

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

State Health Improvement Plan Workgroup Meeting

August 26, 2015

10:00 – 11:30 AM

TC1, room 337 and GoToMeeting

Meeting Notes

Meeting Purposes:

1. Update each other on assignments from the June 10th meeting
2. Gather input on Essentials for Childhood and the Plan for Improving Population Health to influence the SHIP's long-term scope of work

Attendees: Torney Smith, Pamela Lovinger, Judy Hall, Marguerite Ro, Marie Flake, Jan Olmstead, Cathy Wasserman, Astrid Newell, Maria Courogan, Maria Gardipee, Kathleen Clark, Marilyn Dold, Kathy Chapman, Koneng Lor, Megan Davis

10:00 Introductions

10:05 Reviewed assignments from the June 10th meeting:

- Torney reported that he and Astrid took the SHIP to the mid-June WSALPHO meeting and talked with a variety of people about it. Folks were very receptive and indicated a strong buy-in. There was no push-back. Torney observed that LHJ engagement in Accountable Communities of Health (ACHs) is moving forward.
- Megan briefly updated the group about details of collecting and reporting data on near-term measures. The healthy weight of 6th, 8th, and 10th graders will come from the 2012 and 2014 Healthy Youth Survey data. Data on LHJ participation in ACHs will come from a new Activities and Services question, while tribal data will become available as each ACH is officially started up.

10:15 Kathleen Clark and Marilyn Dold gave an overview of the Plan for Improving Population Health (PIPH), a deliverable of the Healthier WA Initiative. The plan is located in the Prevention and Community Health Division in the Office of Healthy Communities. For the next year, Kathleen is leading and Marilyn is staffing plan development. The goal is to develop an implementation model for population health strategies. The plan will define population health strategies, include stakeholders in its development, and be approved by September 30, 2016.

Kathleen referred to information at this web page:

http://www.hca.wa.gov/hw/Pages/prevention_framework.aspx

The Public Health/Health Care Delivery Partnership group that developed the Prevention Framework, which preceded the PIPH, was large and diverse. Their initial priorities areas are

- cardiovascular disease and diabetes
- healthy eating, active living, tobacco-free and obesity prevention
- mental illness, substance abuse/use
- trauma-informed practice

The plan will align what is already being done, and create a roadmap for all ACHs to use.

Kathy and Marilyn are inviting a smaller group from the Public Health/Health Care Delivery Partnership to reconvene, to review the plan as it is developed.

The 52 measures developed to go with the Prevention Framework have only 5 population measures. The group discussed the need to expand that small set. Kathleen is interested in developing improvement measures as well.

Torney asked about an implementation timeframe. Beyond completing the plan by 9/30/2016, Kathleen didn't have implementation timelines.

Marguerite pointed out that funding for these efforts is most needed. Torney mentioned that aligning the payment model to include population-based work is crucial, and it is important to have the LHJs front and center to lead discussions about population health in the ACHs.

Marilyn shared that the PIPH will stress equity and that communities are key to this. More upstream equity measures beyond access to care are needed. We need to close the gaps, and Marguerite and Jan added that communities are the places where effective strategies must be built to close those gaps. Flexibility is key in tribal contexts, Jan reminded us.

Marguerite said this could be an opportunity to link to the practice transformation hubs. She gave an example of addressing the presence of guns in the home in a pediatric clinic setting, bridging the primary care clinic, public health, and behavioral health.

Pam mentioned that she and Megan are working to keep the SHIP aligned with other efforts, including the PIPH. Marie Flake mused about the need for venue and vehicles (e.g., WSALPHO mtgs, LHJ monthly calls, quarterly DOH/Tribal Leadership calls, AIHC's Tribal/State Leaders Health Summit) to keep us aligned and informed about each other's work, and to help others understand that we are indeed intentionally working together. She suggested we work up a brief introduction about how the SHIP and each initiative are aligned and coordinated.

Marguerite pointed out this is also related to the global Medicaid waiver request which was requested yesterday.

Cathy Wasserman told the group she is getting ready to share data-related information to help with efforts to align and coordinate.

10:50 Kathy Chapman gave an overview, including slides, on the Essentials for Childhood effort. The Washington Department of Health received a competitive five-year grant, Essentials for Childhood, from the Centers for Disease Control and Prevention (CDC). The grant funds the Department of Health in collaboration with the Department of Early Learning, to support a collective impact approach to build upon and coordinate current efforts among partners that promote safe, stable nurturing relationships and environments for children and families. This project helps Washington State to build on our pioneering work educating about, and working to prevent the impacts of Adverse Childhood Experiences and toxic stress on children and families.

Kathy described the stages of development so far, talked about the Collective Impact model, and described the Common Agenda that has been adopted, including the shared measures the group has agreed on. She described the structure and leaders of the Essentials for Childhood effort as well as the work planned between now and June 2016. She discussed the makeup of the steering committee, which is a broad, diverse group of important actors from different sectors.

Kathy talked about our common lenses. Like the SHIP, Essentials for Childhood recognizes that individual health:

- occurs in the context of families and communities
- is influenced by conditions where we live, learn, work, play and worship

Essentials for Childhood supports the SHIP's long term priorities:

Priority 1: *Invest in the health and well-being of our youngest children and families*

- recognizes "Stable, nurturing relationships" and "Safe, supportive environments" as foundations of health and well-being.
- identifies decreased "rates of child maltreatment/adverse childhood experiences" as a desired outcome.

Priority 2: *Support development of healthy neighborhoods and communities*

- recognizes social environment as an element of healthy neighborhoods and communities.
- identifies increased "proportion of people who feel safe in their neighborhood/community" as a desired outcome.

The group talked about how to keep informed and connected and the idea of shared metrics was mentioned.

One way to stay connected is to attend each other's meetings. Megan will invite Maria Courogan, Kathleen Clark, Marilyn Dold, Maria Gardipee, and Kathy Chapman to future SHIP Workgroup meetings. Pam and Megan attended the most recent Essentials for Childhood meeting and found it very helpful.

Maria Gardipee told the group that a conference between tribes and DOH, HCA, and DSHS is in the works. More opportunities for linkages and connections.

More discussion of this topic will be on the agenda for the September 16, 2015 SHIP Workgroup meeting.

11:30 Adjourn

Next meeting: September 16, 2015, 3:00 to 4:30 PM