Meeting Objectives

1. Presentation: A New Vision for Washington State, Foundational Public Health Services
2. Provide update on Healthiest Next Generation policy recommendations to Governor’s Council (September 28th meeting)
3. Overview of Department of Health decision packages
4. Share success stories from Community Lead Organizations

Attendees: Kathy Lofy, Rabeeha Ghaffar, Cori Tarzwell, Patti Miller, Lindy Henry, Charlotte Claybrooke, Lacy Fehrenbach, Tracy Wilking, Sue Anderson, Daisye Orr, Jennifer Tebaldi, Kathy Chapman, Shelley Wallace, Laura Martin, Yolanda Fong, Pama Joyner, Caitlin Hill, Jo Montgomery, Emily Rogers, Cindy Green, Mariel Mehdipour, Mona Johnson, Tony Hanson, Elaine Engle, Jan Olmstead, Jason McGill, Kathryn Akeah, Kim Eads, Theresa Adkinson, Vic Colman, Bob Marsalli

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Item and talking points</th>
<th>Lead</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>10 mins</td>
<td>Welcome and Introductions</td>
<td>Kathy Lofy</td>
<td>Welcome</td>
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<td>Kathy Lofy called the meeting to order at 9:00am; Did phone introductions, in-the-room introductions. Kathy also highlighted new members to our committee from DSHS DDA and DDC.</td>
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<tr>
<td>10 mins</td>
<td>The Healthiest Next Generation Initiative</td>
<td>Daisye Orr</td>
<td>Follow-up from August meeting</td>
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<td>Update from September 28th Governor’s Council meeting (see handout)</td>
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<td>5 mins</td>
<td>Legislative Update</td>
<td>Kathy Lofy</td>
<td>Informational</td>
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<td>Leg session is coming up. Some of the DOH budget requests this year. Budget doesn’t look entirely optimistic this biennium, so this had to be considered when putting requests forward. 1) Immediate investment in public health system – FPHS request. Will hopefully restore key core services that have been lost over the years. More on this from Jennifer Tebaldi. 2) Implement modernization plan and 2 service delivery pilots to ensure we are maximizing efficiency and effectiveness. 3) continuing to fund HNG Initiative. 4) HepC epidemic response. 5) Lead poisoning and</td>
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response funding. 6) mitigating public health effects of climate change continuation. 7) funding to comply with WATech data center consolidations requests. 8) request authority to spend funding from Youth Tobacco and Prevention Account.

Next step is for Gov’s office to review and release his proposed budget by Dec. 20th.

Some DOH Policy proposals this year. 1) Tobacco 21. 2) Lead prevention and children. 3) modifications to prescription monitoring program in response to opioid epidemic.

60 mins  
A New Vision for Washington State, Foundational Public Health Services

Kathy introduced Jennifer Tebaldi. Jennifer is DOH lead on FPHS. Slides available.

2 pieces to initiative. 1 is to recover/rebuild core programs that were lost or reduced in the last 10 years. 2 is to modernize the way we do our work. Many of our data systems are outdated and our business model needs to be updated. How can we do our work differently to leverage the expertise we have across the state?

Why now? This is the first generation that potentially will not live as long as their parents’ generation.

Context. We are part of a national initiative geared towards prevention and equalizing the social determinants of health. Washington has been the leading edge of this national initiative. Working with Tribes, SBOH, LHJs and DOH to create a better system.

What’s the problem? The demand is increasing but our capacity has stayed the same. This creates a significant amount of risk for epidemics and other urgent public health concerns.

New Framework. We are talking about ensuring those core services that are basic human needs are available across the whole state at a minimum level. We also need the ability to focus funds and resources differently in each community so communities can focus on their unique needs.
The process so far. We have defined the core services and worked to estimate the high level costs. We also worked to determine the current spending and determine the gap.

Delivering the vision. Policy workgroup convened in 2014 the created a series of recommendations. 1) Because the services need to be available across the state, state government should fund the services that are not covered by fees. The idea is that the state should be the major investor in those core services. 2) Local government should pay for priorities that are locally focused. 3) We need to look at how we deliver our services and determine if we can work/share services differently to maximize efficiency. 4) Determine how funding choices should be made and funds delivered. 5) There needs to be a system of accountability.

2017-2019 FPHS budget request is considered a “down payment” to begin plugging some of the holes and stabilizing the system. The long term FPHS plan is a marathon, not a sprint.

2017 and Beyond. Budget request is with the Gov’s office. We are developing a bill for ARL to incorporate the framework into statute. We want to do a system wide assessment of costs and evaluate capacity. We will implement service delivery pilots and evaluate the effectiveness.

Public Health is Essential Campaign
Foundational Public Health Services information

5 mins  Break – reconvene at 10:21
30 mins  Updates-Community Lead Organizations
Caitlin Hill – Healthy Living Collaborative
Comprised of over 50 cross-sectional partner organizations. CHWs leading walking groups and doing BP monitoring. CHWs distribution of healthy fresh foods. Community Health Advocate and Peer Support Network. Walkable Cowlitz – local waking advocacy group working with trail and parks system to create walkable spaces and inform decision makers about walkability. Worksite Wellness – increasing physical activity and nutrition standards in county businesses. Healthy Food Banks. Working to increase access to DPP and subsidize costs from DPP/chronic disease
prevention programs. Community Connections – A system that integrated data from health, criminal justice, housing to determine community level impact and identify gaps and disparities. Collaborative comes together quarterly to decide priorities and share strategies.

Cindy Green – Better Health Together/Spokane Regional Health District CLO transitioned from BHT to SRHD so BHT could focus more on their ACH work. DOH did an open competition and SRHD earned the slot. Primary focus is to stand up a robust diabetes prevention effort. INHS and Providence have been working together to incorporate pre-diabetes into programs so patients who do not have a diagnosis of diabetes can still be referred to DPP programs and other services to prevent the onset of diabetes. YMCA has been conducting DPP programs, so they are working together to engage and refer people from other systems into these YMCA programs. INHS trained volunteers at food banks to do pre-diabetes assessments so food banks can also refer at risk people to DPP programs and services.


Shelley Wallace – Tacoma Pierce County Health Department Recruiting for worksite wellness for physical activity and improved nutrition strategies. Recruiting 6 new sites. Working with Emergency Food Network to improve access to healthy foods. Developing food rescue program and practical systems change to make that work. Working with food banks to make good access healthier and more accessible to the clients. Working with DPP as well, YMCA is primary provider. Contracted with SeaMar to offer DPP at 2 new sites, one of which is in Spanish. Multicare working on provider training to identify individuals with diabetes and get them into DPP. Working with SeaMar, Mercy Housing, pharmacists and others to implement a blood
pressure self-management program. Lots of work with tobacco and vapor products - 2 new campaigns coming out.

North Central Washington Region – Theresa Adkinson DPP has been challenging due to lack of instructors. Working on 2 new train the trainers models to increase availability of these programs. Hosting think tank around CHWs and how they are being utilized and how we can increase the availability and training.

Pedestrian planning – a program that was lost when a previous grant ended, but now they are working on resurrecting this program. Have secured some planning grants to help get the planning work done. Working with larger health care systems to get data sharing agreements in place.

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<th>20 mins</th>
<th>Partner Updates</th>
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<td>Thank You and Adjourn</td>
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**Next meeting:**
January 10th; webinar.