

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

PUBLIC HEALTH - HEALTH CARE DELIVERY SYSTEM PARTNERSHIP

April 21, 2014 Meeting

PARTICIPANTS

<i>Co-Chairs</i>	Gary Goldbaum (Snohomish Health District); Bruce Gray (NWRPCA)
<i>Leads</i>	Sue Grinnell (DOH); Kat Latet (HCA)
<i>Members Present</i>	Ann Christian (WCMHC); Andrea Tull (Coordinated Care); Bill Rumpf (Mercy Housing NW); Bob Perna (WSMA); Candace Goehring (DSHS); Christine Gibert (WHBE); Claudia Sanders (WSHA); Lloyd David (The Polyclinic); Rachel Wood (Lewis/Thurston); Regina Delahunt (Whatcom); Thomas Varghese (Harborview); Erin Hafer (Community Health Plan); Jan Olmstead (AIHC); Janis Koch (Clark); Jesus Hernandez (Community Choice); Brad Banks (WSALPHO); Scott Forslund (Premera Blue Cross); Janna Wilson (Seattle-King); Joan Brewster (Grays Harbor); Kathie Olson (Molina Healthcare); Kyle Unland (Spokane); Thomas Trompeter (HealthPoint); Rebecca Cavanaugh (OSPI); Teresa Litton (WHA); Tom Martin (Lincoln Hospital); Tao Kwan-Gett (NWCPHP); Kristen West (Empire Health Foundation); Kathleen Clark (WCMHC); Jack Thompson (Cedar River Group); Juliet VanEenwyk, Janna Bardi, Maria Courogen, Diana Ehri, Simana Dimitrova, Megan Davis (DOH)
<i>Facilitator</i>	Karen Jensen (DOH)
<i>Guests</i>	Lena Nanchand (UW); Laura Zaichkin, Rebecca Burch (HCA)

CULTURE OF HEALTH VISION AND VIDEO PRESENTATION

The meeting began with a viewing of a 5 minute [RWJ Culture of Health video](#). After the video, the partnership members engaged in a discussion on Culture of Health.

Comments

- We should be making healthy aging activities as available as prescription drugs, so you would be readily able to get health promotion materials/activities around your home as in your local drug store.
- The power of video, media relations to let people/the public know what we're doing, she didn't say at the end we have the answers and that's fine, there's a journey.
- The future is already here, it's just not evenly distributed, so example of Spokane and what they're doing, the process and vehicles of conveying this.
- If we want to change culture, study anthropology, the academic study of changing culture and what can we learn from them, the health values that are interspersed in organizations but we can't always see them.

- As we look at change of culture, we need to be aware of the fact that there are certain groups that already have a culture and with age stratification, we have to look at changing culture differently, forming new habits, versus changing old habits.

FINALIZE PREVENTION FRAMEWORK ELEMENTS

Comments on Vision

- Agreement on the vision with some requested revisions to provide clarity on language.

Comments on Principles

- *Health Equity* – It is not reasonable to state that all we have all equal access. Best to state equitable.
- *Balance* – Question on what balance means. We need to do impact now and impact long term and the magnitude of the impact and how to input that there.
- *Partnership* - Might not be a strong enough word, multi-sectored decision making process or what, action oriented and formal, a way to get to the tougher decisions about what we pay for – integration? Yes.
- Integration too strong, connotation of mergers which is not necessarily what we're doing, collective impact or collective action – that would work.

Comments on Goal

- Agreement on goal statement.

Comments on Objectives

- Requested wording on collaboration and integration across all three objectives. Will add the statement below in front of all objectives:
 - *In Washington State, Collaborative efforts among public health, health care and systems which influence social determinants of health will:*
- The objective will need to be reframed when completed as SMART objectives. They will be framed as 'by this date, this will be achieved'.

Comments on Strategies

There were two sets of strategies. The group felt that the second set was more in line with the work of the Prevention Framework.

- Discussion regarding the strategies that this group has little influence – reform benefit and payment.
- If we recommend something that we like and we believe in, it's not just something that we recommend that we hand over to EMAC, we will have to implement, we have to advocate for.
- Really like the bottom set, captures imagination, so when a family comes into the emergency room with a child with asthma, there is emergency housing so they could have new housing and not come back.

THE HEALTH OF WASHINGTON STATE: PRESENTATION BY JULIET VANEENWYK

OVERARCHING STRATEGY AND CORRESPONDING INTERVENTION DISCUSSION

Small Group Report Back

Blue Group

Focused on prevention and management of chronic diseases (diabetes, tobacco, obesity) strategies, cross collaborative care, cultural sensitivity, and shared system, differentiated between chronic disease states and also on behavioral health/substance – diseases versus conditions, framework versus strategies.

Green Group

Focused on active living, healthy eating, mental wellbeing, with also a lot of focus on ACEs and resilience. Important to get footholds on items that everyone can collaborate on and create needle movement all together in, clinical outcomes, behavioral and where people are at in their lives. Would like to figure out the best way to align the energy, discussion about ACHs, how that will work across the state with the nine regions, coordinated so that something is achieved at the state level but also not dictating, sharing across regions on lessons learned.

Orange Group

Focused on physical activity, healthy eating, tobacco cessation as part of substance abuse, and mental wellbeing, Important to see more upstream strategies and interventions to specific to populations (CHW from the community), evidence based, not just RCT but also practice based evidence, policies – tobacco, food, tension between policies that are part of a nanny state versus counteracting some of the other forces in our society that are not health focused, focusing on a small portion of the population at high risk versus the whole population, having people with different perspectives, good but is going to make it hard, language makes it difficult, strategy, priority, concrete examples really lead to good discussion, selecting overarching strategies that are behind the concrete examples.

Yellow Group

Are we building the airplane and trying to fly it? Or are we just building airplanes? Or are we just flying the airplane? Are we trying to kick start a model for the future and/or are we taking on the state largest health issues?

- Take some time to celebrate things that are happening now around the state, how to scale while not taking away the integrity.
- Gets hard to think big about strategies when we don't have any implication strategies in the approach and compare across the state
- You didn't know you wanted it until you saw it, and when you saw it you wanted it, that positive example setting is great because when you see something that is working and good, you want it.

- Marketers are very good at behavior change and maybe we can learn something from them, where are the social sciences? And social marketing.
- Attempt to identify what is working, focus on legislative agenda and focus on SIM funding/grant, getting down to the question that we are asking, is the notion to identify two initiatives and paper them across the state or enabling communities.

WHAT WORKED IN THE MEETING?

- Data presentation was good, clear concise.

WHAT COULD BE IMPROVED?

- Little more time to look at materials.
- Confusion, I don't like coming to meetings so the question always is what will happen after the meeting, making sure this gets improved.
- Not word-smiting to death, but language is very important and everyone uses language differently.

NEXT MEETING

May 29th, 9:30 am to 3:30 pm | DOH offices, Kent