

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

SEPTEMBER 5, 2013 MEETING

PARTICIPANTS

<i>Co-Chairs</i>	John Wiesman (DOH); Regina Delahunt (Whatcom)
<i>Staff</i>	Martin Mueller, Simana Dimitrova, Marie Flake (DOH)
<i>Members Present</i>	John Austin (SBOH); Peter Browning, Michael Baker (WSALPHO); Janis Koch (Clark), Torney Smith (Spokane); Allene Mares, Maryanne Guichard, Jennifer Tebaldi (DOH)
<i>Others Present</i>	Barry Kling (Chelan-Douglas); Sue Grinnell, Daisye Orr (DOH)

MEETING NOTES

WELCOME

Regina Delahunt, Co-Chair

Regina welcomed members to the third Partnership meeting for 2013. After brief introduction by all, Regina reviewed the agenda.

UPDATES

Secretary of Health

John Wiesman, Co-Chair

Budget

The Department of Health is working on a supplemental budget request package for the upcoming legislative session. The package includes number of items that impact local public health such as funding for BRFSS, replacement of PHIMS, marijuana prevention and obesity prevention in children. The comprehensive list will be shared with the Partnership when it becomes available. The budget request package is going to OFM soon and we hope many of the items will be incorporated in the Governor's supplemental budget.

Progress on Priorities

John began with discussion of efforts around reducing childhood obesity. He asked Sue Grinnell to share more about the policy around the supplemental budget request and the work done with the other two partnering agencies – the Department of Early Learning and the Office of the Superintendent of Public Instruction.

John gave an update on the *Excellence in Public Health Law* initiative. Washington State was chosen to participate in this RWJ Foundation sponsored effort lead by the Aspen Institute's Justice and Society Program. The initiative brings together teams of high-level governmental policy designees to work together to address a health issue identified as a priority in each participating state. Washington's focus is on utilizing public health law to implement the *Baby-Friendly Ten Steps to*



Successful Breastfeeding in every hospital with a maternity care service as a tool to reduce rates of childhood obesity. Washington State's team is led by John Wiesman.

John also gave an update on climate change efforts. He has appointed Jerrod Davis, Office Director for Shellfish and Water Protection, to take on the role of a climate change lead for the Department of Health.

A brief summary and overview was provided to the Partnership of [Department of Health's Organizational Structure Changes](#) as well.

Communicable Disease and Other Health Threats

Jennifer Tebaldi, DOH

Partnership members were provided with a written [update](#) of actions taken addressing specific communicable disease objectives in the *Agenda for Change Action Plan*. Following is a record of the questions, answers and comments on this agenda item:

- Request was made to share with local public health and publicize [Prioritization of Notifiable Conditions List](#) and related materials.
- While questions were asked about what is next under this strategic priority, Jennifer reminded that responsibility for implementing objectives and strategies are now folded into the Department of Health's Disease Control and Health Statistics Division operational business. New efforts will be undertaken in the future when we begin the development of a State Health Improvement Plan and/or when funding is provided to modernize PHIMS.
- Questions were asked if immunizations will be covered under the Affordable Care Act (ACA) and who determines what vaccines should be encouraged by local health agencies. The answer to the first question was inconclusive as there hasn't been a determination yet. It was suggested that that a fact sheet on the process used to select vaccines and a list of what vaccines are covered under the ACA is made available by the Department of Health to local public health.
- As part of the Health Care Reform efforts, we need to begin thinking how we can monitor and communicate about immunizations. The system will soon be flooded with newly insured people, many of whom may not be fully immunized.
- A concern was raised that IT systems throughout local health jurisdictions are unable to communicate with local providers, hospitals and laboratories. Jennifer shared that the Department of Health is working on the same issue, but only with hospitals and labs at this time. There isn't yet an operational solution.

Healthy Communities and Environments

Daisye Orr, DOH, for Allene Mares

Similar to the communicable disease agenda item, the Partnership members were provided with a written [update](#) of actions taken to address this strategic priority:

- A concern was brought that in order to align with health care reform, metrics need to be developed for population health. Sue Grinnell talked about funding received from the Department of Social and Health Services to convene Medicaid plans to review and advise on national sets of measures. The goal would be to align metrics for healthy communities, ACA and others. Nothing specific has been determined yet. It was reiterated that metrics should not only be focused on clinical health but also should include public health.

Public Health Partnering with Health Care

Sue Grinnell and Martin Mueller, DOH

Based on a sent ahead written [update](#) of actions addressing partnering with health care objectives, the following comments were shared:

- Access to care is important, but also taking a look at a long term population health care.
- A baseline needs to be established soon to measure progress toward health care reform objectives.
- Efforts also need to address inappropriate use of care.
- Partners agreed that the current list of organizations represented in the new workgroup is the right mix. External partners should be at the table and engaged in this work as well as engaging others. It was suggested that the dental community and emergency care be represented in the workgroup as well.

Public Health Performance and Accountability

Jennifer Tebaldi and Martin Mueller, DOH

The following comments were provided to address questions asked in the Public Health Performance and Accountability [update](#):

- Some Partnership members were not clear on the exact role of the new Public Health Performance and Accountability Workgroup and how its work relates to public health activities and services and what the Centers for Excellence are doing, for example. Jennifer responded that the initial efforts of the new workgroup will be to take a look at what measurement systems we already have in place, are they the right ones and what other systems are needed.
- One of the roles of the new Partnerships, Planning and Performance office at the Department of Health in conjunction with the Partnership, of course, will be to guide and organize already existing measures. The goal will be to do alignment and to drive the system toward a shared goal.
- Question was raised if the scope of this work should be to look at measurements within the Partnership only or to look also at measurements for the State Health Improvement Plan, or on an even broader scale.
- External partners should be brought in to measure success.

- Suggestion was made that military public health should be considered to be invited to the table.
- Public health activities and services as well as the public health indicators should be institutionalized.

WORK SESSIONS

Foundational Public Health Services

Barry Kling and Jennifer Tebaldi, FPHS Workgroup Co-Chairs

Barry gave brief introduction and recapped work up to date. During Phase I of this effort the list of foundational public health services was developed. Also the first part of a cost study has been completed. More work is needed, however, to refine current estimate. Contractor will continue to work with the Foundational Public Health Services Workgroup to help with addressing gaps.

Some of the policy issues which need to be addressed in the future are political. Before going to the legislature in 2015 to ask for sustainable public health funding, significant policy, political and estimating work needs to be done. Below are issues raised and comments from this work session:

- Current data and cost model need to be sound before funding is requested.
- We need to determine if a model with 35 local health jurisdictions or other models of regionalization should be considered for the cost model. There is some evidence that significant savings are not necessary achieved by regionalization.
- We must focus on measuring what is, not what might be. Also what we think it's foundational. Although likely scenarios must be addressed as well.
- For accountability purposes, use activities and services information and outcomes.
- Foundational public health services are essential, however funding them is as much about politics as it is about public's health. Currently we, as a state, do not have an improvement plan that local and state health officials have agreed to prioritize on. We need a State Health Improvement Plan to guide work and priorities around the state.
- Foundational public health services are important, but the outcomes we are going to deliver are also important. John Wiesman suggested that local board members, county commissioners and city officials be convened together to decide what they want to buy (fund). These elected officials need to decide what foundational public health services are funded and how by both counties and cities. It is essential that information is delivered to them in a way that they understand it. After this work is done, that is when we go to the legislature. The costing work and the political efforts need to be done simultaneously. The work addressing the political aspect of sustainably public health funding can be convened under the Public Health Improvement Partnership. More information on this new workgroup will be given to the Partnership in its next meeting.
- The Department of Health and WSALPHO should work on the political issues around sustainable funding hand in hand. During his meetings with local boards of health, John Wiesman has been talking with them about ideas around funding public health. The Department of Health will take responsibility to get the Governor on board and informational work is ongoing. Local Boards of Health Alliance is another venue to approach for engagement.

- It was encouraged that the foundational public health services model stays close to the one from IOM model to assure we align with federal funding initiatives that may be tied to it.

Public Health Standards

Torney Smith, PHS Workgroup Co-Chair

Torney briefly gave an [overview](#) of current standards work. The following are comments and issues raised during the standards work session:

- Standards work is not presented as a quality improvement work to local public health -- it is a better selling point.
- John Wiesman suggested we defer to the PHAB process in terms of future reviews. Local health agencies should seek accreditation if they choose to, but if an agency is struggling with limited resources, they shouldn't have to do a standards review.
- We should focus on further developing and using the *Foundational Performance Set* to be measured on and preserve a system-wide look of the system. Using PHAB and *Foundational Performance Set* together right now will not work as they are not compatible.
- The Partnership agreed that local health agencies which would like to pursue accreditation with PHAB should do so on their own; however, everyone should go through a *Foundational Performance Set* review. Unsure at this time how often these reviews should be done.
- The Department of Health will explore what would be the cost for the entire state to be accredited in relationship to what it costs to do a review. We need to think ahead as some funding in the future will be tied to accreditation, so there will be material incentives. At this time, however, PHAB accreditation is for a challenge for small local health agencies.

Charting the Course of the Partnership

John Wiesman and Regina Delahunt, Co-Chairs

Martin gave a brief [overview](#) of the Partnership through the years. John Wiesman began by sharing a sentiment from the field how the Partnership has lost its momentum in the last few years. He urged that we do a reset in that very important venue of local/state relationship. The following are questions, answers and comments from this work session:

- John asked who else needs to be at the table for the public health system to work better. It was suggested that while WSALPHO is currently the main local/state venue, the Partnership should expand to reflect and better address the broader public health system. It was suggested that a legislative official is invited to the Partnership, as well as member from the academia. We need to expand beyond governmental public health for sure.
- The Partnership was unanimous that we need to develop a State Health Improvement Plan (SHIP) with other partners to guide the collective work of the public health system. We shouldn't lose the concrete priorities outlined in the *Agenda for Change* as these are an essential part of a SHIP. Work on health outcomes is also a part of a SHIP. We must come together and figure out the scope of this improvement plan. It was suggested that we look to IOM target settings for measurement recommendations. The Washington State's SHIP needs to have local engagement from the get to. Much work needs to be done to accomplish first a broad look, then the



Partnership will hone down the data collected. The goal would be to focus on a few things to better health.

- There needs to be a stronger mechanism around communicating this work.
- John committed to holding more in person meetings as Partnership members accented on the value of face to face interaction for more meaningful discussions.

NEXT STEPS

The Partnership will meet again via iLinc, from 9 to 11 am, on December 2th. Agenda will focus on:

- Progress on partnering with health care work
- Update on foundational public health services work and new policy workgroup
- Further discussion on statewide *Foundational Performance Set* review
- New membership to the Partnership and initial planning for SHIP

John asked participant for their brief evaluation of the meeting format and content:

- Better attendance
- More rousing conversation
- Staying on topic and possibly using an independent facilitator
- Keep meeting in person
- Use more visuals
- Better connect between summaries ahead of time and questions asked of the Partnership
- More breaks and opportunities to network, food