

# THE ROAD TO A STATE HEALTH IMPROVEMENT PLAN IN WASHINGTON

Department of Health (DOH)

# Team Members



- John Wiesman and Gregg Grunenfelder (Co-Chairs)
- Representatives (Participants)
  - Federal
  - State
  - Local
  - Tribal Public Health Professionals
  - Academics
  - Washington Association of Community and Migrant Health Centers
- Allene Mares and Marie Flake (Staff)

# Mobilizing for Action Planning and Partnership (MAPP)



# Context – PHIP



## PUBLIC HEALTH IMPROVEMENT PARTNERSHIP (PHIP)

- Legislatively mandated collaborative process
- Required biennial report due at the beginning of odd numbered years
- On-going public health system assessment via
  - ▣ Activities and services
  - ▣ Standards review (every 3 years)
  - ▣ Public health indicators

# Context – 2010



- The world is changing
- Disease trends are changing
- Healthcare reform
- Economics
- Reshaping Governmental Public Health (Feb-Dec 2010)
  - ▣ A public health change agenda focusing on our state and changing environment
  - ▣ A shared set of principles and decision considerations for policy program and funding decisions
  - ▣ A communication plan to engage others

# Reshaping Governmental Public Health Workgroup



- 17 Public Health Leaders (Workgroup Members)
  - ▣ Local health jurisdictions
  - ▣ Washington State Department of Health
  - ▣ University of Washington
  - ▣ Washington Association of Community and Migrant Health Centers
  - ▣ Washington Association of Local Public Health Officials
  - ▣ Northwest Portland Area Indian Health Board
  - ▣ USPHS, Region X
- 10 Local, State and National Public Health Experts and Leaders (Advisory Members)

# Reshaping Governmental Public Health Process



- Purpose
- Primary audience
- Approach
- Engagement
- Outcome

# An Agenda for Change

Sustain our past successes • Confront our emerging challenges • Use our available resources most efficiently and effectively

## The What – An Action Agenda for the Public's Health

Focus our communicable disease capacity on and enhance the most effective and important elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats

- Promote immunization
- Prevent, detect and respond to health threats
- Modernize informatics
- Improve communication

Focus on policy and system efforts to foster communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide all of us the opportunity for long, healthy lives.

- Policies, systems and environments that promote healthy starts and lives for everyone
- Address health disparities
- Partner and incorporate health into all policies
- Address the affects of social and economic factors on health

With healthcare reform, it is time for public health to more effectively and strategically partner with the healthcare system to improve access to quality, affordable and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike.

- Monitor health care access
- Forge a stronger relationship with the clinical care system to improve the delivery of clinical and community preventive services
- Assure that attention is paid to reducing substance abuse and promoting good mental health

## The How – A Public Health Reform Agenda

Retrain the public health workforce to the skills and competencies needed for the new work

Re-prioritize work and modify business practices

Develop a long-term strategy for predictable and appropriate levels of financing

# An Agenda for Change

## Guiding Principles and Criteria for Making Policy, Program, and Funding Choices

To implement the Agenda for Change we will use a common set of guiding principles and decision-making criteria

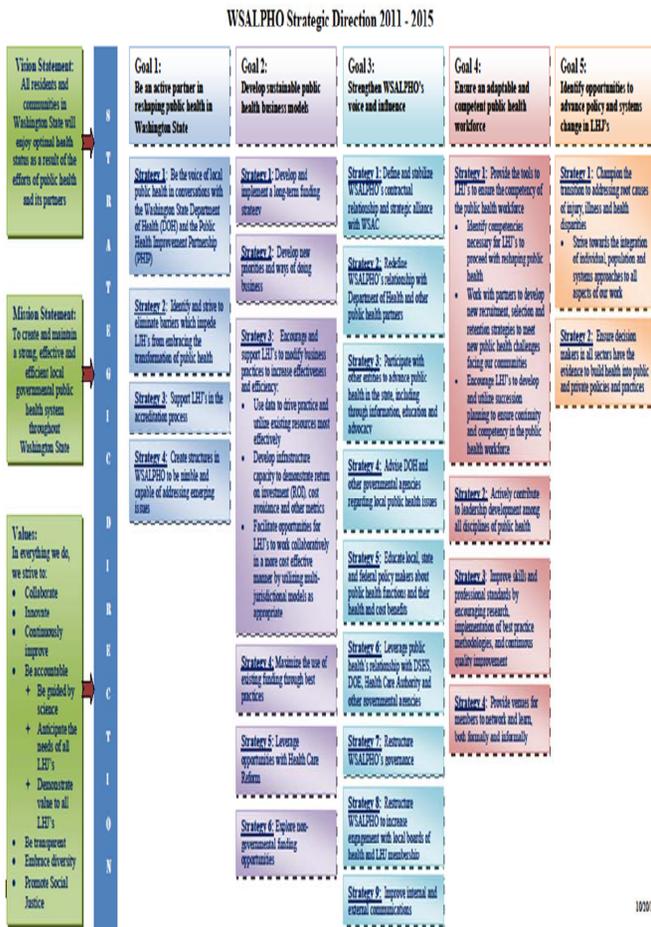
### Guiding principles for the governmental public health system

1. We are accountable for all resources we are allocated – people, funding, and technology.
2. We will build upon our history of thinking and planning as a system while recognizing the diversity of our local communities, and we will hold each other accountable.
3. Science guides our work – epidemiology, biology, social science (including communications), and political science (an understanding of government).
4. We help communities find workable solutions to their health problems and leverage their resources.
5. We work to achieve equity so that all Washingtonian's have the opportunity to make the choices that allow them to live a long healthy life, regardless of their gender, income, education, racial or ethnic background, sexual orientation, or where they live.

### Criteria for making policy, program and funding choices

1. Does this protect the public's health and public safety? As we respond to new challenges, we need to sustain our past successes in preventing and responding to communicable diseases, public health emergencies, environmental public health threats and chronic disease and injury.
2. Is this a responsibility of government or something people expect to be done by government? Is government in the best position to act? If government is in the best position, is it state, local, tribal or a combination of these entities? Or is there a viable community partner or should we be supporting the development of a viable community partner?
3. Do we have clear indication that the actions will improve health or improve the opportunity for people to make the choices that allow them to live long, health lives?
4. Does this have the greatest potential impact in increasing the years of healthy life lived and eliminate injustices in health inequity.

# Action-oriented, Coordinated Leadership



Washington State  
Public Health Association  
17th Annual  
Joint Conference on Health

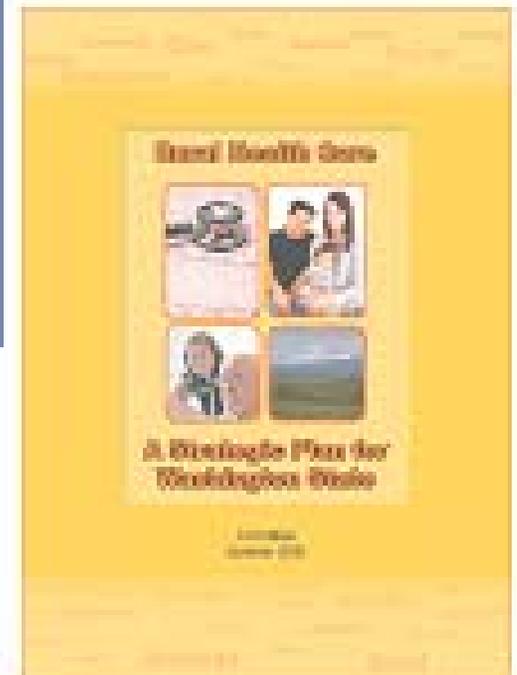


*"Innovation and Collaboration in Times of Change"*

October 11-12, 2010  
Yakima Convention Center  
Yakima, Washington

## AIHC Workgroup

## DOH Strategic Plan

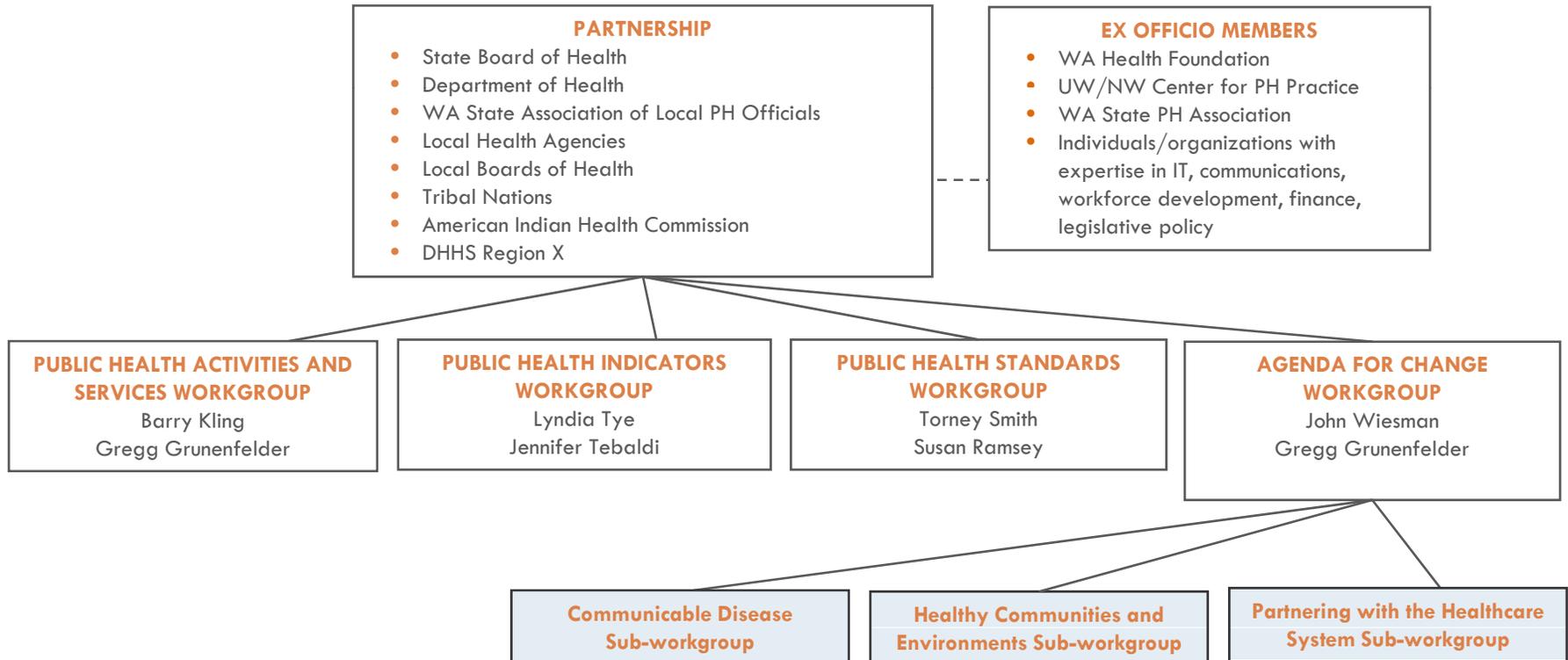


Robert Wood Johnson – Multi-state Learning Collaborative  
CHIP/SHIP Project – Building on Existing Processes



# PHIP to Coordinate Implementation and Action

**PURPOSE:** The Partnership is directed by the legislature to guide and strengthen the governmental public health system in Washington State. To accomplish that, we are responsible to ensure that our actions support a public health system that is accountable, continuously measures and improves health outcomes, and reduces environmental and other health risks.



# Agenda for Change Workgroup



## PURPOSE

- Move the **Agenda for Change** from a fairly broad description of what the governmental public health system should focus on in the future into:
  - A more specific set of priorities
  - And a small set of specific action items that should be pursued immediately

# Agenda for Change Workgroup



## SCOPE

- Build on Reshape Public Health work
- Focus on governmental public health system
- Time frame: Next 2-5 years (2012-2016)
- Phased/iterative process

# Agenda for Change Workgroup



## PROCESS

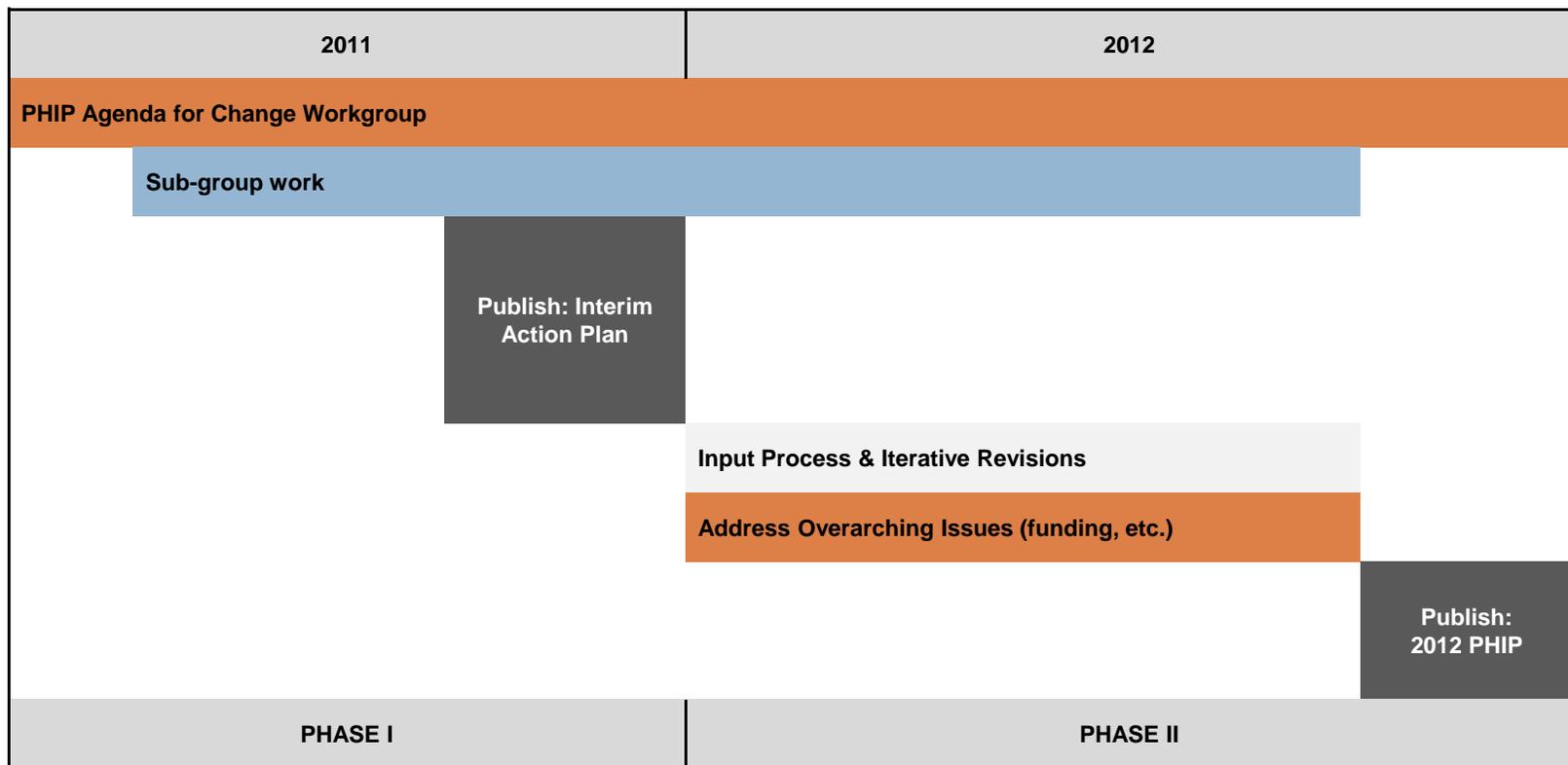
- 18-month process
- Agenda for Change Workgroup
- Three subgroups
  - Communicable Disease
  - Healthy Communities & Environments
  - Partnering with the Healthcare System

# Publications



- Interim Action Plan (Autumn 2011)
  - Use for discussion and soliciting more input
- 2012 PHIP (December 2012)
  - Strengthening the governmental public health system
  - Priorities (and measurable goals) for improving the public's health

# Timeline



# CHIP/SHIP Project Lessons Learned



- Build on and adapt on-going efforts (PHIP, RPH), integrate new elements (MAPP, SHIP) to keep moving down the road
- Importance of Framing
- Balancing the goal of achieving agreement among public health professionals and when/how to include other partners