PH-HC PARTNERSHIP COMMITTEE CHARTER v5.2

1. Group name	Public Health – Health Care Partnership Committee
2. Purpose. *What is the need or issue the group is to address?*	To identify and recommend to the Secretary of Health and the PHIP ations where the health care and public health systems can collaborate to improve population health, improve individual outcomes, reduce costs, and improve health equity.
• **Current state.** What is the current problem or situation? What is the scope and impact of the problem?	> ACA and other changes to health care community > Dramatic rise in preventable illness > Rapidly increasing health care costs; spending too much with inadequate return > Decreasing funding for public health; uncertain role and lack of capacity for public health > By working apart our public health and health care systems have compromised our effectiveness > Past evidence of successful health collaborations (e.g., tobacco control, universal vaccination for children)
• **Desired state.** What is the ideal, future state?	The health care and public health systems seamlessly and routinely collaborate to assure access to quality health care at lower cost and to create a social and physical environment that promotes health at the community level.
3. Scope of work. *What is the group's work?*	
• **Goals.** What goals are the group expected to achieve?	1. Identify barriers and opportunities for effective collaboration. 2. Develop a set of principles that will guide future collaboration that is sustainable. 3. Agree on a shared, transparent agenda for the public health and health care systems to work together to have the most impact. 4. Identify one to three concrete actions that test our capacity to collaborate. 5. Define an infrastructure to sustain the public health and health care partnership.

• **Deliverables.** Are specific deliverables or milestones expected? If so, when?		Date
	A prioritized list of barriers and opportunities	March 2014
	A list of preliminary projects	April 2014
	A list of principles for future collaboration	June 2014
	Shared, transparent agenda for collaboration	July 2014
	Draft charter for steering committee to provide on-going oversight of projects and continued advancement of collective impact	Sept 2014
	Final list of one to three projects to charter	Oct 2014
	Draft charters for workgroups to implement projects	Oct 2014
	Final recommendations	Dec 2014

4. Boundaries. *What boundaries must the group heed?*	
• **Decision-making authority.** What decisions can this group make? What decisions may it *not* make?	Decide on recommendations to the Secretary, the Public Health Improvement Partnership, and the broader public health and health care communities
• **Relationships to other groups.** Which other groups or people does this group need to coordinate with? When and how? What is the role of this group vis-à-vis other groups? Does this group assign work to other groups?	Recommends to the Secretary of Health and to the Public Health Improvement Partnership (PHIP) Seeks input and commitment from stakeholders (see 7 below) As the work evolves and projects are identified, individual members will be asked by the co-chairs to seek input from the groups that they represent (e.g., WSHA, WSMA, HCA) and to report back.
5. Membership. *Who are the members?*	See separate roster Additional members may be asked to join the workgroup if it is determined that a group or representative is missing.
6. Operating principles. *How will the group conduct itself?*	
• **Formal roles.** Who serves as chair, staff, resource people, and facilitator (if any)?	Co-Chairs: Gary Goldbaum, _____ Staff: Karen Jensen – Sustaining Sponsor (delegate for John Wiesman, Executive Sponsor)- Serving as project champion; accountability link to the Secretary; providing project oversight, guidance, assistance in solving problems, and making resources available for project support Sue Grinnel – Executive Leader – responsible for overall project management and work plan development, identification of project milestones an deliverables; DOH lead for workgroup meetings; Jane Lee – Project Staff Support – support to both sustaining

	sponsor and executive leader; available to conduct research and gather materials as needed; prepare materials for work group meetings Simana Dimitrova – Administrative, Technical and Communications Support Facilitator (through Jan 2014): Eric Svaren
• **Working principles.** How the group will make decisions (including impasses), level of interaction (quality and quantity), create agendas and track issues, define work plans, handle conflicts or disputes, ensure accountability, and maintain confidentiality.	1. Make decisions based on consensus: After a thorough hearing of perspectives, make decisions everyone can support, even if they are not the preferred choice of some 2. Develop a work plan and revise along the way 3. Emphasize and leverage shared interests 4. Respect unique interests and try to accommodate them 5. Respect each other's and staff's experience and professionalism 6. Provide staff with clear instructions
• **Expectations of individual group members.** What are expectations around attendance at meetings, responsiveness to requests, commitments of time and resources, and active support for the project?	1. Commit to the success of the project 2. Share work group's work with your constituencies and report back their input 3. Come prepared to make commitments for your constituency 4. Attend and fully participate, no alternates 5. Complete and share homework between meetings 6. Respond within two days to staff requests 7. Provide proactive support to the project; talk it up outside meetings 8. Raise concerns in meetings or with chair or lead staff quickly 9. Support the decisions of the work group, even if they are not your preferred option
• **Meeting structure.** What will be the format and frequency of group meetings?	The work group will meet monthly, in-person to the extent possible, but always permitting participation by teleconference. Tentative meeting schedule through 2014 is listed separately. Subcommittees may be appointed if needed and will determine their own schedules.

7. Authorization. *Who authorizes this group to do its work?*	
• **Executive sponsor.** Who will protect the group so that it can do its work?	John Wiesman, Secretary of Health
• **Authorizing body** (if different from executive sponsor). Who does this group report to?	Public Health Improvement Partnership (PHIP)
• **Stakeholders.** Who are the key stakeholders whose interests must be taken into account? Who must be kept apprised of the group's work?	Stakeholders will depend on actions identified and will likely include some or all of the following: • PHIP • Hospitals • Health care providers • Public health practitioners • Third party payers • Human service organizations • Schools • Employers
• **Sunset date.** When, if at all, does the group's authorization expire?	December 31, 2014
• **Date of charter approval**	