

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

APRIL 11, 2014 MEETING

PARTICIPANTS

<i>Co-Chairs</i>	John Wiesman (DOH); Regina Delahunt (Whatcom)
<i>Staff</i>	Karen Jensen, Simana Dimitrova, Marie Flake (DOH)
<i>Members Present</i>	Astrid Newell (WSALPHO); John Austin (SBOH); David Fleming (Seattle-King); Janis Koch (Clark), Torney Smith (Spokane); Steven Kutz (Tribal Nations); Allene Mares, Dennis Worsham, Jennifer Tebaldi (DOH)
<i>Others Present</i>	Barry Kling (Chelan-Douglas); Gary Goldbaum (Snohomish); Marguerite Ro (Seattle-King); Sue Grinnell, Megan Davis (DOH)

MEETING NOTES

WELCOME

John Wiesman and Regina Delahunt, Co-Chairs

John and Regina welcomed members to the first Partnership meeting for 2014. After brief introductions by all, John kicked off the meeting by acknowledging some very important public health events:

- **Oso Mudslide**
Dr. Goldbaum expressed his gratitude for the support the Snohomish County community received from the Department of Health and other counties.
- **Measles Outbreak in Whatcom County**
Regina Delahunt acknowledged that public health is doing its work of tracking and containing. This event has provided an opportunity to spread a broader message about vaccination.
- **Cigna Award**
Spokane Regional Health District has received an international award for worksite wellness.

Regina announced the new format of the Partnership meetings. They are now open to all local public health in order to bring visibility, foster inclusiveness and increase knowledge of the Public Health Improvement Partnership efforts.

WORK SESSIONS

State Health Improvement Plan (SHIP)

Torney Smith, Workgroup Co-Chair

Torney introduced the Robert Wood Johnson Foundation (RWJF) report *Time to Act: Investing in the Health of Our Children and Communities*. The provided abstract reflected the SHIP Workgroup's thinking about Washington's State Health Improvement Plan and its scope reaching beyond public health. Torney shared the three priorities the workgroup is recommending the SHIP to focus on:

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1. Invest in the health and well-being of our youngest children and families
 2. Support development of healthy neighborhoods and communities
 3. Broaden health care to promote health outside the medical system

Torney pointed out that we must go beyond education and clinical interventions and penetrate deeper using long lasting prevention interventions, changing context and addressing socioeconomic factors. He stressed out that if we want to make a change, we need a seismic shift. 'Today is the 2nd best time to plant a tree. The best time was 20 years ago.' What can the State Health Improvement Plan do to position our state 10 or 20 years from now? We must move beyond the traditional way of thinking, move further upstream to address root causes and develop meaningful measures that ultimately lead to better health. It is essential to make these connections more visible for policy makers as well.

Discussion:

Question was posed about how the State Health Improvement Plan fits with other plans currently developed by others? John did answer that we need a SHIP for accreditation purposes as well as to move forward strategically. He brought up the efforts of policy leaders who are working on what is needed to support the public health system. When we go to legislature to ask to fund the system, we must show what we are committed, as a system, to move the needle and deliver on few but concrete things.

We want to make sure that this plan stays visionary; it aligns with the priorities and efforts of other work already going on around the state, is complimentary and will identify important connections.

Question was raised about how we intend to use the plan to get us where we need to be. A strong statement is needed in the State Health Improvement Plan around the need for a new partnership between public health and health care delivery system.

A concern was shared that people still don't see the important role of public health in the communities. The recommendation around healthy communities should be about enabling broader policy framework statewide. We must be careful with the 'too far upstream' approach as we still must improve health even if we cannot affect social determinants.

Important point was made about acknowledging what we already do well and the need to protect our successes.

A request was made to develop a visual representation of the link between the State Health Improvement Plan's priorities and the Foundational Public Health Services capabilities.

An ask for commitment was made to keep the efforts around the State Health Improvement Plan and these of the Public Health – Health Care Delivery System Partnership aligned and supportive of each other.

Torney invited Partnership members who are not on the SHIP workgroup already to join if interested.

Public Health – Health Care Delivery System Partnership

Gary Goldbaum, Workgroup Co-Chair and Sue Grinnell, DOH Lead

Gary introduced how the work of this group has evolved in a very short period of time. He talked about the extraordinary representation at the table and the very active and dynamic pace the work is being done because of a steeply accelerated timeline. The Public Health – Health Care Delivery System Partnership has been hard at work creating a Prevention Framework to complement and support the Public - Private Action Strategy developed for the State Health Care Innovation Plan.

The desired outcome of this work is to identify a small number of priorities that a framework can be put around which looks at intersection between public health and health care delivery system as well as developing specific strategies. It is likely that a quick return on investment can inform the innovation grant.

Suggestion was made to focus on developing strategies to better connect public health with the health care system and not necessarily identify specific community interventions.

UPDATES

- [Foundational Public Health Services](#)
- **2013 Public Health Activities and Services Inventory**
 - 2013 request for data has already gone to the Department of Health. The data will be collected from local public health agencies in May. Results are expected to be available on the web in the fall.
- **Foundational Performance Set**
 - Barry Kling reminded the Partnership that the reason behind developing a *Foundational Performance Set* is the need for accountability after the Foundational Public Health Services are funded statewide. Work around developing the set is progressing. Once it is finalized and approved, the next step would be Beta tested in 2015 with few volunteer agencies.
- **From the Secretary of Health**
 - Budget/Legislative Session Outcomes
 - Regained some tobacco money
 - Prevention funding for work supporting the Healthiest Next Generation initiative
 - Funding for WIC Farmer's Market
 - Progress on Priorities
 - The Health Care Innovation efforts are on their way
 - Still a lot of work to be done addressing obesity
 - Department of Health has organized a cross-cultural workgroup on Climate Change
 - Received tribal support for Foundational Public Health Services

NEXT STEPS

Next meeting will be held on June 16th, from 2 to 4 pm, via web session.