**Assessment Alignment Committee – Agenda**

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| **Meeting Date** | | November 10, 2016 | **Time** | | 9:00am-10:30am | |
| **Location** | | Saint Paul – Ramsey Plato Building ([map](https://www.google.com/maps/place/90+Plato+Blvd+W,+St+Paul,+MN+55107/@44.9359441,-93.09294,17z/data=!3m1!4b1!4m5!3m4!1s0x87f7d536e006d1bd:0x5aee625c916213be!8m2!3d44.9359403!4d-93.0907513http:/binged.it/1sHvP1X))  90 Plato Blvd. W., St. Paul, Public Health (2nd floor) – “The Bluffs”  Call in: 1-888-742-5095  Conference code: 5742730470 | | | | |
| **Facilitator** | | Tommi | **Recorder** | |  | |
| **Meeting Objectives** | | * Review and discuss draft three-year goals and 2017 milestones for Assessment Alignment * Review updated workplan in light of Steering Committee decisions * Discuss options for shared MAPP component | **Please Read** | | * CCH Steering Committee retreat notes | |
| **Invitees** | | **Allina Health**:  Deb M.  **Anoka County Public Health:**  Clark K.  **Bloomington Public Health**:  Cindy J.  **Children’s Hospitals and Clinics:**  Katie R.  **Dakota County Public Health Department**:  Melanie C.  **Fairview Health Services**:  Jenny M.  **HealthEast**:  Joan P.  **HealthPartners**:  DeDee V.  **Hennepin County Human Services & Public Health Dept:**  David J.  **Medica**:  Ken B.  **Minnesota Hospital Association:**  Kristin L.  **St. Paul – Ramsey County Public Health**:  SuzAnn S.  **Washington Public Health & Environment:**  Tommi G. | | | | |
| **Time** | | **Agenda Item & Highlights** | | | **Decisions Needed** | |
| 9:00am | | Welcome, Review Action Items from previous meetings   * NACCHO update—Melanie * MH indicators conversation—Deb and Melanie | | | Mental Health conversation with Collective Action co-chairs: shared concern about indicators for mental health. Team is doing planning in November for where group is going with mental health for 2017 and will consider metrics and connect with AAC.  MDH initiative asked CCH to join them in submitting an abstract to NACCHO conference next summer regarding our work with health indicators and EHR indicators.  Dave: Macroscope site visit from New York group for 2-days. Learned about their health record project. Their work different from what we are doing in that they are collecting aggregate data, de-identified data to avoid difficult legal agreements. But they had many learnings in their process, including validation. Data tended to be older and sicker, therefore working make data more applicable to general community. Methods different from population health data. Webinars were recorded and Hennepin will share via YouTube. | |
| 9:10am | | Review and discuss draft three-year goals and 2017 milestones for Assessment Alignment | | | Steering Committee retreat on Oct. XX. Intent to review and update 1 and 3 year goals. Steering Committee commended this group for the health indicators.  AAC reviewed “Game plan” for AAC and 3 year goals. AAC is “owner” of 1 year goal – “CCH members implement recommendations for CHNA process for 2018 assessment”.  Tweaked 2017 Milestones:  Q2 Tracking use of indicators across membership, including targeted public health depts. and capture learnings and needed improvements.  Q4 Re-launch health indicators to members.  Q4 Package of tools to share health in…….  Add metric for which organizations used the tools.  NEXT STEPS: Tommi will tweak milestone goals. AAC Dec. 8th meeting will be dedicated to finalizing 2017 work plan details. Meeting extended: 9 – 11 am. | |
| 9:30am | | Update workplan | | | To be held until 12/8 meeting | |
| 9:50am | | Continue to discuss options or shared MAPP component:  Community themes and strengths or Forces of change | | | Are you committed to MAPP?  What did you to do for Themes and strengths:  Fairview – extensive focus groups, surveys. Shared internally to compared with internal leaders and with community partners. Leadership missed the more extensive community voices. Next time would like to do deep dive with targeted groups around focus areas. Make the actions more actionable for internal use as well as community benefit. Used internal staff from hospitals. Leadership did stakeholder interview (taped and staff transcribed.)  Dakota had limited staff and relied on hospital focus group information.  HealthEast contracted with Wilder to develop methodology for community conversations, facilitated sessions, summarized results and analyzed. HE staff assisted in the process.  Allina contracted with Improve Group to develop methodology, analyzed and reported. Allina staff assisted in process. Deb did interviews health equity guides | |
| 10:25am | | Next steps and assignments | | |  | |