



Skagit County Board of Health Population Health Trust

Lisa Janicki, Chair

Ron Wesen, Commissioner

Kenneth A. Dahlstedt, Commissioner

POPULATION HEALTH TRUST GUIDING PRINCIPLES

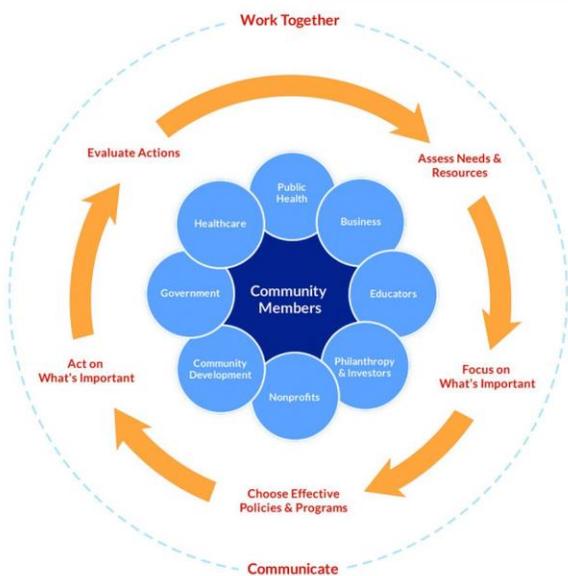
Vision: Growing Healthy Communities
Mission: Working together to improve health for ALL

The Population Health Trust (PHT) is composed of a broad spectrum of stakeholders who have the commitment, leadership, capacity, vision, and knowledge to establish and implement a common agenda in support of community health. This group will develop a plan for Skagit County that will lead to aligned goals, common data sets, population based outcomes, and mutual accountability. Together we will build trust, momentum, and synergy to achieve our goal of a Community Health Plan (CHP) that will guide strategies and actions to improve the overall health of all community members.

Models of Operation

The PHT determined that there were three models that aligned with the vision for the PHT and its work:

1) the Robert Wood Johnson Foundation's Take Action Cycle provided the PHT with a guide to organizing for success and had a focus on the Social Determinants of Health; and



(<http://www.countyhealthrankings.org/take-action-cycle>)



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2) the National Association for County and City Health Organizations' (NACCHO) model for Mobilizing for Action through Planning and Partnerships (MAPP) served as a model for the PHT's assessment activities, providing a comprehensive approach to PHT organizational and assessment efforts; and



<https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/MAPP-factsheet-system-partners.pdf>

3) the Culture of Health Action Framework from the Robert Wood Johnson Foundation's Vision to Action report lays out a framework about the fundamentals of how communities take action and is composed of 4 core action areas that have a specific set of drivers followed by specific focus areas.



https://www.rwjf.org/content/dam/files/rwjf-web-files/Research/2015/From_Vision_to_Action_RWJF2015.pdf



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Together, they lay the foundation about how a community can achieve the best outcomes for the whole population. Our PHT priorities fit into the focus areas and give our committee clear direction and expectations about how all efforts lead to improved health.

The PHT has also been guided by the concept of collective impact, that is, the belief that a group of actors from different sectors but with a common agenda, agreed-upon measures, and a structured form of collaboration can have a significant impact on a specific social problem. As Kania and Kramer (2011) have observed, “we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business.”

PHT Operating Values

- Achieve diversity in our membership and in our community interactions, serving ALL Skagit community members.
- Actively involve our community to ensure two-way communication to inform and engage participation in improving health outcomes.
- Actively promote health equity.
- Focus on improving health policies, systems, and environments while prioritizing access and coordination for all people seeking services.
- Place special emphasis on innovations that improve “upstream health” for the next generation.
- Create and utilize opportunities for synergy.

Our Vision for Health Equity in Skagit County

Health Equity means that everyone in our community has a fair and just opportunity for healthy living. This requires that we address and remove barriers to individual and community health that arise from poverty and discrimination (whether based on race, education, gender identity, sexual orientation, job status, housing status, or disability) that result in compromised health and powerlessness, and are often derived from lack of access to:

- good jobs with fair pay.
- quality of education.
- healthy housing.
- nutritious food.
- safe environments and active lifestyles.
- quality health care.

We are especially committed to eliminating disparities in health for excluded or marginalized groups within our community.



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PHT's Commitment to Health Equity in our Community

The PHT is committed to health equity for everyone in Skagit County. We strive for a community free of health inequities that are systemic, avoidable, predictable, and unjust. This requires the elimination of barriers to good health that arise from poverty, race, gender and other factors that marginalize people and groups within our community.

We are committed to partnering with our community to create pathways to a healthy life for all.

PHT's Commitment to Health Equity within our Work

PHT will use Health Equity to frame all aspects of our work, and will encourage our partners and stakeholders to do likewise. Each of us assumes responsibility to illuminate and address disparities within our individual and collective work. In our commitment to Health Equity, we will act with empathy and extend grace to ourselves and others.

Planning Process Principles

- Build on the strengths, experiences, and successes of all Skagit County service sectors and their representatives.
- Seek community voice, including other service sector representatives as needed, seeking their input and collaboration.
- Watch and assess "Forces of Change" (events, trends, and other factors) and explore how they will influence our planning.
- Align efforts with existing state, county, or local priorities when appropriate.
- Use proven methods for planning that support operating at this scale and complexity. Agree on what matters to the collective "us," create measurable goals, and ensure accountability towards outcomes.
- Ensure that our plan is clear, robust, well-researched, inclusive, and actionable, yet practical and easily understood by all interested groups.

Trust Member Role and Expectations

Trust members must understand they play a unique role in representing their sector and organization within the Trust, while also representing the Trust to their sector and organization. Members are in service to the Trust; whereas, the Trust is in service to our community members. Hence, we are in service to the greater community.

Within the Trust

- Members will come to Trust meetings prepared to participate in a manner which:
 - focuses on outcomes and results through action.
 - strives to bring humor and hope to the process.



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- brings integrity and a strong sense of ethics.
- comes with a spirit of willingness and flexibility.
- fosters trust by being open and honest.
- takes risks together with the goal of strengthening our partnership.
- strives to stay informed.
- Members will fulfill their commitment to the Trust by:
 - exploring the issues and searching for creative solutions that best serve our purpose.
 - acting as an equal participant with equal opportunity to voice opinions and contribute ideas.
 - recognizing the legitimacy of the interests, concerns, and goals of others, whether or not we agree with them. We commit to treating each other, and those who attend our meetings, with respect, civility, and courtesy.
 - making a special effort to listen carefully, asking pertinent questions and educating ourselves and those we represent about the interests and needs that must be addressed in a constructive, problem-solving atmosphere.
 - attending meetings on a regular basis. If a member needs to miss, she/he is responsible for communicating with others to gather meeting content. Members may submit written comments when they need to be absent.
 - providing feedback to the Community Health Analyst (CHA), in person, phone, and/or email and agreeing to provide feedback through periodic process surveys.
- Decision making process:
 - Decisions will be based on reaching consensus, defined as “general agreement or majority of opinion” of the attending membership. If an issue has significant disagreement or dissent, Trust members will continue to deliberate until members feel confident in the decision. Voting by majority will be used as a last resort in order to keep momentum going.

As a Trust Champion

- Periodically update constituents about the group’s progress.
- Help the Trust seek broader community participation in other work-groups and meetings.
- Treat each other and our community with patience and respect.
- Agree to be listed on Trust website with email address, place of work, and pictures to facilitate communication and transparency.
- Consider providing fiscal or in-kind support for media services, web site, report writing, data collection, contract help, staff and administrative support.

Roles and Responsibilities

Steering Committee

- Provide guidance, direction, and knowledge to ensure the Trust maintains momentum and uses members’ time efficiently.



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- Work in collaboration with Skagit County Public Health staff to establish organizational processes that support the development of PHT plans, strategies, and activities that improve the health for all, including the County's most vulnerable populations.
- Work with the CHA to create a report documenting annual accomplishments and coming year priorities.
- Recommend policy and procedures as needed to assure effective recruitment, engagement and retention of members.

Work-Groups

The Trust will define the purposes of the work-groups and establish timelines. It is understood that the Trust may refine and adopt work-group recommendations.

Work-groups:

- Collaborate with the community to address specific PHT priority topics.
- Study and discuss data, research, and practices and make recommendations.
- Involve community members and organizations, as appropriate, to assure that public health goals and action steps reflect the needs of our community.

Guests

Interested members of the public are welcome to attend the meetings of the PHT. Guest are welcome to put comments in writing and submit to support staff or the CHA.

Skagit County Staff

The CHA, along with other County staff, will:

- manage the process by keeping discussions focused.
- ensure that all points of view are heard.
- conduct meetings according to the spirit of our values and ground rules .
- write the CHP in collaboration with Trust members.
- widely distribute the final approved CHP.
- research and present information that the Trust determines it needs.
- organize and prepare for Trust meetings.
- assist with draft reports and summarizing the Trust's findings and recommendations.

Meeting Agendas and Summaries

- Trust meetings, their agendas, and summaries will be task-oriented.
- Agendas will describe the matter for discussion and the purpose of discussing it and be accompanied by information necessary to support informed discussion.



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- Draft agendas will be prepared by the CHA and distributed to all members for review and comment 2-4 days before a meeting. If the agenda or facilitation techniques are not working, Trust members are obligated to inform the CHA so that changes can be made and the group can proceed.
- A summary of key decisions and agreements of each meeting will be developed by the CHA in coordination with staff. This summary will be distributed to each member within 5 business days of a meeting's adjournment.
- Committee members are expected to review the summaries for accuracy and to alert the CHA if they find omissions or errors.

Community Engagement and Communication Strategies

- Recognize that community support is critical to the success of the CHP. We are interested in maintaining robust and continuous two-way conversations with the public.
- Encourage communication with the public both verbally and in writing. Community members are encouraged to contact the CHA at any time.
- Establish committees as needed to support the effective and efficient functioning of the PHT.
- Maintain a website so community members can keep up-to-date on our work and use that medium to communicate with us.
- Maintain a List-serve as another means to distribute newsletters and keep interested parties and the community informed of our work.
- Maintain the Skagit County Trends website, a community-accessible and comprehensive set of current data points.
- Use a Strategy Management Web Enabled IT platform to publish the Trust priorities and action steps to the community. The software serves as a tool for community organizations to collaborate on common goals and achieve the aims of collective impact.

Glossary

- **Collective Impact** is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.
- **Forces of Change** presentations help PHT members answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"
- **Health Equity** is the absence of systematic disparities in health or major social determinants of health between groups with different underlying social or economic advantages/disadvantages.
- **Health Inequity** is the difference in health status between groups with differential social and economic advantage/disadvantage (e.g. factors such as family income, gender, age, physical disability, mental illness, sexual orientation, gender identity, race, ethnicity, and citizenship/documentation).
- **Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946).



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- **Health** is the product of multiple determinants, including medical care, public health, genetics, behaviors, social factors, and environmental factors.
- **Population Health** is the health outcomes of a group of individuals, including the distribution of such outcomes within the group (Kindig and Stoddart, 2003).
- **Social Determinants of Health** are factors affecting the health of individuals in a population or subpopulation, such as the social and physical environment, behaviors, and healthcare.
- **Vulnerable Populations** in medical research ethics generally refers to individuals whose situations do not allow them to protect their own interests. The categories of individuals that constitute Vulnerable Populations are outlined under The Common Rule (45 CFR 46, Subparts A-D). These include individuals who are minors, prisoners, pregnant, physically handicapped, mentally disabled, old, economically disadvantaged, educationally disadvantaged, or subordinates in hierarchical groups (e.g. a soldier).