PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

NOVEMBER 29, 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); Suzanne Plemmons (Kitsap); Dennis Worsham for David Fleming (Seattle-King); Janis Koch (Clark); Torney Smith(Spokane); Peter Browning (Skagit); Allene Mares, Gregg Grunenfelder, Jennifer Tebaldi, Karen Jensen(DOH)
Others Present	Joan Brewster (Grays Harbor); John Wiesman (Clark), Barry Kling (Chelan-Douglas), Lyndia Wilson (Spokane), Daisye Orr (DOH)

MEETING NOTES

WELCOME

Mary Selecky, Regina Delahunt

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

POST-ELECTION AND BUDGET UPDATES

Mary Selecky

Mary updated on the latest post-election issues. Amendment to the marriage certificate will come into effect on 12/6 following the approval of Referendum 74. The Department of Health will be ready with the updated form on time. Paper certificates will be changed to gender neutral language. County auditors will have these forms very soon.

The new Governor-Elect Inslee has set up a transition team and has appointed a chief of staff. Next on his agenda is appointing cabinet members. There will be a new Secretary of State, a new Auditor and a new Attorney General. Currently, Governor-Elect Inslee is being briefed by all state agencies. Mary encouraged participants to review the Governor's *health document* posted on his website. Many changes are also anticipated in the state legislature.

On a national level, Obamacare continues to march forth. Washington State is far along into setting up a Health Exchange. Congress is in special session working on debt reductions to offset the fiscal cliff. There is $4 trillion shortfall and congress will be selective in its cuts. The Prevention and Wellness Fund is unstable, some categorical funding could remain intact.

The budget of Governor Gregoire is expected to be released by December 17th. The incoming governor will wait for revenue projections in the spring before releasing his budget. At this time no reductions were asked from the Department of Health. Our focus will remain on the Affordable Care Act.

Mary moved into the next item of the agenda by setting the stage with how we must transition between administrations while keeping ourselves and our partners moving along with the work we need to do.

AGENDA FOR CHANGE UPDATE

Gregg Grunenfelder, Agenda for Change Workgroup Co-Chair and Foundational Public Health Services Subgroup Co-Chair; Barry Kling, Foundational Public Health Services Subgroup Co-Chair Joan Brewster and Karen Jensen, Public Health Partnering with the Health Care System Subgroup co-Chairs; Jennifer Tebaldi, Communicable Disease and Other Health Threats Subgroup Co-Chair; Allene Mares & Dennis Worsham, Healthy Communities and Environments Subgroup Co-Chairs

The final Agenda for Change Action Plan was released in October.

Foundational Public Health Services ensure every resident in Washington can access a foundational set of public health services, no matter where he or she lives. The *Agenda for Change* introduced a new concept: residents can access a foundational set of capabilities and programs supported by adequate and predictable funding. These foundational services are necessary but not sufficient. Just like the foundations of buildings that support a larger structure, the public health foundational programs support other standalone federal or fee supported programs, like WIC, emergency preparedness and response, food safety inspections, and diabetes prevention.

Strategic Priorities for the public health network are around working together to confront emerging challenges. The *Agenda for Change* has helped us focus on the most important elements of preventing communicable disease and other health threats, fostering healthy communities and environments, and partnering with the health care system.

Transform Business Processes. Just as the health care system is changing through health care reform to better meet current challenges, the public health system must also reform. This includes taking steps to ensure our workforce has the necessary skills and competencies to address new challenges, adopting the best of both private and public sector management into our operations, and developing a long-term strategy for predictable and appropriate levels of financing.

Next Steps

1. Develop and share a tool kit with our public health peers so that the *Agenda for Change* action steps can be shared with partners to inform them, get feedback and buy-in.
2. Publish an appendix to the *Action Plan Summary*. The specific action steps outlined in the appendix will serve as examples and set the state for more robust implementation planning in 2013.
3. Soon we will complete a cost model that identifies the cost for providing foundational public health services statewide. The model will be scalable, and can be adjusted for use in considering various scenarios and options with different funding, delivery structure, costs, etc. This will provide information and serve as a spring board for more discussions and planning around funding and structure of public health in Washington.

The WSALPHO Board of Directors was asked by the Secretary of Health to recommend performance measures for the state MVET Replacement funds that are sent to local health agencies. The WSALPHO Board requested that the Foundational Public Health Services Subgroup take this on using the foundational public health services framework. The initial approach was to organize the existing measures used for the two other state funding streams that support foundational public health services provided by local health agencies (LCDF and 5930) within the foundational public health services framework. Use existing data sources (i.e., activities and services, local public health indicators, other) and identify possible measures to address the remaining areas of the framework. Then consider this approach in conjunction with BARS financial data that show where local health agencies spend their funds.

4. Identify 'natural homes' for continuing and implementing the strategic priorities in the *Agenda for Change:*

   - *Disease Control and Health Statistics Division* (Department of Health) to lead and work with local health and other key partners on the communicable disease priorities
   - *Prevention and Community Health Division* (Department of Health) to lead and work with local health agencies and the existing Community Transformation Grant Advisory Group on the healthy community priorities

   For strategic priorities that don't have a 'natural home,' e.g., Public Health Partnering with the Health Care System, propose that the Partnership form a workgroup for 2013 and beyond, to coordinate and address health care reform, Affordability Care Act, integrating primary care and behavioral health, integrating public health and health care, and identify and implement selected roles for public health.

5. Work through the Partnership to address modernizing our business processes throughout the public health system, workforce development, and sustainable funding for foundational public health services.

PARTNERSHIP'S FUTURE FOCUS AND PRIORITIES

Regina Delahunt, Co-Chair

Regina forged into this discussion item of the agenda by prompting the group with the question how can the Partnership move the Agenda for Change body of work ahead. What is the Partnership's role in this work?

Input

Karen: It is challenging to figure out how the Public Health Partnering with the Health Care System work can move ahead. Public health has roles in the federal health care reform and we need to clarify these roles and move them forward through the Partnership.

Allene and Dennis: Partner engagement is the focus of the Healthy Communities and Environments work. The goal is to ensure partners are on board with all of our ideas. We keep in touch with our partners and apprise them of next steps.

Jennifer: The Communicable Disease and Other Health Threats subgroup is engaged in developing feasibility studies, immunizations work and prioritization of notifiable conditions.

Mary: There is a link between the work of the *Agenda for Change* and the Public Health Accreditation Board (PHAB) focus. Both have goals around quality improvement.

Torney: Washington is recognized for its collaboration between state and local health agencies. We must measure and demonstrate accountability in order to secure funding.

Barry: The public health activities and services work needs a home to continue. There is no need for a dedicated workgroup, but the work can be folded into a data group. The foundational public health services along with the public health activities and services can allow us to do some new innovative things. If we continue with the innovations, the rest of the nation will pay attention. The Partnership would be the great home for that. It also should continue the data component to truly account for funding.

Jennifer: The local public health indicators work also needs to continue forward. Enhancements are needed as to how the data gets improved, marketed and use.

Janis: How can the Public Health Partnering with the Health Care System work be used as a framework to move forward with the health care reform?

Joan: The system is uncertain. There are many moving parts, multiple partners; the system has its own pace. But public health can offer access to data.

Barry: The foundational Public Health Services work should go on under the auspices of the Partnership, as the structure is sited for this new work. The foundation services can be used as a tool to improve the system. The Partnership can do the educational component of the work and link performance measures to foundational services.

Allene: While the Communicable Disease and Other Health Threats and the Healthy Communities and Environments work seems to have a 'natural home' in the Department of Health's divisions. But to assure that local and state public health continue their collaboration, the Partnership should oversee this work.

John Austin: PHIP needs to engage in outreach to local health agencies and local boards of health.

It was decided that discussion and planning for developing a state health improvement plan will take place at a later date; it is not the right time to move ahead with this work yet, but in the next 5 years.

Regina summed up the discussion by affirming that while we need to forge ahead with the new work from the *Agenda for Change*, we still need to pay attention to and carry forward the existing workl.

DRAFT 2012 PUBLIC HEALTH IMPROVEMENT PLAN REPORT

Gregg Grunenfelder, DOH

Allene suggested that the Agenda for Change Action plan be the 2012 Public Health Improvement Plan. The Partnership unanimously agreed that the 2012 Public Health Improvement Plan will be the Agenda for Change Action Plan with a cover letter which includes the focus of the Partnerships future direction determined in today's discussion.