



Skagit County Board of Health Population Health Trust

Lisa Janicki, Chair

Kenneth A. Dahlstedt, Commissioner

Ron Wesen, Commissioner

"Always working for a safer and healthier Skagit County"

Population Health Trust Steering Committee #13

Date / time 04/25/2016 1:00 to 2:30 PM

Commissioner's Building - Copper Room

Steering Committee Members

Kevin Murphy, Bill Henkel, Carol Hawk, Connie Davis, Debra Lancaster, Jennifer Johnson, Liz McNett Crowl, Mark Raaka, Andrea Doll, and David Jefferson (Staff Mel Pedrosa and Leslie Goff)

- Review Agenda and approve notes from 3-13-16
- Direction and feedback for an effective May 5th PHT Meeting
 - Task 1: Review and clearly define our roles as a planning group. Possible means to clarify:
 - Develop survey and ask people to identify key roles. Then present these to the PHT for consensus (less time spent at the meeting but requires off-line participation).
 - Use time at the PHT to review a list of roles, add and delete as needed and get group consensus.
 - Task 2: Review what are shared goals and strategies so the group has an understanding of the work that is involved in going forward. Maybe use the Insightvision structure as a means to explain this. There are two options (maybe more) to going forward.
 - 1. Pick one item from our priority list and a small group goes through a community health planning process and regularly reports to the PHT so other people learn and we find out what works and what doesn't. Then we adopt a planning process that the whole group can agree on. Plus we collectively address one item on our priority list thoroughly.
 - 2. A community planning framework is reviewed and adopted by the PHT. Then PHT member self-select into workgroups and go through a planning process and reports back to the PHT. The process takes about 6-7 sessions, time is depending on group participation.
 - Task 3: What are our shared priorities going forward?
 - According to David's debriefing post retreat most people have said we needed a few more rounds to talk in order to reach some consensus. As it stands, we have 6 issues with between 3 and 5 votes and two issues with 2 votes. This does not include some of the grouping that was done and hence more conversation are needed.

4	Mental health (suicide ideation among youth)
3	Substance use (marijuana use)
5	Violence prevention (bullying and hurt on purpose)
4	Obesity and nutrition combined
5	Obesity

4	Nutrition
3	Prenatal care
2	Health care access
2	Opioid use disorders

- Possible means of going forward. There are many combinations about how we would do this and depends on the leaning of the PHT. Please note these options are not fully formed but more to start a conversation and decide what the Steering Committee thinks:
 - Take time to further prioritize and whittle the list down, then prioritize one item for action (if we do additional whittling we need to use selection criteria and we may need to review root causes so people have a better understanding of what the target goal might be). (Task 2 option 1 above) While this is in process we could start setting up our other priority items.
 - Keep a diverse portfolio but prioritize which issue (or issues) to start working on (Task 2 option combination of 1 & 2 above)
 - Keep a diverse portfolio and form work groups to start planning (Task 2 option 2 above)

- Other updates for the PHT meeting?
 - Indicator web site work
 - Contributions
 - Policy work group
 - Next meeting May 23rd 12:00 to 1:20
-