



Skagit County Board of Health Population Health Trust

Lisa Janicki, Chair

Kenneth Dahlstedt, Commissioner

Ron Wesen, Commissioner

PHT Membership Meeting

Thursday May 5, 2016 9:00am-12:00pm

Northwest Career & Technical Academy

Members: Lisa Janicki, Andrea Doll, Bill Henkel, Brian Burch, Carol Hawk, Charlie Wend, Connie Davis, Debra Lancaster, Diane Smith, Duncan West, Jenna Strand, Jennifer Sass-Walton, Jennifer Johnson, Jim Barnhart, John Miller, Kari Ranten, Katie Stanford, Liz McNett Crawl, Margaret Rojas, Mark Raaka, Randy Elde, Stephanie Morgareidge, Terry Belcoe, Tina Willett, Beverly Keyes, Michael Sharp, Collen Pacheco, Douglas Spingelt and David Jefferson.

Absent:

1. Welcome & Introductions

David acknowledged the time commitment from all, thanking them for being there

2. Air Quality Presentation: Polly Dubbel, Environmental Health Specialist for Skagit County Public Health

Polly provided information about the regulatory functions for air quality, and the roles of Northwest Clean Air Agency and Skagit County Public Health. Air quality is regulated by Northwest Clean Air agency, which is an organization governed by a board of elected officials with representatives from all counties in the region. Public Health's role is to assist NWCAA at their request, assisting with health, air quality and risk messages to the public or assessments. Public Health assists when there is a health concern that falls outside of NWCAA's regulatory jurisdiction, when the community has questions/concerns regarding air quality, and when Public Health's code or programs overlap with air quality. Public Health does not have regulatory oversight. Public Health provides technical assistance visits to business that store and use hazardous chemicals, and those that have the potential to produce waste. Public Health can provide materials for education and answer questions on indoor air quality, common sources are mold and radon. Polly encouraged everyone to test their home for Radon, and shared that test kits are available at home supply stores or on line. Monitoring data is available for Skagit County on line, of which identify outcomes for the 6 primary air pollutant that are monitored. NWCAA regulates stationary sources of air pollution, monitoring 11 local businesses that are major sources of air pollution known as Title V: refineries, chemical companies, co-generation facility, etc. The three major contributors to air toxins in Skagit County are wood burning, motor vehicles and BBQ. Seasonal sources typically are fires and agricultural.

3. Summarizing retreat work: David shared that he called each PHT member to receive individual feedback about the retreat to determine best strategies for moving forward. Main points shared: group desired more time, a diverse portfolio of options, curious if PHT had the bandwidth to address multiple priority areas, along with feedback that PHT would possibly promote efforts, not necessarily do them. All members agreed that they desired to identify shared goals.

4. Planning: David took a step back into history to review 'what' started PHT, reflect on the mission, and how the next steps interact.

Mission: "Working together to improve health for All."

At inception of PHT, we all agreed on completing an assessment, which has now been completed. PHT members confirmed that they don't have clarity as to what the planning process will look like. David shared the differences of the PHT model, a volunteer board of 32, in comparison to organizational and program planning. David shared that there are planning models available for Public Health, but there is no recipe for volunteer groups. The formation of the PHT model by the Board of Health and stakeholders was to achieve alignment and buy in from the community. There is not a road map for planning with a model similar to PHT, and the PHT members agreed. David and the group agreed that a model needs to be developed and in place for planning to increase confidence. David reviewed planning principles that PHT originally agreed on.

Planning tasks that PHT need to learn:

- 1) How do we develop shared goals and outcomes
- 2) How to build strategy maps together
- 3) How do we collaborate on issues
- 4) How do we communicate this work to the public
- 5) How do we bring partner agencies together

Moving forward, what we need:

- 1) Find out what we are capable of as a committee
- 2) Prove we have value to community
- 3) Prove we can be successful
- 4) An opportunity to practice together

"We don't have to be spectacular; we just have to be united. We have to have purpose."

Proposed Demo Project:

To practice how the Trust works together and to demonstrate purpose, David recommended that the PHT begin with a "demo" planning process on a health initiative that was identified as a priority by the local community, and to use it as a planning exercise to solidify planning process for the 32

member Trust. David recommended that the demo project work on opioid use disorders, which will help the PHT practice planning tasks so that we can all learn together about what we need to do for creating a health plan for the identified health priorities. David explained that the idea would be to use this topic in order to understand the mechanism by which PHT can map out the problem, communicate awareness of effects and efforts of collaboration. The intent of the demo project is to use it as a skills strategy for the Trust to gain planning skills. The demo project can also be an opportunity to test Insightvision, the community impact software.

David provided reasons for selecting opioid use disorders as the health priority for the demo project which included:

- 1) Public interest
- 2) Organizing momentum: community initiated work groups are already in place and moving to action
- 3) Ease of accomplishment
- 4) Fast success; can demonstrate outcomes through data and activities with ease and in a relatively short time frame.

Jennifer Johnson added that it demonstrates action by PHT that we listened to our community, and that it is a health concern for Skagit County that is of interest and a priority to the Board of Health. Jennifer also stated that the Board of Health are eager for action. Diane Smith asked what the timeline was for the demo project and David shared that it would likely be approximately 6 months. David stated that achieving this timeline will require workgroups, while simultaneously setting up next projects. Bill Henkel shared that he felt there were several levels of work to do as a Trust, and that he is supportive of the approach with a demo project but also believes there is work with the bigger picture. Bill used the example of “can we be a voice of advocates, such as on the housing work?” Bill wishes to define our work for subjects at the higher level. David responded with agreement, that there would need to be multiple tracks at the same time. Carol Hawk asked how opioid use disorders were selected, given that there was no recommendation made at the steering committee. Later part of the meeting Bill Henkel clarified that the Steering Committee did endorse bringing an issue forward. David responded by stating that maintaining momentum and interest was a priority, and that it was his recommendation for how to show we are working together while we work together to select PHT health priorities and create a clear plan for achieving outcomes for those priorities. Bill shared that he would endorse the opioid demo project, but wants to support and advocate for monitoring the big picture, identifying a pipeline, and digging deeper into the work. Andrea asked if there were enough people to achieve a majority consensus and asked if the vote needed to wait. Debra felt that selecting a demo project should be with the people in the room, that it was important to continue moving forward, and that voting by email may not be legal and makes it difficult given that members not present were not part of the group discussion and their opinions could be out of context. Carol wanted to know what the framework or criteria was going to be for the PHT, and stated that she felt that needed to be developed. Dr. Leibrand stated that opiates

impact everyone in our community, they have a very broad impact on many people; a true example of population health. David shared that he was hearing from the group that they desired 3 things: practice, planning for next priorities, and monitoring of the big picture. A consensus vote was taken to move forward with opioid use disorder as the demo project. The majority vote was to move forward, all though there was not complete consensus.

Group Break

After break Jennifer opened the discussion by asking the group if they felt there was a need for continued discussion about the selection of opioid use disorders as a demo project because there had been some discomfort expressed before break and during break about the process. Andrea said she has a sense that the retreat hasn't come to a closure. Carol shared that she was surprised about how opiates were chosen, unclear about the process and why the Trust was being told what we were doing. Bill Henkel communicated that he wanted to defend the process by sharing that the steering committee asked David to 'bring a straw horse' to the PHT meeting for a demo project. Terry said he was trying to understand his own discomfort, and used the analogy that a destination and route has not been decided, but we are already driving. John shared that he felt it was important that a health initiative be selected that has a relatively short timeline, and that it appeared opiates aligned with that goal. David agreed with the Trust that the retreat work was not complete, and that the plan for the June meeting is to complete the work and identify shared health priorities.

5. PHT Roles and Responsibilities:

PHT members participated in a small group activity to discuss roles and responsibilities of the Trust and individual members. Small group feedback was shared with the larger group. Appeared to be similar thoughts that the PHT could be system and strategy planners, conveners, facilitators, and advocates. Many small groups agreed that the role of PHT is not at ground level, but rather at a higher level connecting the plan and work of the community as advisors through recommendations and support. Some felt that the Trust could take on the work of community messaging, and create media campaigns for health promotion. Discussions indicated support for the Trust to be the planners, engage in gap analysis, strategy mapping, outcome identification, and monitoring of progress to achieve goals. There were discussions about ownership of the work and outcomes, as well as the financing and resourcing of the work. Kevin asked: "Do we collectively own the plan or does the Board of Health?" David thought that both the trust and the county are responsible for the plan. Brief discussion of endorsement versus ownership.

6. Next Steps:

- Complete retreat work at the June PHT meeting, and identify health priorities.

- Data indicator Website work starting after June 15th. Community members will decide from a list of indicators what will be on the web site. David urged sign up for work group: Charlie, Randy, Bill, Jennifer, Duncan and Andrea.

7. Closing:

David expressed gratitude for the willingness to work for the greater good, and willingness to trust each other and have those difficult discussions.