Prevention Framework Elements

VISION

The people of Washington embrace and sustain a culture of health

GOAL

The people of Washington will be healthier at every stage of life

PRINCIPLES

Alignment, Balance, Collective Action, Health, Health Equity, Participation, Quality

PRIORITY

Prevention and management of chronic disease and behavioral health issues, while addressing root causes

INITIAL FOCUS AREAS

- *Initial Focus Area:* Cardiovascular Disease and Diabetes
- *Initial Focus Area:* Healthy eating, active living, tobacco free living and obesity prevention
- *Initial Focus Area:* Mental illness, substance abuse/use (opioids)
- *Initial Focus Area:* Trauma informed practices (e.g., Adverse Childhood Experiences or ACES)

OBJECTIVES

Please note there is still work to be done on the measurement of these objectives

Objective One: By December 31st, 2018, WA State will increase the proportion of the population who receive evidence based clinical and community preventive services that lead to a reduction in preventable health conditions.

As measured by:

Objective Two: By December 31st 2018, WA State will increase the proportion of the population with better physical and behavioral health outcomes by engaging individuals, families, and communities in a responsive system that supports social and health needs.

As measured by:

Objective Three: By December 31st 2018, WA State will increase the number of communities with improved social and physical environments that encourage healthy behaviors, promote health and health equity.

As measured by:

Objective Four: By December 31st 2018, WA State will increase the number of integrated efforts between public health, the health care delivery system and systems that influence social determinants of health to lower costs, improve health, improve the experience of care and contribute to the evidence base.

As measured by:

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STRATEGIES

1. Engage and influence health and other systems to improve health, quality, reduce cost and improve experiences for both people and providers
2. Align funding and resources to incentivize prevention and health improvement
3. Foster and engage people, communities and systems in health promotion activities that enable them to exercise control over their health and environments

KEY ACTIONS (INTEVENTIONS)

This is a high level summary of the themes that came forward from the May 29th meeting.
There may be items that do not show up here but are included in the building blocks.
There will be further refinement of this work during and after the writing of the grant.

- State, tribal, regional and local entities integrate health criteria into decision making, where appropriate, across multiple sectors
- Develop and implement locally tailored multidisciplinary Community Health Teams in order to bridge the clinical care system with community supports, social services, and public health. Teams may include Community Health Workers, Community Health Representatives, public health nurses, nutritionists, peer support specialists, social workers and other disciplines per local design and needs.
- Develop and implement Health Literacy campaign/efforts (initial focus on essential health benefits and access to clinical preventive services)
- Identify, design and create flexible payment methodologies that can be used across systems
- Identify, design and implement mechanisms for shared savings that can be shared across systems
- Adopt and promote tools for clinical systems to assess non-medical risk factors and provide mechanisms for referral and linkage to support services (such as housing, employment, literacy, and other services that address social needs which impact health outcomes and costs).
- Implement and support Learning Collaboratives that include public health, health care delivery system, mental health/substance abuse system, tribes and other sectors. Initial collaboratives will align with Prevention Framework priority and focus areas. Suggested initial topics:
  - USPTF Screening recommendations (increased use and systems to support their use)
  - Screening Brief Intervention Referral Treatment (SBIRT) with inclusion of Tobacco
  - Hypertension and diabetes
  - Trauma informed practices
- Identify and implement collaborations between the health and housing sectors, and evaluate outcomes and return on investment of various types of partnerships along the housing-health continuum from payer and societal perspectives. This could include but not be limited to supporting partnerships between affordable housing providers/public housing authorities, and the health sector to test CHWs and other housing based interventions to promote health and wellness and improve health outcomes.
- Adopt healthy worksite policies:
  - Within the Accountable Communities of Health, public health will facilitate adoption of policies such as tobacco free campuses, effective breastfeeding policies and healthy food guidelines

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