

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

DECEMBER 13, 2011 MEETING

PARTICIPANTS

Co-Chairs Mary Selecky (DOH); Regina Delahunt (Whatcom)

Staff Simana Dimitrova, Marie Flake

Members John Austin, Michelle Davis (SBOH); Barry Kling (Chelan-Douglas); Debbie Riley (Mason); Elaine Conley (Spokane); Dennis Worsham for David Fleming (Seattle-King); Janis Koch (Clark); Marc Boldt (LBOH); Gregg Grunenfelder, Jennifer Tebaldi, Karen Jensen, Maryanne Guichard (DOH)

MEETING NOTES

WELCOME

Mary Selecky, Regina Delahunt

Co-Chairs Mary Selecky and Regina Delahunt welcomed participants to the last quarterly Partnership meeting for 2011. Mary shared outcomes from a discussion at the latest WSALPHO meeting which was around impact of reduced funds on public health. Special focus was placed on further development of partnerships and interfaces between strategic plans, PHIP and Agenda for Change and how these tools can be used most effectively to move public health forward.

STATE AND NATIONAL UPDATE

Mary Selecky

Mary spoke briefly about the current state of the budget. Special session is about to adjourn, with unknown yet outcomes. Regular legislative session will resume in January. Proposed \$13.1 million cuts are expected to fill the gap for the rest of the current fiscal year.

On the national level, beginning December 15th there will be a major initiative by national public health organizations to focus subsidizing the prevention and wellness fund.

INTRODUCTION OF MARC BOLDT, NEW LBOH REPRESENTATIVE TO THE PARTNERSHIP

Mary Selecky

Marc Boldt, Clark County Commissioner and a new Local Boards of Health representative to the Partnership was introduced by Mary. She thanked his enthusiastic willingness to participate. Commissioner Boldt has a dairy farming background and had been a legislator for five terms. Commissioner Boldt expressed his appreciation for being invited to the Partnership and for the opportunity to help guiding its future direction.

2012-2013 PARTNERSHIP CHARTER AND WORKPLAN UPDATE

Gregg Grunenfelder

Gregg defined and explained the thinking behind the proposed changes to the current charter. Changes were adopted unanimously by the Partnership.

Gregg highlighted key points under each section of the proposed new 2012-2013 workplan.

- Overall PHIP
 - 2012 PHIP report – proposed notion that the 2012 report can be formed as the bases for a State Health Improvement Plan (SHIP)
- Agenda for Change
 - Publish interim report (Spring 2012)
 - Final report (at the end of 2012) to align with the 2012 PHIP report
- Public Health Activities and Services
 - Develop and administer a survey to obtain information on the use of the data across the public health system so its usefulness and usability is increased
- Public Health Standards
 - Form a subgroup to explore developing a new Basic Standards set based on PHAB Version 1 as a review option
 - Provide support to local and tribal health agencies choosing to seek voluntary accreditation through the Centers for Excellence
- Public Health Indicators
 - Administer a survey to obtain information on the use of indicator data and improvement from local health agencies
 - Revise and adopt an indicator list for the 2013 measurement cycle

Regina acknowledged how critical it is to make the connection between the next PHIP report and the State Health Improvement Plan despite the fact that the latter has a broader scope. One key aspect for the success of this endeavor is to strive to address both local and state issues and the broader public health system. Regina also encouraged the Partnership as well as all of its workgroups not to lose track of the guidance in the workplan and continuously provide feedback to the Partnership.

The 2012-2013 workplan was adopted unanimously by the Partnership.

2010 PUBLIC HEALTH ACTIVITIES AND SERVICES INVENTORY HIGHLIGHTS

Barry Kling and Gregg Grunenfelder, Public Health Activities and Services Workgroup Co-Chairs

Gregg and Barry expressed mutual collegial appreciation for co-leading the activities and services work. Gregg thanked Barry for his tireless vision and for spearheading the effort. Regina shared her impressions and appreciation for the workgroup and its leadership as well.

Barry reviewed the purpose and drive behind the public health activities and services inventory. It strives to answer the questions: What does public health do in Washington State and how much of it does it do it? He acknowledged that an integral part of the project's success is the willful participation of all 35 local health agencies and state programs as well as the dedicated support from the Department of Health and particularly the coordination of all information by Jane Lee who staffs this work.

The public health activities and services work is also receiving a national recognition by organizations such the Robert Wood Johnson Foundation and the Minnesota Department of Health.

Next steps for the workgroup are to begin to cross over to performance measurement.

Discussion:

- Regina elaborated that Whatcom County Health Department uses the numbers from the inventory in budget reports when providing information on activities and performance measures.
- Dennis suggested adding to the 2010 inventory results report (still in development) an explanation of why the activities and services are provided, not just what services. Gregg responded that the 2010 report will have purpose statement which will address this suggestion, and new this year are more descriptions of each count in the new technical notes sections of the data management system.
- Marie added that activities and services data are helpful additions to budget sheets on 5930 funding and LCDF.
- Marc Boldt pointed out that sometimes having the understanding what the smaller numbers mean has a bigger overall impact. His example was about the fewer number of restaurants which required immediate attention due to critical food safety violations, compared to the large number of all restaurant inspections.
- Gregg encouraged participants to pass along the activities and services information, and to submit examples of how these have been used in local communities so these examples can be shared.

2011 LOCAL PUBLIC HEALTH INDICATORS UPDATE HIGHLIGHTS

Jennifer Tebaldi, Public Health Indicators Co-Chair

The intent of the 35 local health indicators is to use local and state data to determine health status and help focus on areas that need improvement. Jennifer covered the criteria used to select indicators:

- Measure important outcomes of public health's work
- Important to the entire population
- Use standard measures from existing data systems
- Are actionable – local public health can implement activities to improve
- Can be reported in at least 80% of local health jurisdictions with comparisons to the state
- Measurable over time to determine trends

Four new indicators were added this year to the update:

- Falls in older adults
- Poverty
- Air quality
- Teen sad or hopeless

Jennifer gave examples of how indicator data has been used for budget prioritization, including some federal funding. On behalf of the Public Health Indicators Workgroup, Jennifer asked the Partnership how they are using the data, if they are using it, what else would be useful to know. Regina responded that from community health assessment perspective this is a valuable resource. Concern for future data collection remains as Behavioral Risk Factor Surveillance System (BRFSS) funding is dwindling. The BRFSS survey supplies significant portion of the most current numbers statistics.

PUBLIC HEALTH STANDARDS

Gregg Grunenfelder

Gregg provided an update on the current status of the Public Health Standards Workgroup. Co-Chairs and staff were unavailable due to other commitments. In 2010, the workgroup is planning to focus on:

- Guiding the implementation of the 2011 system wide recommendations
- Restructuring the future standards review process to align with the Public Health Accreditation Board National Standards
- Training and support through the three CDC funded Centers for Excellence
 - Community health improvement plans
 - Health assessments
 - Strategic plans
 - Quality improvement

(DOH as well as Island, Spokane and Whatcom, have submitted letters of intent to apply for PHAB accreditation)

AGENDA FOR CHANGE

Marie Flake, Agenda for Change Workgroup Coordinator

Marie shared that the Agenda for Change Workgroup and all three of its subgroups have met twice in 2011. Each of the subgroups has adopted different approach depending on their specific charges. Themes and criteria are beginning to emerge. The Agenda for Change Workgroup will reconvene in early 2012 and will begin looking at cross-cutting themes, gaps and funding.

The three subgroups are working on focused actionable agenda items in the areas of:

- Communicable Disease and Other Health Threats (state/local members)
The workgroup has organized its work around the following questions:
 - **Immunizations:** What are some best practices for assessing community immunization coverage?
 - **Capacity for Communicable Disease Surveillance and Response:** What is our need to evaluate and streamline our communicable disease surveillance and response system?
 - **Informatics:** Is it time to plan for an updated and integrated communicable disease and data collection system?
- Healthy Communities and Environments
The subgroup has agreed to work on four strategic areas:
 - Tobacco-free living
 - Healthy eating
 - Healthy and safe physical environments
 - Healthy starts
- Public Health Partnering with the Health Care System
The subgroup has identified initial themes around the concept of what public health can do to improve access to care and preventive services by partnering more effectively with the healthcare system.
 - Collect and share community health data
 - Compile data on community-wide or region-wide health care capacity
 - Publish community needs assessments
 - Monitor healthcare access issues
 - Share information and educate on effective practices
 - Create ongoing networks among providers

Discussion:

John Austin posed the question that in light of health care reform, where exactly in the health care system does public health fit? Mary responded that the health care system and health care reform are extremely large topics with many moving parts and partners. This workgroup is specifically keeping its focus on the governmental public health system and when and how to strategically partner with others to most effectively further the public's health.



NEXT STEPS

Gregg Grunenfelder

Gregg announced the Partnership meeting plan for the next year. Meetings as usual will be held on quarterly basis, with additional scheduled meetings only if the need arises. Two of the meetings this year will be held in person, the remainder will be held virtually. The focus of next meeting will be to begin discussion around the development and alignment between the State Health Improvement Plan and the 2012 PHIP report.