - STDs
  - Animal/insect bites
  - Chronic hepatitis
  - Food born outbreaks
  - Bacterial infections including antibiotic resistant strains
  - Vector-borne disease
  - Nosocomial infection
- Environmental Disease
  - Occupational
  - Heavy metal exposure (e.g. Childhood lead, Hg (fish advisories))
  - Pesticides
  - IAQ- INDOOR AIR QUALITY (Molds, Formaldehyde, Lead (Pb), ETS- ENVIRONMENTAL TOBACCO SMOKE, Asbestos)
- Vital Events
  - Birth-teenage, birth-weight, congenital malformations, premature births, Prenatal care
  - Deaths(infant deaths, homicide, accidents-inclusive workplace, fetal deaths/still births )
- Healthcare access
  - LAHIDD
  - ER/Outpatient/ambulatory surgery
- Option II Table of Content
  - (Current is Good)
  - Environmental Issues
  - Crime
  - Behavior Health
    - Integrate mental health and substance abuse
  - Current Population: Discuss population shift, Demographics etc

## II. Subcommittees

- a. Avis Richard-Griffin provided some brief information about the data committee and Angela Daniel provided some brief information regarding the marketing committee. Avis Richard-Griffin stated that she would pull together more information about the committees and distribute, but for each committee member to please email her or Anshoo Kumar with there interest.

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III. Wrap-up: Questions/Exit Survey

<b>Total number of surveys returned was 16.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. I understood the objectives	50 % (8)	43.75% (7)		6.2 % (1)	
2. Objectives were relevant to the mission of the PHP	68.75% (11)	18.75% (3)	12.5% (2)		
3. Task completed in today's meeting assisted in accomplishing the objectives	31.25% (5)	62.5% (10)	6.2 % (1)		
4. Meeting objectives were met	43.75 % (7)	18.75% (3)	25% (4)	12.5% (2)	
5. Meeting materials provided were relevant and thorough	56.25 % (9)	18.75% (3)	25% (4)		
6. Presenters were clear and understandable	31.25% (5)	56.25 % (9)	12.5% (2)		
7. Meeting facilitator(s) were knowledgeable and well organized	43.75 % (7)	43.75 % (7)	12.5% (2)		
8. I left the meeting with a clear understanding of the next steps for PHP Steering Committee	25% (4)	37.50% (6)	37.50% (6)		
9. I understand my role in contributing to accomplishing the next steps.	18.75% (3)	43.75 % (7)	25% (4)	12.5% (2)	