

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## MARCH 7, 2012 MEETING

### PARTICIPANTS

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

*Staff* Simana Dimitrova, Jane Lee, Marie Flake (DOH)  
*Members Present* John Austin (SBOH); Suzanne Plemmons (Kitsap); Dennis Worsham, David Fleming (Seattle-King); Aaron Henderson, Janis Koch (Clark); Sheryl Lowe (AIHC); Allene Mares, Gregg Grunenfelder, Jennifer Tebaldi, Karen Jensen, Martin Mueller (DOH)

*Others Present* Tim McDonald (Snohomish)

## MEETING NOTES

### WELCOME

*Mary Selecky, Regina Delahunt*

Mary and Regina welcomed the Partnership members to the first quarterly meeting for 2012. Mary introduced Aaron Henderson (Clark) and Suzanne Plemmons (Kitsap) who are the new WSALPHO representatives to the Partnership. Peter Browning is the third new WSALPHO representative who was not able to attend this meeting. Mary also introduced Martin Mueller, the new director of the Public Health Systems Development Office in DOH which supports the work of the PHIP. Martin comes from the Office of Superintendent of Public Instruction (OSPI) where he served as Assistant Superintendent of Student Support. Prior to his position with OSPI, Martin has worked with school safety and prevention programs and has been a chief administrator for a small hospital in Southern Idaho specializing in substance abuse and psychiatric care.

### WORKGROUP AND WORKPLAN UPDATES

*Gregg Grunenfelder*

#### Public Health Activities & Services

The Public Health Activities & Services Workgroup is preparing for the 2011 Public Health Activities & Services Inventory. The 2011 survey will include minor modifications to the survey conducted last year. Current goal is to stabilize the data collection questions and process and begin looking at trends. The 2011 survey which will be administered in May/June of this year.

#### Public Health Indicators

The 2011 updates of the Local Public Health Indicators are now complete. The Public Health Indicators Workgroup is in hiatus, but later this year it plans to survey local health agencies on the use of the current indicators and begin planning for the 2013 indicators update.

#### Public Health Standards

The public health standards work is also in hiatus at this time. Later in 2012, the Public Health Standards Workgroup will begin looking at creating a basic set of standards and a new review process which will be aligned with the National Accreditation efforts.



Gregg highlighted some minor recent updates to the 2012-2013 Partnership Workplan approved in December. These updates were approved unanimously.

### **STATE HEALTH IMPROVEMENT PLAN (SHIP)**

*Regina Delahunt, Gregg Grunenfelder*

Gregg introduced the State Health Improvement Plan (SHIP) effort. He began by sharing other state's exemplary work which served as guidance in creating the outline for Washington's SHIP. Mary covered how different states are getting ready to do this work as well. Oklahoma's SHIP was featured in our background work. Gregg shared and walked through the Oklahoma's SHIP summary, then compared it with the proposed Washington outline.

### **Discussion**

Gregg asked for input on the draft mission, vision and values. Regina facilitated the discussion.

David Fleming asked why we want a SHIP and who the intended audience is. Gregg responded that it is an accreditation requirement, but also provides an opportunity to present the *Agenda for Change* work as part of the PHIP report. The priority objectives of the SHIP are to focus the work of the public health system, and influence partners including health care organizations, educational institutions, employers and community based organizations to improve health. The intended audience is the governmental public health system, the new governor, the state and local elected officials and the broader health community. The SHIP will also serve as a document which describes the public health system.

Regina spoke briefly about the Whatcom County's Community Health Improvement Plan and how their audience is also their community partners. This helps assure that all involved work in the same direction.

David pointed out that counties need to know about this work so state and local visions are aligned. Gregg responded that Community Health Improvement Plans (CHIPs) in the future will be able to look up to the State Health Improvement Plan. He also mentioned that while this first SHIP will be a merger of already existing work, future plans will include broader engagement. At this time, the CHIPs and SHIP are moving forward in parallel fashion as every agency is at different level.

Regina stressed that a community/state improvement effort is a complex, multi-level work.

Jennifer Tebaldi suggested that the SHIP's purpose is identifying the things we all agree we are going to work on.

Janis Koch felt that the mission should reflect that creating partnerships is more important for this work than focusing on data. But we can use data to prioritize work.

Karen Jensen talked about improved linkages and information sharing so there isn't duplication of efforts with other agencies' work.

Regina urged the Partnership to think about itself in the context of the body sponsoring the SHIP: Who are we? Who do we represent?

Mary reminded that this is not a citizen input effort.

Suggestions were made to shorten the mission. Martin Mueller suggested that the currently drafted goal should be the mission.

Aaron Henderson proposed not to have a mission as the mission is contained in the title of the document.

Input around the values was to shorten them, add prevention, modify *data-driven* to *what works*, add best practices, and update equity statement with RWJ language.

The concept of the SHIP to represent the work of *the Agenda for Change* and serve as the 2012 PHIP report was accepted by the Partnership unanimously. Gregg asked for approval for a new PHIP SHIP Steering Committee (a subgroup from the Partnership including Allene Mares, Aaron Henderson, Dennis Worsham - for David Flemming, Regina Delahunt, Karen Jensen, Janis Koch, Suzanne Plemmons; with Sheryl Lowe as a key informant) to guide the work of the SHIP. In addition, he announced that a special DOH workgroup has been created to support this work in a more detailed level. These were also approved unanimously by the Partnership.

Gregg spoke briefly about the SHIP timeline and draft plan for an engagement process. Mary suggested additions to the list: the health cabinet, Northwest Center for Public Health Practices and the UW School of Public Health and Community Medicine. Marie reminded that we already have partners' input via the Agenda for Change Workgroup and subgroups and their key informants. Jennifer suggested using venues like the Joint Health Conference and regional local health agencies sessions instead of specially called listening sessions. Dennis Worsham proposed that we use the Community Transformation Grant's structure already in place as another venue for input/meetings/listening sessions. The public engagement process will be developed and approved at the next Partnership meeting.

#### **AGENDA FOR CHANGE UPDATE**

Gregg Grunenfelder, Workgroup Co-Chair

Gregg reviewed activity since the workgroup last met on October 5, 2011.

#### **Communicable Disease and Other Health Threats Subgroup**

Scott Lindquist and Jennifer Tebaldi, Subgroup Co-Chairs

The subgroup is focusing on communicable disease and working to address some very detailed issues; how to increase immunizations focused on ChildProfile, how to standardize and prioritize communicable disease surveillance and response, and how to develop and maintain and integrated data collection system. Recommendations from this subgroup will incorporate the *Agenda for Change* 'how' topics (workforce, business processes, and funding).

#### **Healthy Communities and Environments Subgroup**

Allene Mares and Dennis Worsham, 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. The subgroup has established criteria they will use in selecting strategies after completing the interviews.

## **Public Health Partnering with the Healthcare System Subgroup**

*Karen Jensen and Joan Brewster, Subgroup Co-Chairs*

The subgroup is working to develop a draft set of strategies for how public health can contribute to improving access to care and preventive services. The three strategies are:

- 1) Provide more information about the health of the communities and the capacity of health care providers in the community to decision makers,
- 2) Provide local leadership to convene health care providers and community leaders to address health problems, and
- 3) Provide more education about effective clinical preventive services.

The group met in February to review the draft and to consider the public health role in promoting better health, identifying barriers to needed care, and how public health can help with the continuum of care. The subgroup met again in late March to approve recommendations and a set of strategies and actions to be forwarded to the Agenda for Change Workgroup.

## **PUBLIC HEALTH INFRASTRUCTURE FINANCING**

*Gregg Grunenfelder, David Fleming*

Gregg reminded the group that developing a long-term strategy for predictable and appropriate levels of financing is in the *Agenda for Change*. He talked about the paper developed by Barry Kling which establishes criteria and then proposes using the criteria to rate public health services that are core (Level 1) – 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 draft table was developed based on the criteria paper which displays public health services and an evaluation of what levels should be designated.

In the 2012, legislature proposed bills SHB 2641 and SSB 6378 which would have established a statewide workgroup representing local public health officials, DOH, counties, and cities. The purpose of this workgroup would have been to ‘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.’ However, neither of these two bills came to pass.

Gregg then invited Dr. Fleming to share his thinking and a conceptual framework for approaching infrastructure financing. Dr. Fleming proposed that not only is there too little money to support public health, but that the overall funding mechanism/system is broken. Attention and resources must be directed to assure ‘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 a diagram shared at the meeting (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. David cautioned to be agnostic in regards to who provides the services and not lower the bar because smaller local health agencies may not have the capacity, but rather consider regional approach in those cases.



Gregg presented a proposal that a new *Agenda for Change* subgroup be formed on funding public health. The purpose would be to define what core capacities, activities, and services comprise the core of public health, and that these are to be available statewide, and determine the cost that needs to be supported by state/local revenue. This information would then be used in future discussions to determine how to pay for statewide core public health services. The subgroup would further describe and define the 'fundamental capabilities' and flesh out the list of state and local services and identify 'core public health services' or the essential benefits package. Developing a model for costing this work may be done by a contractor overseen by the work group. The Partnership strongly supported David's conceptual framework and unanimously approved moving forward with the Public Health Funding Subgroup work.

**NEXT STEPS**

*Gregg Grunenfelder*

The next meeting of the Partnership will take place in person at the DOH offices in Kent on June 12<sup>th</sup>, 1:30 to 4:30 pm. We will continue with updates on the SHIP and public health funding work.