

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP



## CHARTER

*February 2012*

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

## PURPOSE

The Partnership is directed by the legislature to guide and strengthen the governmental public health system in Washington State. To accomplish that, we are responsible to ensure that our actions support a public health system that is accountable, continuously measures and improves performance and health outcomes, and reduces environmental and other health risks.

## GUIDING PRINCIPLES

The 7 principles below reflect our belief about our role and the impact we want to have on the health of Washington's residents. The principles guide who we are, what we do, why and how we do it.

1. We represent governmental public health (local, tribal, state and federal)
2. Our vision is for a public health system that improves and protects the health of the people in Washington State
3. We know that health outcomes are improved through innovative strategies and evidence based public health interventions
4. We identify and respond to population-based health issues and trends
5. We value public health research to better inform our efforts
6. We acknowledge the importance of delivering results with the resources we have been given
7. We treat each other as valued colleagues and partners

## PARTNERSHIP

The Public Health Improvement Partnership (PHIP) is comprised of representatives from the governmental public health system:

- Washington State Board of Health
- Washington State Department of Health
- Washington State Association of Local Public Health Officials
- Local Public Health Agencies
- Local Boards of Health
- Tribal Nations
- American Indian Health Commission
- Centers for Disease Control/DHHS Region X

## SCOPE

Over the next 5-7 years, we will provide leadership and engage the public health community in the following efforts to improve the health of the residents of Washington State:

- Develop a clear vision and plan for a sustainable, results-oriented public health system
- Guide the public health work to better respond to the changing needs of preventable illness and disease in our state
- Identify and count the activities and services provided by the governmental public health system (local, state, tribal) in Washington State and begin to develop performance measures
- Determine public health system capacity and assess performance, using the Public Health Standards for Washington State and help prepare the public health system for voluntary accreditation

- Identify and implement strategies and actions to strengthen the governmental public health system
- Identify, propose, and promote public health policies to improve the health of our communities
- Promote quality improvement of the governmental public health system, focusing on short- and long-term results
- Promote population based and systems work that reduces health disparities

## STRUCTURE

Partner representation will consist of a diverse group of governmental public health professionals across multiple disciplines. These individuals will also play a critical role in understanding the factors that impact local, state and national public health. Replacement of partner representatives may occur in a fashion to maintain the continuity of the partnership.

### LEADERSHIP

- *Co-Chairs*
  - Secretary of Health  
*(Washington State Department of Health)*
  - Partner Representative – 2-year term  
*(Local Public Health Jurisdiction)*

### MEMBERSHIP

- *Partner Representation*
  - Washington State Board of Health - 1 seat  
*(Nominated by the State Board of Health)*
  - Washington State Department of Health - 6 seats  
*(Representatives appointed by Secretary of Health from the following and other program areas – deputy secretary, performance and accountability, community and family health, epidemiology and public health lab, environmental health, health systems quality assurance)*
  - Washington State Association of Local Public Health Officials - 3 seats  
*(Representatives nominated by WSALPHO Chair)*
  - Local Public Health Agencies - 3 seats  
*(Targeted recruitment of LHJ leaders)*
  - Local Boards of Health – 1 seat  
*(Targeted recruitment)*
  - Tribal nations representative – 1 seat  
*(Targeted recruitment of a representative of a tribal nation that delivers public health services)*
  - American Indian Health Commission - 1 seat  
*(Nominated by the Commission)*
  - DHHS Region X - 1 seat  
*(Region X representative)*

The Secretary of Health will appoint all partner members including the partnership co-chair.

- *Ad Hoc/Advisory Members*

Ad hoc/Advisory members will be informed on a regular basis of partnership work. Their input will be solicited and their participation requested and valued as workgroup members. They will not be voting members of the partnership.

- Washington Health Foundation
- University of Washington/Northwest Center for Public Health Practice
- Washington State Public Health Association
- Individuals/organizations with expertise in areas of information technology, communications, workforce development, finance, and legislative policy

## **RESPONSIBILITY**

Partnership representatives will be expected to use their experience, expertise, and insight (and those of other individuals from their organizations) to strengthen and build professionalism in the public health system. Representatives will need to have a broad understanding of public health practice, be genuinely interested in the partnership initiatives, and understand the strategic implications and outcomes of the efforts being undertaken.

Member responsibilities will be to:

- Set vision and direction
- Advocate for outcomes of the Partnership and its workgroups
- Advocate for the Partnership with LHJs, DOH and other stakeholders
- Bring ideas and solicit input from stakeholders
- Engage in workgroup activities and provide two-way communication between the partnership and the specific workgroup; may serve as a workgroup co-chair
- Approve work plan for workgroups
- Approve major products, actions, initiatives
- Approve the PHIP plan
- Attend quarterly meetings and additional meetings if required (sending substitutes is not recommended unless under special circumstances approved by the partnership co-chairs)

## **DECISION-MAKING PROCESS**

Members present at a meeting will be formally polled on critical issues. Decisions will be based on consensus or the majority vote of the members present at the meeting, as determined by the co-chairs. If there is a tie, the Secretary of Health will vote.

## **MEETING SCHEDULE**

The Partnership will meet quarterly. The intent is that no more than two of these meetings will be held in person. The remaining meetings will be held using available technology. As specific efforts and other business needs require, special meetings may be called.

## WORKGROUPS

Task-oriented and time-limited workgroups will be established by the Partnership for specific projects and initiatives. Workgroups will be composed of content experts, partner members and other participant. Each workgroup will have identified co-chairs, one who represents a local public health agency. Specific responsibilities include, but are not limited to:

- Take focused actions around specific Partnership projects
- Make recommendations to the Partnership
- Create products and other relevant materials.

Current focus of workgroup efforts are on the development and oversight of:

1. Public Health Standards reviews, accreditation and continuous quality improvement
2. Identify, review and measure public health indicators
3. Identify and inventory annually state and local public health activities and services
4. Implement the Agenda for Change through the focusing on:
  - Communicable disease and other health threats
  - Healthy communities and environments
  - Partnering with the healthcare system

## STAFF

Staff's role is to execute the intent of the legislature by guiding the production of the PHIP plan, identify emerging issues and manage and support the work of the Partnership and its work groups. Specific responsibilities include, but are not limited to:

- Staff the Partnership and its workgroups
- Recruit potential partners and workgroup members
- Communicate broadly about partnership efforts on a regular basis, using various electronic and web-based medias
- Undertake partner engagement activities
- Describe and measure the public health system and its capacity