RESHAPING GOVERNMENTAL PUBLIC HEALTH IN WASHINGTON STATE

August 25, 2010

WHY THIS? WHY NOW?

- The world is changing
- Changing disease trends
- Health Care Reform
- Economics

Public health is changing – let's shape the future together

www.doh.wa.gov/PHSD/reshape.htm

WORKGROUP

The Secretary of Health appointed a workgroup to draft:

- A public health change agenda - increase emphasis and focus on key statewide/system issues that are responsive to our changing environment
- A shared set of guiding principles and decision considerations for making policy, program and funding decisions
- A communication plan to engage others to refine and reach agreement on the agenda and principles

PURPOSE/USE

- Help identify a common public health agenda
- Provide common vocabulary and a tool for consistent communication
- Help determine how to make the best use of our current and future resources to improve the health of our residents, and
- Keep our leadership looking forward

ACTION AGENDA FOR THE PUBLIC'S HEALTH (THE WHAT)

1. Protect people from communicable disease and other health threats through prevention, early detection, and swift responses
2. Build communities that prevent illness and injury, promote healthy starts and ongoing wellness, and better provide all of us the opportunity for long, healthy lives
3. Improve access to quality, affordable and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike

A PUBLIC HEALTH REFORM AGENDA (THE HOW)

1. New workforce skills and competencies
2. Prioritize work and modify business practices
3. Long-term predictable financing

GUIDING PRINCIPLES

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, and political science

GUIDING PRINCIPLES (cont'd)

4. We help communities find workable solutions to their health problems and leverage their resources
5. We work to reduce the gaps in the quality of health and health care across racial, ethnic, sexual orientation, and socioeconomic groups

CRITERIA FOR MAKING CHOICES

1. Does this protect public health and public safety? As we respond to new challenges, we need to protect our past successes in preventing and responding to communicable diseases, public health emergencies, and environmental public health threats
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 the best position, is it state, local, or both? Or is there a viable community partner or should we be supporting the development of a viable community partner?

CRITERIA FOR MAKING CHOICES (cont'd)

3. Do we have clear evidence that the actions reduce health impacts or risk of exposure?
4. Does this have the greatest potential impact and increase the years of healthy live lived?

ENGAGEMENT PLAN

Phase 1 (July – September)

- Dialogue with a seek input from governmental public health
- Workgroup to reconvene in September, consider input, and make revisions

Phase 2 (October – ongoing) – widened to include partners

- Dialogue with, seek input from and work toward alignment with partners and policy makers
- Workgroup to reconvene, consider input, and make revisions