

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

FEBRUARY 13, 2012 MEETING

AGENDA FOR CHANGE WORKGROUP

PARTICIPANTS

<i>Co-Chairs</i>	Gregg Grunenfelder (DOH), John Wiesman (Clark)
<i>Staff</i>	Marie Flake
<i>Members</i>	Joan Brewster (Grays Harbor); Scott Lindquist (Kitsap); Carlos Carreon (Cowlitz); Elaine Conley (WSALPHO); Dennis Worsham, David Fleming (PHSKC); Pat Libby (Eld Inlet Assoc); Joel McCullough, David Swink, Torney Smith (Spokane); Debbie Riley (Mason); Mary Looker (WACMHC); Patrick O'Carroll (DHHS, Region X); Susan Allan (NWCPHP, UW); Maryanne Guichard, Karen Jensen, Allene Mares, Maxine Hayes, Jennifer Tebaldi, Daisye Orr, Tracy Mikesell, Jane Lee, Simana Dimitrova (DOH)

MEETING NOTES

WELCOME

Gregg Grunenfelder and John Wiesman, Co-Chairs

Gregg and John welcomed the workgroup to their first meeting for 2012.

SINCE WE MET IN OCTOBER 2011

Gregg Grunenfelder and John Wiesman, Co-Chairs

John Wiesman reviewed activity since the workgroup last met on October 5, 2011. He described the aggressive timeline required to complete the work in time to publish it in the December 2012 report that will also serve as the State Health Improvement Plan. He also described that updates on the work were provided at the 2011 Joint Conference on Health and to the Public Health Improvement Partnership at its December meeting. In addition, a written update was widely circulated among public health leaders and partners.

Communicable Disease and Other Health Threats Subgroup

Scott Lindquist and Jennifer Tebaldi, Subgroup Co-Chairs

The subgroup is focusing primarily on communicable disease and is digging in deep to address some very detailed issues. Immunizations is focused on ChildProfile and increasing participation, without mandating it since this is not allowed per CDC. Communicable Disease Surveillance is focusing on prioritizing response for the ~65 notifiable conditions. Recommendations from this subgroup will incorporate the *Agenda for Change* 'how' topics (workforce, business processes, and funding). See [handout](#) for more information.

Healthy Communities and Environments Subgroup

Dennis Worsham and Allene Mares, Subgroup Co-Chairs

The subgroup is conducting ~56 key informant interviews to get their input on the strategies drafted under the areas of tobacco-free living, healthy eating, healthy and safe physical environments, healthy starts, and injury prevention. Some interviewees are asked questions about only one of these areas due to their expertise in the area. The subgroup has established criteria they will use in selected strategies after completing the interviews. See [handout 1](#) and [2](#).

Public Health Partnering with the Healthcare System Subgroup

Joan Brewster and Karen Jensen, Subgroup Co-Chairs

The subgroup is working to develop a draft set of strategies for how public health has an important role to play and can contribute to improving access to care and preventive services. The three strategies are: 1) provide more information about the health of the communities to decision makers, 2) provide local leadership to convene health care providers and community leaders to address problems, and, 3) provide more education about effective clinical preventive services. The group will meet on 2/14 to review the draft and to consider the public health role in promoting better mental health, identifying barriers to needed care, and how public health can help with the continuum of care. The subgroup will meet again on 3/21 to approve recommendations and forward a set of strategies and actions to the Agenda for Change Workgroup. See [handout](#).

STATE HEALTH IMPROVEMENT PLAN (SHIP)

Gregg Grunenfelder

Gregg described the plan that the Agenda for Change work along with the work of the other PHIP workgroups, when published in December 2012 will serve as Washington's first State Health Improvement Plan (SHIP). Gregg described the SHIP as the long-term systematic plan to address health status issues identified through state health assessment, and through the Reshaping Public Health effort which identified three areas to focus public health system improvement. Gregg reviewed a sample executive summary from the Oklahoma SHIP (see [handout / web link](#)) and a draft outline for the Washington SHIP. See [handout](#).

This summer, when the engagement plan is launched for the *Agenda for Change* to get input on the recommendations, it will be within the context of the SHIP. See [handout](#).

Discussion

There was overall support for the direction described. In the SHIP, we should be sure to include some narrative on the construct and evolution of the PHIP. Also, as we move this forward, we need to be clear about what is moving forward already (to inform people) vs. what are the ideas/concepts for the future (and which are more open to input during the engagement process). It would also be good to include some information on funding trends, and funding distribution – including federal, state, and local funds. And, the overall work we will be doing on core infrastructure funding needs to have a prominent place in the final report.

Conclusion

Move the outline and suggested direction forward for consideration by the PHIP at their next meeting on March 7th.

AGENDA FOR CHANGE PUBLIC HEALTH FUNDING

John Wiesman

John reminded the group that developing a long-term strategy for predictable and appropriate levels of financing is in the *Agenda for Change*. He praised work that Barry Kling has done in a paper he has circulated. The paper establishes criteria and then proposes using the criteria to rate public health services that are core (Level I) – which should be available everywhere in the state and funded using base state and local funding and other levels (2-4) that may be provided in selected areas. Discussions were held at the December WSALPHO meetings about core services and funding. As follow-up, a small group of individuals used the paper from Barry Kling and developed a draft table to display public health services and an evaluation of what level it should be designated. See [handout](#).

In the legislature, SHB 2641 and SSB 6378 would mandate statewide organizations representing local public health officials, counties, and cities to convene a work group that includes DOH. ‘The work group must develop recommendations to the legislature on preferred funding and service delivery methods that will ensure the presence of a cost-effective, nimble, responsive, and sustainable public health system throughout Washington.’ If adopted, recommendations would be due to the legislature in January 2013.

John then invited Dr. Fleming to share his thinking and a conceptual framework for approaching this issue. Dr. Fleming proposed that not only is there too little money to support public health, but also that the overall funding mechanism/system is broken. Attention and resources must be directed to assuring ‘fundamental capabilities’ that are key to supporting ‘categorical programs’. He also proposed that the fundamental capabilities combined with some level of services in each of the program areas listed on the diagram (maternal and child health, injury control, communicable disease control, chronic disease prevention and environmental health) would comprise the ‘core’ public health services or the



essential benefits package that should be funded by state and local flexible funds. There was much discussion about the conceptual framework. See [handout](#).

John then presented the proposal that a new *Agenda for Change* subgroup be formed on Funding Public Health. The purpose is to define what core capacities, activities, and services comprise the core of public health that is to be available statewide and determine the cost that needs to be supported by state/local revenue and that this information will then be used in discussions to determine how to pay for statewide core public health services. The subgroup would build on the information presented today (paper by Barry Kling and associated table and Dr. Fleming's slides and conceptual model) to further describe and define the 'fundamental capabilities' and flesh out the list of state and local services, score them and identify 'core public health services' or the essential benefits package. Developing a model for costing this work may be done by a contractor that is overseen by the work group. After much discussion, the new subgroup was approved. Initial volunteers included: Jennifer Tebaldi, Maryanne Guichard, Torney Smith, Susan Allan and David Fleming volunteered to be reviewers.

WRAP UP

Gregg Grunenfelder

Gregg mentioned that the Office of the Attorney General is compiling a list of public health mandates in statute and rule. The initial list is extensive and could be useful to the Funding subgroup and subsequent discussion about core to help determine what laws and rules should be considered for updating. Once a full draft is available, Gregg will share this with the group.