

Director's Corner

Amy Atkins, MPA, Director

The Center for Local Health is pleased to announce that Rebecca Schmidt will join our team as the Deputy Director beginning October 1, 2015. Rebecca brings more than 10 years of experience in program administration, policy development and project management for local, state, federal and international government and non-governmental agencies including the United Kingdom's Cabinet Office, Virginia Department of Health and Centers for Disease Control and Prevention (CDC).



Many of you have worked closely with Rebecca in her role as a Public Health Advisor with the CDC, Office of Public Health Preparedness and Response (OPHPR) assigned to the Bureau for Public Health, Center for Threat Preparedness (CTP). Prior to joining OPHPR, Rebecca served as a CDC Public Health Prevention Service Fellow assigned to CTP for a two-year rotation.

During her fellowship, Rebecca coordinated the development and implementation of West Virginia's public health and medical jurisdictional risk assessment. Prior to her position with the CDC, Rebecca worked as a

Medical Reserve Corps Coordinator at a local health department in Virginia and as a community health educator for a non-profit organization. Rebecca holds a Bachelor of Arts in Social Work and Theater from Boston University and a Master's Degree in Public Administration from the London School of Economics and Political Science. As those of you who have worked with Rebecca may know, she demonstrates a commitment to strengthening the public health workforce, building partnerships, and working with communities across West Virginia. On behalf of the Center for Local Health staff, we are very excited for Rebecca to become part of our team and hope you will join us in welcoming her to this new and exciting opportunity.

Local Health Department Leadership Lunch and Learn Orientation Webinar Series

Lisa Thompson, Public Health Financial Coordinator

In May 2015, the Center for Local Health launched a program called CHANGE (Connections for Health Administrators: Networking, Governance and Education). The objective of CHANGE is to orient and introduce local health department administrators to national and state partners and resources that support public health practice and service delivery. As part of the program, the Center for Local Health is hosting a local health department leadership lunch and learn orientation webinar series.

The webinars are designed to provide guidance from the Bureau for Public Health to local health department leadership. Participation by all local health department administrators and health officers is strongly encouraged. Boards of Health Chairs are also welcome to participate. Webinars will be held September through November.

The first webinar was held September 16, 2015, from 12:00 pm – 1:30 pm, which included an overview of West Virginia Public Health Standards as defined in West Virginia Public Health Code and Rule. More than 50 local health department representatives participated. The topics for the webinars in October and November are Infectious Disease Epidemiology and Environmental Health. For more information about this series, please contact the Center for Local Health at dhhrbphclh@wv.gov.

CDC Public Health Associate Program

Rebecca Schmidt, Deputy Director, Center for Local Health

The Public Health Associate Program (PHAP) is a competitive, two-year, paid training program with the CDC. PHAP associates are assigned to public health agencies and non-governmental organizations and work alongside other professionals across a variety of public health settings. Public health agencies can apply to host an associate through the Fellowship Management System. All applications must be completed in full and submitted online to be considered for this opportunity. The PHAP host site application consists of two components: a completed application and a signed PHAP Host Site Agreement to Detail. PHAP recommends that prospective host sites visit this website often for updates. ***The 2015 PHAP host site application period has closed. Applications for next year will open in January 2016.*** This is a good time to begin thinking about how your agency may be able to utilize this program to increase your capacity and better respond to your community's needs. For more information on PHAP, visit the program site at: www.cdc.gov/phap/index.html.

Environmental Health Electronic Reporting System (HealthSpace)

Linda Lipscomb, Public Health Administration

The Bureau for Public Health secured funding for the development, deployment and equipment required for the use of an electronic environmental health reporting system by local health departments. The project was designed to establish the infrastructure and capacity to track local health department environmental health activities, evaluate local public health service delivery, report compliance with state and local laws and ordinances and support quality improvement initiatives. The *Environmental Health Reporting System* (HealthSpace) contains program modules (to include inspection and permit forms), a time tracking module (modeled after the *Sanitarian Monthly Report*) and a billing module.

HealthSpace also includes a feature that provides the timely delivery of public health data, such as inspection reports, to your community. On the site, data is automatically pulled from the health department database and posted to the website for public viewing. The web and data content is controlled by the health department. The Center for Local Health would like to commend the Beckley-Raleigh, Cabell-Huntington, Jackson, Kanawha-Charleston and Monongalia County Health Departments for electing to use this public access website. To view the public access website visit www.healthspace.com/inspections.html.

The Center for Local Health and the Office of Environmental Health Service's Public Health Sanitation Division are committed to providing support to local health departments to assure consistent and standardized reporting methods are available for reporting environmental health activities statewide. In recent months, the Public Health Sanitation Division provided training to 13 local health departments to promote and expand the use of HealthSpace throughout the state. For information on how your health department may fully implement this environmental health data system or to inquire about training, please contact Judy Vallandingham with the Public Health Sanitation Division at 304-356-4341 or by email at Judy.E.Vallandingham@wv.gov.

HealthSpace is an important tool. Through standardized statewide reporting, we can better understand the impact of our efforts as a state and local public health system, assure consistency in quality, improve efficiencies and be more responsive to the needs of communities. We encourage all local health departments to take steps to improve environmental health reporting through the use of this system.

Center for Local Health Communications

Linda Lipscomb, Public Health Administrative Coordinator

To strengthen communications with local health departments and the public, the Center for Local Health is introducing a new email address which can be used to contact all staff as a group in the Center for Local Health.

The email address, dhhrbphclh@wv.gov, is accessible by all staff. The address is continually monitored by staff, and emails are reviewed and forwarded to the appropriate program within the Center or Bureau. This option is not intended to replace direct contact with Center staff but to offer an additional resource.

West Virginia Public Health Impact Task Force Update

Linda Lipscomb, Public Health Administrative Coordinator

Lisa Thompson, Public Health Financial Coordinator

The West Virginia Public Health Impact Task Force (PHITF) convened its August meeting at the West Virginia State University on August 10, 2015. David Stone, Education Specialist with the Public Health Accreditation Board, provided an overview and status of the national Public Health Accreditation activities. Brian Skinner, General Counsel for the Bureau for Public Health, provided an overview of the legal structure and public health performance standards for local boards of health.

September's meeting was held at Oglebay Resort in Wheeling. Andy McKenzie, Mayor of Wheeling, welcomed PHITF and shared information about public health wellness projects in Wheeling. The keynote presentation, "Reforming Public Health Service Delivery: Insights from Ohio," was presented by John Hoornbeek, PhD, Director of the Center for Public Policy and Health at Kent State University. PHITF was informed of a second survey being conducted by Meike Schleiff with Johns Hopkins University School of Public Health to capture perspectives and ideas from its members that can improve the process moving forward. In addition to the presentations, PHITF received and approved a motion requesting the Bureau for Public Health develop and present a model for restructuring public health which members could respond to and help shape.

For more information about PHITF, please visit www.dhhr.wv.gov/localhealth/ to access the meeting agendas, minutes, presentations and membership. West Virginia PHIT facts are provided on the last page of this newsletter. All meetings are open to the public and include a comment period for anyone wanting to share ideas or comments. PHITF continues to actively request comments, ideas or suggestions for helping to redefine the mission of public health in West Virginia. Ideas may be submitted by email to the Center for Local Health at dhhrbphclh@wv.gov.

Call to Action: Everybody Walk! Microgrants

To accelerate implementation of effective strategies to promote walking and create safe, walkable places

America Walks and the Every Body Walk! Collaborative are pleased to announce a microgrant program designed to assist local walking advocates build on the momentum of the newly released Surgeon General's Call to Action. This one time award will fund 10-15 community groups up to \$2,500 for activities designed to increase local walking programs and stimulate community demand for infrastructure improvements that provide accessible, safe walkable places for the entire community. Grant applications are **due by 5:00 pm EDT on October 15, 2015**. To make and keep walking and walkability a priority in neighborhoods and communities, a strong, connected group of local activists and dedicated organizations is needed. For more information, visit americawalks.org/call-to-action-every-body-walk-collaborative-micro-grants/.

Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant

Christina Mullins, Director, Office of Maternal, Child and Family Health

HRSA's Maternal and Child Health Bureau is working in partnership with State Title V leaders, families and other stakeholders, to improve the Maternal and Child Health Block Grant. We expect the transformation of the block grant to help achieve our mission to improve the health and well-being of all of America's mothers, infants, children, and youth – including children and youth with special healthcare needs and their families. The anticipated improvements will be phased in beginning with the 2015 MCH Block Grant application. Changes will include measures for six domains: maternal and women's health, perinatal and infant health, child health, adolescent health, life course, and children with special healthcare needs. Over the last year, the Office of Maternal, Child and Family Health (OMCFH) has been working to complete its five-year Needs Assessment and select new performance measures. The first phase of this work was completed in July 2015. Over the next year, the Office will develop and implement evidence-based strategies to move the needle on the selected measures. Performance measures for OMCFH include:

Cesarean Deliveries, Women / Maternal Health (Percentage of cesarean deliveries among low-risk first births) (NVSS) to address pre-term and low birth weight births. The Office will utilize the infrastructure of the Division of Perinatal and Women's Health to develop evidence-based strategies for this measure.

Breastfeeding, Perinatal / Infant Health (Percentage of infants who are breastfed and percent of infants breastfed exclusively through six months) to address infant mortality and sleep-related, sudden, unexplained infant death. The Office will utilize the infrastructure of the Division of Perinatal and Women's Health to develop evidence-based strategies for this measure.

Safe Sleep, Perinatal / Infant Health (Percentage of infants usually placed to sleep on their backs) to address infant mortality and sleep-related, sudden, unexplained infant death. The Office will utilize the infrastructure of the Division of Perinatal and Women's Health and the Division of Research, Evaluation and Planning to develop evidence-based strategies for this measure.

Physical Activity, Child Health (Percentage of children ages 6-11 who are physically active at least 60 minutes per day) to reduce the rate of obesity. The Office will utilize the infrastructure of the Division of Infant, Child and Adolescent Health to develop evidence-based strategies for this measure.

Bullying, Adolescent Health (Percentage of adolescents who report being bullied) to reduce adolescent mortality and adolescent suicide. The Office will utilize the infrastructure of the Division of Infant, Child and Adolescent Health's Violence and Injury Prevention Program to develop evidence-based strategies for this measure.

Medical Home, Children with Special Health Care Needs (Percentage of children with and without special healthcare needs that have a medical home) to increase the number of children with special health care needs receiving care in a well-functioning system and to improve vaccination rates. The Office will utilize the infrastructure of the Division of Infant, Child and Adolescent Health's Children with Special Health Care Needs Program to develop evidence-based strategies for this measure.

Oral Health, Cross Cutting (Percentage of women who had a dental visit during pregnancy and percentage of children ages 1-17 with a preventive dental visit within the past year) (NSCH & PRAMS) to reduce childhood tooth decay and cavities. The Office will utilize the infrastructure of the Division of Infant, Child and Adolescent Health's Oral Health Program to develop evidence-based strategies for this measure.

Smoking, Cross Cutting (Percentage of women who smoke during pregnancy and the percentage of children in households where someone smokes) (NSCH & NVSS) to support the State's efforts in reducing low birth weight, pre-term birth, infant mortality and sleep related sudden unexplained infant death. The Office will utilize the infrastructure of the Division of Perinatal and Women's Health and the Division of Tobacco Prevention to develop evidence-based strategies for this measure.

Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant

Continued

Transition, CSHCN (Percentage of adolescents ages 12-17 with and without CSHCN who received services necessary to make transitions to adult health care) (NSCH) to increase the number of children with special health care needs receiving care in a well-functioning system and to improve vaccination rates. The Office will utilize the infrastructure of the Division of Infant, Child and Adolescent Health's Children with Special Health Care Needs Program to develop evidence-based strategies for this measure.

Adequacy of Insurance (Percentage of children ages 0-17 who are adequately insured from 78.2% to 80% by 2020, to utilize the infrastructure of the Division of Infant, Child and Adolescent Health's Children with Special Health Care Needs Program, Division of Research.

Adolescent Well Visit, Adolescent Health (Percentage of adolescents ages 12-17 with and without CSHCN who received a preventive medical visit in the past year) (NSCH), to utilize the infrastructure of the Division of Infant, Child and Adolescent Health to develop evidence-based strategies for this measure.

Neonatal Abstinence Syndrome (Percentage of birthing facilities with adequate procedures for identifying and reporting NAS) to develop strategies for reducing the rate of infants born with NAS. The Office will utilize the infrastructure of the Division of Perinatal and Women's Health to develop evidence-based strategies for this measure.

Mark Your Calendar

2015 West Virginia Public Health Symposium

Change and Challenge: The Future of Public Health

Thursday, November 19, 2015

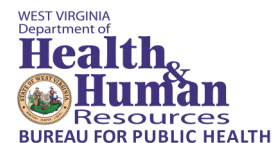
and

Friday, November 20, 2015

Sponsored by:
West Virginia Department of Health & Human Resources
Bureau for Public Health
Office of Epidemiology & Prevention Services
350 Capitol Street, Room 125
Charleston, WV 25301

Location:
Charleston Marriott-Town Center
200 Lee Street, East
Charleston, WV 25301

Continuing education opportunity



West Virginia PHITF Facts

Amy Atkins, MPA, Director

Who is represented on the Public Health Impact Task Force?

The membership of Public Health Impact Task Force (PHITF) was expanded in July in response to requests for additional members both for local health and partner organizations. The Bureau is committed to supporting an open and transparent process that incorporates the input of all stakeholders. One third of the members are local health representatives, one third are Bureau members and one third are external partners such as the West Virginia School of Public Health, West Virginia Hospital Association, West Virginia Association of Free Clinics, West Virginia Association of County Commissioners, West Virginia Association of Counties, West Virginia State Medical Association, West Virginians for Affordable Health Care, PEIA, and members of the West Virginia Legislature.

What is the charge of the PHITF?

The Task Force is charged with redefining the mission of public health in West Virginia. The PHITF is expected to make recommendations to the West Virginia Department of Health and Human Resources, Bureau for Public Health, to define structural and organizational changes required to revolutionize the public health system in West Virginia. The work of the PHITF will impact the lives of West Virginians by positioning the State's public health system to more effectively and efficiently work with communities to improve health while addressing today's health concerns. This Task Force will work to identify ways in which our system can respond to this evolving environment through four workgroups that will develop recommendations for improvements in the areas of Better Health (redefining the mission); Better Quality (exploring how accreditation can drive quality and services); Affordable Public Health (defining the statutory authority of the Bureau); and Community Engagement (aligning community resources to improve health).

Why was the PHITF formed?

Implementation of the Affordable Care Act has resulted in dramatic shifts in federal funding and has set new expectations for improving health outcomes. In addition, West Virginia's poor health outcomes demand that our system respond quickly to move the needle in a positive direction. The Task Force was formed to help inform how state and local public health agencies can be best positioned to improve health in today's evolving environment.

Will the work of the Task Force eliminate local health departments?

No. The work of the Task Force is to strengthen the capacity of all local health departments and assure every community has access to the same quality and consistent standard of service regardless of where you live.

Does the Bureau for Public Health have a pre-conceived plan for restructuring?

Not at this time. The Bureau is committed to working through the Public Health Impact Task Force to identify potential solutions for improving the public health system. As a result of an approved motion of the members during the September meeting, the Bureau was asked to develop and present a model. Work is currently underway to respond to that request.

West Virginia PHITF FACTS

Continued

What are the next steps for the PHITF?

PHITF meetings are designed to include subject matter expert presentations and workgroup reports that help inform and shape the overall PHITF recommendations. In addition, Task Force members are helping to inform the process moving forward. A recent survey was conducted to capture members feedback regarding the need for additional meetings, their perceptions about the Task Force process and other ideas for how to improve the process.

Where can I learn more about the PHITF?

The meeting agendas, minutes, presentations and membership are located on the Center for Local Health website at www.dhhr.wv.gov/localhealth/Pages/default.aspx. The Center for Local Health releases a monthly newsletter which includes updates about the work of the Task Force. If you are not receiving a copy of the newsletter and would like to receive one, please send an email to dhhrbphclh@wv.gov.

Is there a process for public comment and input?

Yes. PHITF meetings are open to the public. Meeting announcements are posted on the WV Secretary of State website and the [Center for Local Health](http://www.dhhr.wv.gov/localhealth/Pages/default.aspx) website. A public comment period is available at the end of every meeting. Individuals and organizations wishing to submit proposals, ideas, or concepts are welcome to do so by email to dhhrbphclh@wv.gov.

Public Health Law Resource for Public Health Practitioners

CDC established a Public Health Law Program (PHLP) in 2000. The PHLP is currently in the Office for State, Tribal, Local and Territorial Support (<http://www.cdc.gov/ostlts/index.html>) (OSTLTS). PHLP works to improve the health of the public by developing law-related tools and providing legal technical assistance to public health practitioners and policy makers in state, tribal, local, and territorial (STLT) jurisdictions. PHLP works with STLT public health departments and other partners to:

- Identify public health law priorities
- Research laws that impact the public's health
- Analyze public health legal preparedness
- Conduct comparative analyses across jurisdictions
- Prepare guidance, articles, reports and toolkits
- Develop and disseminate public health law curricula



Valuable resources can be accessed on the PHLP website or by subscribing to the PHLP newsletter.