

# STATE HEALTH IMPROVEMENT PLANNING COMMITTEE CHARTER

## 3-3-14

<b>1. Group name</b>	<b>State Health Improvement Plan (SHIP) Planning Committee</b>
<b>2. Purpose.</b> <i>What is the need or issue the group is to address?</i>	To identify and recommend to the Public Health Improvement Partnership a course of action for improving population health.
<ul style="list-style-type: none"> <li>• <b>Current state.</b> What is the current problem or situation? What is the scope and impact of the problem?</li> </ul>	<ul style="list-style-type: none"> <li>• Affordable Care Act and other changes to health care delivery community and supporting health system.</li> <li>• Dramatic rise in preventable illness.</li> <li>• Rapidly increasing health care delivery costs; spending too much with inadequate return.</li> <li>• Lack a culture of health</li> <li>• Decreasing funding for public health; uncertain role and lack of capacity for public health</li> <li>• Past evidence of successful health collaborations (e.g., tobacco control, universal vaccination for children)</li> <li>• Fast moving pace at which changes and or opportunities emerge.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Desired state.</b> What is the ideal, future state?</li> </ul>	The public health system and its partners work collaboratively across the state on 2 to3 issues that promote improved health at the community level.
<b>3. Scope of work.</b> <i>What is the group's work?</i>	
<ul style="list-style-type: none"> <li>• <b>Goals.</b> What goals are the group expected to achieve?</li> </ul>	<ol style="list-style-type: none"> <li>1. To align the SHIP with other health improvement initiatives such as the State Health Care Innovation Plan</li> <li>2. To identify strategies for measurements of improvement</li> <li>3. Develop a state health improvement plan to:           <ul style="list-style-type: none"> <li>• Inform and champion community partners to work on the two to three priorities of health</li> <li>• Share local health data with comparisons across counties and regionally</li> <li>• Encourage targeting resources across systems to maximize collective impact</li> <li>• Focus resources and efforts to drive improvements identified in the plan</li> <li>• Invite partners and community leaders to join targeted efforts aligned with the priorities</li> <li>• Set bold targets for improvement</li> </ul> </li> </ol>

<ul style="list-style-type: none"> <li>• <b>Deliverables.</b> Are specific deliverables or milestones expected? If so, when?</li> </ul>	<b>Activity</b>	<b>Date</b>
	Identify top health priorities from existing health assessments including those conducted by local health agencies, nonprofit hospitals, the Health Care Authority for the state health care innovation plan, and national influence such as the CDC and HHS.	April 2014
	Two or three SHIP priorities identified. Communication plan	June 2014
	Draft SHIP includes: <ul style="list-style-type: none"> <li>• -measureable objectives</li> <li>• -performance measures and time framed targets</li> <li>• strategies to address priorities - draw from existing LHJ and hospital plans</li> <li>• policy changes needed for implementation</li> </ul>	September 2014
	Final SHIP (and PHIP 2014 Report)	December 2014
<b>4. Boundaries.</b> <i>What boundaries must the group heed?</i>		
<ul style="list-style-type: none"> <li>• <b>Decision-making authority.</b> What decisions can this group make? What decisions may it <i>not</i> make?</li> </ul>	Decide on recommendations to the Public Health Improvement Partnership, and the broader public health communities.	
<ul style="list-style-type: none"> <li>• <b>Relationships to other groups.</b> 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?</li> </ul>	Recommends to the Public Health Improvement Partnership (PHIP).  Seeks input and commitment from stakeholders (see 7 below).	
<b>5. Membership.</b> <i>Who are the members?</i>	See separate roster Additional members may be asked to join this planning committee	

<p><b>6. Operating principles.</b> <i>How will the group conduct itself?</i></p>	
<ul style="list-style-type: none"> <li>• <b>Formal roles.</b> Who serves as chair, staff and resource people?</li> </ul>	<p>Co-Chairs: Torney Smith and Jane Lee</p> <p>Sustaining Sponsor: Karen Jensen – (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</p> <p>Project Leader: Jane Lee — responsible for overall project management and work plan development, identification of project milestones and deliverables; lead for workgroup meetings;</p> <p>Staff: Juliet –</p> <p>Staff: Megan -</p> <p>Staff: Marie –</p> <p>Staff: Simana Dimitrova – Administrative, Technical and Communications Support</p>
<ul style="list-style-type: none"> <li>• <b>Working principles.</b> How the group will make decisions, level of interaction (quality and quantity), create agendas and track issues, define work plans.</li> </ul>	<ol style="list-style-type: none"> <li>1. Make decisions based on consensus (thumbs up or down vote): After a thorough hearing of perspectives, make decisions everyone can support, even if they are not the preferred choice of some</li> <li>2. Develop a work plan and revise along the way</li> <li>3. Emphasize and leverage shared interests</li> <li>4. Respect unique interests and try to accommodate them</li> <li>5. Respect each other's and staff's experience and professionalism</li> <li>6. Provide staff with clear instructions</li> </ol>
<ul style="list-style-type: none"> <li>• <b>Expectations of individual group members.</b> What are expectations around attendance at meetings, responsiveness to requests, commitments of time and resources, and active support for the project?</li> </ul>	<ol style="list-style-type: none"> <li>1. Commit to the success of the project</li> <li>2. Share and promote work group's work</li> <li>3. Attend and fully participate,</li> <li>4. Complete and share homework between meetings</li> <li>5. Raise concerns early</li> <li>6. Support the decisions of the work group</li> </ol>
<ul style="list-style-type: none"> <li>• <b>Meeting structure.</b> What will be the format and frequency of group meetings?</li> </ul>	<p>One or two webinar meetings each quarter in preparation for the four PHIP meetings: April 11, June 16, September 15 and December 3, 2014.</p>
<p><b>7. Authorization.</b> <i>Who authorizes this group to do its work?</i></p>	
<ul style="list-style-type: none"> <li>• <b>Executive sponsor.</b> Who will protect the group so that it can do its work?</li> </ul>	<p>John Wiesman, PHIP co-chair</p> <p>Regina Delahunt, PHIP co-chair</p>
<ul style="list-style-type: none"> <li>• <b>Authorizing body</b> (if different from executive sponsor). Who does this group report to?</li> </ul>	<p>Public Health Improvement Partnership (PHIP)</p>

<p>• <b>Stakeholders.</b> Who are the key stakeholders whose interests must be taken into account? Who must be kept apprised of the group's work?</p>	<p>Stakeholders will depend on actions identified and will likely include some or all of the following:</p> <ol style="list-style-type: none"> <li>1. PHIP</li> <li>2. Funding organizations</li> <li>3. Health care delivery providers</li> <li>4. Public health practitioners</li> <li>5. State agencies</li> <li>6. Local government agencies</li> <li>7. National agencies</li> <li>8. Human service organizations</li> <li>9. Schools and higher learning</li> <li>10. Public at large</li> </ol>
<p>• <b>Sunset date.</b> When, if at all, does the group's authorization expire?</p>	<p>December 31, 2014</p>
<p>• <b>Date of charter approval</b></p>	<p>March 3, 2014 (pending)</p>

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