PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

State Health Improvement Plan Workgroup Meeting Notes

October 24, 2014
1 - 3 PM

Meeting Purposes

1. Review feedback from recent presentations on our measures and priorities.
2. Discuss upcoming Webinars for additional participation

Attendees: Amy Laurent, Astrid Newell, Karen Jensen, Marguerite Ro, Megan Davis, Judy Hall, Simana Dimitrova, Torney Smith

The group reviewed feedback received at Secretary of Health John Wiesman's Annual Meeting on 9/19/14 and the 10/13/14 presentation at the Washington State Public Health Association's Annual Conference. The second feedback session had a much more positive tone and several attendees shared their impressions of that session.

Near-term measures
Of the proposed three near-term measures, support was expressed for two:

- Increase the proportion of middle and high school youth who have a healthy weight
- Increase the number of LHJs and tribes that are actively participating in the Accountable Communities of Health or regional health collaboratives.

In part because people felt the match wasn't good between the goal and the use of CHARS injury hospitalizations data, less support was expressed for:

- Increase the proportion of people who feel safe and healthy in their neighborhood/community.

There is no routine social survey being done in Washington State that would provide ongoing data along this line.

The group decided to move forward with the two measures that got more support in the short term section. The other goal area will remain a part of the longer-term, visionary section of the SHIP.

Longer-term measures
The group discussed any needed changes to the longer-term section of the SHIP and the linkages between it on Secretary Wiesman's 10/13/14 speech at the Washington State Public Health Association's Annual Conference.

A smaller set of Sentinel Indicators might be part of each Priority.

The priorities are written to allow more equity-related measures, like availability of affordable housing.

Priority 1 calls for data on investment – still potential – being discussed in Essentials for Childhood.

Priority 2

Try "positive elements of the physical environment"

Astrid: Create communities that promote positive connections and support health promoting behaviors

Measurement ideas:

Amy: % of renters paying more than 30% of income

Marguerite: consider including questions on BRFSS to get the data. Community Matters has perception of safety questions that might be good to use.

Results WA: Pedestrian and bicycle fatalities data

Judy: Put the measurement piece under development

ACHs could consider this kind of health promotion.

Astrid: could we actually put data into the slides rather than showing these theoretical/potential measures? Show rural and urban environments? Results WA has statewide data

Priority 3 –

Start with an introduction that states the Health Care Community is a vital

Priority 3 should be focused on helping move the health care system beyond their traditional approach. Ken Coffman's Keynote Speech at the WSHA meeting in Seattle last week included a key message: old style approach to being a hospital will lead to them being out of business in 10 years. Pharmacy chains are stealing their most profitable service/product lines. The break even services...105,000,000 Americans have a Walgren's customer rewards card. Hospitals are beginning to realize they are part of community health and keeping communities healthy.

From the LHJ vantage point, bringing the Foundation Health Services perspective would be important, as well.

Accountable Communities of Health are looking at the Triple Aim – and that includes "Better Health." Public Health has data, and can provide challenging prevention messages (way beyond e.g., mammograms.) John Wiesman's October 13th WSPHA speech contained references related to this on Community Health Chief Strategist and Accountable Communities of Health.

Transform the health care system to a health system (community wellness)

Other ideas:

Torney wants to know how to get statements under the priorities to get meaningful metrics.

Marguerite suggests up to 3 sentinel indicators for each of the 3 areas in the Priority. …

Astrid has ideas from the Essentials for Childhood measures

Amy: Childhood homelessness might be a good measure. It is available in King County.

Measures available in SeaKing: equity and social justice for early childhood: Families who report reading nightly, ACES, participation in early learning, kindergarten readiness (Results WA), mean child care cost burden by race.

Average annual cost of full time childcare is a measure – Child Care Resources ? dshs or del? (Judy Hall may know)

Results WA: Parents/Families who have access to visiting home services

WSALPHO is coalescing around adversity, young children

Amy could show the non-health county work she has, and needs approval to share.

Marguerite: need to have a conversation with healthcare providers/alliances before we set up things for them. Torney agreed that stakeholdering is needed during development

Astrid – could we focus on supporting people with complex needs in this priority? Health care would help these patients to be better integrated into community services

Judy recommends getting feedback from Sue Grinnell for measures and refer to this the way ACHs are referring to it, to help with understanding – huge influx of Medicaid patients – Public Health coming to their assistance.

Upcoming Webinars - Stakeholder work

November 5, 2014, 10 AM Webinar for LHJs and non-public health partners

- November 10, 2014, 2 PM Webinar for LHJs and non-public health partners

Members of this group will also be spokespeople for additional stakeholder meetings?

Torney adjourned the meeting at 2:45 PM

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HEALTHIER WASHINGTON