PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

OCTOBER 11, 2012 MEETING

PARTICIPANTS

Co-Chairs	Mary Selecky (DOH); Regina Delahunt (Whatcom)
Staff	Simana Dimitrova, Jane Lee, Marie Flake, Rita Schmidt (DOH)
Members Present	John Austin (SBOH); Marc Boldt (LBOH); Suzanne Plemmons (Kitsap); David Fleming (Seattle-King); Aaron Henderson, Janis Koch (Clark); Allene Mares, Gregg Grunenfelder, Jennifer Tebaldi, Karen Jensen, Maryanne Guichard, Susan Ramsey, Martin Mueller (DOH)
Others Present	John Wiesman (Clark), Barry Kling (Chelan-Douglas), Daisye Orr (DOH)

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.

STATE AND NATIONAL UPDATES

Mary Selecky

Mary gave an update of the latest developments around possible budget sequestration on the federal level. Nothing will be exempt from it. There is a possibility of a special session after the national elections, but no other specifics at this time. It is especially important right now that the Agenda for Change and Partnership efforts are focused due to the possibility of federal cuts. The Public Health Improvement Partnership needs to be engaged as we learn more about the possibility of sequestration.

The Department of Health (DOH) is undergoing a review at the end of October in order to become one of the first in the nation accredited state health departments.

Mary stressed the importance of the upcoming election. There will be a new governor, new policy and budget staff. Current governor's budget is due by 20th of December and it will be the starting point for legislative budget debate during the 2013 session. Revenues are still down; the state budget deficit is around $1 billion. We are facing the possibility of more cuts in order to keep the budget balanced.

FOUNDATIONAL PUBLIC HEALTH SERVICES UPDATE

Barry Kling and Gregg Grunenfelder, Foundational Public Health Services Subgroup Co-Chairs

Barry congratulated the Foundational Public Health Services Subgroup for its excellent work. One of the newest developments is settling on the term *Foundational Public Health Services* which describes the kind of public health services that are necessary, the least that should be available everywhere across the public health system, although not enough. The Partnership was in agreement. Mary also promoted the use of this term as it would appeal with local boards of health and legislative officials. David added that the term is a moving target and the word *foundational* is arbitrary. The list of foundational services, however, is stable at this time.

The consultants hired to assist with the development of a cost mode, Berk, are currently conducting information gathering pilot with Public Health – Seattle & King County and Grant County Health District. Gregg added that soon they will work with six more local health agencies which represent various sizes and geographic locations. In total eight local health agencies and DOH would have been engaged in the pilot providing the information needed to create a comprehensive cost model. Barry stressed the importance of the initial work needed to develop a meaningful model for a sustainable funding in order to move into the future. The work done so far is very encouraging. The first draft of the cost model is anticipated to be available at the end of November.

AGENDA FOR CHANGE UPDATE

John Wiesman, Agenda for Change Workgroup Co-Chair

John thanked all involved in the development of the Agenda for Change Action Plan. He reminded the Partnership of all engagement activities that took place this summer. The initial audience of the first phase of engagement was the governmental public health system. About 200 people provided input. Overall the feedback showed that the Agenda for Change efforts are on the right track; the focus is on the right priorities. Other recommendations included:

- Listing essential partners and making sure that continuation is reinforced
- Strengthening the health equity area as well as eliminating disparities
- Reorienting healthy communities section to a *life course* framework

For the second phase of public engagement, a more succinct document (a summary) has been developed which describes the strategic direction for the public health system. It includes the objectives and strategies from the detailed action plan produced by the Agenda for Change subgroups. The intended audience is the larger public health system, partners, policy makers and the public. An appendix with specific and detailed actions steps developed by the subgroups will be developed by the end of November and linked to the summary along with the subgroup reports.

The Action Plan Summary will be shared with the Partnership as soon as it is available. David asked about the common message to partners. Gregg responded that communication tools are being developed such as talking points and PowerPoint presentations to help with consistent messaging.

John asked the Partnership who should this document be shared with?

Input

David: Managed care organizations, specifically Medicaid ones would be important to share with.

Regina: Share directly with Community Transformation Grant (CTG) partners, not only via CTG leadership trickle down route.

John Wiesman: Hopefully local health agencies will share with their own local partners.

John Austin: Share with the Dental Foundation

AGENDA FOR CHANGE ACTION PLAN IMPLEMENTATION

Gregg Grunenfelder, Agenda for Change Workgroup Co-Chair

The Agenda for Change efforts have been going on for two years now and great strides have been put forward. It was agreed that the Public Health Improvement Partnership would be the established framework to oversee this work. The Agenda for Change Workgroup is now in transition. Where do we go from here? The workgroup met recently and established that much work is still needed to institute/implement the actions steps developed by the priority area subgroups. Gregg solicited input on how to keep the work alive and what is the Partnership's role in this process?

One idea, he proposed, is that there is an implementation oversight workgroup. Two of the priority areas have natural homes in DOH:

- Communicable Disease and Other Health Threats in the Disease Control & Health Statistics (DCHS) Division and
- Healthy Communities and Environments in the Prevention and Community Health (PCH) Division.

This work would still need to be monitored by the partnership to make sure progress ahead is made.

What about Public Health Partnering with the Health care System? One possibility is to create a special workgroup to do this work under the auspices of the Partnership? How can future SHIP work fit with efforts around partnering with the health care system? And what about the Foundational public health services work? Is there a specific role for the Partnership if this particular work takes on a life of its own?

Input

Jennifer: PHIP should initiate oversight process, without authority and direction, so these efforts do not end up on library shelves.

Regina: The Agenda for Change Workgroup should evolve to be overseer to the implementation work.

Barry: Priorities need to be built into the SHIP.

David: We first need to define priorities, transform business practices and set foundational services. There is a need for an overarching oversight of these, they should not be treated as separate silos.

Gregg asked further: How could PHIP play role in the overarching governance?

Allene: Some level of Agenda for Change Workgroup should continue the oversight. We need this type of a touch point in order to align the complexity of all this work.

Regina: Let's look at the entire Partnership structure. It needs rethinking.

Mary: It is transition time and it is necessary to review the overall structure of the Partnership. We need broader structure for flexible dollars. The focus should always stay on public health improvement and how we keep moving ahead, not just memorialize the past.

How can partnering with the health care system work continue?

John: More conversations with the Health Care Authority are needed. It is hard to find the capacity to do this at the local level.

How are we going to measure success?

David: We need to define it first. Then measure it.

John: The detailed action plan will help with defining the parameters.

2012 PUBLIC HEALTH IMPROVEMENT PLAN REPORT OUTLINE

Martin Mueller, DOH

Martin presented the PHIP outline. Although it was accepted unanimously, Allene suggested some rescaling as it seemed too ambitious.

WORKGROUP UPDATES

Public Health Activities and Services Workgroup

Barry Kling, Workgroup Co-Chair

The results of the 2011 Public Health Activities and Services Inventory are available online. The data collected from the last three years provides information on differences in services delivered over time, by region, by LHJ and by program domain. Highlights have been developed which show the kind of analyses that can be done using activities and services data. Workgroup and Partnership members are asked to continue to promote the use of activities and services data and to bring back any examples to share on the web. An important next step for the workgroup is to begin to development performance measures associated with the activities and services.

To view the 2011 Public Health Activities and Services Inventory Highlights, visit www.doh.wa.gov/Portals/1/Documents/1200/PHAS-2011highlights.pdf

To view the latest activities and services data updates, visit https://fortress.wa.gov/doh/phip/PHIP/

Public Health Indicators Workgroup

Jennifer Tebaldi, Workgroup Co-Chair

The Public Health Indicators Workgroup is currently conducting a survey to provide feedback on the Local Public Health Indicators. The survey results will be used during the next cycle of indicator updates, informing the group's direction and activities. The workgroup will meet in late October and chart its work for the 2013 indicators update. Workgroup and Partner members are encouraged to continue directing people to the indicator data, promote their use and welcome examples from local health agencies to share on the web as well.

To view the latest indicator data updates, visit www.doh.wa.gov/lphi

Public Health Standards Workgroup
Jane Lee, Workgroup Staff

The Public Health Standards Workgroup met this summer and approved the creation of three new task specific subgroups:

- The ***Limited Set of Public Health Standards Subgroup*** will meet in late October. Its purpose is to develop a limited set of standards based on the PHAB Version 1 standards for local health agencies who are not applying for PHAB accreditation. The set will have a sunset clause. This group may regroup prior to the 2015 Washington State Standards Performance Review to make sure the limited set is still aligned with the current PHAB standards. Volunteers are welcome and the subgroup is chaired by Torney Smith.
- The purpose of the ***Standards/Accreditation Coordinators Subgroup*** is to network regarding Washington's public health standards and accreditation issues, to include training opportunities. The group will use cross-jurisdictional sharing of best practices and build capacity among public health departments in Washington to demonstrate public health standards, conduct quality improvement, and achieve national accreditation. This subgroup will be ongoing and staffed and chaired by the Public Health Performance Management Centers for Excellence. Partners from other states may join.
- The purpose of the ***Exemplary Practices Subgroup*** is to review and update the 2011 Exemplary Practices Compendium to align with the PHAB version 1 standards. This revision will help local health department staffs who are using the exemplary practices. This subgroup is limited and chaired by Susan Ramsey.

To view the most current PHAB Version 1 standards, visit
www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

NEXT STEPS

Martin Mueller, DOH

Next meeting will be held on November 29th. The Partnership staff will develop a more concrete plan on how to move the Agenda for Change Action Plan closer to implementation.

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