

Minutes for Chronic Disease Programs

Monday
April 9, 2012
10:00 a.m.
Melissa Blair

Attendance: Melissa Blair, Martina Campbell, Rick Canada, Joan Cook, Susan Craig, Michael Gregory, Jacqueline Johnson, LaCanas Jordan, Peggy Lewis, Christopher Power, Laurie Stanton, Kate Weiland, and Martin Whiteside

Updates: Melissa Blair

Remainder: CDC call is the 1st Thursday of each month at 1:30 and they are discussing the coordinated and integrated effort for the roll out of the new grant; also it will provide information on all our programs.

As of today we are waiting on the obesity grant to come out (FOA) which ends on June 30, 2012; cancer grant which was due March 26, 2012, has been done; arthritis grant is due May 16, 2012, and heart grant was sent out at the end of March.

Last year when we first received news of the new grant and our direction, we thought the block grant was going to be eliminated. The new grant funded our Health Educators across the state (FTE) in the rural areas, we did not establish new positions with this grant, but many states did, and we are not going to have year 2 funding with this new grant. A lot states are concerned about what they are going to do with new staff hired under this grant for year 1.

However, because we thought the block grant was eliminated, with the new funding we will just shift roles and responsibilities; what came out of that was the Chronic Disease Health Management Effort. The Health Educators will be funded off the new grant with the Chronic Disease Health Management Workshops are rolling out, but we did receive the block grant funding, but no year 2 funding, the block grant will be our bridge for year 2. There is a possibility for funding year 3. We will have carry over money with the new grant for year 2. Our continuation grant is due in the middle of June from new grant which is the carry over money from year 1.

We have been assured that we will have funds because we do have both grants; Health Educators are working on dual goals and objectives for the grants.

We have a lot of deliverables with this new grant that seem to be patterned from the two previous ARRA funded grant with the milestones and reporting. We have done a lot reporting and we have more to do with this new grant. We are getting user names, I.D's, and password for the MIS system and should have that today for the new grant.

We will be entering information and we will need your input. The input will be from things that were addressed in the state plan, input on strategies and activities that we are moving forward with all of you are doing in your grants now.

We know that we will have 8 overall project period objectives to enter into MIS, the 8 comes from the FOA for the new grant. We might have another session to talk about this.

Key messages that came out of the CDC meeting from Dr. Bauer, who is over the Coordinated Chronic Disease Grant: public health is changing; CDC is in a changing environment and they are reorganizing. We felt good about Tennessee because we are already integrated, we are housed together, and talk amongst each other; we feel we are ahead of the game with the coordinated efforts that are being pushed by the CDC.

In the President's 2013 budget proposal, the Coordinated Chronic Disease Program does reflect a 2 billion dollar investment over five years that currently is in year 3.

Demonstrating the return of that investment, we need a new approach and we cannot continue with our usual way of business. Therefore, launching the coordinated program is a big part of that effort. Look at this as the jump start on building and strengthening capacity to effectively invest new resources expected to be made available and delivered in one consolidated budget line for Chronic Disease Prevention Health Promotion.

However the consolidation budget did not pass in 2012, but is being proposed again for 2013, so we still have categorical programs. But, the Coordinate Grant is the umbrella for the all categorical programs. It does not look like the categorical programs will be put together in one big budget.

The word is "Not doing more with less, but do more, more efficiently". Leveraging resources is a big key and strengthening where we go in our goals and objectives is vital. We need to look at ways to combine our goals and objectives between our various programs. Diabetes is a little ahead of this in that it just funded everyone to go to the Stanford this week, something CDC has encouraged. Anyway we can look at leveraging resources, a lot of thoughts and ideas are rounding around and we should consider the best way in which to do so.

We are looking for ways to integrate and expand the group as we go forward.

Goals and objectives according to the current plan have been adjusted according to guidance of CDC for the MIS.

Four key domain, strategies for new FOA

- *strategies to support and reinforce healthy behavior
- *community clinical linkage
- *health systems intervention
- *epidemiology and surveillance

How are we address the goals the first one Chronic Disease surveillance? Susannah has pulled data from all sources we need to make the objectives “smart” putting in percentages or numbers. By August 31, 2012, surveillance system outcome will be assets related to health outcomes.

We need to look into development of a website so we can link information that would be good to promote the Chronic Disease Workshops.

LaCanas advised that she will get with Laurie to work on a web site for MTSU.

Melissa suggested that we talk about how we will utilize media. This is especially in regards to utilization of social media and other technological outlets.

LaCanas stated there is a brochure that has tobacco and diabetes information that can be used. This was not created by us.