

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

STATE HEALTH IMPROVEMENT PLAN (SHIP) PLANNING WORKGROUP JANUARY 29, 2014 Meeting

PARTICIPANTS

Co-Chairs Torney Smith (Spokane); Jane Lee (DOH)

Members Present Janis Koch (Clark); Astrid Newell (Whatcom); Marguerite Ro (Seattle-King County); Megan Davis, Pam Lovinger, Juliet Vaneenwyk, Marie Flake for Karen Jensen, Simana Dimitrova (DOH)

WELCOME AND INTRODUCTIONS

Jane Lee, Co-Chair

After brief introductions from all participants, Jane opened the meeting.

OVERVIEW

Torney Smith, Co-Chair

Torney gave brief overview of the 1994 law which requires the development of a health improvement plan and biannual reporting of progress on planned improvement. The Public Health Improvement Partnership has been producing a Public Health Improvement Plan for 20 years. We now need to embrace a more comprehensive approach to health improvement by aligning efforts with many others to better the health of our citizens not only as a system, but as a state. A State Health Improvement Plan will showcase a lot of excellent work already going on in our communities and is a needed component of future accreditation efforts in Washington.

WORKPLAN

Torney Smith, Co-Chair

The workgroup reviewed the draft workplan and made a few changes.

Discussion

A clarification was requested by the workgroup of what their mission is and what is asked of them to do in order to help this effort move along. The Department of Health will provide staffing to this work, but local public health is needed to drive the direction of the plan.

Torney talked about conceptualizing what will be needed in the next couple of years and how can it be outlined in the plan. We must understand what we are doing in comparison to other ongoing efforts and specifically in relation to the Health Care Innovation Plan. Per Secretary's Wiesman, we are seeking input specifically on the role of public health in the context of health system transformation.

In order to provide most clear and thoughtful recommendations, the workgroup members unanimously requested clarity on intended purpose of this plan, period of time it should cover (2 or 5

years), should it be constrained only to governmental public health or will be more inclusive. We need to create a vision that others can follow.

ASSESSMENTS

Discussion

An idea was presented and embraced by all participants to use the *Agenda for Change* framework as foundation to build the State Health Improvement Plan on. Since we have less than a year to produce this plan, we can use the *Agenda for Change* goals and priorities as these already incorporate much statewide input for future health and system improvement.

The original *Agenda for Change* goals and priorities, however, will need to be viewed and aligned in the context of current environment and priorities. While many of the *Agenda for Change* goals are still relevant, much change has taken place and is ongoing with competing priorities from a new governor, new secretary of health, the implementation of the Affordable Care Act, state health care innovation activities and many other improvement efforts.

It was suggested that reviewing number of the above mentioned activities including non-profit hospital community health needs assessments and aligning their priorities with the *Agenda for Change* goals can help crystallize common themes. These can become the priorities addressed in the State Health Improvement Plan in order to achieve collective impact and move the needle in improving key health disparities in our state.

NEXT STEPS

- Better plan on structuring and facilitating this group's future meetings
- Share examples from other states
- Share with workgroup prior to next meeting: 1) minutes from first meeting, 2) priorities comparison matrix and 3) draft charter/scoping document outlining clear mission and direction for this group