2016 PUBLIC HEALTH MODERNIZATION VISION

1. There is a limited statewide set of core public health services, called Foundational Public Health Services (FPHS), that government is responsible for providing.

2. Core public health services are funded through dedicated revenues that are predictable, reliable and sustainable, and responsive to changes in demand and cost over time. A major tenet of this part of the vision is that these services would be funded through a combination of state funds, state and local fees, and when available and sustainable, federal grants.

3. Governmental public health services are delivered in ways that maximize the efficiency and effectiveness of the overall system.

4. Governmental public health activities are tracked and performance is evaluated using evidence-based measures.

5. Local revenue generating options are provided to address locally driven priorities that are targeted to specific community problems.

This ambitious vision will modernize Washington’s public health system and will improve the health and lives of all Washingtonians. We are proposing more than just increased funding for public health; modernization also includes:

- Defining which core services are needed in every community
- Restructuring how the public health system is funded
- Implementing new service delivery models across multiple jurisdictions
- Modernizing and improving our use of technology

Given the magnitude of the current challenges and the transformative nature of the vision, modernizing Washington’s public health system will be a phased, multi-year effort.

CHARGE

The Steering Committee guides implementation of the Vision outlined in the Public Health Modernization Plan, to protect and improve the health of the people of Washington. This work includes developing the details and strategies around rebuilding, modernizing, and funding a 21st century public health system. In addition to our own work, the Committee discusses and makes decisions on concepts and work products developed by the Technical Work Group, and other FPHS workgroups/subgroups. The Steering Committee includes a seat for a liaisons from the FPHS Tribal Technical Work Group and coordinates with the tribally lead FPHS process.
MEMBER RESPONSIBILITIES

. We prepare for and attend Committee meetings and contribute constructively to discussions, share ideas, and listen to others. We consider and discuss issues from the perspective of the Committee’s charge, as well as that of our own group.

. We understand and are able to articulate the project’s purpose, and the Committee’s charge and responsibilities.

. We communicate and coordinate with our colleagues to (a) represent organizational perspectives on key issues in the meetings; (b) convey information about the work of the Committee to stakeholders, including local boards of health; and (c) catch up Committee members on discussions if they were absent.

. When decisions require consultation from others we work with or represent, we communicate to the full Committee our process for seeking that input.

. We communicate any misperceptions or misunderstandings about the work of the Committee or statements and/or positions of its members back to the Committee so that we can identify solutions.

. We review and provide comments on draft materials and recommendations.

. We provide constructive feedback to the project management team on the process and progress.

OPERATING PRINCIPLES

. In consideration of each others time, meetings will start and end on schedule. If it is necessary to continue beyond the scheduled end time, the Facilitator or Co-Chair will ask for Committee agreement to continue for a set amount of time to finish the business at hand.

. We aim to participate in every meeting to achieve continuity in discussions from one meeting to the next.

. The Committee will operate by consensus. We respect and consider all members and their perspectives, and the group will work collaboratively to reach consensus on recommendations. Consensus is defined as majority opinion, with the objective of achieving unity rather than unanimity. When decisions are needed, WSALPHO members will give a provisional approval and consult the WSALPHO Board of Directors the following day. If the Board agrees, this will be communicated to the Steering Committee. If more discussion is needed, the Steering Committee will be convened rapidly by phone to discuss and reach a conclusion.

Steering Committee Membership

Dave Windom, Mason Co – Co-Chair
Maria Courogen, DOH – Co-Chair
Aren Sparck, AIHC
Amy Ferris, DOH
Andre Fresco, WSALPHO
Andrew Shogren, AIHC
Astrid Newell, WSALPHO
Charlene Nelson, AIHC
Cheryl Rasar, AIHC
Chris Bischoff, WSALPHO
Clark Halverson, DOH
Dennis Worsham, WSALPHO
Eric Johnson, WSAC
Jaime Bodden, WSALPHO
Jeff Ketchel, WSALPHO
Kelly Cooper, DOH
Keith Grellner, Kitsap, SBOH
Michelle Davis, SBOH
Patty Hayes, WSALPHO
Scott Lindquist, DOH
Steve Kutz, AIHC
Theresa Adkinson, WSALPHO
Vicki Lowe, AIHC

Staff and Consultants:
Marie Flake, DOH
Tamara Fulwyler, DOH
Allegra Calder, BERK
Disagreement is okay – we are seeking a full range of perspectives and may not achieve unanimity on every item. The goal is that we all can support, or live with, Committee recommendations or decisions.

We will respect the process of decision making and discussions of the group. Side conversations will occur, but we will work to resolve those issues within the committee structure not outside of it.

Meeting summaries will be prepared following each meeting, summarizing any decisions and agreed upon actions and a list of members present. Summaries will be shared out through WSALPHO and DOH.

We listen, are respectful, are concise, and focus on building shared understanding. We will ask each other for clarification as needed in order to understand everyone’s position.