

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## JUNE 12, 2012 MEETING

### PARTICIPANTS

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

*Staff* Simana Dimitrova, Jane Lee, Marie Flake (DOH)  
*Members Present* John Austin (SBOH); Pat Shaw (Clark) for Suzanne Plemmons; Dennis Worsham, David Fleming (Seattle-King); Aaron Henderson, Janis Koch (Clark); Torney Smith (Spokane); Allene Mares, Gregg Grunenfelder, Jennifer Tebaldi, Karen Jensen, Maryanne Guichard, Martin Mueller (DOH)

*Others Present* John Wiesman (Clark), Barry Kling (Chelan-Douglas)

## MEETING NOTES

### WELCOME

*Mary Selecky, Regina Delahunt*

Mary and Regina welcomed the Partnership members to the second quarterly meeting for 2012. After brief introduction by all members, Regina reviewed the meeting agenda.

### BUDGET, UPCOMING TRANSITION AND LEGISLATIVE UPDATES

*Mary Selecky*

We are in the midst of the 10<sup>th</sup> adopted budget since 2009, each including funding cuts. This has created challenges for the public health system. Planning for the 2013-2015 budget is already in the works. The next budget forecast is expected on June 20<sup>th</sup>. At this time no additional current-year budget cuts are anticipated. With the specter of federal 'sequestration,' the federal budget faces a possible 7% reduction across the board. However, specific program reductions can grow to be as high as 15%. In addition, the impact from the Supreme Court decision on the affordable care act could be huge to the Department of Health and the public health system. More information will be shared with local health agencies as soon as it is available.

Governor Gregoire is preparing a transition plan for her successor. The House and the Senate in Washington State are also going through significant transition. There are many seats that will be vacated this year, more than we usually encounter. The date and contents of this particular Partnership meeting is timely as the Governor has asked the Department of Health for information to include in her transition plan. The Partnership and the *Agenda for Change* effort describe how our system functions and how we are preparing for the long term. The Public Health Improvement Partnership also guides of how we, the public health system, work together.

## STATE HEALTH IMPROVEMENT PLAN: CHANGE OF DIRECTION

*Martin Mueller, DOH*

Martin reviewed briefly the background for the State Health Improvement Plan (SHIP). After looking at the work around the *Agenda for Change*, it has become clear that this effort carries the most important tasks we need to focus on right now. Because of that, development of the SHIP has been put on hold which will allow us to dedicate resources around communicating about the *Agenda for Change* Action Plan and around the development of a minimum package of public health services.

### Input

Torney Smith asked what the timeline would be for postponing the SHIP effort. Martin responded that timeline will depend on the upcoming change of political landscape and whether the Department of Health is accredited. This will drive the timeline and actions around creating the next SHIP for Washington State. Torney followed up with the suggestion that we take the five years ahead until the next national accreditation cycle as the timeframe for developing the SHIP.

Regina Delahunt elaborated that her county's Community Health Improvement Plan (CHIP) engagement process has been very time and effort intensive and she agrees that it is wise at this time to hold off on this work and pick up in a year or two.

Allene Mares also agreed that after the first set of actions around the *Agenda for Change*, a couple of years from now seems to be the logical time to proceed with the development of the next State Health Improvement Plan. Martin responded that, indeed, we need longer time than currently feasible for a more comprehensive and robust engagement effort.

Mary added that it will be beneficial to wait and see the focus of the upcoming new health cabinet.

The Partnership asked that the Department of Health's Public Health Systems Development Office puts together a plan and a timeline for the future State Health Improvement Plan and to share it in a future meeting.

**Action:** Approved - The State Health Improvement Plan effort and PHIP SHIP Workgroup were suspended for now.

## **AGENDA FOR CHANGE**

*Gregg Grunenfelder and John Wiesman, Agenda for Change Workgroup Co-Chairs*

The *Agenda for Change* is about a vision for the future that can be molded and shaped as long as we are all going in the same direction. Gregg briefly described the purpose of the Agenda for Change Workgroup. Its main task is to tackle the ‘what’ concepts from the 2010 *Agenda for Change*. The work underway is not about the distant future but the first steps to get us there.

The Action Plan outlines the **Agenda for Change** subgroups’ recommendations for those initial actions. After an engagement process this summer, the Action Plan will be updated with input from peers, partners and other broader audience.

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

*Jennifer Tebaldi, Subgroup Co-Chair*

Jennifer introduced the Communicable Disease and Other Health Threats Subgroup’s recommendations. She also described the subgroup’s process. They looked at other states for best practices and where current technology can lead us.

#### **Recommendations:**

#### **1. Increase immunization rates across the lifespan of all residents**

- Improve our understanding of immunization coverage in Washington State by enhancing the completeness of data entered in the Washington Immunization System (CHILD Profile)
- Improve the quality of immunization data entered into the Washington immunization system
- Identify and implement evidence-based practices to improve immunization coverage rates with an emphasis on immunizations that provide the greatest public health impact

#### **2. Standardize and prioritize communicable disease surveillance and response activities**

- Prioritize communicable disease surveillance and response
- Establish evidence-based statewide recommendations around communicable disease control

#### **3. Develop and maintain and integrate data collection system for communicable disease surveillance and response**

- Modernize the notifiable conditions data collection system for case investigation and outbreak management
- Increase capacity to receive electronic laboratory reporting of notifiable conditions through a health information exchange
- Implement an updated SECURES communication alerting system from public health to outside community

## Questions

Janis Koch asked how the *Agenda for Change* work will interface with the Public Health Indicators Workgroup. Jennifer, who is also a Co-Chair of the Public Health Indicators Workgroup, responded that the Communicable Disease and Other Health Threats Subgroup will definitely look for indicators and performance measures to measure success.

## Healthy Communities and Environments Subgroup Recommendations

*Allene Mares and Dennis Worsham, Subgroup Co-Chairs*

Allene introduced the Healthy Communities and Environments Subgroup's recommendations. She also described the subgroup's process. They used the 'life-course' framework. They also used criteria to sort through ideas. Dennis underlined that the subgroup attempted to focus on bold yet feasible actions. A number of initial strategies were narrowed down and the group identified important partners. While the actions may not be seen by all as bold, bold is the commitment level from all who are involved. The engagement process will show if this group's recommendations are on the right track.

### Recommendations:

- 1. Increase the number of pregnant women who have healthy pregnancies and deliver healthy babies**
  - **Reduce preterm births.** Examples include: promoting prenatal care starting in the first trimester and reducing elective births before 39 weeks
  - **Promote preconception and prenatal care.** Focus on folic acid; family planning; and screening and treatment for domestic violence, tobacco use, alcohol and drugs, HIV/AIDS, and depression
  - **Prevent or reduce the impact of adverse childhood experiences.** Focus on working with community partners and healthcare systems
  - **Promote breastfeeding.** Focus on implementing policies in worksites and hospitals that support breastfeeding mothers
  
- 2. Increase the number of stable and healthy environments for children**
  - **Promote evidence-based practices, such as home visiting programs.** Focus on vulnerable or at-risk populations
  - **Screen young children for developmental and social-emotional issues and link them to appropriate community services.** Focus on reducing or eliminating exposure to complex trauma
  - **Offer healthy meals (including snacks and beverages) schools, child care settings, after-school programs**
  - **Implement systems that encourage physical activity before, during, and after school.** Examples include: Safe Routes to School and walking school buses

### **3. Increase the number of communities that encourage adults to make healthy choices for themselves and their families**

- **Provide affordable, healthy food and beverages in worksite, institution, community, and neighborhood settings**
- **Expand places to purchase fruits and vegetables using Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) benefits**
- **Offer smoke-free multi-unit housing.** Focus on housing for low-income populations
- **Provide quality tobacco cessation services (such as the Quitline) for people who want to quit.** Focus on services for pregnant women and women of childbearing age
- **Protect employees, customers, patrons, and others from secondhand smoke.** Focus on chemical dependency treatment centers, mental health recovery centers, child care/early learning centers, parks, and institutions of higher education
- **Include health elements or healthy community designs in comprehensive plans.** Examples include: compliance with Complete Street Design Guidelines and building schools within neighborhoods and communities served by that school
- **Offer free or low-cost physical activity opportunities in communities and worksites.** Examples include: joint use agreements, access to parks and trails, etc.

#### **Questions**

David Fleming questioned if the partners list is sufficiently inclusive. Has a broad look been taken outside of our usual partners, missing the private sector? He encouraged that we try to engage non-traditional partners (break out of our silos), such as other branches of government and especially with the private sector. Torney Smith commented that there seems to be no identified targets. Allene responded that the correct paths must be identified first before setting up targets. Dennis added that there will be many conversations around performance measures.

#### **Public Health Partnering with the Health Care System**

*Karen Jensen, Subgroup Co-Chair*

Karen introduced the Public Health Partnering with the Health Care System Subgroup's recommendations. Regina Delahunt, who is a member of this subgroup, elaborated that it is challenging to determine how public health can impact the health care system without becoming part of it. A suggestion was made to add businesses as key partners as they are the health care payers.

#### **Recommendations:**

##### **1. Increase information about the community's health care system and the health of local communities**

- Improve knowledge about the health status of the community so that community leaders can make informed decisions about how to meet local health needs
- Improve information about the capacity of the health care delivery system within the community so that local participants can develop plans to close gaps
- Increase information about how people use the health care system in the community so that efficient use can be identified and people can better navigate the system

## 2. Engage community leaders with a shared interest in improving health to identify and address community health problems

- Convene people with shared interest in improving health outcomes to develop community health needs assessments. This includes connecting hospitals, consumers, behavioral health, primary care, specialty care and dental care services
- Convene diverse audiences to share information about the health of the community so that problems can be identified and potential solutions developed

## 3. Promote and adopt the use of evidence-based clinical prevention services and patient-centered health homes

- Improve provider use of evidence-based clinical prevention services (National Prevention Strategy) such as screening tests, counseling, immunizations, or medications used to prevent disease, and for early detection of health problems
- Increase the use and availability of patient-centered health homes

### Minimum Package of Public Health Services Subgroup

*Gregg Grunenfelder and Barry Kling, Subgroup Co-Chairs*

Gregg introduced the work of the Minimum Package of Public Health Services Subgroup. The core task is to define minimum package of public health services. Barry Kling elaborated that this same package of public health services should be available everywhere. In order to obtain consistent sustainable funding, we need to clear what it will pay for. The subgroup has been working on identifying the minimum package of services defined by two kinds of functions:

- **Foundational Capabilities** such as assessment, communications, policy development, community partnerships, emergency preparedness, and modern business practices cut across all program areas. As such, these core capacities should not be supported through categorical funding tied to specific diseases or health risks because these vary over time, by location, and by funding reliability. Rather these basic capabilities should be supported by dedicated, flexible funding, assuring that all local health departments in the state have the basis to carry out high quality public health work on behalf of their residents, regardless of geographic location, population size, local tax base, or other attribute of the locality.
- **Essential Programs** represent a basic level of service in areas such as communicable disease control and environmental public health. The emphasis is on population-based services that are unlikely to get done unless governmental public health does them. A minimum level of funding, outside of categorical funding sources, is needed to ensure that every resident in Washington lives in a community where the governmental public health system can deliver an essential, minimal level of communicable disease control, chronic disease and injury prevention, environmental health, maternal/child/family health, access to clinical health care, and mental health/substance abuse services.

### Input

It will be important to have a coordinated effort when ready to go to the legislature. David Fleming stressed that there needs to be an explicit understanding that this is not everything, but a minimum package. Mary cautioned about using consistent language when talking about this work.

## **Engagement Process**

*Gregg Grunenfelder and John Wiesman, Agenda for Change Co-Chairs*

John Wiesman talked about the two phase engagement approach to seek comment and support of the Draft Agenda for Change Action Plan. The first phase of the engagement process will occur this summer with peers in the governmental public health system. The Action Plan will be updated and shared with partners and a wider external audience. After revisions from the second engagement phase, the final Action Plan will be published by the end of the year as part of the 2012 Public Health Improvement Plan report. Engagement web pages will be launched in mid June and will remain live throughout the two phased process.

**Action:** The action plan and engagement process were unanimously approved by the Partnership.

## **WORKGROUP UPDATES**

### **Public Health Activities and Services Workgroup**

*Gregg Grunenfelder, Workgroup Co-Chair*

The 2011 Public Health Activities and Services Inventory is underway with data being collected from all 35 LHJs and many DOH programs. We expect to have the data complete and ready to upload into the data management system in August with the 2011 Annual Activities and Services Report due later this fall. This is the fourth annual inventory of public health activities and services. The inventory identifies and counts public health activities and services conducted across the state throughout the many diverse areas of public health work. The workgroup will meet in August and November to work on three new activities and services initiatives: identifying tribal health activities, considering performance measures, and to developing and administering a survey of activities and services users to learn more about how the data are used.

To view the latest updates on the activities and services website, visit

<https://fortress.wa.gov/doh/hip/PHIP/>

### **Public Health Indicators Workgroup**

*Jennifer Tebaldi, Workgroup Co-Chair*

During the third quarter of 2012 the Public Health Indicators Workgroup will develop and administer a survey to public health indicators users around the state. The primary purpose for the survey is to find out who is using the indicators, how are they being used, and if these are the right indicators. The survey data will guide the workgroup when they meet in November. We continue to direct people to the indicator data, encourage their use and welcome examples from local health agencies on how they are using the data. Examples are posted on the Local Public Health Indicators website. In 2013, the indicators will be updated for the fourth time.

To view the latest indicators update and examples of use, visit

[www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/PublicHealthIndicatorsWorkgroup/LPHIWebsite.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/PublicHealthIndicatorsWorkgroup/LPHIWebsite.aspx)

## **Public Health Standards Workgroup**

*Torney Smith, Workgroup Co-Chair*

The Public Health Standards Workgroup will meet this summer to consider the development of a limited set of standards based on the PHAB Version 1 standards for local health agencies not applying for PHAB accreditation. Feedback from recent national discussions will help inform this decision with a focus on quality improvement. If the group goes forward with a 'limited set' of standards, these will be developed in the fall of 2012. The workgroup will also discuss forming a standards coordinators subgroup to network on accreditation issues, with possible training opportunities. Partners from other states may join this subgroup.

To view the most current PHAB Version 1 standards, visit

[www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1\\_0.pdf](http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1_0.pdf)

## **PHIP: WHAT'S AHEAD**

*Martin Mueller, DOH*

Martin identified some impending themes for the future of the Partnership's work. We are ready to move forward as we've prepared the foundation (indicators, standards, and activities and services) and are now charting the system course with the work of the *Agenda for Change*. In the near future we'll begin taking closer look at business practices and workforce development which will help with the next steps outline in the *Agenda for Change*.

## **Input**

Jennifer Tebaldi suggested that next for the *Agenda for Change* work is determining whose responsibility it will be to implement the subgroup recommendations as well as develop performance measures. Torney Smith encouraged that we remove ourselves from the box and look ahead as the ways of doing business in public health are now different.

## **NEXT STEPS**

*Martin Mueller, DOH*

The next meeting of the Partnership will take place via iLinc on August 30<sup>th</sup>, 10 am to noon.