

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

November 14, 2011

## HEALTHY COMMUNITIES & ENVIRONMENTS SUBGROUP

### PARTICIPANTS

*Co-Chairs* Dennis Worsham (PHSKC); Allene Mares (DOH)

*Staff* Daisye Orr, Simana Dimitrova (DOH)

*Members* Ben Bakkenta (Puget Sound Regional Council), Jeff Ketchel (Grant County Health District), Marni Storey (Clark County Public Health), Martin Mueller (Office of Superintendent of Public Instruction), Michael Baker (Whitman County Department of Public Health), Peter Browning (Skagit County Public Health), Rick Porso (Washington State Department of Health), Ron Oldham (Pacific NW Regional Council of NAHRO), Sue Grinnell (Washington State Department of Health)

*Excused* Lucy Culp (American Heart Association), Maxine Hayes (Washington State Department of Health)

## MEETING NOTES

### WELCOME AND INTRODUCTIONS

*Dennis Worsham and Allene Mares*

Dennis and Allene welcomed the group and participants introduced themselves.

### UPDATES

*Allene Mares*

Allene provided an overview of the current charge for the subgroup; that we need to agree upon strategies and policies that we can do together among governmental public health, community organizations, and tribes. We also need to look at 'how' we will do our work differently in terms of workforce development, business practices, and funding structures. She noted that most of this work is already occurring and that our challenge will be to make sure we are focused and heading in the same direction. There are several co-occurring processes that relate to the work of this subgroup:

- **The Community Transformation Grant (CTG)**

This grant was recently awarded to the Washington State Department of Health. This grant is about transforming Washington State in terms of reducing tobacco use, and increasing healthy eating and active living. She noted that there will be focused work in eleven counties (three of which are represented on this subgroup – Clark, Grant, and Skagit), and that the work will be governed by a Leadership Team (Ron Oldham and

Martin Mueller are both serving on that team). The Tacoma-Pierce County Health Department also received a CTG implementation grant. The Sophie Trettevick Indian Health Center and the Confederated Tribes of The Chehalis Reservation received CTG capacity grants.

- **Statewide Chronic Disease Plan**

The Centers for Disease Control and Prevention (CDC) is requesting a statewide comprehensive chronic disease plan. This effort is currently being undertaken by the Office of Healthy Communities at the Washington State Department of Health.

- **Public Health Improvement Partnership**

The work of the Public Health Improvement Partnership.

## **REVIEW FOCUS AREAS FOR SUBGROUP**

*Allene Mares*

Allene requested agreement on the four focus areas for the subgroup: tobacco-free living, healthy eating, healthy and safe physical environments, and healthy starts. Those present agreed on these four areas and noted that injury prevention could be included in area of 'healthy and safe physical environments.'

A handout of proposed strategies in these four areas was distributed for review.

## **CRITERIA FOR PROPOSING STRATEGIES**

*Dennis Worsham*

Dennis distributed a draft document of proposed criteria to use for prioritizing strategies. This criterion was taken in part from the guiding principles from the *Agenda for Change*. He asked the group to review and provide reactions and additions to include.

Discussion points:

- Most seem important and several overlap. For example, could combine common approach and synergy, evidence base and measure of success
- Need clarity on common approach and opportunity for leveraging
- Question about public acceptability – not sure what public wants
- Are political and public feasibility the same thing?
- If agencies and organizations include those other than health agencies than that needs to be clearer
- Feasibility could be separated into workforce, partner, and funding – the question becomes do we have the skills within our workforce to accomplish this work (suggestion to combine opportunity for leveraging with feasibility and partnerships)
- Expand on alignment with mission of public health
- Under evidence base – include whether we have improved the ease of making the right/healthy decision

- Under population impact – will positive impact be spelled out as something sailable and cost efficient?
- Consider weighing the criteria, especially if combined.
- Don't promote evidence base if it means holding innovative programs back.
- See political feasibility and population health as top priority
- Suggestion to have a criteria and asset list separate for each strategy
- Consider looking at strategies as a set instead of individually.
- Consider whether the strategy addresses a defined problem
- Specify that the population impact be the population that we are trying to reach

Proposed new criteria:

- Is it doable with lack of funding?
- Which strategy has the greatest impact on our overall measure of success?
- Do we have the capacity to do this work (more explicit tie to resources)?
- Is it something that even the smallest rural county in the state can respond to/have a part in?
- What is the return on investment?
- Will it lead to policy?
- Can it be institutionalized?
- Is it sustainable?
- What is the ease of implementation?
- Is it scalable (flexible based on funding)?
- Are there potential unintended consequences?
- Impact on vulnerable populations?

### ACTION ITEMS

- Subgroup members will solicit feedback on focus area strategies through key informant interviews. They will report back at the January meeting. Daisye will send instructions and suggested questions. Assignments for each strategy are below:
  - **Tobacco-free living:** Ron Oldham, Sue Grinnell
  - **Healthy eating:** Martin Mueller, Peter Browning, Ben Bakkenta
  - **Healthy & Safe Physical Environments:** Jeff Ketchel, Michael Baker, Rick Porso, Ben Bakkenta
  - **Healthy Starts:** Marni Story, Maxine Hayes, Michael Baker
  - **Injury Prevention:** Rick Porso, Jeff Ketchel
- Daisye will work with Simana to set up subgroup meetings for January, February, and March.