

# **Exploration of Public Knowledge of Public Health Services**

## **A Qualitative Assessment Focus Group Discussions and Key Informant Interviews**

Prepared for:

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**DRAFT**

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# EXECUTIVE SUMMARY

## **Background and Research Purpose**

The Washington State Department of Health (DOH) and its partners are conducting formative research to aid in the development of a strategic communications plan, the purpose of which is to

1. increase recognition of public health services to improve public utilization and population health outcomes; and
2. create and convey to the public the connection between the public health services they value and the agencies that deliver those services and protections.

The strategic communications plan will be implemented by the Public Health Partnership, which consists of the Washington State Department of Health, the Washington State Association of Local Public Health Officials, the State Board of Health, and the University of Washington School of Public Health and Community Medicine.

The results of the research will be used to develop a strategic communications plan for the public health system in Washington State.

## **Methodology**

Qualitative methods were used for this exploratory assessment of the people's top-of-mind awareness with respect to the public health system in Washington State. Focus groups were conducted among the residents. In-depth telephone interviews were conducted with key informants in three categories.

### **Focus Groups**

The four focus groups represented both urban and rural areas and residents from across the State of Washington:

- Two focus groups were conducted in person: one in Seattle at the Gilmore Research Group focus suite and one in Spokane at a local focus group facility. Both facilities had one-way mirrors to allow for client viewing of the sessions.
- Two were telefocus groups by telephone conferencing among rural residents of most of the remaining counties in the state. These were conducted from Seattle with some of the clients listening in remotely from Olympia.

A total of 37 respondents participated in the four sessions. A profile of respondents is included in the "Sample Description" section to follow.

### **Key Informants**

There were a total of 30 in-depth interviews conducted among three segments of key informants:

- 10 in businesses that use public health services or are regulated by public health agencies
- 10 public health partners
- 10 elected officials

## Sample Description

### Focus Groups

All of the focus group respondents were qualified as registered voters who said they “keep up with current events” in their county. The extent to which they keep up with current events varied from just a few who said they were “not very well informed,” to the majority who were “somewhat informed,” to about a third who were “very well informed.”

The groups were well mixed in terms of gender; of the 37 respondents, 18 were female and 19 were male. The counties respondents represented were...

- Chelan
- Clallam
- Clark
- Grant
- Grays Harbor
- Island
- King
- Kittitas
- Klickitat
- Lewis
- Mason
- Okanogan
- Skagit
- Snohomish
- Spokane
- Whatcom
- Whitman

A number of the respondents represented minority groups: Hispanic, Native American, and “other.” There was a range of education levels with only 1 that had some high school, 4 that had graduated from high school, 20 with some college, 7 college graduates, and 5 with post-graduate studies. The groups were comprised of working people, students, professionals, unemployed and retirees.

### Key Informants

Of the ten **business respondents** who use Public Health services, three were from the East side of the state and seven from the West:

- Six interviewees were involved with environmental issues: water and septic consultants, engineers, and developers.
- There were also three respondents involved in food safety.
- One pharmacist was interviewed.

The ten **public health partner** respondents were distributed evenly between the East and West parts of the state with 5 from each side:

- Two represented hospitals
- Two were employed in school districts
- Each of the following categories were represented by one respondent: Chamber of Commerce, Health Network, Tribe, University Extension, Emergency Management System, and the YWCA

Ten interviews were carried out among **elected officials**, five of which were from the East and five from the West:

- Six were County Commissioners
- Four were City Council Members

## Key Findings

- Few people in this research use the term “public health” either to describe serving the health of people in Washington or in conversation about other health-related issues. When it did occur, the term “public health” was more likely used by the consumers than the key informants. The local health department was the most widely referenced health agency among both types of respondents. The Department of Health was also mentioned often by the key informants, but seldom by the focus group participants.
- “Local” is very important to the people in this research. By nature of their selection, both the focus group respondents (the “consumers”) and the key informants were based locally or regionally and all felt strongly that problems should first be addressed locally.
- There is a passion among the key informants regarding what is considered public health’s core mission—regulatory, protection and reaching all people. This mission is what makes public health unique and indispensable, in their opinion.
- On the other hand, consumers had mixed reactions to the term “protection.” They tended to view it favorably when combined with a specific action, such as “Protection from communicable disease,” but viewed it with mistrust when combined with too broad or lofty of an action, as in “Protecting and improving the health of people in Washington State.”
- Key informants perceive that the public is not aware of many of the services public health provides. They feel these services are often taken for granted, along with the success manifested by the services. Examples would be “control of disease through restaurant and water inspection,” and “studies that reveal the causes of illness and death.” This perception is reinforced by the focus group findings. Regulatory and study-related services were not top-of-mind responses when asked to think of public health. The services that came most immediately to mind were immunizations and assorted health services, especially those provided to children and low-income people. (i.e., WIC, low income and mental health clinics).
- Consumers see the value of a health system that protects the public in situations that individuals cannot control, through such things as food and water testing and control of communicable diseases. The key informants share this perception of value, stating: “If public health doesn’t do it, who will?”
- Words used by the key informants to describe public health and what it does suggest: *protection*, through regulations and actions; *servicing a wide range* of people; and instilling *confidence and trust*. Words used by the consumers also reflect their desire for public health to provide *protection*, *prevention* and the *education* that they see as inherent in disease prevention. Consumers are clear, however, that they do not want “protection” to extend to the actions they, themselves, can take to be healthy and safe.
- Key informants feel that Washington is a model of how local and state public health entities work together for the good of the Washington residents, overall. While the consumers would not be expected to have the experience of knowing how the state and local agencies work

together, many support the idea of a “system” with “oversight”—as long as the system does not become bureaucratic or “big brother-like” in dealing with local issues.

- The focus group participants and key informants agree that to be effective, statements about public health should be positive, direct, with references to local benefits, personal responsibility, community cooperation and public health’s core mission. To be avoided are terms that suggest big government or entitlement, as well as broad claims which may not be believable.

### **Summary of Focus Group Findings**

1. When asked what first comes to mind when thinking of “health and government programs in Washington State,” there were three types of comments:

- a. Problems of some nature related to health and government programs
  - Concerns around health care, access or insurance coverage
  - Perceived “red tape” with forms or in getting into programs
  - Cuts in programs or cuts in funding
- b. Government health programs are low cost services; they are for low-income people—welfare.
- c. Immunizations (shots, vaccinations) come to mind.

“County health department” was named once at this point by a rural respondent

2. When asked what kinds of services or help consumers think of in relation to those services, and what organizations provide them, “health departments” and “public health” were most frequently named. Other organizations, however, were named as doing some of the same things that health departments are perceived as doing.

- Health Departments or public health do all of these:
  - Immunizations. But so do many other organizations: schools, doctors, stores employers, pharmacies, Planned Parenthood, Coast Guard, hospitals.
  - Health services. Others who provide these types of services: hospitals, universities, private entities, clinics.
  - Food/restaurant/deli inspection. People named FDA as also doing this.
  - Family planning. Also provided by Planned Parenthood, doctors, and United Way.
  - Education about health. Also provided by public and private schools, companies, websites.
  - Programs for children and low income. DSHS, hospitals, universities.

- In Spokane, the regional Health District was very familiar to respondents who mentioned that agency a number of times. Seattle residents, by contrast, did not mention their local health department by name. Rural respondents often named their health departments, sometimes by the county name, but also sometimes simply as “the county.”

3. When asked to select the three most valuable services from a list of public health services, respondents favored services that relate to prevention of disease or protection from major hazards as the following comments show:

“In my mind I picked those three mostly on the basis of prevention and action. One of the three, ‘Protecting the community from hazards in the environment,’ can cover almost two-thirds of the rest of these.” (Spokane resident)

“Prevention and protection. Protection of the public.” (Rural resident)

4. The majority of respondents across all groups seemed to value a public entity stepping in to protect the public’s health in situations that the individual could not control. Examples of the primary areas that need outside control include communicable diseases, water and food testing, and protection from environmental hazards. The most valuable or necessary services were described in this way:

“Inspection of water supplies and wells and sewage systems, and epidemiology and disease surveillance hit me the most because I don’t think you can do any of the others unless you can provide clean water to drink.” (Spokane resident)

“It made me think of Hanford. I expect someone to be responsible for our health and safety and issues like that.” (Spokane resident)

5. Similar concepts were identified with public health, when respondents were asked what they thought of in terms of the words ‘health’ and ‘government’:

“I don’t think of health as a government program, other than public health, which is disease control.” (Rural resident)

“That’s what government should do—disease tracking, clean water, air, STDs and AIDS.” (Rural resident)

6. Education was perceived as next most valuable, in that it is seen as part of prevention of communicable disease as well as of some diseases that are chronic, genetic or due to behavior.

“The three words to describe these [most valuable services] would be basically ‘protection’ and ‘education’ and, I hope, ‘working as a community,’ working together as partners. A lot of these other things would just kind of—through education—fold in.” (Rural resident)

“Educating the public—I would say that a lot of that is going to come through the schools systems and the public health districts. A lot of big responsibilities for both.” (Rural resident)

7. The concept of being “protected” from such things as injuries or diseases caused by ones own actions was often equated with unwanted government control or restriction of what should, in their minds, remain an individual choice. This idea raised some controversy and distaste among the focus group participants.
  - Respondents said they would not like to be told, for example, how many children they can have or whether they must wear a helmet when skiing.
  - Other examples were respondents who consider that government trying to control smoking or eating habits is a waste of time, because they feel that people will follow their own inclinations regardless of education efforts. (It should be noted, however, that some consumers did mention that they were positive toward the current DOH anti-tobacco campaign.)
  
8. Rural residents seemed more concerned than Seattle and Spokane residents about how much they would be taxed for services and how government funds would be apportioned. There was a definite difference in reactions from East to West as well.
  - Eastern Washington residents, both rural and urban, were concerned that funds may be distributed according to population figures, which they assumed would limit the amount of funding coming to them, even though they felt that their needs were just as great.
  - In the context of services that occur in the community, rural residents generally mentioned the need to keep spending on services to reasonable levels, because they feared being taxed beyond their means.
  - “Many programs in small areas are being cut.” (Rural resident, a reference to the perceived vulnerability of programs in rural areas.)
  
9. There is a bias toward the importance of local/county health departments or districts, because they are perceived to have their fingers on the pulse of the health needs of their respective communities.
  - Familiarity with the local public health agency was most pronounced in Spokane, where respondents mentioned the Regional Health District repeatedly with respect to both top of mind services and those presented on an aided basis.
  - Rural respondents referred to the county health department, or in some instances to the “county.”
  - Surprisingly, Seattle residents did not mention the Seattle/King County health department by name.

- The DOH was mentioned in a positive way in relation to programs such as low-income health access and oversight of health trends, what one key informant called the “early warning system.” However, the state government as a whole was not as favorably perceived, because of concern over taxes for funding services, and concern that the state not usurp local control.

10. The statements that respondents favored were those that focused on the benefits to the community, participation of local agencies and community cooperation and those that stressed the resources which could be brought to bear when the individual could not control the threat to health and well-being.

<u>More Positive Concepts</u>	<u>Less Positive Concepts</u>
Individual/ personal responsibility	Citizens expect government to respond (entitlement)
Local, local responsibility	State “steps in”
Interconnected/ coordinated/ linkage/ network	System; agency (implying big, redundancy, bureaucratic)
Protection against large-scale, community-wide problems, such as environmental hazards	Assuming protection on issues that are personal, individual issues
Prevention of disease outbreaks	Telling people how to be safe in ways that put “guilt-trips” on them
Accountability; “check and balance”	Oversimplification, phrases that sound condescending
Reduce risk	

### **Summary of Reactions to Statements**

Since it is the concepts rather than the individual statements that may form the basis for a future brand identity, the following points characterize some of the ways that various respondents reacted to certain aspects of the statements:

- Rural residents more concerned about 1) local control, 2) expense of taxes, and 3) services going elsewhere, whereas the *benefits* themselves seem more important to urban residents.
- Residents generally liked statements that spoke more specifically about health better than those that touched on a political issue.
- A number of respondents felt that government control of individual responsibilities is not necessary and not welcome. They felt the agencies should “be a resource, not a restriction.”
- They should talk about ‘prevention.’

Most respondents were unable to be very creative given the time constraints of the discussion. Still, some respondents suggested alternative statements:

- “Everyone benefits from good public health”
- “Your health is the public health”
- “Educating the public on how to stay healthy and prevent disease”
- “Improving health status through education and prevention and protection” (some said to leave out “protection” and others said to leave out “status”)
- “Promotion of health through education”
- “A quality public health program should have accountability, education, through community participation”
- Addition of “a security net” to one of the statements or “Help those who can’t help themselves” or “doing things that people can’t do for themselves”

## **Summary of Key Informant Findings**

1. When asked what comes to mind when thinking of “serving the health of people in Washington,” the broad themes across all segments were:

- Environment (air, water, sanitation)
- Health care and health care delivery
- Food safety
- Things work well here

“Washington is well-served.” (*Businessperson*)

When asked what programs and services come to mind in the context of “serving the health of people in Washington,” *local health department* came up most often, then *Department of Health*. The Business respondents also named DOE, EPA and water quality agencies multiple times, and Partners and Elected officials named immunization programs, DSHS and “environmental agencies” more than once.

2. When asked to think of “public health in Washington,” three main themes emerged across segments:

- Regulatory protection
- Disease control
- Caring for people

The words used include: “watching out,” “protection,” “sound science,” “compassion,” “inclusive,” “high standards,” “covers wide gamut,” “responsive,” “services for the poor,” “confidence in them,” “serving,” “assessment,” “evaluation,” “efficient,” “trust,” “reassuring.”

“We have a pretty amazing infrastructure. I mean, there is a pretty sound science to create the systems that we have. In Washington State, in particular, we have excellent public health.” (*Businessperson*)

The organizations named in conjunction with “public health in Washington” were (in this order):

1. Local health department (specific or general)
2. Department of Health
3. Hospitals, other health care delivery systems
4. Other state/federal regulatory agencies
5. Social service agencies

3. Most respondents said that public health is unique.

Half of the business respondents had no opinion or thought that public health was like any other public watchdog. The others, however, and all of the partners and elected officials said yes, public health is unique because of its:

- Regulatory responsibilities around people’s basic needs (water, food, etc.)
- Disease control
- Local focus, state oversight
- Focus on all people

“Lots of social service organizations are meeting the needs, but public health covers a broad base of issues, not just a specific sector.” (*Partner*)

“Direct customer contact. A health operation where they are actually touching people.” (*Partner*)

“Public health is not an optional program. It’s a fundamental issue of government, no matter what your politics.” (*Businessperson*)

“Investigation of communicable disease is undervalued because there are so few of them—but there are so few of them because it (the investigation) is well done.” (*Businessperson*)

“It (public health) is concerned with the whole—whole of the community and the body.” (*Elected official*)

“Public health is data-based and can document health outcomes. No other government enterprise is as clearly focused on demonstrable outcomes.” (*Elected official*)

#### 4. Who competes with public health?

Asked only of elected officials, the answers were social services, criminal justice, education, mental health and transportation/roads. One official from an urban area said, “Criminal justice, criminal justice and criminal justice.” Another said:

“There is a major image problem among the general electorate. Public health gets lumped with welfare-type services. That’s not what it is, and a pall is cast over public health.” (*Elected official*)

#### 5. Value of public health services

These were highly valued across all segments, because “if public health doesn’t do it, who will?”

- Immunizations
- Communicable disease and STD testing/treatment
- Restaurant, food safety
- Drinking water safety
- Epidemiology and disease surveillance

People recognize the cost-effectiveness (i.e., protection from and prevention of problems) of these services, the data that assessment and surveillance provides, and the overall community health made possible by these services. It should be pointed out that two elected officials said that epidemiology and disease surveillance had no value, primarily because they did not understand what that meant.

Businesses were more likely to value “environmental hazard protection, and partners were more likely to value “improving the health status of the community.” Both partners

and elected officials valued “community partnerships” higher than did the business respondents.

The least valued services across all segments were:

- Providing birth/death certificates
- Parent support for child development
- Family planning services

Businesses felt these had little relation to their work. A few partners and elected officials said they didn’t see the connection between certificates and public health, and felt that other programs covered the parent and family planning services.

It is of interest that licensing health care providers and hospitals was of no value to some people in each segment. The business respondents said this service was unrelated to their businesses, the partner said he failed to see the relation of this service to public health, and the two elected officials were unaware of this as a public health role.

## 6. Reaction to Public Health Statements

Key informants like statements that:

- Are believable, true
- Describe public health’s core role and responsibility
- Stress personal responsibility
- Are positive
- Are interesting, piques interest
- Feature such measures as partnerships, collaboration, efficiency
- Stress “local”
- Are simple, direct

Key informants do not like statements that:

- Convey big government, bureaucracy
- Assume entitlement
- Downplay personal responsibility
- Are not believable, have no facts to back up the claim
- Are dull, bland
- Are simplistic, too rosy

## 7. Communication suggestions include:

- Reinforce the local-state relationship

“The public health connection with State Health and local is the best relationship in the State of Washington.” (*Elected official*)

- Find a fresh, highly visible, uncluttered message to put out there—“stir things up” “find something other than services to hang your hat on.”

“Public health is largely invisible and taken for granted, especially the environmental health.” (*Elected official*)

- Get to young people.
- Use a variety of channels, including some non-traditional ones (i.e., websites, electronic newsletters)
- Businesses speak well about how public health works with them.

“We have excellent public health agencies. We work well with them. They are well-intentioned and work hard and take industrial issues into account when they make their decisions.” (*Businessperson*)

## DETAILED FINDINGS—FOCUS GROUPS

### Top of Mind

Initially, focus group participants were asked what first comes to mind when thinking of “health and government programs in Washington.” They offered three types of comments:

- Problems of some nature related to health and government programs
  - Concerns around health care quality, access or insurance coverage
  - Perceived “red tape” with forms or in getting into programs
  - Cuts in programs or cuts in funding
- Government health programs are low cost services; they are for low-income people—welfare.
- Immunizations (shots, vaccinations) come to mind.

The “county health department” was named once at this point by a rural respondent. Spokane residents were quick to mention the Spokane Regional Health District. However, Seattle residents did not ever refer to the Seattle/King County Health Department, neither at this point nor at any time during the two-hour discussion.

When asked what services or help comes to mind and who provides those services or help, “public health” and “health departments” were the entities most frequently named. Other organizations, however, were named as doing some of the same things that health departments are perceived as doing.

- Public health or Health Department does all of these:
  - Immunizations. But so do many other organizations: schools, doctors, stores employers, pharmacies, Planned Parenthood, Coast Guard, hospitals.
  - Health services. Others who provide these types of services: hospitals, universities, private entities, clinics.
  - Food/restaurant/deli inspection. People named FDA as also doing this.
  - Family planning. Also provided by Planned Parenthood, doctors, schools and United Way.
  - Education about health. Also provided by public and private schools, companies, websites.
  - Programs for children and low income. DSHS, hospitals, universities.

A number of the entities mentioned the Seattle group participants as providing health services to the public were area hospitals. Respondents mentioned a few hospitals such as Harborview, University of Washington, Swedish and Fred Hutchinson Cancer Research Center. It appeared that these names came to mind more readily because they have a lot of visibility in the community through advertising. Other entities mentioned in this context were Planned Parenthood and United Way. These organizations both have a strong brand identity and a presence in the media or news.

## **Reactions to “Things that Happen in the Community”**

A series of seventeen services were presented to each of the four focus groups, each time in the same order. They were shown in groups of three to six services that were somewhat related. Respondents were not given any indication of who would provide the services, but rather that the services were introduced as “a number of things that might happen in your community.” They were asked what they and other people might call these things in their own words as well as what value and benefit each might have to them and their communities. In addition, their overall reaction to each service was observed. Following is a brief section for each of the services, which offers the respondents’ general reaction, the words they used, and the value and benefit they perceived.

### **Providing Immunizations**

Providing immunizations was the most tangible of the services provided. Most respondents were aware of it and thought it was a beneficial service to the community. Many different entities were perceived as providing immunizations to people, but respondents did not make a connection between the administrator of the immunizations and the actual provider of the vaccine.

#### Words Respondents Used to Explain:

- Shots: in school, for travel, prevention, mandatory
- Necessary for kids, elderly, immigrants
- Mentioned spontaneously in most groups

#### Perceived Value (in participants’ own words):

- Prevents or stops spread of disease
- Aids public health, healthy workforce
- Long-term benefit
- “Inexpensive prevention” vs. care after one becomes sick (*Spokane male*)

### **Communicable Disease Testing and Treatment**

Communicable disease seemed to be well understood as something one can catch, although many respondents thought of STDs as a prevalent type of communicable disease at the present time. Testing and treating “other people” was perceived as protecting others from exposure to a disease and taking care of them if the disease is contracted.

#### Words Respondents Used to Explain:

- Eradication of some diseases, control of others
- Examples of diseases coming back (TB) or resistant to antibiotics
- Blood should be tested before marriage
- Should be discreet (STDs/AIDS)

#### Perceived Value (in participants’ own words):

- Feel safer, less fear, saves lives, or stops spread of disease
- Public awareness, knowledge, information
- Quality of life, social order

## **Testing and Treatment of Sexually Transmitted Diseases**

People related this service more to education and public awareness of these diseases and how to prevent them. People like having the option of being tested at a neutral, confidential location as opposed to their family physician. Several respondents mentioned protection of the public as a key benefit of this service.

### Words Respondents used to Explain:

- Education and awareness, handbooks at DSHS and WIC offices
- Can maintain anonymity for testing
- Parents, teachers can refer kids to public health
- Prevention, especially among at risk population

### Perceived Value (in participants' own words):

- Less risk, fewer innocent victims, fewer birth defects
- Protect public safety workers
- Quality of life
- Allows individual to make choices to prevent spread

## **Educating the Public on How to Stay Healthy and Prevent Chronic Disease and Injury**

Education was seen as a very important part of staying healthy in terms of disease. There was not too much focus on the word “chronic,” although one rural respondent asked for a definition of the word. Other focus group participants responded that it is “ongoing, not just a short illness but a long illness,” and “chronic means ongoing, long-term.”

However, there were some concerns expressed about educating the public to prevent injuries, because those might limit individual choice or be ineffective in the long run, as one rural respondent stated:

“You could advertise and educate all day long, and it wouldn’t get you anywhere.... I know we’re a nation of generally overweight people, but...the education has come—the kind of money being poured down the drain there, it seems we might just as well beat a dead horse with a stick.” (Rural participant)

### Words Respondents used to Explain:

- Anti-tobacco ads, shock tactics
- Some can’t read, so use more pictures or TV
- Teaching healthy practices re: eating, sleeping, exercise
- Public health department classes

### Perceived Value (in participants' own words):

- Save or lengthen lives
- Lower health costs, less social burden
- Higher productivity
- Better world or environment for all

## **Inspecting Restaurants and Assuring Food Safety**

Respondents found this service relatively straightforward and easy to understand and “a worthwhile thing to do to protect the public” from eating contaminated food or something that would make a person sick. Some felt that inspections could not be frequent or thorough enough to catch all of the violations. Nevertheless, most respondents valued the inspections and assurance because they impacted their daily lives in that people have to buy food and many purchase it at restaurants.

### Words Respondents used to Explain:

- Would like notice or grades published for restaurants
- Food handling instructions and meat “doneness”
- Food inspectors at restaurants, no e-coli
- Overbearing bureaucracy and unclear rules

### Perceived Value (in participants’ own words):

- Public health and safety
- Minimize food poisoning, e-coli
- Trust or confidence in restaurant
- Peace of mind for owner

## **Inspection of Drinking Water Supply or Wells**

Inspection of the drinking water supply was clear enough as an overall concept and one that respondents were somewhat familiar with. Assurance of safe drinking water has an impact on everyone on a daily basis, so that this service seemed even more important than restaurant inspection.

### Words Respondents used to Explain:

- Had own wells tested
- Clean or safe drinking water
- Buying bottled water is an added expense
- Testing for bacteria, metals, chemicals is necessary

### Perceived Value (in participants’ own words):

- Impacts quality of life for community
- Protection from disease, less sickness
- No need to buy water, saves money

## **Testing and Monitoring On-site Sewage Systems**

Testing of sewage systems was somewhat less clear than inspection of the drinking water supply in that many respondents, especially in the urban groups, were not sure whether it applied to public, industry, corporate, or private sewage systems. Septic system was a term that was more familiar to the rural respondents. In any case, the main value perceived for this service was in its impact on the drinking water supply both for human and animal consumption:

“Standards for humans as well as water life.” (Seattle resident)

“Healthier environment. And not just for people—animals” (Spokane resident)

Words Respondents used to Explain:

- Some didn't know what it was; those who have septic systems knew what it meant
- Drainage, sewage treatment plants, septic tanks or pipes
- Protecting water supply from contamination

Perceived Value (in participants' own words):

- Avoid exposure to contaminated drinking water in the community
- Matter of life and death
- Public health - a disease free community
- Safe, healthy environment for people and animals

### **Protecting the Community From Hazards in the Environment**

This service seemed broad and called to mind services in a wide variety of areas. It called to mind forces that are greater than the individual can harness and from which people in the community might need protection. This protection did not appear to be negative, but also was not associated specifically with public health.

Words Respondents used to Explain:

- Fire department, HAZMAT
- Monitoring air quality, water quality, ecology
- All kinds of hazards: medical, chemical, mental, outdoor burning, smog, and nuclear/radioactivity

Perceived Value (in participants' own words):

- Public health, protecting the community
- Control vs. economy, need a balance, sustainable
- Safe place to walk/live
- Reduces allergies/asthma

### **Licensing Health Care Providers and Hospitals**

Respondents assumed this service involved the monitoring of physicians and healthcare providers to prevent fraudulent activity and the inspection of clinics and hospitals to assure standards of care and cleanliness. Some equated it to accreditation of healthcare facilities, which may be carried out by other agencies.

Words Respondents used to Explain:

- Background checks of personnel
- Inspection and accreditation, cleanliness and safety
- Setting standards for quality care
- Licensing means the providers have to be accountable

Perceived Value (in participants' own words):

- Protection/better health for the public, patient safety
- Creates trust, assurance, peace of mind
- High Standards, know what to expect
- Less disease, fewer injuries, fewer lawsuits

**Assuring Access to Needed Health Care**

Focus group participants found this service very important but they may not have understood the role that public health plays in it. Some of the rural respondents were concerned about paying for the health care of others:

“Just the first thing that comes to mind is how would this be paid for. What’s the cost going to be of this type of program?”

Words Respondents used to Explain:

- Universal access, even if can't afford or not insured
- Availability of sufficient healthcare providers/facilities in the county/area
- Walk-in clinics, longer hours
- Cost shifting to others, not recipients of care
- Programs such as Basic Health, DSHS, and WIC

Perceived Value (in participants' own words):

- Healthier community, decrease in chronic diseases
- Keeps disease from spreading
- Keeps cost down for health care, less use of ER
- Universal access fosters cultural/ethnic satisfaction, as everyone has health care

**Doing Work Through Community Partnerships**

The idea of partnerships within the community was very positive for most respondents. Some thought of themselves as being in joint efforts that benefited the community and said they felt such efforts were rewarding. They also liked the concept of people and organizations working together, and said it had a benefit for the whole community. They perceived this type of work as bringing the community together. The examples that respondents mentioned, however, did not necessarily have a direct connection to public health:

“We’ve seen houses go up for Habitat for Humanity, and we’ve seen communities actually get together within the town or the county. They get together and they had people donate services and put together parks for the kids and all kinds of things, and I think it’s important to get involved in the community... We’re all in this boat together, and I think having that community drive to work together—I think it makes an incredible difference.” (Rural resident)

“Our community got together and built a nice ball field for the kids.” (Rural resident)

The idea of reducing redundancy of service—“avoiding duplication”—by partnering among agencies in the community did make sense and seemed more in line with the type of work that Public Health might do:

“I think of utilization of existing resources and assets.” (Spokane resident)

Words Respondents used to Explain:

- Block watch, blood drives, food banks, Habitat for Humanity, community clinics
- Volunteer, faith-based service projects
- Red Cross, Health Department, churches, service clubs (e.g., Shriners)
- CHAS Clinic in Spokane

Perceived Value (in participants’ own words):

- Local involvement, better community
- Rewarding, working together in service
- Avoid duplication of services, better utilization of resources and assets

### **Providing Birth and Death Certificates**

This service seemed to be a necessity at times, but of less interest overall to the respondents. They referred to the fact that they have to pay to get copies of these documents, which made them seem less of a benefit. Some thought the records might reveal causes of death for public health trends. Others thought the statistics might be used to allocate funds based on population growth or decline.

Words Respondents used to Explain:

- Vital, necessary record keeping, Department of Vital Statistics
- Prevent ID fraud, get social security or passport
- Accountability, history, census, genealogy

Perceived Value (in participants’ own words):

- Tracks growth, health trends, or cause of disease/death
- Prevents fraud, proof of existence
- Used for allocation of resources
- More of a clerical function

### **Parent Support for Child Development**

Most respondents understood this service and considered it a positive influence on the community. They felt that it is important to prevent the stress of parenting with two parents working or in one-parent families from causing any damage to the children. Most respondents believed that such programs would help to keep the parents from repeating behaviors they might have experienced as children:

Words Respondents used to Explain:

- Educating parents to have good skills
- PTA, WIC, Head start
- Child care, after school and recreation programs

Perceived Value (in participants' own words):

- Prevents violence, child abuse
- Healthier children in all ways, better family life
- Social investment in future community
- Break the cycle of abuse or crime from parent to child

**Providing Family Planning Services**

This service was seen as slightly controversial in that some equated it with the suggestion of abortion. Most would like to be sure that no one else is making choices for the individual. One suggestion for the name of this concept was to add the word “education” after planning.

Words Respondents used to Explain:

- Planned Parenthood
- Education, counseling, or may advise abortion
- Birth control, population control

Perceived Value (in participants' own words):

- Reduces unwanted or teen pregnancies
- Healthier children, less child abuse
- Better quality of life, especially for families
- Fewer families on welfare, less social burden

**Epidemiology and Disease Surveillance, or Studies That Reveal the Causes of Illness and Death**

Respondents did not talk much about the words epidemiology and surveillance. In the case of the former, many may have avoided the subject because they did not know the meaning of the word, “epidemiology.” In the case of “surveillance,” one respondent asked for a definition of the word, but there did not appear to be any negative associations with it.

Their reaction to “studies” implied they thought of “research” and “experiments,” but not actions related specifically to public health in most cases. They referred to such things as “finding a cure for disease,” “testing new medicines,” and in Seattle and Spokane, people thought this also referred to conducting autopsies.

One Spokane respondent thought the studies would “identify health and disease trends.” A rural resident said that this is not “something that should be coming out of our budget.”

#### Words Respondents used to Explain:

- Research, health data from records, autopsies
- “Surveillance” means “keeping close watch”
- Public health reports, e.g., tobacco, TB, genetic factors
- Academic; doesn’t really change anything

#### Perceived Value (in participants’ own words):

- Disease prevention/control and trends identified
- Finding cures decreases costs
- Provides effective public health planning
- Knowledge used to provide better treatment

### **Conducting Community Health Assessments**

Respondents took this to mean “health screenings” of individuals in a community setting. Only one person understood this term to mean “assessing the health of the entire community,” which is how this term is used by public health professionals.

Referring to health screening, although respondents were aware of some of the screenings that took place in community settings (health van, pharmacies, schools), if they were not conducted directly by a public health agency, people did not seem aware that these screenings might be government funded.

#### Words Respondents used to Explain:

- Screenings: school, public health, physicians offices, pharmacies
- For high blood pressure, cholesterol, mental health
- Testing for pollution, environmental hazards
- Physicals, statistics

#### Perceived Value (in participants’ own words):

- Early detection and treatment, if public screening
- Reduce risk of disease, control of preventable factors
- Assess community needs for allocation of resources

### **Improving the Health Status of the Community**

Residents perceived this concept as incorporating many or most of the other services mentioned previously. Thus, the idea seemed too vague to warrant much individual attention when respondents were choosing the most valuable services. The following quote sums up the general feeling about this phrase:

“Everything we’ve talked about, I think, goes into this very last one...if all these could be incorporated, I know a lot of them would cost money, a lot of money, but at least a few of them would really improve the health status of the community.” (Rural resident)

Words Respondents used to Explain:

- All of the above
- Safety, clean and safe streets, recreational areas
- Might be like “Big Brother,” if mandatory testing
- Mental health program, health care for low income

Perceived Value (in participants’ own words):

- Quality of life, people are happier
- Healthier community, more productive
- Attracts new business, tourism

**The Most Valuable/Beneficial Services**

Respondents of all four focus groups were asked to select the most valuable or beneficial of the seventeen services presented. Their responses do not necessarily indicate that other services are not popular or beneficial. The number of votes for each service is displayed in a table as a part of the detailed findings.

The top three among all of the respondents were ...

- Educating the public on how to stay healthy and prevent chronic disease and injury
- Protecting the community from hazards in the environment
- Licensing health care providers and hospitals.

The next two services considered valuable were ...

- Inspection of drinking water supply or wells
- Assuring access to needed health care

Several others were considered valuable by five to eight of the respondents:

- Providing immunizations
- Communicable disease testing and treatment
- Parent support for child development
- Inspecting restaurants and assuring food safety
- Epidemiology and disease surveillance
- Providing family planning services

A few of the services were considered valuable by one to three respondents:

- Doing work through community partnerships
- Testing and treatment of sexually transmitted diseases
- Testing and monitoring on-site sewage systems
- Improving the health status of the community

The remainder did not receive any mentions for being especially valuable.

The common themes perceived in these services, especially those considered valuable were as follows:

- Prevention and protection
- Provide education and awareness
- Quality of life, assurance of safety
- Offers peace of mind
- Make people more productive, so cost effective
- Lower cost of health care due to prevention

The issue of individual self-control versus government intervention was discussed with respect to a number of the services. Many of the services seemed to have more value because they were too big for the individual to tackle. The corollary view was that government should monitor or manage things over which the individual has no control or that threaten the community as a whole, for instance:

- Outbreaks of disease
- Contaminated drinking water or food supply
- Hazards caused by corporate practices or government facilities such as Hanford

‘Doing work through community partnerships’ was a very popular idea but not particularly seen as a service provided by an outside entity. It was perceived as something the individual participants would like to do to feel good about their communities. It was more a matter of coordination than a service in their view.

Clerical services such as records have less obvious benefit to residents. In addition the broadly described services such as “improving the health status” may appear less credible because of their breadth.

### **Reactions to Statements**

#### **WA Residents Expect Government To Respond to and Help Prevent Problems That Threaten People’s Health/Safety**

Reactions to this statement were mixed depending on interpretation of the words ‘expect’ and ‘safety.’ The following quotations represent reactions from various respondents to this statement:

“I don’t think government does an effective job of preventing problems that most people individually cause, so therefore I don’t think it is a good statement. Now, maybe through regulation of business and setting minimum standards, but to come in and say the way I sit at my desk in my office isn’t proper, isn’t right—I’m offended by that.” (Spokane resident)

“I certainly expect government to take care of basic things that I can’t take care of as far as health and safety...I don’t want them to come to my home and tell me what I can and can’t do.” (Rural resident)

“We’re all accountable. We should be also taking action to help take care of ourselves.” (Rural resident)

“I like the statement, it’s a very good statement, as long as it don’t [sic] get too expensive for our state to take care of.” (Rural resident)

#### Likes

- The word ‘expect’ applies if there is a broad health issue at stake
- State should help prevent problems--within reason
- ‘Safety’ is okay if it applies to food safety or radiation leaks from Hanford, the big safety situations

#### Dislikes

- The word ‘expect’ was offensive to many, suggested no personal responsibility for health
- Could be expensive
- ‘Safety’ should be a personal thing when it relates to one’s choices about risks

### **Public Health Agencies Benefit You Even If You Never Visit Their Offices or Have Any Direct Contact With a Public Health Employee**

Many respondents found that this statement caught their attention and made them think a little about how public health affects their lives. In most cases, they thought of the positive impact public health has on the community. In a few instances, there was concern about the cost to residents rather than the benefit. The following quotes illustrate some of the reactions:

“It does benefit me, because...even if I don’t have direct contact, somebody who’s being taken care of for the ‘flu’ through a public health clinic is...reducing my risk for that disease.” (Rural resident)

“I don’t see any benefit that I would get from them if I don’t go to them. And if they come to me, whatever they have on their mind, if I don’t need it, it’s going to be a burden on me to change whatever I’m doing to come up to their standards.” (Spokane resident)

“I think we take for granted that we have... the safe food, the safe water. It’s because of public health [even though] you will never meet the water inspector, but...you can be reasonably assured that you’re not going to get some disease.” (Seattle resident)

#### Likes

- Liked overall, seems true, gives you “peace of mind”
- “Public health is reducing my risk for disease”
- Behind the scenes inspections, “protection of the water”

#### Dislikes

- Some prefer community health to public health
- Good as long as affordable to general population (Rural)
- Prefer to substitute the word “services” for “agencies”

## **While Local People Run Local Public Health Agencies, It's Important to Have an Overall System of Agencies That Work Together to Provide Statewide Health Protection**

This statement raised more questions than it provided a sense of benefits. Some respondents saw the overall system as avoiding duplication of services, while others thought that it was really like having two systems in place that might overlap or duplicate.

“It also has to be interconnected. You can't have a public health agency in Spokane working off a separate set of guidelines than somebody in Kennewick is. They need to be connected.” (Seattle resident)

“The negative thing to me about this is that it's...the department of redundancy department. It sounds like a very bureaucratic way of doing it. You've got an agency here, then you've got an agency here. If it's just a network...network for everything, that makes some sense.” (Seattle resident)

“Being on the East side of the state...I don't think we get a lot of what the West side of the state gets, just because...we don't have the population and the power.” (Spokane resident)

“When I think of local people, I think maybe they're a little more in touch with the individuals than public health agencies...I think of local as being able to do this more for the needs of their people.” (Rural resident)

“I don't agree with that. I think we should have local control and not have some agency from afar telling us what to do.” (Rural resident)

The statement called to mind political issues. The most revealing reaction was that the information did not really have any impact on their personal health and, therefore, was not as meaningful as some of the other statements.

### Likes

- Need to have consistent standards across communities
- Consistency, accountability to overall system
- Local people more in tune with community needs

### Dislikes

- Political statement rather than about health
- Duplication of services, redundancy
- Big, bureaucratic
- Want local control, not a big state agency (Rural)
- Replace 'system' with 'network'

## **Over half the deaths in WA State are preventable. We are dying from behaviors we can control.**

There was a lack of credibility in the way the first half of this premise was stated. The idea that death is preventable was challenged. Respondents questioned which half of the deaths were intended. One Spokane resident said, “Show me the stats.”

Some participants wondered whether the statement referred to safety issues or behavioral risks to health. In either case, the word ‘control’ riled the feelings of some respondents. The following quotes sum up many of the objections to this statement:

“This is a very nebulous statement...How do we know what was preventable and what was not? And how do we know that about our behavior, how much we could have controlled or could not?...I just think it’s a bad statement all the way around.” (Rural resident)

“Tell the State to quit selling liquor.” (Rural resident)

### Likes

- Puts more emphasis on the individual control, as some read it
- Allows for personal responsibility for behavior

### Dislikes

- “Over half the deaths...are preventable” seems difficult to believe or too vague, “a very nebulous statement”
- It focuses on death rather than illnesses
- “Everybody is going to die,” so better to say “premature” death
- It implies that government is trying to control personal behaviors related to safety or health.

## **Protecting and Improving the Health of People in Washington State**

Many residents perceived the idea of protection as relatively favorable when it related to health. However, the statement was seen as a tall order, as the following comment shows:

“I think that’s a great attitude. If only our politicians could carry on that statement and...actually make that statement happen...that would be the ultimate healthcare system. Unfortunately, our population for the state would, like, multiply hand over fist.” (Rural resident)

A few of the rural residents were not interested in protection, because they thought of it as a form of restriction. The concern was increased by the fact that the statement had no subject, so that residents did not know who would be “protecting” them.

“Well, we don’t know who’s protecting or improving our health...Not good...because maybe [it’s another] Hitler that wants a certain kind of population.” (Rural resident)

Some participants thought it sounded like a slogan from a government agency or an insurance company.

#### Likes

- Positive goal, if one knew who was doing it and how
- State needs to intervene if it's a larger issue, e.g., environmental hazard

#### Dislikes

- An incomplete sentence, need to know who subject is
- Sounds like a slogan for government agency or insurance company
- Too vague

### **Making It Easier to Live Healthy, Stay Healthy**

The fact that this statement is short and to the point made it seem positive, but at the same time somewhat simplistic. The words 'live' and 'stay' were appealing. Some respondents questioned how 'easy' it would be.

In some groups, the respondents assumed that the state would make the statement, which called up the notion of restriction of the individual again:

"I want them to handle the basics of pure water as best they can, have a system in place to provide correct medical, dental, health preventative things that we can't handle on our own...but I don't want them to be around when I choose to smoke a cigarette...If they're going to make them legal, then it's my choice." (Rural resident)

#### Likes

- A great idea, if Public Health can do it within good sense use of taxpayers' money
- Seems to include concept of education for the public about health

#### Dislikes

- Another incomplete sentence
- Not the government responsibility in many cases, want personal choices
- Too simplistic

### **Improving Health Status Through the Promotion of Health and the Prevention of and Protection From Injury and Disease**

This statement was viewed as a mission or vision statement. Respondents saw some positive words in the statement, but found it overall too complicated and too broad:

"They sound to me to be so broadly defined a mission that it would give the public health agencies license to pursue just about anything they wanted to pursue." (Spokane resident)

The word ‘protection’ is, likewise, questioned in this statement where it might refer to a variety of areas related to either ‘injury’ or ‘disease.’

“I mean, ‘disease’ is fine, great, do what you can to prevent it, limit it, treat it. ‘Injury’ that sounds like a ...restriction on personal freedoms and choice.” (Spokane resident)

Some respondents in a rural group suggested “protection without control” because they feared “over-regulation.”

Status was considered too impersonal a word for some and they would prefer eliminating that word from the statement.

#### Likes

- Education for promotion of health
- Protection from disease

#### Dislikes

- A cumbersome statement, convoluted sentence
- Don’t like “injury” if limits personal freedom
- Too broadly defined for a mission statement

### **Summary of Reactions to Statements**

Since it is the concepts rather than the individual statements that may form the basis for a future brand identity, the following points characterize some of the ways that various respondents reacted to certain aspects of the statements:

- Rural residents more concerned about 1) local control, 2) expense of taxes, and 3) services going elsewhere, whereas the *benefits* themselves seem more important to urban residents.
- Residents generally liked statements that spoke more specifically about health better than those that touched on a political issue.
- A number of respondents felt that government control of individual responsibilities is not necessary and not welcome. They felt the agencies should “be a resource, not a restriction.”
- They should talk about ‘prevention.’

Most respondents were unable to be very creative given the time constraints of the discussion. Still, some respondents suggested alternative statements:

- “Everyone benefits from good public health”
- “Your health is the public health”
- “Educating the public on how to stay healthy and prevent disease”

- “Improving health status through education and prevention and protection” (some said to leave out “protection” and others said to leave out “status”)
- “Promotion of health through education”
- “A quality public health program should have accountability, education, through community participation”
- Addition of “a security net” to one of the statements or “Help those who can’t help themselves” or “doing things that people can’t do for themselves”

### **What ‘Public Health’ Means to Consumers**

A number of respondents had very few associations in terms of what ‘public health’ means to them. However, some thought of ‘low-income’ and by association ‘low-quality’ healthcare. They assumed that public health provides services to those who cannot afford them. Thus, the Seattle group suggested that ‘public health’ be changed to ‘community health,’ because “community is a nice, positive word.”

## **APPENDIX**

## FOCUS GROUP RESPONSES

What first comes to mind when you think of “**health and government programs in Washington?**”

### FIRST URBAN--SEATTLE

- Red Tape
- Statistics
- Basic Health Plan
- Accessibility
- Cutbacks/Lack of funds/Program cuts/costs
- Lack of treatment
- Increase in waiting period
- Managed Care
- Poor mental health

### SECOND URBAN--SPOKANE

- Reform
- Welfare
- Low Cost
- Immunization
- Children
- WIC
- Cutbacks
- High costs

### FIRST RURAL

- Hard to get good insurance
- Hard to go through the state to find someone who will take you
- Unemployment and State health program
- Health care for low income
- High cost of insurance
- Shots
- Lots of programs –how long can we finance them
- **County health department** and immunization programs
- Cost of L&I and health coverage costs (as relates to small business)

### SECOND RURAL

- Certified to work in foods, restaurants
- Trucks come for clothing pick-up
- Red tape, a lot of papers to fill out to get some of the government programs
- Waste of money—sometimes
- Parents in assisted living—problems with paperwork and costs
- Low income programs

What kinds of **services or help** do you think of when you think of health and government programs here in Washington? **What types of organizations** provide these services?

#### URBAN--SEATTLE

- Education- State & on public transportation (buses)
- Vaccination programs- **Public Health**
- Good doctor/surgeons – Hospitals, University
- Good research - Universities
- WIC- **Public Health**
- Blood drives- Private
- Organ donors- Private/government
- Mental health services- **Public Health**
- DSHS
- Trauma Center (Harborview)
- EMS- response is good- County
- Transplant Centers
- Cancer Research- FHCRC
- AIDS Research- Harborview, Swedish, NW AIDS Foundation
- Disabled children- CDMRC
- Top-rated Nursing School UW- NW, VM, Swedish, teaching hospitals
- Adoption- Religious

#### URBAN--SPOKANE

- School Nurses--Public (Private) School System
- Basic Health--DSHS, Insurance Commissions; Insurance Companies
- Community Health-- **Spokane County Health Department**, Hospitals, Mental Health Clinics
- Prescriptions—Gov. Locke’s plan to make more affordable for seniors
- Shots/immunizations- **Spokane County Health**, WIC, Schools, Doctors, Grocery Stores, Employers, Pharmacies
- Food Regulation, Restaurant inspections, convenience stores-- **County Health District**, FDA
- Indian Center-- Donations, Federal Government, State
- Birth Control--**Health Department**, Doctors, Schools, Planned Parenthood, Some hospitals
- Abortion—Planned Parenthood, Doctors, some hospitals
- Medical coupons--DSHS
- WIC—DSHS, State
- Education—Community, **Health Department**, School, Company websites
- Smoking Prevention—Tobacco Settlement, TV, Billboards, signs, school programs, Phillip Morris

#### FIRST RURAL

- Drug & alcohol awareness program has been cut due to state cost cuts
- Dental not offered or affordable through insurance
- Well-child programs – **Health department** in Belfair
- Planned Parenthood would help women who need health coverage
- Car tabs cuts meant area lost DARE program and breakfast for low income
- Shots-pharmacies, coast guard, Planned Parenthood; county comes into schools for shots and tracks diseases.

- General: SeaMar has low income programs (state-funded); “we have a nice **health department**, but SeaMar helps out”
- Disease control, communicable ones – government programs try to confine themselves to these, like TB, measles
- Parenting, family planning—United way and mental health organizations

#### SECOND RURAL

- Prevention, inoculations—**Local health department**, hospitals come to stores
- Alzheimer disease help—Medicare
- Classes, like CPR—private enterprise (my company pays for these), Red Cross
- Immunizations—**Local health department**, free clinics
- Senior programs—government (state and federal)
- Education, classes like CPR, birth control, diabetes, prenatal—**county**, military, Planned Parenthood, hospitals, United Way
- Health insurance
- Naval Hospital

#### **Who uses these services?**

#### URBAN—SEATTLE

- I have
- Depends—911-everyone
- Vaccinations—children; “People who want to stay healthy.”
- WIC – low income, women and children

#### URBAN—SPOKANE

- Students
- Low income people, people who are laid off
- The disabled
- Elderly
- Everyone, almost everyone
- Restaurants (owners), restaurant workers
- Young women, and men
- Women, infant and children

#### FIRST RURAL

- Almost everybody
- All types of people, including immigrants.
- Planned Parenthood is active within college community

#### SECOND RURAL

- Low income
- A lot of people – everybody
- Seniors
- Government services vs. paid services
- Parents for newborn and parenting classes

Set #1--Things that might happen in your community: **How describe? What is the value?**

URBAN--SEATTLE

Service	Words	Value
Immunizations	shots for school, shots for travel, preventative medicine, vaccinations	Huge value, prevent the plague, especially important for parents; important for <b>public health</b> ; important for long-term cost savings
Communicable disease	public should be aware, TB, be sure to get tested; some diseases are coming back; coming back stronger and more resistant to antibiotics; STDs; testing for STDs if in a relationship	takes fear away, saves lives, slows or stops disease; education is key to stopping these; people feel safe if they know this is being done
Testing for STDs	awareness, handbooks at DSHS; part of a good physical exam; being responsible for yourself; starting a young age; may even demand mandatory treatment	allows me to make choices that holds down disease spread; “the sooner people know, the more likely they will be to change behavior”
Educating public	anti-cigarette ads; aggressive advertising toward public; more truthful advertising; shock tactics; targeting young people; take it into schools; teach people to be active, to exercise and have good eating habits	keeps people stable keeps people working if they are healthy; preventative—you need fewer programs; will help quality of life and save money and increase life expectancy; communicable disease treatment and educating the public goes hand in hand

URBAN--SPOKANE

Service	Words	Value
Immunizations	Necessary in public interest Inexpensive prevention Limiting epidemics	Better quality of life Don't get sick Cost down Healthy workforce Available to those who might not
Communicable disease	Very important, don't pass on sickness, maintain social order, early detection, create new strands of diseases	Saving lives, longer life Prevent epidemic Quality of life, hard to appreciate TB stopped from spreading
Testing for STDs	Necessary for at risk population Less birth defects Caring about others, being responsible	Less risk, chance of passing Less birth defects Less innocent victims Protect public safety employees
Educating public	Saving money, lives Lower priority Longer lives First Aid or Health Classes Informed Choices	Stay healthy Less social burden Productivity Lower health costs goes hand in hand

FIRST RURAL

Service	Words	Value
Immunizations	cold and flue shots; pneumonia,; mandatory requirement of immigrants and everyone	better health; stopping spread of disease; keeps disease from spreading; a long-term benefit, not just a quick fix; precautionary
Communicable disease	testing and treatment should be easy to access and discreet; shots protect others from getting sick; blood work for tests	tremendously important thing to have readily available—for early detection
Testing for STDs	education of kids in school and through WIC; parents can steer kids to <b>public health</b> ; teachers can step in when parents won't	This is like communicable disease—protection of the public; knowledge and education is vital; testing and treatment does little good if behavior doesn't change
Educating public ; (attention was verbally drawn to word, "Chronic")	"Chronic" means on-going, long term. Printed material needs to be easily read; illiterate and non-English need pictures; more TV spots by state would be good	promotes awareness, keeps health costs lower and more money available for other needs; advertising and promotion can be a waste—might take too long to learn; "It's strange that we have to tell people how to be healthy" "The value is getting information to young people."

SECOND RURAL

Service	Words	Value
Immunizations	getting/giving shots; flu shots every year, for elderly or everybody getting children covered through the schools; healthy, well check-ups	Holding down the spread of disease; keeping costs down; keep people healthy; people healthier and happier; keeping people on their jobs; frees up time for medical community to attend to other needs
Communicable disease	prevention, AIDS and hepatitis; eradication of some diseases, like mumps and measles; keep diseases from coming in from outside the community; testing is for control and treatment is for cure; provides information on what's going on in the community	knowledge; information; know where these diseases are and take care of them; public awareness; come and talk to kids in school
Testing for STDs	people can maintain anonymity; protect patient's confidence; knowledge, teaching, preventing; prevention is the main goal, through testing and treatment; learn what diseases are and how to take care of them	better quality of life; keep diseases from spreading; information and protection; aware of what to look for"
Educating public	self-awareness; eating right, get enough sleep and go to doctor regularly; exercising; education the public comes through the school system and <b>public health department</b> ; classes, community forums	a better world or environment in which to live; if we're aware we can take action

Set #2--Things that might happen in your community: **How describe? What is the value?**

URBAN--SEATTLE

Service	Words	Value
Restaurant and food safety	huge, like to have restaurants graded, big and small, nice and not so nice ones; shut down if it doesn't pass; see notices in paper; grade should be more visible; groc store package instructions on how to cook meat	Huge value; fewer people get sick; provides peace of mind
Testing water, wells	testing for bacteria; metals, chemicals, 200 chemicals, stuff that breaks off pipes; buying bottled water because of concerns	<b>Public health</b> , safety; humans require water, it's important to everyone
On-site sewage	drainage, sewage treatment plant, septic tanks; "on-site" means sewer pipes in buildings? means stored or treated water like METRO?	enforcement of plumbing codes to insure no cross-contamination from sewage to drinking water;
Environmental hazards	"endless"—medical, chemical, biological, mental, nuclear, carbon monoxide, smog;; personal safety (drivers, lawbreakers; publicity on how to avoid hazards, than enforce them (i.e., burn bans)	providing a safe place for people to walk; protect community

URBAN--SPOKANE

Service	Words	Value
Restaurant and food safety	No e-coli Safe restaurants Overbearing bureaucratic burden Disease prevention Unclear rules	No e-coli Healthier place to eat Minimal food poisoning Trust, confidence in food establishment Generate income for restaurant
Testing water, wells	Clean water Quality of life Public safety Corporate regulation Not contaminated system Making CO's accountable	Safer, healthier environment not just for people Lower cost Less sickness No need to buy water Home testing kits for wells
On-site sewage	Overdone- every year No backed up toilets Protecting aquifer, rivers Overdone- every year No backed up toilets Protecting aquifer, rivers	Fish Inventory of septic system <b>Public health-</b> disease free community Protection of ecosystem
Environmental hazards	Air pollution Meth labs Fire department Hazmat Department of ecology	Protect aquifer <b>Public health</b> Sustainable environment Protection of public/private property Stop field burning

FIRST RURAL

<b>Service</b>	<b>Words</b>	<b>Value</b>
Restaurant – Food safety	what are the standards and are they high enough; meat; impossible to do well if there is too much time in between; worthless if not done right	worth doing right to protect public; high value
Testing water, wells	necessary, essential, matter of life and death, absolutely necessary	Impacts quality of life for while community; protects from disease
On-site sewage	cows, too? talking about houses or whole systems; septic tanks. V. important –if not done will contaminate water supply; makes toxic waste that impacts fish and wildlife, too	matter of life and death; if regulated must also be reasonable cost
Environmental hazards	logging impacts on air quality and water drainage; smog; radioactivity dumped into rivers; dikes protect from flooding; field burning	“It’s a mixed picture on hazard control vs. the economy.” Good, all things being equal; “Current regulations give us a good balance.”

SECOND RURAL

<b>Service</b>	<b>Words</b>	<b>Value</b>
Restaurant – Food safety	food inspectors at restaurants; handling food right, at the right temperatures; public safety; gives owners peace of mind; should be done more often	<b>Public health</b> and public safety; decrease illness; decrease taxpayer expenses; less pressure on <b>public health</b> ; eliminate food poisoning.
Testing water, wells	our own well water tested for safe drinking; chlorine in the water; filtration and testing when it rains a lot; buying bottled water when you shouldn’t have to, or when not sure—this adds expense to the citizen	Saves money (don’t want to have to buy bottled water); find out who is contaminating, if necessary; peace of mind
On-site sewage	DK – have no knowledge of that; DK, but it’s a necessity; have a septic system and need to test that there is no contamination of our wells	helps keep us from getting sick; helps keep well water pure
Environmental hazards	monitoring air quality, air pollution; water systems—need to have high standards for water’ fire protection; trash thrown all over	<b>Public health</b> , protecting the community; clean air is important for people with allergies or asthma. (These values are “redundant.”)

Set\_#3-Things that might happen in your community: **How describe? What is the value?**

URBAN--SEATTLE

<b>Service</b>	<b>Words</b>	<b>Value</b>
Licensing	background checks, recent medical treatment; inspections, keeps facilities clean and safe	keeps one free from disease and injury
Access	universal access, no one denied health care; assures sufficient supply of health care, including enough medications, enough doctors	makes sure that people get what they need
Community partnerships	organization partnerships that come into one program; block watch-type programs; trash clean-up, blood drives; volunteering; faith-based, service projects	encourages community to come together; safety as people get to know one another; ability to reach more people; cost sharing
Birth/death certificates	vital records, population, census, prevent fraud/ID theft	need certification for passports, etc.; more of a clerical function, “not that important”; helps distribute services (if you know where population is changing)
Parent support	PTA, education; parenting skills, child care, help with discipline, after-school programs, recreation programs	v. important, especially for at-risk parents; breaks the cycle of abuse or neglect or drugs
Family planning	Planned Parenthood; reduction of teen pregnancy; prenatal care; STD reduction, unwanted pregnancies; adoption; population control; providing options, pro-choice	Adds to quality of life and better environment; helps one think about right time to have a family; decreases unwanted pregnancies which can lead to child abuse.

URBAN--SPOKANE

<b>Service</b>	<b>Words</b>	<b>Value</b>
Licensing	Standards, protecting their own, Creates trust Protecting public against quacks, fraud	Trust, assurance of care Have to be accountable
Access	Everyone to be treated, Non-discrimination Cost shifting to others than require care Various programs, Basic Health, DSHS, WIC Government needs to provide competitive market health care	Decrease in chronic disease Healthier community Cultural/ethnic satisfaction What is needed, crisis versus chronic
Community partnerships	CHAS Clinic, Employers, Churches, Walk-a- thons, Utilization of existing resources and assets, Shriners	Better awareness, Local involvement, Better community, Working together
Birth/death certificates	Necessary, department of vital statistics Record keeping	Use as ID, prevents fraud, Can track cause of death or how communities grow, Allocation of resources
Parent support	School system, Involvement with child, Home schooling, WIC, Head Start, Vanessa Behan Violence/child abuse prevention	Healthier children, mentally, physically, psychologically, Better future community,

		Social investment, less crime
Family planning	Healthy moms/babies, Birth control, Planned Parenthood, Control population	Better quality of life, Prevent unwanted children, Less families on Welfare, Less child abuse, Healthier children

FIRST RURAL

Service	Words	Value
Licensing	see that they are proficient in care, accreditation, outside inspection, totally necessary, oversee training and make sure they pass on experience	Peace of mind, high priority—maintains better health for all the public, fewer lawsuits
Access	competition, important, availability, let people know through advertisement	keep people out of the ER, keep costs down
Community partnerships	food banks, community clinic (gov't + faith-based); habitat for humanity; get involved in community; community drives NOTE: NO REFERENCE TO HEALTH	gives people more buy-in and ownership and pride; cuts down taxpayer burden to have help from other than gov't
Birth/death certificates	costly if you need to replace or get many originals; accountability; record keeping	Tracking system, ID program
Parent support	get help in raising children; gov't shouldn't have to step in; educating parents to be good parents	high benefits—break the cycle of ill treatment or poor training; is good for parents who want it, but don't force it/educating today's parents so tomorrow's parents do it better
Family planning	education, not a guideline (should add "education services"); it's a code word for 'abortion' especially if gov't is funding	Important if counseling for choice; helps people make choices.

SECOND RURAL

Service	Words	Value
Licensing	frequent one-on-one contact; department would follow through on contact; quality care; setting standards to live up to; background checks; protection for public; "What are the licensing standards? What does that mean to me?"	High standards; know what standards of care to expect; patient safety
Access	Provide health care to those who can't afford; can get into ER, whether or not you have insurance; health care for all; how would this be paid if it was a program? (concern about cost); who provides?	Healthier people; keep costs down—don't have to go to the doctor so often; relieve stress; keep disease from spreading; quality and fast service
Community partnerships	Red Cross helps after fires; churches, <b>health departments</b> and service clubs; put responsibility for caring for community in our own hands (as in	rewarding—makes one feel good; cost savings; avoid duplication of efforts; get to know your community—meet people

	donating blood to Red Cross); build parks for kids	
Birth/death certificates	history and genealogy; important for getting social security; helpful in catastrophic times—helps account for people	able to account for people; analyze details in the records—learn about health trends; show you exist and prove for other records; able to track family; government census information
Parent support	reduce unwanted pregnancies; birth control; give children early knowledge; obtain knowledge	reduce unwanted pregnancies; accountability; less taxes for everyone—less social burden; promotes general welfare and better family life.

Set\_#4-Things that might happen in your community: **How describe? What is the value?**

SEATTLE

Service	Words	Value
Studying causes of illness	research, health data, preventative; vital stats from death certificates; autopsies; <b>public health</b> reports; volunteers for clinical studies, lawsuits, such as tobacco, academic studies	helps medical system know how to treat people; provides effective <b>public health</b> planning; aware of genetic factors in diseases
Community health assessment	stats, screenings at schools; health screening by physicians, home health, less disease, related to testing; pollution, hazards	determine what needs are so you can get treatment
Improving health status	“all of the above”; “making it safer for all of us”; providing parks and recreation for healthy lifestyle; safety, safe streets; mandatory health testing (but might be like Big Brother); suggests wider area—whole city; law enforcement on driving, anger management; mandatory testing	life experience, quality of life; helps tourism, makes people happier

URBAN--SPOKANE

Service	Words	Value
Studying causes of illness	Prevention, Protection of public health, Research , Genetics, DNA, CDC, Experiments, UW, Immunizations, Autopsies	Disease prevention/longer life Identify health/ disease trends Precautions can be taken MS high, find cause Reduce health care costs
Community health assessment	Testing , Physicals, Statistics Learning what is needed for your area	Allocation of resources Provide proper care for community, Enough services
Improving health status	Immunizations, Education, Prevention, Mental health program, Quality hospitals, Lower cost health care	Healthier community More production Attracting new business Better quality of life

FIRST RURAL

<b>Service</b>	<b>Words</b>	<b>Value</b>
Studying causes of illness	research, awareness, “This is worthless stuff—it doesn’t really change anything.” should be an education choice	informational, helps in disease control
Community health assessment	blood pressure and cholesterol; <b>public health</b> screenings, great service for community to help themselves, mental health screenings	cost effectiveness
Improving health status	no community is in perfect health, so each community can stand some improvement; make it say “correcting/growing” health	all of the above

SECOND RURAL

<b>Service</b>	<b>Words</b>	<b>Value</b>
Studying causes of illness	observation, followed up with data; research; “surveillance” means “keeping close watch” TB testing, going to doctor for annual check-ups	knowledge and education; prevent outbreaks
Community health assessment	health screening—high blood pressure, cholesterol; reduce risks of serious problems, like heart attack; breast cancer awareness weeks	Early prevention of problems—detection and treatment; more people might get tested if they don’t have to go to the doctor; reduce cost if early detection.
Improving health status	prevention; helps community by keeping streets clean, garbage picked up; being aware; we have low income, elderly, so we offer health care services for them.	Reducing illness, Keep community happier and closer together

Top three things that happen in your community that are **most meaningful and most impressive**

Most meaningful and most impressive things that happen in your community	Urban— Seattle (8)	Urban— Spokane (13)	First Rural (8)	Second Rural* (8)	Totals (37)
Providing immunizations	1	4	1	2	8
Communicable disease testing and treatment	2	1	<b>5</b>		8
Testing and treatment of sexually transmitted diseases	2	1			3
Educating the public on how to stay healthy and prevent chronic disease and injury	<b>5</b>	4	2	<b>3</b>	<b>14</b>
Inspecting restaurants and assuring food safety	1	1	3	1	6
Inspection of drinking water supply or wells	1	<b>6</b>	2	2	11
Testing and monitoring on-site sewage systems		1			1
Protecting the community from hazards in the environment	<b>4</b>	<b>5</b>	<b>5</b>		<b>14</b>
Licensing healthy care providers and hospitals	1	<b>5</b>	2	<b>5</b>	<b>13</b>
Assuring access to needed health care	2	4	2	2	10
Doing work through community partnerships			1	2	3
Providing birth and death certificates					
Parent support for child development	2	2		<b>3</b>	7
Providing family planning services	1	1	1	2	5
Epidemiologist and disease surveillance, or studies that reveal the causes of illness and death	2	4			6
Conducting community health assessments					
Improving the health status of the community				1	1

\* The 3<sup>rd</sup> choice of one respondent was unintelligible.

## **Why these three choices?**

### URBAN--SEATTLE

- Education can cover everything else
- Community hazards covers the basic things of life—air, water, food
- Access to health care is basic for many of the other health concerns
- Things that impact children are most important—they are our future
- Communicable disease control is good for the long-term
- Education and awareness for general health
- Prevention and monitoring
- Public information and recognition of problems

### URBAN--SPOKANE

- Protection, keeping community well
- Safety and support for people
- Prevention, prevention and action, prevention and protection
- Protection of the environment
- Applies to whole human race, these are basics for quality of life
- Important to protect children and seniors
- These are things people can't do for themselves

### FIRST RURAL

- Preventive and protection, safety of public, protects the public
- Starts at the base and corrects things for long-term
- Affects the largest percentage of the community
- Seem the most important
- Food and water are our basic needs
- Protection and working together to achieve all the others

### SECOND RURAL

- These are the most important to the community
- Helps children grow up
- Public awareness and reducing costs
- Important for communities, be sure that what we need is there for us
- Peace of mind and education
- Improving life styles and reducing cost
- Community, brings community together.
- Good safe health care

What comes to mind when you think of **public health**?

URBAN—SEATTLE

- Education
- Disease, death, injury
- Statistics
- Needed as a baseline
- Access for low-income
- Lower quality health care
- Public's Health—on a continuum, it's not static; ownership; responsibility

URBAN—SPOKANE

- Bureaucracy, red tape, not efficient
- Welfare
- Less choice, i.e., providers
- Not enough money
- Community health: a focal point for the region; hard for the middle class to get good healthcare; overall community health may be deteriorating

FIRST RURAL

- Disease control
- Immunization
- Public safety
- Community prevention
- Basic well-being
- Not just my communities, but those around me
- General population—not just one sector; taking care of each other

SECOND RURAL

- Cost, what is it going to cost me? Who's going to pay?
- Could also mean controlling costs, keeping costs down.
- The service they provide
- Outreach
- Things that are there for me
- Programs, such as WIC
- Insurance we have to buy for medical coverage
- Controlling insurance costs
- Community Health? People in my community and how they feel  
Also, safety. If community is healthy, it's safer to live there

## Statements

### URBAN--SEATTLE

Statement	Like	Dislike
1.WA residents expect gov't to respond and protect health and safety	The only positive is that gov't "helps prevent problems"	"expects" is key word; a turn-off; no personal responsibility—puts it all on the gov't not the individual. Make "expect" into "gov't will respond"
2.PH agencies benefit you regardless	very positive—sounds like the UW statement "you benefit whether you go there or not" We <i>can</i> take it for granted—it's there. It's nice that people who do need it have it available.	<b>Public Health</b> has low-quality connotation. Use "community health"
3.Local PH agencies have overall system statewide	Rings true—things have to be interconnected because people move around. Need to have standards and coordinated testing.	"Dept of Redundancy Dept" too bureaucratic. "Agency" sounds big and full of too many people.
4. Half deaths preventable; dying we can control	Strong agreement: Puts responsibility on individual; it's a positive statement, not negative	Half preventable is too strong; it focuses on death, not illness. It's saddening—what are we doing about it?
5.Protecting and improving health in WA	Sounds like a slogan—for <b>public health</b> ? Some of the <i>issues are</i> protection, i.e., DOT's jersey barriers on freeways.	Don't like "protecting"—sounds too passive, not enough individual responsibility
6.Making it easier to live, stay healthy	Saw it on a bus? Short and positive	Kind of general—looks like a statement that should have a logo or corporate sign. "It" what is "it" that is easier?
7.Improving health status	Nothing—like idea behind it but not the statement Bullet #4 on Board 1 is same idea, better stated.	too cumbersome, got lost, too wordy, "injury, disease" bad words

### RURAL

Statement	Like	Dislike
1.WA residents expect gov't to respond and protect health and safety	It's true. "I want gov't to take care of things I can't take care of—don't want them to come to my home, but gov't should promote general welfare. Add "not otherwise addressed"	Don't over-regulate us—make "safety" into "well-being" Question to what extent? Don't want gov't telling me what's safe.
2.PH agencies benefit you regardless	V true statement Change "even" to "regardless" Idea is great—is it reality? Add "efficient" to front.	As long as we know where the money goes—we want it to go to health, not admin. "Agency" sounds bureaucratic—change to "services"

3. Local PH agencies have overall system statewide		Political, not health, statement. Disagree—want local control. Don't want big state agency. Real political. King Co. wins big time, but no one else does. Sounds like a dictatorship. Seattle doesn't have to go outside the area—we do. Don't believe that all agencies do work together.
4. Half deaths preventable; dying we can control	.	Tell the state to quit selling liquor. death is not preventable. Add “premature” death. Questions the stats here. Some are dying—not all. this isn't positive, because people can control behavior. Sounds horrible.
5. Protecting and improving health in WA	Ask as a question...”how can we...” more proactive. Would like politicians to make this statement happen. Add—“is a priority of every citizen”	“”Protect” not good—I can do it myself.
6. Making it easier to live, stay healthy	Add...”...is a noble goal.” or “It's the responsibility of each individual to....” I want the state to do the general water and overall services—health preventative things,	I don't want them to say I can't make choices
7. Improving health status	Nothing	Don't like “protection”—sounds like insurance or mafia—or hazardous industry, which makes it sounds like you're taking care of some people, but not all need it. Can't protect on all diseases.

SECOND RURAL

Statement	Like	Dislike
1. WA residents expect gov't to respond and protect health and safety	Quite true, within reason and abilities of state, but not limitless; good statement as long as not too expensive; gov't should keep us __??. we need gov't support for things that are for greater public good; expect gov't to step in on large scale problems	“expect” – no individual accountability; “expect” is poor term, we should not assume gov't will take care of it; have to watch carefully—gov't can't afford to do everything' we must make ourselves accountable
2. PH agencies benefit you regardless	Believe it—it does benefit me; their work reduces my risks; very true—especially with inspections and behind scenes activities do protect us; peace of mind; “you” goes direct to me—maybe “citizen” would be better to imply whole community; “you” provides the buy-in; it gives me safety and security	Nothing

3. Local PH agencies have overall system statewide	offers checks and balances—be sure all local levels are working to standards; provides coordination; someone making sure there is accountability; protection against outbreaks; local people more in touch with individuals, more in touch with needs than are big agencies; “local is “closer to the scene”	“overall system”—where does that stop? Enormous costs—why don’t we trust the little guy? Local gov’t is where it should stop; local agencies are more aware of local issues. Is the “overall” a different agency? It sounds like the local and the overall work together, but are not the same entities.
4. Half deaths preventable; dying we can control	Applies to drinking and driving and things like that makes people be accountable	Half preventable –don’t know if that stat is correct; we need facts; lots of ways to die and not all are preventable; can’t control dying—not everything is preventable; nebulous statement—how do we know?
5. Protecting and improving health in WA	Like the words—“watching over me” ; it’s positive	DK who’s doing the protecting; who is, what and why? Not enough information to complete the sentence.
6. Making it easier to live, stay healthy	Should say “ <b>Public Health</b> is....” then it makes sense and is true	Life is not always easy; it’s not a full statement; it needs something inserted at the beginning, like “We as individuals....” then it would be positive; adding “Gov’t” at the beginning would be negative because it’s not their job
7. Improving health status	OK for mission statement; has almost everything we want to see	It needs to have ‘education’ added in there

SPOKANE

<b>Statement</b>	<b>Like</b>	<b>Dislike</b>
1. WA residents expect gov’t to respond and protect health and safety	Several expect someone to be responsible for their health and safety and issues that are large (e.g., Hanford)	They don’t expect gov’t to do this, lack of credibility. Gov’t can’t effectively prevent problems that individuals cause, so it is not a good statement.
2. PH agencies benefit you regardless	Even though one never go to a health agency or has contact with them, if they have cured someone of something, they have affected all; cures, immunizations, and testing water	“If I don’t need it, then it’s a burden on me to conform to their standards.”

3. Local PH agencies have overall system statewide	Good part of that would be consistency	Duplication of services, and where the tax money is going; overlaying bureaucracy over the local people who probably know better what's needed
4. Half deaths preventable; dying we can control	We can control our behaviors, our responsibility	Not that credible: we are all going to die, what is preventable, need statistics
5. Protecting and improving health in WA	Nice goal, state could intervene in an environmental hazard	Incomplete sentence, sounds like a slogan, too vague
6. Making it easier to live, stay healthy	Sounds like education for personal choices; it's physical/mental, it's an all around thing	It's repetitive, what is difference between live and stay
7. Improving health status	For disease, it's fine, great, do what you can to prevent it, limit it, treat it	Convoluting sentence; the injury sounds like restriction of personal freedom

## Final Statements

### SEATTLE

Creative exercise: Health and safety- in your best interest  
Prevention and awareness is the key to general health and safety  
Everyone benefits from good **public health** /community health  
Do you know this is there for you?  
Got health?

Final comments:

- Being educated is the biggest contributor to **public health**.
- Concentrate on what you do well—education to the public
- Communication to all segments of society—use prevention and advertise your services
- Go to people—direct marketing—tell about services don't wait for people to come to you
- Simple message to reach everyone—like #4 on Board 1, tell people to be proactive and do what you can for yourself
- Be short, simple, straightforward. prevention message
- Your health IS the public health. Connect ME to the larger whole. If I do good things, it's good for the public
- Education and prevention make for a longer happier life—be positive

### FIRST RURAL

- **Public health** should be there but not overbearing in their cost or presence
- Public needs a watchdog organization like **public health** department to control and prevent disease (and add local control)
- Same as one above, add “voluntary”
- Same as one above, add “without being a penalty or burden
- **Public health** should be based on community need, based on community differences. (add local control)

- Level of health is as good as we can expect. Be aware of broad generalities.
- Keep good control on all facets of life—all ages, kids, elderly, etc.
- Same as all those above, and add “security net” so we don’t miss the most vulnerable among us.

## SECOND RURAL

- Community awareness—**Health department** does so much, it would open our eyes (Tonasket)
- People are grateful to **Health department**, but we have to remember checks and balances (E Wenatchee)
- Community support should be in conjunction with **public health**—education and make us aware of how to help each other and ourselves (Klickitat)
- Same as above, want public education (Centralia)
- **Public health** is important to my life and being and understanding (Sultan)
- Overall **public health** program promotes accountability; education through community participation (Vancouver)
- Cost, prevention, awareness, support (Oak Harbor)
- **Public health** is contingent on cost of health care (Aberdeen)

## SPOKANE

- Public health helps those who can’t help themselves; provides services to the low-income, needy
- Help maintain safe standards
- Prevention and treatment
- Expect government in general, and **public health** in particular, to do the things that people can’t do for themselves
- Be a resource, not a restriction
- Remain independent from politics
- Be answerable to the community

## KEY INFORMANT RESPONSES

What first comes to mind with “**serving the health of the people of Washington?**”

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<ul style="list-style-type: none"> <li>• Environment: water, sanitation, regulations</li> <li>• Food safety</li> <li>• Hospitals, doctors</li> <li>• WA is well-served</li> <li>• <i>Dept of Health</i></li> </ul>	<ul style="list-style-type: none"> <li>• Hospitals, doctors, clinics, health care, coverage</li> <li>• Immunizations, disease control</li> <li>• Environmental health</li> <li>• Large/complex needs</li> <li>• Education</li> <li>• Affordability</li> <li>• <i>Local health departments</i></li> </ul>	<ul style="list-style-type: none"> <li>• Environment, water</li> <li>• Health oversight, health care access, wellness</li> <li>• Immigrant health screening</li> <li>• Money</li> <li>• Children</li> <li>• <i>State Board of Health</i></li> <li>• <i>Local health departments</i></li> </ul>

What government **programs/services** come to mind with “**serving the health of the people of Washington?**”

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<ul style="list-style-type: none"> <li>• <i>Local health dept (5)</i></li> <li>• <i>Department of Health (2)</i></li> <li>• DOE/EPA (4)</li> <li>• Water quality agencies (4)</li> <li>• WSDA/USDA (2)</li> <li>• WIC</li> <li>• Low income health access programs</li> <li>• Food stamps</li> <li>• School nutrition programs</li> <li>• DSHS</li> <li>• Board of Pharmacy</li> <li>• Insurance companies</li> <li>• Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Local health dept (5)</i></li> <li>• <i>Department of Health (5)</i></li> <li>• <i>Public health clinics</i></li> <li>• Immunization programs (3)</li> <li>• DSHS (3)</li> <li>• Environment agencies (2)</li> <li>• Education/outreach</li> <li>• Low income health care</li> <li>• School nurse support</li> <li>• Children/Family Commission</li> <li>• State Attorney General</li> <li>• WIC</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public health/health dept (3)</i></li> <li>• <i>Department of Health (3)</i></li> <li>• <i>State Board of Health</i></li> <li>• <i>Public health nurses</i></li> <li>• Environment agencies (2)</li> <li>• Hospitals</li> <li>• Medicare</li> <li>• Medicaid</li> <li>• DSHS</li> <li>• Health care access</li> <li>• Immunizations</li> <li>• Cost</li> </ul>

What comes to mind when you think of “public health” in Washington?

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<ul style="list-style-type: none"> <li>• Public water, wells</li> <li>• Restaurants, food safety</li> <li>• Epidemiologist, communicable disease</li> <li>• Prevention</li> <li>• Health education</li> <li>• Hazardous waste mgmt</li> <li>• Public health nurses</li> <li>• Air pollution</li> <li>• Watching out for the public</li> <li>• Sound science/strong system</li> <li>• <i>Department of Health</i></li> </ul>	<ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Epidemiologist, communicable disease, outbreaks</li> <li>• Environment: air, water, waste</li> <li>• Food safety</li> <li>• Lack of health coverage</li> <li>• Child obesity</li> <li>• Dental care</li> <li>• Regulations</li> <li>• Low income services</li> <li>• Health statistics</li> <li>• Hospital inspections</li> <li>• Nursing homes</li> <li>• Not spending enough on maternal/child issues</li> </ul>	<ul style="list-style-type: none"> <li>• Efficient/good work on limited budget</li> <li>• Immunizations</li> <li>• Prevention of communicable disease</li> <li>• Serving those in need</li> <li>• Water, septic/sanitation</li> <li>• Food safety</li> <li>• AIDS response</li> <li>• Assessment/evaluation</li> <li>• Compassion</li> <li>• Inclusive</li> <li>• High Standards</li> <li>• <i>Department of Health</i></li> </ul>

What **organizations** come to mind when thinking of “public health?”

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<ul style="list-style-type: none"> <li>• <i>Local health dept (6)</i></li> <li>• <i>Department of Health (6)</i></li> <li>• FDA (2)</li> <li>• EPA (2)</li> <li>• Professional Assoc (2)</li> <li>• USAD/WSDA (2)</li> <li>• CDC</li> <li>• University Extension</li> <li>• DOE</li> <li>• Family practice doctors</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Local health dept (9)</i></li> <li>• <i>Department of Health (5)</i></li> <li>• <i>WA State Board of Health</i></li> <li>• <i>WSALPHO</i></li> <li>• United Way</li> <li>• EMS</li> <li>• USDA</li> <li>• FEA</li> <li>• EPA</li> <li>• DSHS</li> <li>• Health centers</li> <li>• Hospitals</li> <li>• Child/Family Services</li> <li>• Community resources</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Local health dept (9)</i></li> <li>• <i>Department of Health (3)</i></li> <li>• <i>WA State Board of Health (2)</i></li> <li>• <i>WASALPHO</i></li> <li>• Hospitals (3)</li> <li>• Community/family clinics (3)</li> <li>• DSHS</li> <li>• Medic One</li> <li>• UW</li> <li>• Dental clinic</li> <li>• CDC</li> <li>• Immunization services</li> <li>• DOE</li> <li>• WIC</li> <li>• Septic oversight agencies</li> <li>• Private doctors</li> </ul>

What other organizations **compete** with **public health**? (Asked only of elected officials)

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
Not asked	Not asked	<ul style="list-style-type: none"> <li>• Social services, DSHS, public assistance, Medicaid (5)</li> <li>• Criminal justice (3)</li> <li>• Education/ K-12 (3)</li> <li>• Mental health (2)</li> <li>• Transportation, roads (2)</li> <li>• Medicare</li> <li>• Drug/alcohol treatment</li> <li>• Local clinics</li> <li>• Many community programs</li> <li>• General government</li> </ul>

What makes **public health** unique?

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<ul style="list-style-type: none"> <li>• Don't know (3)</li> <li>• Not different; all are public interest watchdogs (2)</li> <li>• Fundamental role of government, not an option, it's "public" (3)</li> <li>• Helps people at all levels</li> <li>• Close to home, knows local issues</li> <li>• Can see the big picture, statewide</li> <li>• Regulator</li> </ul>	<ul style="list-style-type: none"> <li>• Disease control across population, not by individual (3)</li> <li>• Broad base of issues, not just one sector (2)</li> <li>• Applies to all people (2)</li> <li>• Provides rich data for local health decisions (2)</li> <li>• Community-based (2)</li> <li>• Goes direct to people</li> <li>• Responsible for core issues-water, air, food, sanitation</li> <li>• Focus on prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Takes care of basic needs, air, water, food environment (4)</li> <li>• Geared to emergencies, quick disease response (3)</li> <li>• Sees entire health picture (2)</li> <li>• Focused on outcomes</li> <li>• Assesses gaps in health care</li> <li>• Dedicated to public, not profit</li> <li>• Provides <u>and</u> regulates</li> <li>• Reaches low income</li> <li>• No fees for use</li> </ul>

How are **services valued**?

High=Great value or benefit

Mid=some value or benefit

No=No value or benefit

Service		10 Businesses			10 Partners			10 Elected Officials		
Perceived Value:	Total High Value	High	Mid	No	High	Mid	No	High	Mid	No
Providing immunizations	<b>23</b>	6	4		10			7	3	
Communicable disease testing and treatment	<b>22</b>	7	2	1	8	2		7	3	
Testing and treatment of sexually transmitted diseases	19	5	4	1	6	4		8	2	
Educating the public on how to stay healthy and prevent chronic disease and injury	13	4	5		5	5		4	5	1
Inspecting restaurants and assuring food safety	<b>25</b>	7	3		8	2		10		
Inspection of drinking water supply or wells	<b>25</b>	9	1		8	2		8	2	
Testing and monitoring on-site sewage systems	16	6	3	1	5	4	1	5	5	
Protecting the community from hazards in the environment	16	7	3		5	4	1	4	6	
Licensing health care providers and hospitals	14	5	3	2	5	4	1	4	4	2
Assuring access to needed health care	15	5	4	1	4	4	2	6	4	
Doing work through community partnerships	18	4	6		8	2		6	4	
Providing birth and death certificates	10	3	3	4	1	8	1	6	3	1
Parent support for child development *	7	3	5	2	1	7	2	3	6	
Providing family planning services	6	2	5	3	1	8	1	3	6	1
Epidemiologist and disease surveillance, or studies that reveal the causes of illness and death	<b>23</b>	8	2		8	2		7	1	2
Conducting community health assessments	19	6	3	1	8	2		5	5	
Improving the health status of the community	17	5	3	2	7	3		5	4	1

\* One elected official said, "don't know."

Why are some services of **great value or no value?**

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<p><b>If Great Value</b></p> <ul style="list-style-type: none"> <li>• Someone has to do it</li> <li>• Related to my business, regulates, protects me/my customers</li> <li>• Helps reduce medical costs, which helps economy overall; helps us as employers</li> <li>• Healthy community is good for business</li> <li>• Universal issue, relates to everyone</li> </ul> <p><b>If No Value</b></p> <ul style="list-style-type: none"> <li>• No relation to my business</li> </ul>	<p><b>If Great Value</b></p> <ul style="list-style-type: none"> <li>• Someone has to do it</li> <li>• Key to overall community health</li> <li>• We need public health data</li> <li>• Early intervention; cost/benefit</li> <li>• Regulatory important</li> <li>• Core mission of public health</li> <li>• Protects, minimizes risk</li> <li>• Watches for trends</li> </ul> <p><b>If No Value</b></p> <ul style="list-style-type: none"> <li>• Redundancy; many other programs provide</li> <li>• See no relation to public health</li> </ul>	<p><b>If Great Value</b></p> <ul style="list-style-type: none"> <li>• Someone has to do it</li> <li>• Regulatory important for public confidence</li> <li>• Long-term cost/benefit</li> <li>• Lack of bias; trust the data\</li> <li>• Helps prioritize funding</li> <li>• Important for local control</li> <li>• Provides protection</li> </ul> <p><b>If No Value</b></p> <ul style="list-style-type: none"> <li>• Redundancy; many other programs provide</li> <li>• Not as important as others</li> <li>• Unaware of public health role</li> <li>• Don't know what it means</li> </ul>

Reaction to statement: **“Washington residents expect government to respond to and help prevent problems that threaten people’s health and safety.”**

Businesses	Partners	Elected Officials
<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Believable</li> <li>• Stresses prevention</li> <li>• Covers everyone</li> <li>• This is the role of government</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• As long as people don’t do it for themselves</li> <li>• Gives government too much power</li> <li>• Sounds preachy</li> <li>• Too long</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• True</li> <li>• True, but people don’t believe</li> <li>• Good summary of role</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• “Expect” implies entitlement</li> <li>• Downplays person responsibility</li> <li>• Confusing</li> <li>• Too wordy</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Core government responsibility/recognizes value of government</li> <li>• People trust health dept</li> <li>• People value health and safety</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Too “Big Brother”</li> <li>• Expectations are not matched by taxpayer commitment</li> <li>• Needs more emphasis on “protect”</li> <li>• Too formal</li> </ul>

Reaction to statement: **“Public health agencies benefit you even if you never visit their offices or have any direct contact with a public health employee.”**

Businesses	Partners	Elected Officials
<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Believable/true</li> <li>• It’s a positive statement</li> <li>• Shows work on behalf of public</li> <li>• They are unique in their oversight</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Might not be believable</li> <li>• Needs statistics backup</li> <li>• Begs question: How?</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• True/ regulatory role overlooked, taken for granted</li> <li>• Prompt people to learn more by asking: How?</li> <li>• Add to the end: “Did you know that?”</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Too long; cut it after “offices.”</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Rings true</li> <li>• That’s the way it should be—they should be in the background</li> <li>• Shows “community monitoring” function</li> <li>• Recognizes linkages in the community</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Don’t think public believes this</li> <li>• Too long</li> <li>• Not pithy</li> </ul>

Reaction to statement: **“While local people run local public health agencies, it’s important to have an overall system of agencies that work together to provide statewide health protection.”**

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Partnership, both personal and local</li> <li>• Coordination is important</li> <li>• State is there to help if needed</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• As long as state doesn’t take over the local role</li> <li>• Just OK</li> <li>• Too wordy</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• True; local plus “big picture”</li> <li>• Shows collaborative effort</li> <li>• Like idea of “network”</li> <li>• Sounds accountable to taxpayer</li> <li>• Local problems can grow to impact entire state</li> <li>• Need to protect local control</li> <li>• Want to see this done at federal/state and across BC border, too</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Too much government, bureaucratic</li> <li>• Want more local, less state</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• True, having local be primary is good</li> <li>• Works if state gives leeway</li> <li>• Efficient, coordinated efforts</li> <li>• Says “we’re all in this together”</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Sounds bureaucratic, “Big Brother”</li> <li>• OK as long as local stays strong</li> <li>• Means nothing to me</li> </ul>

Reaction to statement: **“Over half of the deaths in Washington are preventable. We are dying from behaviors we can control.”**

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Emphasis is on personal responsibility</li> <li>• Interesting, catchy, makes one want to know more</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Is it true? Needs sources and statistics.</li> <li>• Some risk is inevitable</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Emphasis is on personal responsibility</li> <li>• We are the sum of our choices</li> <li>• True; actually may be higher than half</li> <li>• Makes me want to know more</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Not strong enough on personal responsibility</li> <li>• Death happens</li> <li>• Not accurate; needs to say “premature” deaths</li> <li>• Doesn’t say <u>who</u> can prevent</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Emphasis is on personal responsibility</li> <li>• Has sense of urgency</li> <li>• Strong, dramatic point</li> <li>• True; we need to educate people</li> <li>• It’s optimistic; we can change</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Is it true? Where are the statistics?</li> <li>• Has a threatening tone</li> <li>• Don’t “guilt-trip” me about my behaviors</li> <li>• Dislike the idea that we are “killing ourselves”</li> </ul>

Reaction to statement: **“The Department of Health works to protect and improve the health of people in Washington State.”**

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• A positive statement</li> <li>• This is the role of DOH</li> <li>• Sounds like a mission statement</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Bland</li> <li>• Needs to be quantified</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• True; this is what public health does</li> <li>• Like both the “work” and “protect” functions</li> <li>• Reassuring</li> <li>• Short and clear</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Not very exciting</li> <li>• Value of statement is lost if there is an outbreak</li> <li>• Do they really reach <u>all</u> people?</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• True, main role, DOH mission, good summary</li> <li>• Critical role</li> <li>• DOH provides an early warning system</li> <li>• State does good work</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Boring</li> <li>• How do they do that? I see more non-profits and NGOs doing this</li> <li>• Too long</li> </ul>

Reaction to statement: **“Making it easier to live healthy, stay healthy.”**

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Simple, direct</li> <li>• Sounds like a slogan</li> <li>• Has a “helper” feel</li> <li>• One can control one’s own destiny</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Sounds condescending</li> <li>• Sounds “canned”</li> <li>• Oversimplification</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Simple, direct, summary</li> <li>• Consistent with public health role</li> <li>• Sounds like a slogan</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Not clean</li> <li>• Minimizes personal responsibility</li> <li>• Shouldn’t be “easy”</li> <li>• Simplistic</li> <li>• Not unique for public health—anyone would be doing this</li> </ul>	<p><b>Like</b></p> <ul style="list-style-type: none"> <li>• Simple, has sticking power</li> <li>• Prevention-focused</li> <li>• Need to educate about how this happens</li> </ul> <p><b>Neutral or Dislike</b></p> <ul style="list-style-type: none"> <li>• Bland</li> <li>• Too much panacea</li> <li>• Bad grammar</li> <li>• Overstates</li> </ul>

Final advice for **communicating with you and your customers/community/constituents** regarding **health issues and staying healthy?**

<b>Businesses</b>	<b>Partners</b>	<b>Elected Officials</b>
<ul style="list-style-type: none"> <li>• Current local health dept communication with us is good</li> <li>• Local health dept employees good service people; should be more in public eye</li> <li>• Field people should be more consistent in applying regulations</li> <li>• Wide range of community services are needed</li> <li>• Want non-profit and private industry to help public health</li> <li>• Print information is dull and colorless</li> <li>• E-mail notifications work well</li> </ul>	<ul style="list-style-type: none"> <li>• Most of the public knows nothing about public health; need more targeted public outreach</li> <li>• Less regulatory and mandating, more collaborative</li> <li>• Don't give up, keep putting information out there; stir things up</li> <li>• Focus on core objectives</li> <li>• Be aware the people don't trust government</li> <li>• Get to young people</li> <li>• Use variety of channels:               <ul style="list-style-type: none"> <li>-Speakers bureau</li> <li>-Classes</li> <li>-Health information hotline</li> <li>-News alerts on website</li> <li>-Electronic newsletters</li> <li>-Community roundtables</li> <li>-Community resource handbook</li> <li>-Lots of color, graphs, soft photos in printed material</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Be sure that local boards get funding needed</li> <li>• Let local decisions stay local</li> <li>• Need fresh, direct, uncluttered, to-the-point approaches; simple, bulleted; find something other than 'service delivery' to hang your hat on</li> <li>• Work hard to reach young people on issues such as tobacco</li> <li>• Include those outside government in communications</li> <li>• Retain strong local/state relationship and open communication</li> </ul>

**PUBLIC HEALTH IDENTITY  
DISCUSSION GUIDE FOR FOCUS GROUPS  
FEBRUARY 6, 7, 12, & 13, 2001**

**I. Introduction (10-15 Minutes)**

(Moderator introduces self and then explains:)

The purpose of this discussion is to get a better understanding of how you feel about health in your community.

**Ground Rules/Disclosures:**

Some viewers/listeners  
Taping, audio and video  
Use first names only for anonymity  
Can only hear one at a time, speak up at same level as I am  
No right or wrong answers, want your candid opinions and suggestions  
We don't identify individuals when we quote ideas, but present the information in aggregate form.

**Respondent Introductions:**

First name?  
Where do you live (what area of city/what town)?  
Your occupation (work, school, work inside the home)

**II. Background/Unaided Impressions (45 Minutes)**

- A. (Top of Mind) What comes to mind when you think of health and government programs here in Washington?
- B. What kind of services/help do you think of when you think of health and government programs here in Washington?
- C. What **kinds of organizations** do you think provide these services?  
(Note: This will give us a sense of positioning along with the other "players" within their communities)
- D. What kind of people do you think use these services?  
(Note: This will give us an understanding of stereotypes)

*Moderator: write down the services they mention on a flip chart inside a circle.*

*Then direct their attention to this list of services, which DOH will prepare on display boards.*

Here are a number of things (services?) that might happen in your community. How do you and other people **describe** these things in your own words? Just give me **2 or 3 words that express what this means.**

What would you consider to be the **value and benefit** to you and your community of these services?

- Providing immunizations
- Communicable disease testing and treatment
- Testing and treatment of sexually transmitted diseases
- Educating the public on how to stay healthy and prevent **chronic** disease and injury
  
- Inspecting restaurants and assuring food safety
- Inspection of drinking water supply or wells
- Testing and monitoring on-site sewage systems
- Protecting the community from hazards in the environment
  
- Licensing health care providers and hospitals
- Assuring access to needed health care
- Doing work through community partnerships
- Providing birth and death certificates
- Parent support for child development
- Providing family planning services
  
- **Epidemiology and disease surveillance**, or studies that reveal the causes of illness and death
- Conducting community health assessments
- Improving the health status of the community

(HAVE RESPONDENTS WRITE DOWN FIRST:) Now I want you to choose the three most **meaningful** and most **impressive** of all these services. (*Ask for a show of hands and take a tally for each item. Identify the top three*)

How would you characterize these services in a few words or a phrase. (Just the ones mentioned in top three)

The conclusion of this activity is to test the words or phrases they came up with to characterize their top three choices. If they don't mention "public health" or "community health," then mention them and ask what they think of when they think of Public Health specifically.

What things come to mind when you think of public health?

Do you think of the public's health?

### **III. Statements (45 Minutes)**

B. Now listen to these statements and tell me what you like and/or dislike about each... PROBE ON EACH FOR... why/why not?

- Washington residents expect government to respond to and help prevent problems that threaten people's health and safety.
  
- Public health agencies benefit you even if you never visit their offices or have any direct contact with a public health employee.

- While local people run local public health agencies, it's important to have an overall system of agencies that work together to provide statewide health protection.
- Over half the deaths in Washington State are preventable. We are dying from behaviors we can control.
- Protecting and improving the health of people in Washington State.
- Making it easier to live healthy, stay healthy.
- Improving health status through the promotion of health and the prevention of and protection from injury and disease.

#### **IV. Creative Exercise (10 Minutes)**

##### **Exercise: putting things into their own words**

Now, I'd like you to put on your creative hats and pretend that you are a marketing or communications director and make a statement that conveys these ideas.

Moderator: Writing on a flip chart and following their advice, ask the group to put together some new statements based on what they like. Then refer back to the three services (in their own words) that they mentioned were most valuable to them.

*Let participants help write what they like about the above statements, and what they found to be most valuable about the services.*

*Get consensus, summarize and ask for additional comments.*

Having had this discussion, do you have any ideas about how to capture everything we've talked about tonight that would include public health (in a few keywords or phrase)?

#### **VI Wrap-up (5 Minutes)**

What final advice would you like to give us so we can do a better job of communicating with you about health issues and staying healthy?

**THANK YOU!**