

Recommendations to the Secretary of Health

on

Implementing New Public Health Funding and Laws

E2SSB 5930, Sections 60-65

Presented to
The Secretary of Health
Washington State Department of Health

December 31, 2007

by the

5930 Performance Measures Committee
and
5930 Activities and Services Committee

*with assistance from
Washington State Department of Health*

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

December 31, 2007

Dear Secretary Selecky:

The Washington State Legislature has recognized the essential role of local health agencies in public health. This role includes preventing disease, prolonging life, improving quality of life, eliminating health disparities, and helping organize community efforts.

To enhance this public health work, the legislature has mandated the public health sections of E2SSB 5930. The 2007 Legislature provided \$20 million per biennium in new state funding to the local health jurisdictions (local health). The bill also mandated performance measure development and identifying those activities and services that qualify as core public health functions of statewide significance.

In response to this legislative effort, local and state health and other important community partners including those named in the legislation met in two committees – the 5930 Performance Measures Committee and the 5930 Activities and Services Committee. The co-chairs of both committees are pleased to present the enclosed recommendations for your consideration.

Sincerely,

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David Fleming, Co-chair of Performance Measures Committee
Public Health – Seattle and King County

Barry Kling, Co-chair of Activities and Services Committee
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Introduction

Protecting the public's health is a fundamental responsibility of government. Historically, in Washington public health services delivered by county government and have been paid for with a combination of local, state, and federal funds. The state and federal funding has been primarily categorical, in small amounts, for specific purposes. For the past 30 years, there has been no dedicated funding source to ensure that public health services are readily available throughout the state.

In 2006, the legislature's Joint Select Committee on Public Health Funding concluded that, "...there is a need for additional investment in local public health services." In 2007, the legislature provided \$20 million in new state funding to local health jurisdictions (local health) to achieve specific outcomes. The legislature also directed the Washington State Department of Health to convene a panel of experts to provide recommendations to the Secretary of Health, "related to activities and services that qualify as core public health functions of statewide significance and performance measures." This report contains those recommendations.

Process

To develop the recommendations, two committees were formed:

- 5930 Activities and Services Committee
- 5930 Performance Measures Committee

The committee membership included: representatives from local health jurisdictions including public health nurses, the state board of health, the Washington Health Foundation, Washington State Department of Health, University of Washington School of Public Health and Community Medicine, community health clinics, large employers, tribal health providers, family planning providers, and physicians and individuals with expertise in the development of performance measures, accountability, systems management, and evidence-based medical or public health practice guidelines. Committee rosters are included at the end of this report.

The committee co-chairs met weekly by phone throughout the process. Each committee met in September, October, and November with a final joint meeting planned in December 2007. The committees reviewed extensive material from across the country and Washington, including current laws, notifiable conditions, Health Effectiveness and Data Information Set (HEDIS) measures, Centers for Disease Control and Prevention, Robert Wood-Johnson Foundation's Turning Point, Healthy People 2010; current articles on best practices; HealthMAP presentations; and measures used by other state public health agencies and the Indian Health Service.

The committees also sought and received input from the broader public health community through presentations at association meetings, a statewide online conference, and a Web-based survey. More than 100 people (the majority from local health) responded to questions about each of the proposed performance measures and whether the activities and services reflect the work performed in local health agencies.

The recommendations presented here are the result of a thorough review of information from across the country, participation and input from a broad audience in Washington, and thoughtful deliberation and consensus decision-making by the committees.

The performance measures should be addressed by each local health jurisdiction in this order: immunization, communicable disease control, and obesity prevention.

The committees recommend further work on both the performance measures and the activities and services in 2008. For each performance measure, the committee has identified the need to develop a work plan to guide local health. The work plan will describe a common set of activities that must be accomplished, coordinating with state health and in each local jurisdiction as performance is addressed. The activities will be specific to each performance measure.

Performance Measures

The legislature directed that performance measures be developed for:

1. Improved response to communicable disease
2. Improved prevention of chronic disease

The committee also aimed to select performance measures that:

1. Can be applied to every health jurisdiction
2. Can be used to measure the performance impact of \$20 million in new funding
3. Can demonstrate improvements in health among the people served

It is recommended that the three performance measures be addressed in the following priority order:

Performance Measure #1 - Increase the uptake of new and under-used child and adolescent vaccines.

Goal: Reduce the statewide burden of vaccine-preventable disease.

Rationale: Vaccines are the single most effective communicable disease control strategy. Increasing coverage with new and under-used vaccines has the greatest potential to reduce vaccine-preventable diseases. In Washington, local health agencies lead efforts at the community level to increase the number of people who receive the right shot at the right time.

How would improvement be measured? Possible data sources include:

- Vaccine orders
- Vaccine administration reports
- CHILD Profile Immunization Registry

Examples:

We observed increased uptake of the following vaccines: Working with local health agencies, private practitioners, insurers and drug companies, we have determined this represents a ___-fold increase in only 12 months.

The increase is driven in large part by steps taken at the local level – unique to each community, but effective for addressing local needs and opportunities. These actions range from administering immunizations to

We have increased CHILD Profile participation by ____, and that gives us data to track for ____ vaccines — only part of the overall picture, but important childhood vaccine data.

Our analysis shows we are achieving greater vaccine penetration in ____ geographical areas, and we have identified the following barriers...

As a system are working to address these barriers by [list them].

2008 Work Plan:

- Define terms: new vaccines (such as, those vaccines new to the 2007 Advisory Committee on Immunization Practices – ACIP childhood vaccine schedule) under-used vaccines (such as, varicella)
- Develop intermediate processes: methods for estimating vaccine use/coverage
- Determine current benchmarks: vaccine specific use/coverage rates, CHILD Profile
- Establish targets for vaccine specific use/coverage rates

Performance Measure #2 - Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

Goal: Prevent the spread of communicable diseases threatening the health of our communities.

Rationale: Control of notifiable diseases is mandated by the state legislature. It is the foundation of work to track, monitor, and prevent communicable diseases. Local health must establish and follow common, standard, effective investigation protocols for all notifiable conditions.

How would improvement be measured? Possible approach: all local health will use electronic reporting/investigation systems that support standard protocols (e.g., Public Health Issues Management System - PHIMS).

Examples:

We have established the timeframe for responding to notifiable diseases for each local health agency.

In the past 10 months, "X"% of local health used the Standard Protocols for responding to notifiable conditions per WAC 246-101.

We have decreased the time to resolve cases/return lab reports.

2008 Work Plan:

- Define terms: timely, complete, standard, effective
- Define: communicable diseases of public health importance
- Identify barriers to timely case reporting and closure
- Develop intermediate processes: develop reporting completeness measures and standard investigation protocols
- Determine benchmarks: identification, standard investigation
- Establish targets for identification and investigation

Performance Measure #3 - Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.

Goal: Address the obesity epidemic threatening the health of our communities.

Rationale: Overweight/obesity is an unchecked epidemic in the state and a leading underlying cause of death. Measures for the prevention of this health threat must include both short and long term objectives. Actions taken and an assessment of weight-related trends should also be included in measures. Although the impacts of obesity may be hidden, the long term effects are grave. Being overweight or obese can lead to heart disease, diabetes, and stroke. Obesity in children is especially concerning.

How would improvement be measured? Possible approach:

- Number of women of childbearing age at ideal weight (Birth Certificates)
- Percent of children who are breastfed for at least six months (Pregnancy Risk Assessment Monitoring System - PRAMS)
- Overweight and obesity rates among children (weight and height could be collected at time of child immunizations and monitored across the state; pilot project for this are currently underway in another state)
- Healthy Youth Survey - Height/weight self-reports; Behavioral Risk Factor Survey height/weight self-reports

Examples:

In the past 10 months, "X" number of local health have taken "X" steps to develop local interventions to address obesity [name them].

Short term actions taken by local health to address obesity include ____.

Long term actions taken by local health to address obesity include ____.

2008 Work Plan:

- Define standard of evidence-base
- Develop intermediate processes: develop reporting completeness measures and standard intervention protocols
- Determine benchmarks: identification, intervention documentation
- Establish targets for data collection and intervention sites

Activities and Services

The 5930 Activities and Services Committee was charged with developing a prioritized list of activities and services that qualify as core public health functions of statewide significance. The legislature identified the following areas:

- Communicable disease prevention
- Emergency response
- Chronic disease, disability prevention
- Healthy family development
- Assessment of local risks, trends, and evaluation
- Environmental concerns

With the addition of "access to care – helping people get the health services they need," the committee adopted these as the broad categories under which they identified major services

and key activities. Together, these represent the list of activities and services that qualify as core public health functions of statewide significance.

Two main assignments drawn from the law:

1. Recommend to the secretary a list of activities and services that qualify as core public health functions of statewide significance. This list would be the framework for a set of performance measures and related reporting by local health, to be further developed after January 1, 2008. The law also says that the state Department of Health has the authority to make related rules, and that the local health must provide the necessary data.
2. Express clear priorities for state support of these local public health services.

Results:

1. The 5930 Activities and Services Committee developed a list of core public health functions of statewide significance. The Committee is also recommending that work on related performance measures and reporting systems be addressed after January 1, 2008, through the Public Health Improvement Partnership process.
2. Endorsed the priorities established in the 2006 report, *Creating a Stronger Public Health System: Statewide Priorities for Action*. This report was presented to the legislature's Joint Select Committee on Public Health Finance. It was the product of detailed work, extensive collaboration, and represents a consensus among local public health leaders.

Core public health functions:

There are a set of key guiding principles that are common to all of the core public health functions of statewide significance. They include:

Infrastructure and Local Variation. For public health agencies to implement the core functions of statewide significance they must have infrastructure, including data systems, that is adequate to support the key functions. The committee acknowledges that the capacity of each local health agency to carry out these activities and services will differ, based on available human and financial resources, but must be present at some level.

Policy Development is an approach relevant to all service categories. It is based on the understanding that decisions made by governments and other organizations often have an important influence on a community's health. Systematically engaging policy makers can be a potent public health strategy. Policy development includes activities such as:

- Working with local governments to promote the development of neighborhoods that encourage walking and bicycling
- Working with local schools on policies to promote physical activity and good nutrition among students
- Working with medical providers to encourage adoption of clinical policies and systems that promote better chronic disease management, better infection control and higher immunization rates among health care workers
- Working with local employers to encourage adoption of worksite health promotion efforts and health insurance policies that encourage healthier choices among employees

Data driven policy development is the principle that assessment data, research findings and other valid evidence must be the key influence in public health decision making. In a time of limited resources the discipline to stick with what we know works best is a very important principle. Data-driven policy development includes:

- Mobilize and collaborate with partners to solve community problems
- Support policies and plans to achieve health goals
- Using the Public Health Improvement Partnership (PHIP) Exemplary Practices Compendium

Assurance is a critical role for local public health, but does not fit very well as a separate item in a list of programs. It refers to situations in which public health's responsibility is to make sure that a given service or condition exists in a community. If others in the community are handling the issue adequately, public health may only have to monitor the situation and stand by. If the issue is not adequately addressed, public health may have to get more actively involved. Examples of *assurance* in action include:

- Provide immunizations in communities where private health care providers and other parties are not fully meeting the need
- Enforce laws and regulations to achieve health goals, such as conducting food safety inspections, approving and monitoring septic tanks, and testing drinking water
- Provide information and referrals to link people to needed health services, social services, or financial assistance
- Enforce laws and regulations to achieve health goals
- Evaluate the effectiveness, accessibility, and quality of health services through quality improvement measures
- Research and apply best practices and other innovative solutions

A skilled public health workforce is an important prerequisite for an effective local public health system. Local health agencies have a role in creating and maintaining such a workforce, and so do professional schools, state government and others.

Finally, *interpretation and translation services* are central to the public health services and information that must reach community members who speak languages other than English. Cultural diversity in the activities and services provided helps to ensure that interpretation and translation services are central by having:

- Skilled and trained public health workforce that is appropriate to the population being served
- Translation services and materials appropriate to the populations being served
- Cultural appropriateness
- Cultural health beliefs

The capacity of each local health agency to carry out these activities and services differs, based on available human and financial resources.

The recommended list of core public health functions of statewide significance follows.

| Major Service | Key Activities |
|---|---|
| Communicable disease prevention and response | |
| Communicable disease prevention | <ul style="list-style-type: none"> • Educate the public on disease prevention • Communicate with and educate providers on communicable disease issues • Provide immunizations • Outreach to high-risk individuals |
| Communicable disease identification/surveillance | <ul style="list-style-type: none"> • Identify and report communicable disease cases and outbreaks • Work with providers and labs to assure case reporting • Identify emerging communicable diseases • Investigate cases and outbreaks |
| Communicable disease management | <ul style="list-style-type: none"> • Provide consultation, education, and referrals for providers, foodservice operators, and others involved in managing outbreaks • Follow-up individual cases: contact tracing, patient ed., referrals. • Treat individual cases when required to protect the public (ex: TB in indigent populations) • Order isolation and quarantine and other public health measures to contain outbreaks • Educate the public on managing disease outbreaks |

| Major Service | Key Activities |
|---|---|
| Chronic disease and disability prevention and response | |
| <p>Chronic disease and disability identification, surveillance and analysis</p> | <ul style="list-style-type: none"> • Identify, document and publicize: <ul style="list-style-type: none"> ○ Chronic disease & disability problems, trends and needs ○ Emerging or changing chronic disease and disability threats ○ Evidence-based chronic disease/disability interventions relevant to local conditions ○ Local resources and opportunities to support interventions that prevent or manage chronic disease and disability |
| <p>Develop policies that promote good health</p> <p><i>Support the development and use of policies in the public and private sector that improve community health by creating a social and physical environment that make healthy choices the easy choices where people work and live.</i></p> | <ul style="list-style-type: none"> • Partner with local schools to establish policies that promote healthy choices regarding chronic disease/disability risks such as obesity, inactivity and substance abuse (Ex: healthy foods/drinks in school vending machines) • Collaborate and consult with local employers to establish/enhance worksite policies and procedures, including worksite health promotion programs that promote healthy choices • Partner with local government to promote land development, public works policies and infrastructure plans which promote healthy choices such as walking and cycling • Enforce the statewide ban on smoking in public places through clear policies and consistent enforcement practices |
| <p>Enhance the opportunity for people to make healthy choices</p> <p><i>Enable people to develop the personal skills and knowledge needed to make choices that improve their health.</i></p> | <ul style="list-style-type: none"> • Educate the public to increase awareness of chronic disease and disability risk factors • Develop active community partnerships to deliver evidence-based health promotion efforts that prevent/manage chronic disease and disabilities • Deliver screening/referral programs for early detection of chronic disease/disability risks • Participate in statewide campaigns against tobacco use, including public information, quit-line promotion and school based prevention programs |

| Major Service | Key Activities |
|---|---|
| Chronic disease and disability prevention and response (continued) | |
| <p>Partner with medical system for better chronic disease and disability prevention and management</p> | <ul style="list-style-type: none"> • Develop active partnerships with local providers and health care organizations to establish registries, tracking systems, patient self-management programs and similar efforts known to promote more effective chronic disease and disability management • Deliver public education to promote more effective use of the medical system through patient demand for screening and other preventive measures |

| Major Service | Key Activities |
|--|---|
| Healthy family development | |
| <p>Assess risks, service gaps and other issues in the community that may adversely impact families and children</p> | <ul style="list-style-type: none"> • Identify and document: <ul style="list-style-type: none"> ○ Maternal child health problems, trends and needs ○ Parenting concerns, issues and needs ○ Emerging or changing problems, issues and/or needs that may impact families/children ○ Environmental factors that exist in the community that may be contributing to risks/problems ○ Underserved and/or at risk populations ○ Potential barriers to action that may exist ○ Community assets • Inform: <ul style="list-style-type: none"> ○ Client, family, and community of risks and assets |
| <p>Develop policies that promote health families</p> <p><i>Support the development and implementation of policies that improve pregnancy outcomes, improve child health and development, strengthen families and improve families' economic self sufficiency.</i></p> | <ul style="list-style-type: none"> • Inform policy makers of service gaps and/or issues • Advocate for vulnerable populations • Participate in coalition building and community organizing around identified issues/concerns • Promote the funding/implementation of evidence-based best practices • Work with individuals, families and organizations to understand existing policies and laws that may impact them i.e. immunization requirements, child care facility requirements |

| Major Service | Key Activities |
|--|---|
| Healthy family development (continued) | |
| <p>Enhance the capacity of families to protect and improve their health <i>Develop personal skills</i></p> | <ul style="list-style-type: none"> • Deliver homes visits and office-based services for individuals and families including: <ul style="list-style-type: none"> ○ Screening/Assessment ○ Health education ○ Counseling ○ Consultation ○ Advocacy and teaching self efficacy skills ○ Support Services ○ Referral and follow-up ○ Long-term case management i.e. Nurse Family Partnership, First Steps, CSHCN ○ Home visit case management to high-risk families i.e. CPS referrals for child abuse prevention |
| <p>Improve access and services for families and children in the community</p> | <ul style="list-style-type: none"> • Conduct outreach and case finding to at risk populations e.g. underserved minority populations, Children with Special Health Care Needs, Families at risk for abuse/neglect • Inform individuals, families and partner organizations of available resources in the community • Inform stakeholders and other providers about emerging best practices • Consult/collaborate with and facilitate linkages between health systems, providers and other community stakeholders |

| Major Service | Key Activities |
|--|---|
| Environmental public health concerns | |
| Environmental health assessment | <ul style="list-style-type: none"> • Conduct environmental public health surveillance • Collect environmental public health data on safety of drinking water, food, and air |
| Prevent environmental health risks | <ul style="list-style-type: none"> • Educate the community about environmental health risks and prevention (ex: safe food preparation) • Deliver education on environmental risks and prevention to businesses and agencies involved in septic systems, food service, and other activities having environmental health effects • Work with local government to develop environmental health laws, regulations and policies, including those addressing the built environment |
| Identify, mitigate and manage environmental health risks (compliance/enforcement) | <ul style="list-style-type: none"> • Enforce environmental health regulations through plan reviews, inspection and permitting of regulated activities/facilities, including: <ul style="list-style-type: none"> ○ Food service ○ On-site septic systems ○ Solid waste facilities ○ Public water systems ○ Public water recreation facilities ○ Other regulated activities/facilities per state and local law. • Investigate food, water, vector or air-borne illness reports (ex: animal to human disease) • Monitor local situations known to present increased environmental health risks (ex: shellfish sampling in at-risk areas) • Identify emerging or changing environmental health threats (ex: zoonotic surveillance) • Identify environmental risk factors contributing to chronic disease (ex: the built environment, injury prevention) |

| Major Service | Key Activities |
|--|---|
| Assessment of health risks, trends, and programs | |
| <p>Conduct community health assessment</p> | <ul style="list-style-type: none"> • Establish/maintain a strong coalition of community partners to assure that community health assessments are based on a community-wide perspective, and are widely used • Collaborate with community partners to identify, document and publicize: <ul style="list-style-type: none"> ○ The community's health problems, trends and needs ○ Emerging or changing health threats ○ Local effects of the social determinants of health, including health disparities among local populations ○ Evidence-based interventions relevant to local conditions ○ Local resources and opportunities to support interventions that better prevent or manage health problems • Identify gaps in data and obtain data to assess health • Use local, state and national population health indicators to track and publicize local progress toward major population health objectives |
| <p>Use assessment findings to guide policy and improve programs</p> | <ul style="list-style-type: none"> • Make health data available to community partners for use in program planning, funding proposals, and other purposes • Use assessment findings to inform local decision-makers and the public about health issues • Use assessment results in making decisions about public health programs and policies • Collect, analyze and publicize information on the activities and effects of public health programs to allow public health workers, decision makers and the public to determine the adequacy of program performance • Systematically use assessment and program evaluation findings to improve public health programs |

| Major Service | Key Activities |
|---|---|
| Access to Care | |
| <p>Collaborate with community partners to identify and address local access problems</p> | <ul style="list-style-type: none"> • Develop/maintain or participate on a coalition of local partners to: <ul style="list-style-type: none"> ○ Identify barriers and problems faced by local people in accessing the health care and other services they need ○ Collaborate in overcoming these problems to the extent possible ○ Educate local, state and federal decision makers about the impact of access problems on the community • Provide direct health care in special circumstances when feasible and necessary to address local gaps |

| Major Service | Key Activities |
|---|--|
| Emergency response | |
| Plan and train for emergencies | <ul style="list-style-type: none"> • Develop local public health emergency response plans and revise them regularly based on exercises and experience in actual emergencies • Develop/maintain effective collaboration with local and state emergency preparedness partners • Develop and participate in local public health emergency preparedness exercises and other training • Acquire needed emergency supplies and equipment • Educate the public about personal/family preparedness for public health emergencies • Provide education and consultation to local governments, organizations and businesses on preparedness for public health emergencies |
| Respond to emergencies | <ul style="list-style-type: none"> • Direct the public health response to emergencies using NIMS/ICS, in close coordination with local and state emergency management officials • Provide leadership to the local health care system in responding to the emergency • Conduct mass vaccination and/or mass dispensing operations when needed • Provide public health information for the public and for responders during emergencies • Monitor food, water, and air for threats related to the emergency |
| Assist communities to recover from emergencies | <ul style="list-style-type: none"> • Monitor food, air, and, water for threats related to the emergency and to recovery • Monitor health status of local populations and emergency response workers • Monitor disposal of contaminated equipment, supplies, and other materials • Monitor area contamination and decontamination • Coordinate response to identified threats with local and state emergency management officials and with local preparedness partners |

Prioritizing core public health services:

With regard to prioritizing core services of public health, the committee endorses the priorities established in the 2006 report *Creating a Stronger Public Health System: Statewide Priorities for Action*. This report was the product of detailed work, extensive collaboration and represents a consensus among local public health leaders of priorities for state support of core local public health services. It was presented to the legislature's Joint Select Committee on Public Health Finance in 2006.

The summary table, displaying the priorities, from this report follows.

| Summary of Public Health Priority Actions | Dollars in Millions: | | | |
|---|-----------------------------|--------------|--------------|------------|
| | \$50 | \$100 | \$200 | \$0 |
| <i>Totals are cumulative, adding each prior Tier. \$0 = actions not funded; costs exceed \$200 million.</i> | | | | |
| Stop communicable diseases before they spread: Case Investigation and Outreach Disease surveillance and epidemiology Raising community awareness for better protection Managing information for faster reporting and response Maintaining surge capacity and emergency response plans | 15 | 34 | 58 | 22 |
| Reduce the impact of chronic diseases: Evidence-based interventions to prevent disease Surveillance and Epidemiology of chronic disease trends Engage health providers in coordinated prevention efforts | 16 | 22 | 32 | 10 |
| Invest in Healthy Families: Nurse home-visit programs for high risk families Supportive services for pregnant women Injury prevention Outreach and treatment for adolescents | 6 | 19 | 41 | 13 |
| Protect safety of drinking water, food and air: Zoonotics: diseases from animals, insects, parasites Water quality control, and On-site maintenance Food safety protection | 5 | 16 | 26 | 47 |
| Use health information to guide decisions: Support collection of local data that is specific and timely Analysis tools for local data to monitor trends Infrastructure for electronic data | 8 | 10 | 22 | 15 |
| Help people get the health care services they need: Translation services and materials Identify specific, local problems in access to care Engage community partners; address local service gaps Assist people in finding medical homes | 0 | 0 | 29 | 0 |
| Statewide Infrastructure | | | 1 | 0 |
| | 50 | 101 | 209 | 107 |

5930 Performance Measures Committee

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