

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

WORKGROUP ACTIVITIES UPDATES

Public Health Activities and Services

The 2010 Public Health Activities and Services Inventory collected information from all 35 local health agencies and multiple DOH programs to answer the question ‘What does public health do in Washington State?’

The inventory included over 200 questions. This year, a new web-based system allows users to query all three years of available activities and services data across the state and over time. A new technical notes section is added describing each activity and service with links for more information.

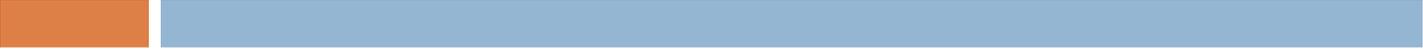
Some highlights from this year’s inventory showing the breadth and reach of our public health activities across the Washington state:

- Provided 97,557 childhood vaccinations, 75,134 adult vaccinations and 15,737 travel vaccinations to prevent disease
- Investigated over 41,397 cases of communicable disease to prevent further disease
- Provided healthy foods and nutrition education to more than 152,705 mothers and children at risk for nutrition related health problems
- Inspected 49,456 restaurants, grocery stores and food carts for health hazards 59,877 times, with 2,644 of these inspections requiring immediate re-inspection for critical violations
- Licensed 340,993 health care professionals in 79 different health professions for safe services

For more information on the work of the Public Health Activities and Services Workgroup, visit www.doh.wa.gov/hip/initiative/phas.htm

Public Health Indicators Workgroup

This year, the Public Health Indicators are also available in a new web based data management system with new features including data trends, updated technical notes and examples of how the LHJs are using the indicators. Based on feedback from the LHJs about the importance of the local indicator data, the workgroup added four new indicators for a total list of 35



- ***Air quality***

Studies show negative health effects of exposure to PM2.5 (particulate matter of 2.5 microns or less). A safe level of exposure has not been established. The Department of Ecology established the goal of 20 ug/c3 to protect public health.

- ***Falls among older adults***

Falls among older adults are the leading cause of injury-related hospitalizations in Washington.

- ***Percent in poverty***

People living in poverty have poorer health status and die at younger ages than people with more financial resources.

- ***Youth depression***

Youth who report feeling sad or hopeless are at high risk of engaging in behaviors that negatively affect health

The majority of the indicators were updated with new data in 2011. Most indicators now have three data points for comparison over time. A few indicators will be updated in early 2012 when the new census data is available.

For more information on the work of the Public Health Indicators Workgroup, visit www.doh.wa.gov/hip/initiative/phi.htm

Public Health Standards Workgroup

Currently the Public Health Standards Workgroup is on a brief between cycles hiatus. In the new year, the workgroup will focus on:

- Guiding the implementation of the 2011 system wide recommendations
- Restructuring the future standards review process to align with the Public Health Accreditation Board National Standards

The Centers for Excellence will support local and tribal agencies choosing to seek voluntary national accreditation.

For more information on the work of the Public Health Standards Workgroup, visit www.doh.wa.gov/hip/initiative/phs.htm

Agenda for Change Workgroup

The Agenda for Change Workgroup will reconvene for its next meeting in early 2012 to review the work and progress of its subgroups and begin looking at cross-cutting themes, gaps and funding. Each subgroup is involving members and taking an approach that best fits their topic. Some of the workgroups are also using key informant interviews and other methods to reach out and involve others in the process during this early phase.

- ***Communicable Disease and Other Health Threats Subgroup***

The subgroup will identify goals and strategies to inform the Agenda for Change Workgroup in implementing the Agenda for Change. The goals and strategies should give the public health system the 'biggest bang for its buck.' This work may provide guidance on best or standard practices around communicable disease threats. The subgroup will also need to look at systems and technology we currently use or will need to accomplish this work over the next two to five years. The subgroup met twice between September and October 2011. It has organized its work around the following questions/work areas:

- **Immunizations:** What are some best practices for assessing community immunization coverage?
- **Capacity for Communicable Disease Surveillance and Response:** What is our need to evaluate and streamline our communicable disease and surveillance and response system?
 - Prioritize our work
 - Standardize our work
 - Leverage our work
- **Informatics:** Is it time to plan for an updated and integrated communicable disease and data collection system?

The subgroup is in process of breaking into three small groups to develop objectives and strategies for each of the three question areas above. The groups may include outside experts to participate in small group discussions.

The Subgroup is developing a draft guidance document for prioritizing notifiable conditions investigations. The challenging budget climate is reducing local health jurisdiction capacity to perform this work now and prioritizing notifiable disease investigations will help us focus our work in a meaningful way.

- **Healthy Communities & Environments Subgroup**

The purpose of the subgroup is to develop an action agenda focusing on policy and system efforts that foster healthy communities. The subgroup met twice in 2011 and has agreed on four strategic areas:

- Tobacco-free living,
- Healthy eating
- Healthy and safe physical environments
- Healthy starts

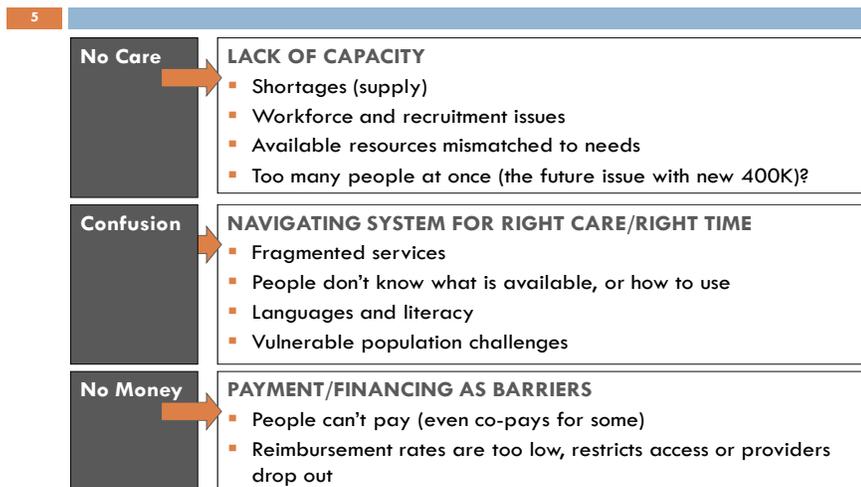
Over the next few months the subgroup will flesh out strategies under each of these areas that not only support and maintain existing efforts, but also address how we will do our work differently in terms of workforce development, business practices, and funding structures.

Next steps include: conduct key informant interviews with stakeholders to gather input on strategies and define criteria for prioritizing strategies.

- **Partnering with the Healthcare System**

The subgroup met twice between September and November 2011. The group described problems related to access to care. They also recognized that many of the problems are beyond the scope of this workgroup. However, those problems do provide an important context to address the question: How shall public health partner with the health care system of the future?

Access to care challenges





A list of themes and possible strategies has emerged. These will be developed and approved by the *Agenda for Change* Public Health Partnering with the Health Care Systems work group and then shared more broadly for discussion. Developing themes: what shall Public Health do?

- Collect and share Community Health Data:
- Compile Data on Community- wide or region-wide health care capacity:
- Publish Community Needs Assessments:
- Monitor healthcare access issues:
- Share information and educate on effective practices:
- Create ongoing networks among providers:

The workgroup co-chairs plan to conduct key informant interviews with five additional representatives. Their thoughts will be shared with the workgroup.

For more information on the work of the Agenda for Change Workgroup, visit www.doh.wa.gov/hip/initiative/a4c.htm

December 2011

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON