

“Ideas for Action” 2009

What NNPHI can do

Community Benefit

- Create a learning collaborative on hospital community benefits
- NNPHI facilitate dialog regarding “community benefit” and investigate potential projects for PHIs

Health Impact Assessments

- Provide training/education on health impact assessments
- Establish an NNPHI workgroup of members to work on health assessment/health impact methodologies that we at NNPHI could recommend be standardized across and in all NNPHI states

Health Reform/Stimulus Bill

- Work on NNPHI reform statement: create a coordinated message for all PHIs individually and NNPHI together reflecting a national will
- Coalesce around a strategy around prevention and promotion health reform
- Pursue shifts- CDC, stimulus bill, HRSA, priorities in health care reform an area for NNPHI to lead- filter and communicate changes to members
- NNPHI create a 2-pager on stimulus strategies

Projects/Products

- Secure funds for a project to be implements through multiple institutes
- Develop a web-based inventory of projects/policies of member institutes
- Demonstrate the impact of public health institutes

Partnerships/Relationships

- Learn more about prevention research centers and explore how to partner with them
- Create a joint letter to the administration proposing a mechanism to facilitate greater alignment across federal agencies tied to NNPHI priorities (w/ strategy for follow-up and leadership)
- NNPHI- proactive in marketing PHI’s beyond typical public health agencies eg. DOJ, HRSA, DOE and other foundations
 - Explore opportunities with HRSA

What members can do together

- Advance standard health measures and health IT
- Should we develop a model for a health impact statement?
- Develop a think tank around mergers, acquisitions and incubation
- Working together to move to action on health reform
- Position ourselves as evaluators/Collaborate to evaluate programs
- Learn the language of the health care financing world, be conveners perhaps around a summit

- Create a database of community-based prevention/wellness programs for replication and dissemination
- Develop a “road show” on community benefit available to states and institutes for presentation to hospital CEOs and boards
- Help set broader ways of evaluating success in public health/prevention

What members can do within their own organizations

Internal Development

- Make sure we sell our successes
- Harness social networking expertise internally
- IT division provide TA related to health IT
- Map capacity with Carmen Nevarez’s diagram as an example
- Take information from the NNPHI conference back to staff to inform and energize them
- Explore social networks as a strategy
- Be open to partnering with other non-profits to provide a home for their operations

Health Impact Assessments

- Health impact assessments as a line of business
- Develop an institute-wide plan to become actively involved in partnering with policy-makers to complete HIAs

Partnerships/Relationships

- Explore linkages with the environmental health field
- Investigate existence of state demographers and how to work with them
- Analyze the organizational structure of the programs funded by CDC (at the institute) to bring them into alignment with CDC focus
- Seek opportunities to partner with CDC on YRBS bypassing states

Community Benefit

- Work with hospitals on community benefits
- Explore opportunities with store front clinics
- Think about 1115 waiver for prevention and promotion
- Community benefit exploration: Utilize discharge data to generate business case and interest

Health Reform

- Explore trust fund options more fully (Public Health and Wellness Trust Fund as described by TFAH?)
- Use PHIs to facilitate state efforts to address and drive health reform/Institutes can/should take a more proactive role in the health reform efforts

HIT

- Evaluation of HIT
- Explore opportunity to make sense of state HIE infrastructure

Approaches

- Seek opportunity to fund media training and information centers/feed on health info through the state
- The definition of prevention needs to be used more specifically. Are we talking about 1st, 2nd or 3rd degrees? What does the legislature mean? It all seems to focus at 2nd and 3rd and not at first.
- Develop root cause analysis approach to understanding communication issues/problems between public health and health care- at the individual level

Workforce

- Train health educators in epidemiology to better demonstrate health outcomes from programs to the legislature or funders
- Create a nationally approved, recognized “certificate of PH” training program. Make available via distance learning using web 2.0 app for discussions (For example: Ning)
- Use accreditation efforts to define “what is needed” in PH workforce. We need standards.