

**Jefferson County Public Hospital District No.2
Board of Commissioners,
Special Session Minutes
Joint Board Meeting with Jefferson County Board of Health
Wednesday, September 29, 2016
Cotton Building, 607 Water Street, Port Townsend, WA 98368**

Call to Order:

The meeting was called to order 2:08 pm by Jefferson County Board of Health member, County Commissioner Sullivan. Present from the Jefferson County Board of Health were Jefferson County Commissioners Johnson, Kler, and Port Townsend City Council member Robinson. Not present were Board of Health members Austin and Westerman. Present from Jefferson County Public Hospital District No. 2 Board were Commissioners Buhler, De Leo, Dressler, Kolff and Ready. Also present was Alyssa Rodrigues, Jefferson Healthcare Administrative Assistant. This meeting is being officially audio recorded by Jefferson Healthcare.

Special Session:

The purpose of this special session is a joint board meeting between Jefferson Healthcare and Jefferson County Public Health to review the Community Health Improvement Plan (CHIP).

Community Health Improvement Plan Presentation:

Vicki Kirkpatrick, Director, Jefferson County Public Health, provides an introduction to the Community Health Improvement Plan and why the planning and creation of the plan is important.

John Nowak, Director of Care Transformation, Jefferson Healthcare, gives an introduction to the Community Health Improvement Plan. John provided thanks to individuals and committees who have helped the development of the Community Health Improvement Plan.

Dunia Faulx, Population Health Coordinator presented a power point with respects to history, team structure, implementation, lessons learned through the process and data related to the Community Health Improvement Plan.

Tom Locke, MD, Health Officer of Jefferson County wrapped up the introduction and spoke about seeking the support of governance policy boards through adopting the plan on behalf of the community, growing partnerships, and achieving goals that lead to the ultimate goal of improving community health.

Board Discussion:

Members from both Boards discussed and asked questions concerning the Community Health Improvement Plan. Board members discussed the next steps in the implementation process.

Hospital Commissioner Kolff made a motion to jointly ask Mike Glenn, David Timmons, Philip Morley, and Vickie Kirkpatrick to come up with a proposal for how all of these relevant governmental entities in the county can work together to fund a position of a professional to help direct this project and ask them to report back to us within a month. Commissioner Buhler seconded the motion.

Discussion ensued.

Hospital Commissioner Kolff made an amended motion that we hereby request that the administrators or CEO's of hospital district, county, city, and health board or their designees need to recommend a funding opportunity for a professional person to direct the overview and implementation of our Community Health Improvement Plan pending adoption by both board of health and board of public hospital district commissioners. Commissioner Buhler seconded the amended motion.

Action: Motion passed unanimously

Chair Sullivan asked for further questions from Board members. Board members asked questions and discussed.

Hospital Commission Ready made a motion that the Joint Boards meet again in six months

Hospital Commissioner Kolff seconded the motion

Discussion ensued.

Hospital Commissioner Ready amended his motion that the Joint Boards meet quarterly.

County Commissioner Johnson seconded the amended motion.

Discussion ensued.

Hospital Commissioner Ready amended his motion that the Joint Boards meet again in January.

County Commissioner Johnson seconded.

Action: Motion passed unanimously

Public Comment:

Public was present, comments were made.

Conclude:

Hospital Commissioner Dressler made a motion to conclude the meeting. Hospital Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 3:41pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____



Jefferson County Community Health Improvement Plan: Joint Board Meeting

September 29, 2016
Cotton Building
Port Townsend, WA

Photo/Carolyn Avery

AGENDA



- Background and History
- Structure and Highlights
- Peer county CHIPs
- Implementation Planning
- Next steps

Photo/Carolyn Avery

What *is* a community health improvement plan?

A Community Health Improvement Plan is a **long-term, systematic** effort to address the community's most important health problems.

It is *community-driven, rooted in data*, and used to define a *vision for health* in a community.

Why?

1. Having a current Community Health Assessment and a current Community Health Improvement Plan is best practice for public health departments and is required for Public Health Accreditation.



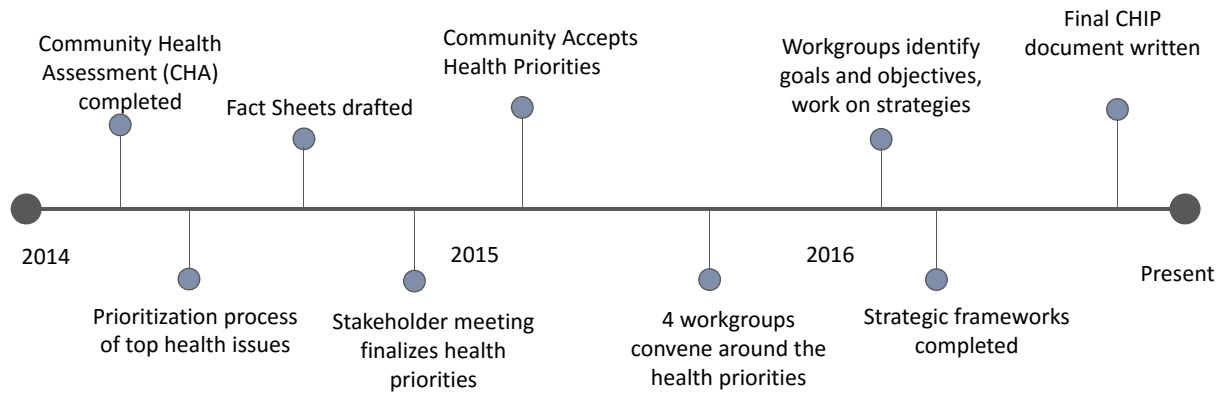
Why?

1. Having a current Community Health Assessment and a current Community Health Improvement Plan is best practice for public health departments and is required for Public Health Accreditation.
2. The Patient Protection and Affordable Care Act includes a requirement that tax-exempt hospitals perform a Community Health Needs Assessment and have accompanying implementation strategies.

Why?

1. Having a current Community Health Assessment and a current Community Health Improvement Plan is best practice for public health departments and is required for Public Health Accreditation.
2. The Patient Protection and Affordable Care Act includes a requirement that tax-exempt hospitals perform a Community Health Needs Assessment and have accompanying implementation strategies.
3. Knowing where you are and where you want to go is typically a good idea.

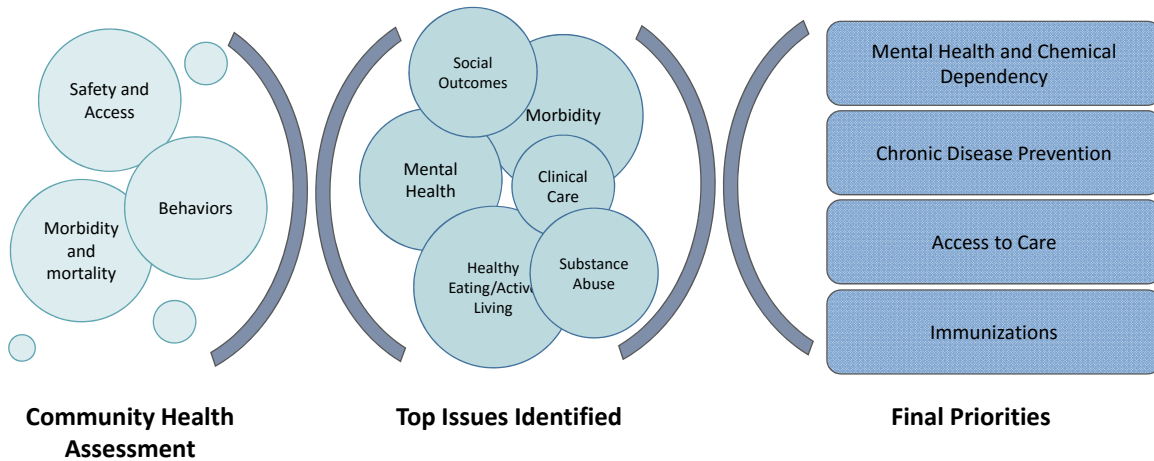
Brief History



Lessons learned

1. Establish buy-in.

Community Health Improvement Process

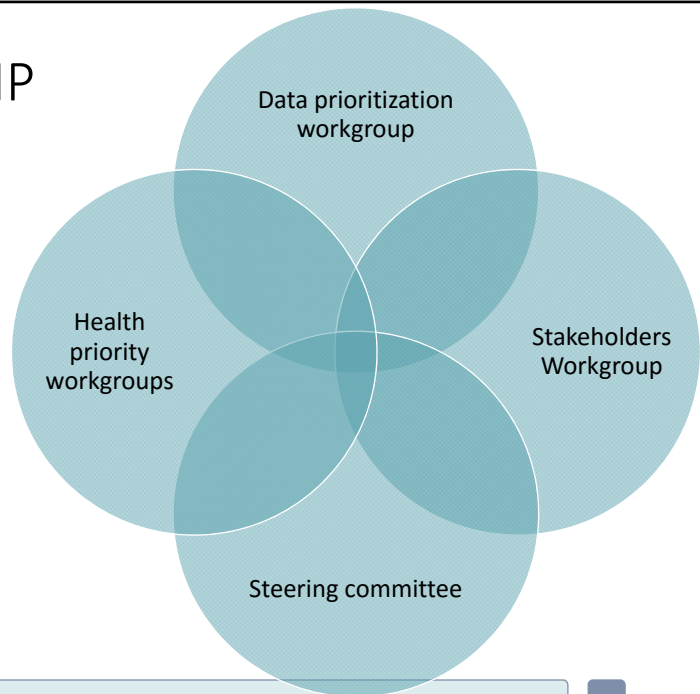


TEAM STRUCTURE AND OVERVIEW

Who was involved in the CHIP and what was the basic structure.

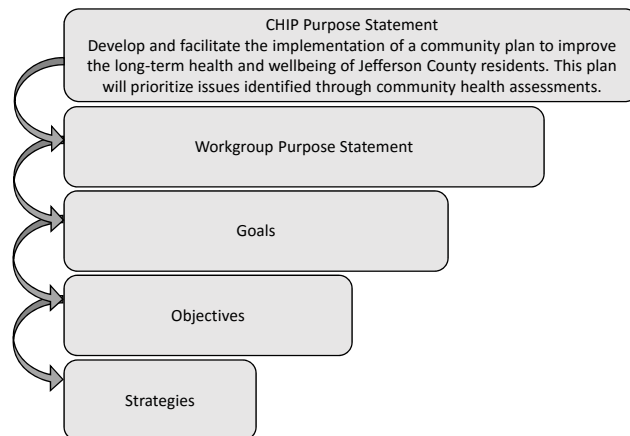
The many teams of CHIP

1. **Data prioritization workgroup:** Group of individuals who used the Community Health Assessment (CHA), conducted in 2013 by Siri Kushner, to identify pressing health needs in our community. In 2014 this group voted on the most critical health problems in our community.
2. **Stakeholders Workgroup:** Large group of community stakeholders who reviewed data, the priorities identified by the data prioritization workgroup, and approved the final priorities.
3. **Steering committee:** A small group of individuals from JH and JCPH who coordinated most of the activities.
4. **Health priority workgroups:** Workgroups of varying sizes focused on the 4 health priorities. These groups developed the strategic frameworks.



Strategic Framework

Based on a strategic framework that is focused on measurable impact.



Lessons learned

1. Establish buy-in.

2. Never forget the data.

Chronic Disease Prevention

Increase the percent of the population who get the appropriate activity levels throughout Jefferson County to >75% by 2020.

Increase the percent of the Jefferson County population eating a healthy diet to >50% by 2020.

Increase the percentage of youth and pregnant women meeting healthy weight standards.

Enhance community health improvement strategies in local policy.

Mental Health and Chemical Dependency

Decrease the abuse of alcohol, tobacco, and other drugs for all by 10% by 2020.

Reduce suicides and avoidable drug related fatalities by 75% by 2020.

Decrease mental health crisis events by 25% by 2020 through addressing underlying risk factors.

Immunizations

Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County by 2020, in order to increase protection for children and increase protections for the full community.

Meet the National Healthy People 2020 goals for adult flu and pneumococcal immunization in Jefferson County by 2020.

Meet recommendations of CDC for all pregnant women to receive a Tdap immunization in each pregnancy.

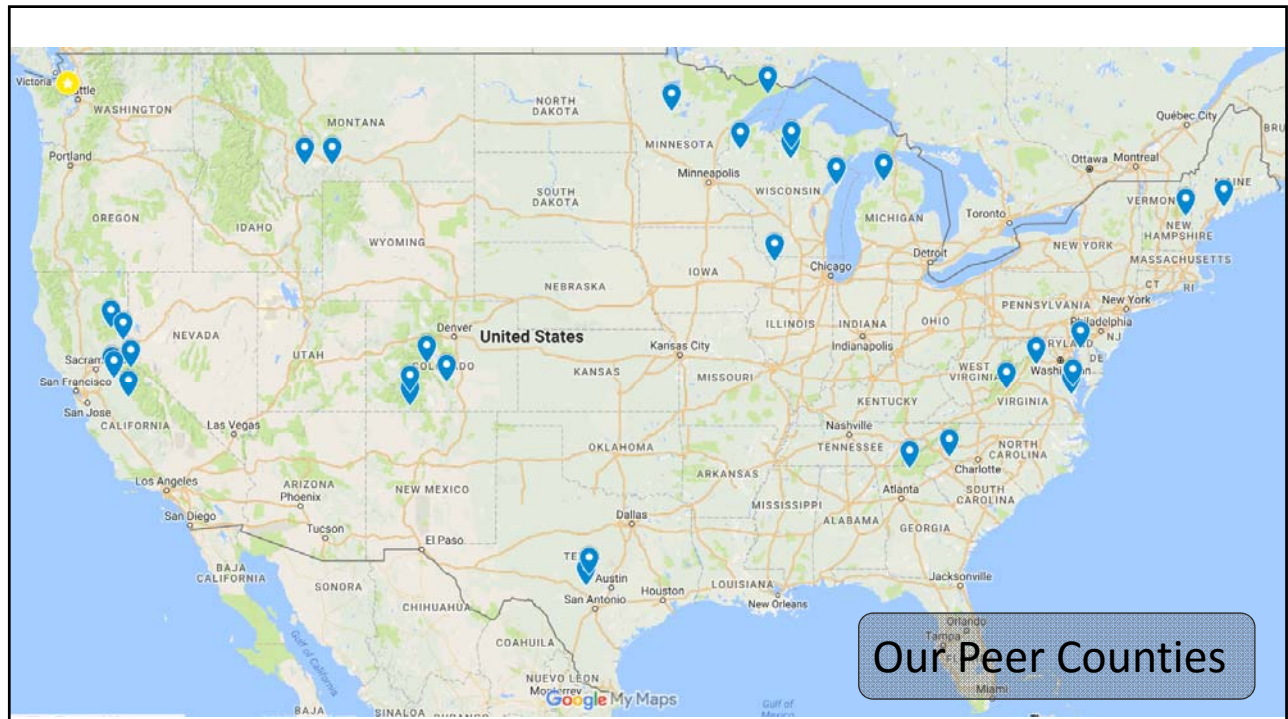
Access to Care

100% of people who seek healthcare are able to get it.

100% of people in Jefferson County report that they are adequately insured.

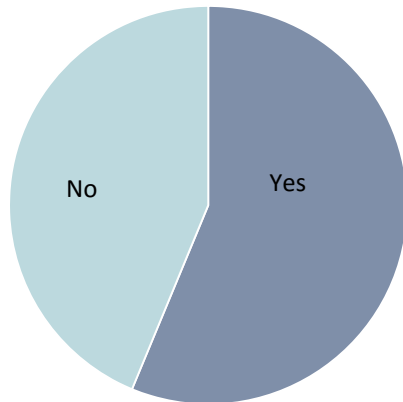
100% of people who seek dental care are able to receive it.

How do we stack up?



CHIPs in Peer Counties

Roughly half of counties have CHIPs



- Several CHIPs were developed in partnership with other counties or with local hospitals.
- Most counties had a Community Health Assessment if not a CHIP.
- 100% of peer counties in Wisconsin and Colorado had developed CHIPs.

In the Numbers

	Jo Daviess, IL	Custer, CO	Carroll, NH	Madison, MT	Washburn, WI
Population size served	22,407	4,285	47,499	7,712	15,686
Year completed (most recent)	2015	2014	2016	2011	2015
Priorities	3	1	5	5	5
Goals	4	3	7	13	14
Objectives	8	3	12	-	23
Strategies	10	15	26	39	94

In the Numbers

	Jo Daviess, IL	Custer, CO	Carroll, NH	Madison, MT	Washburn, WI	Jefferson, WA
Population size served	22,407	4,285	47,499	7,712	15,686	30,466
Year completed (most recent)	2015	2014	2016	2011	2015	2016
Priorities	3	1	5	5	5	4
Goals	4	3	7	13	14	13
Objectives	8	3	12	-	23	38
Strategies	10	15	26	39	94	105

What did it take for us to get here?

A lot of coordination, planning and enthusiasm.

Group	Participants
Data prioritization	16
Stakeholders	84
Mental Health and Chemical Dependency	36
Access to Care	19
Chronic Disease Prevention	28
Immunizations	17

In the four health priority workgroups alone, there were over 66 hours of meetings. With the average number of participants roughly around 20 individuals at each meeting, this means that we had over **1300 hours** of work put into this process.

(This doesn't include the work from the stakeholders meeting, the data prioritization meeting, or the work that went on via e-mail.)

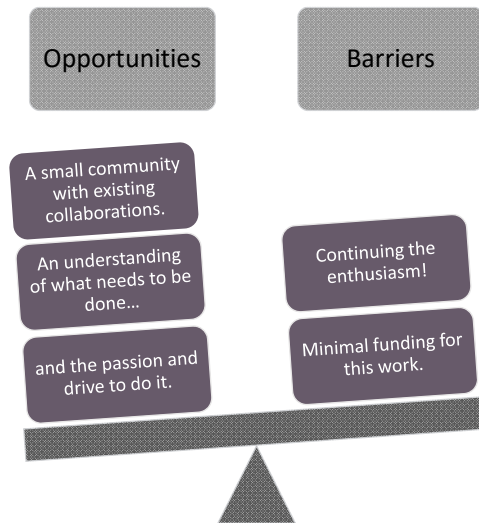
Lessons learned

1. Establish buy-in.
2. Never forget the data.
3. Don't stifle the passion but know when to set boundaries.

IMPLEMENTATION PLANNING

Opportunities, barriers, communication and next steps.

Implementation



Lead Agency: Definition and Responsibility

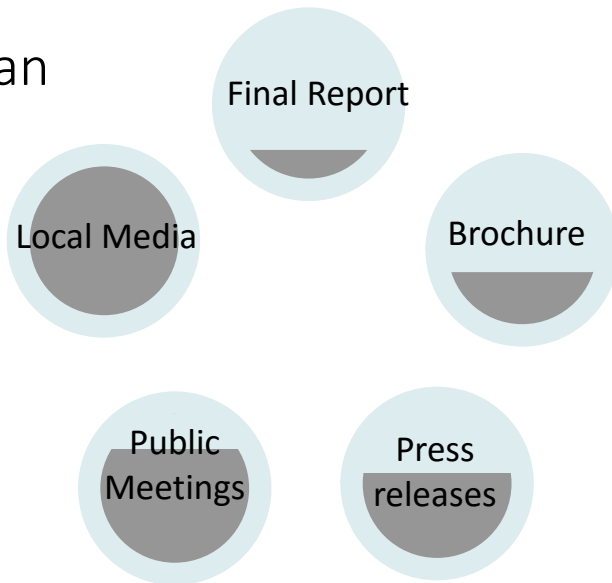
- One agency per strategy that is responsible for the overall organization.

Goal	Objective	Strategy	Lead Agency
	Achieve 100% compliance for immunization documentation for kindergarten students by August 2017.	School principals and superintendents implement and support the policy requiring registering kindergartners only when immunization records or exemption paperwork is received by school.	JCPH and schools
		Outreach to schools about school immunization rates and what may be influencing the data.	JCPH
		Outreach to parents and the community about kindergarten immunization requirements and where to get immunizations.	JCPH

- Will be tasked with advocating for a strategy and coordinating between entities.
- Is not responsible for carrying out the strategy, although the lead agency often contributes with implementation.
- Many of the lead agencies are already doing this work in some capacity.

Communication Plan

Developed by a UW medical student and details how to inform and engage the community moving forward.



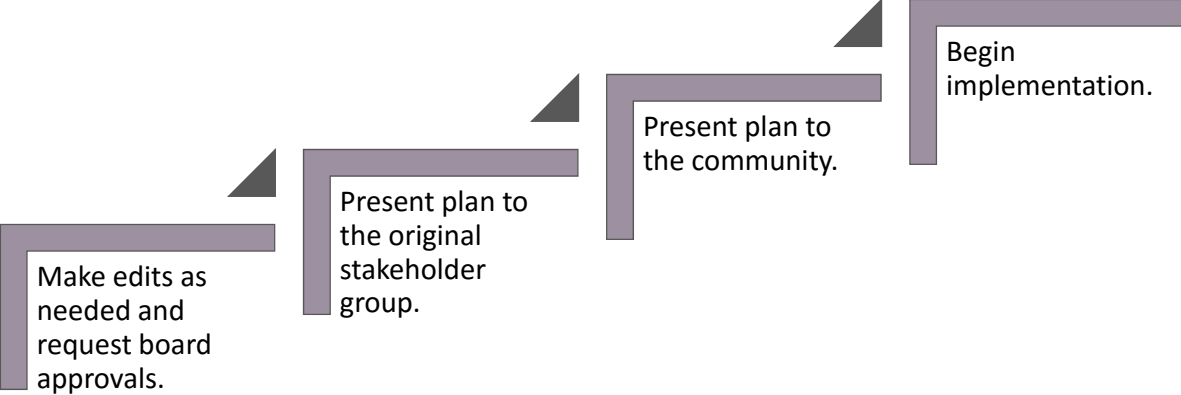
What are our wins so far?

Goal	Objective	Strategy	Lead Agency
Meet the National Healthy People 2020 goals for childhood immunization in Jefferson County by 2020.	By the year 2020, 80% of children ages 19-35 months will be fully immunized with all of the recommended vaccines.	Ensure all hospital-administered immunizations are uploaded from the electronic health record system Epic into the Washington State Immunization Information System (WAIS).	JH
	Achieve 100% compliance for immunization documentation for kindergarten students by August 2017	Outreach to school and parents regarding kindergarten immunization requirements.	JCPH
Meet the National Healthy People 2020 goals for adult flu and pneumococcal immunization in Jefferson County by 2020.	By the year 2020, 70% of adults (≥ 18 years) will receive the annual flu vaccine.	Ensure all JH clinic and hospital administered immunizations are uploaded from Epic into WAIS.	JH

Lessons learned

1. Establish buy-in.
2. Never forget the data.
3. Don't stifle the passion but know when to set boundaries.
4. Celebrate celebrate celebrate.

Next Steps



Make edits as needed and request board approvals.

Present plan to the original stakeholder group.

Present plan to the community.

Begin implementation.

Thank you and questions



Photo/Carolyn Avery