

LOCAL/STATE PUBLIC HEALTH PLANNING RETREAT

October 2, 2008
Michigan State University
Kellogg Center
9:00 a.m. to 3:30 p.m.

Meeting Summary

I. Welcome – Setting the Stage for Today’s Work Session

Janet Olszewski, Director, Michigan Department of Community Health, welcomed all the participants to the State/Local Public Health Planning Retreat. Ms. Olszewski reviewed the purposes of the day’s session -- to review required services, reach consensus on required service priorities, and identify top priority public health issues to address over the next few years. Ms. Olszewski then described the current national and state environment, providing further context for this day’s discussion.

II. Public Health Issues

Dr. Ken Warner, Dean for the University of Michigan, School of Public Health provided his perspective on leading public health issues. See Attachment 1.

III. Overview of Michigan’s Health and Demographic Profile

Lonnie Barnett, Manager, MDCH Health Planning and Access to Care Section provided a brief overview of Michigan health and demographic data. See Attachment 2.

IV. State Funding: Budget Review and Update

Mary Jane Russell, Director, MDCH Bureau of Budget and Audit, provided an overview for the recent history of state public health expenditures, general fund expenditures, and the current budget environment. See Attachment 3.

V. Presentation of Pre-Meeting Survey Results

Mr. Barnett presented the results of the pre-meeting survey, which focused on required local public health services and emerging public health priorities. See Attachments 4, 5, and 6.

VI. Charge to Small Groups

John Beck, Associate Professor, Michigan State University, School of Labor and Industrial Relations, and facilitator for the small group discussion, reviewed the ground rules for today’s discussion as well as the tasks for the small groups.

The questions for each small group to discuss and answer are:

1) Looking over the list of the top six areas of current concern within which survey participants indicated we were doing a less than adequate job (<50%), how would you prioritize this list for greater attention to have greater effect and to meet greater accountability?

2) Looking over the list of the identified areas where we might want to give enhanced emphasis if resources become available, what are the top five that you would prioritize (please be as specific as possible with examples within the prioritized category)?

Mr. Beck also reviewed criteria to consider for determining priorities, and then asked participants to spend five to seven minutes independently considering the small group questions and developing an individual list of priorities in response to these questions. Then the small groups were asked to discuss the individual rankings to get a general sense for the group's answer to the questions, and then individually re-rank and then total the group's priority score for each question.

VII. Small Group Discussion

Meeting participants were assigned a seat at one of twelve tables. Seating assignments were arranged to assure a mix of state and local participants at each table, and to also have geographic diversity at each table. Small group discussion lasted approximately 75 minutes. See Attachment 7 for a meeting registration list.

VIII. Small Group Report Out

Each small group reported out their rankings for each of the discussion questions. Many of the small group reports included descriptive information on the discussions in addition to the rankings. All information turned in from each small group has been typed and is included in the MDCH meeting file.

In response to question one, to rank the list of 6 required services that were identified by survey respondents as most 'inadequate' or 'service not provided,' the aggregate ranking, score (lower score = higher ranking), and range (1 thru 6) from all 12 small groups appears below:

1) Health Education	18.5 (1-4)
2) Family Planning	37.5 (1-6)
3) Prenatal	45 (1-6)
4) STD	45.5 (2-6)
5) Nutrition	46 (2-6)
6) HIV/AIDS	59.5 (3-6)

In response to question two, to rank the list from the pre-meeting survey of urgent health issues that should be addressed over the next 3 to 5 years, the ranked list along with an aggregate score (higher score = higher rank) appears below:

Healthy Lifestyles	46
Public Health Funding	39.5
Communicable Diseases	30
Maternal and Child Health	14.5
Chronic Diseases	14
Surveillance/Community Health Assessment	13

IX. Meeting Re-Cap and Adjournment

Director Olszewski summarized the discussion and major themes that emerged, thanked all the participants for their time and energy, and adjourned the meeting.