

**2012 APHA Annual Meeting**  
**Minutes of Community Health Planning and Policy Development (CHPPD)**  
**Business Meeting**  
**Sunday, October 30, 10 am – 11:30 am**

1. Amy Carroll-Scott, Section Chair, welcomed everyone, reviewed the agenda, and everyone introduced themselves.
2. Natasha Williams, APHA Staff and Section Liaison, talked about APHA's new membership model as current model is not working.
  - Special 3-year rate for early career professionals – will do away with transitional
  - Members can choose up to two sections with no charge
  - Student membership will be available until one year after graduation
  - No more associate membership – will institute Friends of Public Health to allow for tax deductible donations.
3. Amy briefly reviewed CHPPD history and mission statements. CHPPD has four committees: 1) Policy & Resolutions, 2) Membership, 3) Program, and 4) Student. CHPPD also has a Communications Team that oversees the website and newsletter. CHPPD has two workgroups: 1) Transportation – building public health into transportation infrastructure, and 2) Social Determinants of Health – organized two-part session at the Annual Meeting. Also has had success organizing “Dreaming Out Aloud” Organized with DC Dept of Public Health and Georgetown medical Center. About 40 medical students have been involved.
4. CHPPD Section is currently looking for a Membership Committee co-chair and Newsletter co-editor. Suggestion that CHPPD could be more proactive, raising funds from corporate membership and marketing.
5. Bob Griss, CHPPD Section Member, pitched a proposal: The CHPPD section has a unique opportunity to explore the challenge of overcoming the invisible divide between medical care and public health. While many webinars focus on social determinants of health and others focus on health care delivery systems like hospitals, community health centers, and more recently Accountable Care Organizations, it is rare to measure the impact of social determinants of health on health care utilization or costs or to explore strategies for bridging that divide between medical care and public health. Since the CHPPD section has members who work on both sides of this strategic divide, we should be able to conduct a webinar series that builds on:
  - a. the experience of community health centers in integrating medical care and social determinants of health at the program level under the guidance of a community directed board of directors;
  - b. ACOs which encourage the integration of medical care and certain social determinants of health within a geographical area;
  - c. new accreditation requirements for local health departments to conduct community health needs assessments;
  - d. new ACA requirements for nonprofit hospitals to conduct community health needs assessments to justify their nonprofit status;
  - e. Certificate of Need (CON) activities in the oldest and most innovative Health Systems Agency (HSA) in the US, the Finger Lakes Health System Agency in

- Rochester, NY which saves money through CON and addresses social determinants of health to improve health and reduce disparities.
- f. Capital planning activities through global budgeting in other countries, like Canada, which control the development of medical resources to limit excess capacity which would contribute to unnecessary health care spending;
  - g. Recommendations for bundling Medicare payments to increase health care coordination and pay for some social determinants of health to reduce health care spending;
  - h. The development of mapping strategies for spatial analysis so that in the future communities can project the health outcomes of investing in a new hospital, community health center, housing development, improving nutrition through a grocery store which provides fresh fruits and vegetables, building a park or recreational center, or improving public transportation, etc.

This partial overview raises awareness of possible strategies for developing the political authority at the federal, state, and community levels to address the invisible divide between medical care and public health through publicly accountable community health planning. This webinar idea was well-received on the CHPPD teleconference call on September 20, 2011. Bob Griss met with some members to briefly discuss recommendations for both the content of the webinar series and the logistics of conducting the webinars that would have to be coordinated with the CHPPD section and perhaps some other co-sponsoring organizations, and APHA.

6. Group activity – split into groups and discuss these four questions to prepare CHPPD for upcoming APHA deadlines:
  - The 2012 Call for Abstracts – what are hot topics that CHPPD can uniquely address
  - Developing and submitting an APHA policy statement in 2012 – how do we organize now to create and support policies relevant to our interests and expertise
  - Next newsletter deadline in January 9 – how to use the newsletter and the website to best serve CHPPD’s members
  - Leadership development and member engagement – how do we identify new kinds of leaders for February nominations and better engage new/existing members

### **Group 1: Call for Abstracts**

#### Sample Topics

##### Transitions

- Coordination between transitions between infancy to childhood (early childhood to school age)
- Transition from adolescence to adulthood
- Seniors and Abuse: elder abuse, nursing home abuse, substance abuse
- Veterans and substance abuse
- Implementation of recommendations for medical homes and community health centers
- Keeping people out of institutions (disabled and elderly)
- Intergenerational: Sandwich generation (parents taking care of parents and grand children)

- Health literacy in the prevention agenda
- Creating access to the Affordable Care Act (ACA) for different age groups to get services
- Creating awareness of ACA benefits
- Long term prevention outcomes for various ages

Health care provision and prevention:

- Community Resources: providing clinical services in nontraditional settings
- Increasing awareness of chronic illness screening
- Chronic Disease self-management programs or various ages
- Community Support for Prevention Services
- Long term prevention outcomes for various ages
- Measuring prevention
- Return on investment/investing in prevention
- Balancing community needs with paternalism is public health: “We know what’s best for you”

Advocacy:

- Exercise and nutrition advocacy
- Food security and food safety
- Educating food handlers
- Connection between alcohol and breast cancer risk-

The built environment:

- Availability of healthy food, access to farmers markets and healthy foods.
- Food deserts
- Sustainable communities
- The impact of place, race, and poverty – where you live impacts your health
- Lead poisoning prevention in housing and its impact on garden soil
- Interdisciplinary collaborations
- The relationship between public health and creators of the built environment (architecture, planners, ect)
- Multi-sectorial Public Health partnerships (housing, planning, climate change)
- The link between transportation, air pollution, and asthma
- Physical activity
- Availability, affordability, culture, accessibility

Social marketing:

- The use of social media to track health, educate, and increase awareness

**Group 2: Membership Development and Leadership**

- Membership Survey (Topic area, Special projects, Email. Institution, and Contact)
- CHPPD Member Toolbox (MIB Analysis)
- Local Outreach to Schools of Public Health
- Member Recruitment and Retention
- Targeted APHA Email blasts

**Suggestions**

- Directory (Who's Who model)
- Lottery to cover membership fee (survey)
- Tigger Award (Passionate worker bee)
- Job postings/Opportunities (via the tool box)
- Make Targeted Info available to students
- Encourage members to join affiliates
  - Research opportunities and educate policy makers
- Work Through Student Assembly
  - Opportunities for Leadership in CHPPD
- Leverage our interdisciplinary nature (broad focus)
- Build membership committee with student leaders
- Conversion Marketing- recruit (UNA) unaffiliated members to join CHPPD

### **Group 3: POLICY**

Health Information in local health departments and community health centers (Joe S)  
 9 Aims for Public Health Quality (Amishi)  
 Electronic Health Records implementation and implications  
 Standardization and Integration of Health Information Exchange Networks (HIE)  
 (Daniel, Maurice Johnson, and Slande)  
 HRSA definition of the underserved (Daniel)

### **Group 4: COMMUNICATIONS**

Task: Next newsletter deadline is January 20 – how to use the newsletter and the website to best serve CHPPD's members. Suggested to look broadly at communication. The group make up: Of the 11 participants, eight were new to CHPPD

**1. Members introduced themselves, affiliations and interest.** Interests varied from chronic disease/older population, HIV/AIDS, health care equity, global health systems, getting practitioners stories in journals, methods.

**2. Group spent some time clarifying what the communication meant:**

- Disseminate knowledge
- Connect journal/newsletter with practice, what is happening in the field
- Blogs on specific issues
- Facebook, LinkedIn as tools to use in communication
- Opportunities to identify volunteers from regions, states to exchange information, network

**3. Clarified**

- Newsletter is published three times a year: February (Winter Issue), June (Spring/Summer Issue), and October (Fall Issue)
- Short 300 word interest-evoking articles linked to longer articles on the section website
- Section has a wiki, does not have blogs (a helpful article for the newsletter/website would be to summarize blogs within APHA?)
- Activities happening are dependent on members taking the lead on an idea
- CHPPD Students are on Facebook

- Section is not LinkedIn as yet, though APHA is and says they get more responses on LinkedIn as compared to Facebook.

#### **4. Reaffirmed:**

Purpose of Workgroup

Improve communication through section newsletter and website. As most of the members were new, it was suggested that this discussion was useful, and would be considered an improvement, if at least five members asked/followed up with opportunities within the section before the next annual meeting such as:

- Submitted an article in the newsletter and/or website
- Followed with some information gained through networking
- Took up a leadership opportunity

The discussion summary will be sent to group members soon after the meeting, reminding them to clarify questions/information, and Priti will follow-up in six months (March 2012) to ask about their experience.

5. Slade Celeste will email the list of participants to Priti (pri01@health.state.ny.us).