

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP (PHIP)  
AGENDA FOR CHANGE  
ACTION PLAN

Washington State Public Health Association  
July 11, 2012

# FORMAT FOR THIS SESSION

2

- Introduction
- Background (how did we get here?)
- Agenda for Change Action Plan
- Discussion
- Wrap up

*Agenda for Change Action Plan*  
is available at

[www.doh.wa.gov/Portals/1/Documents/1200/A4C-DraftActionPlan.pdf](http://www.doh.wa.gov/Portals/1/Documents/1200/A4C-DraftActionPlan.pdf)

# INTRODUCTION

3

- Introduction to the session
- Purpose of today's session

# HOW DID WE GET HERE?

4

- The world is changing
  - ▣ Changing disease trends
  - ▣ Health Care Reform
  - ▣ Economics
- Reshaping Governmental Public Health Workgroup
- Public health is at a crossroads. We must:
  - ▣ Protect our past successes
  - ▣ Confront our emerging challenges
  - ▣ Use our available resources most efficiently and effectively

‘We have few opportunities to transform, and this is one of those times’

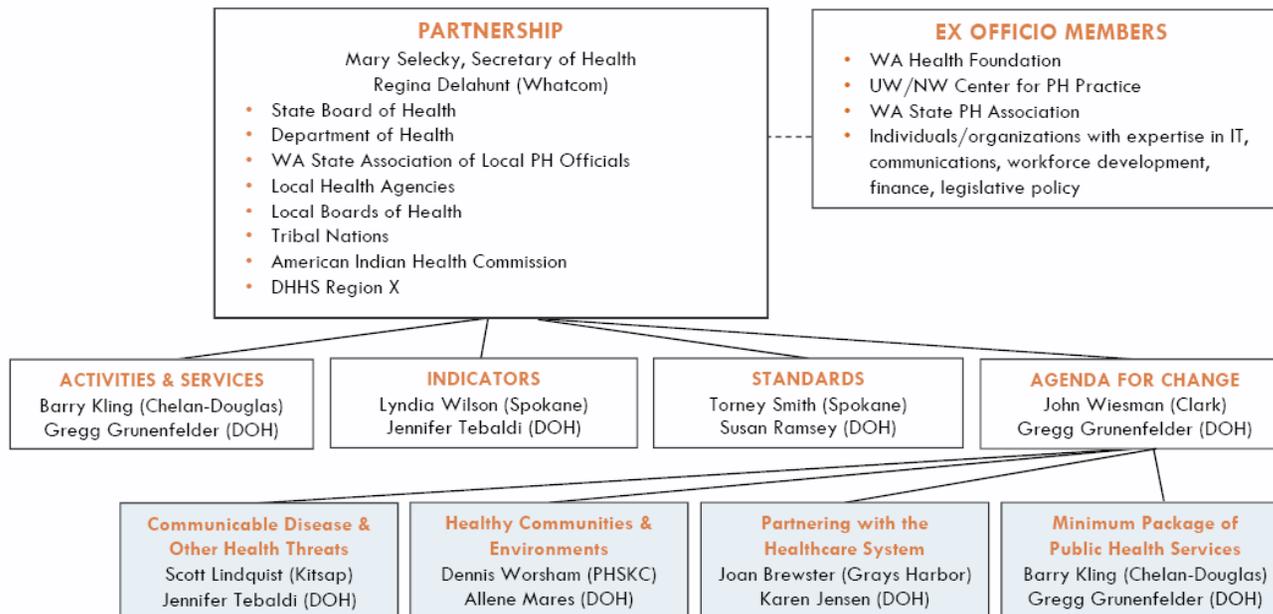
# AN AGENDA FOR CHANGE

<h2>An Agenda for Change</h2> <hr/> <p><b>PUBLIC HEALTH IN A TIME OF CHANGE</b></p> <p>Public health in Washington State is at a crossroads. After a century of effectively preventing death and illness and increasing the quality of life of our residents, today we face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. These new realities must lead to a rethinking of how we do our work if we are to:</p> <ul style="list-style-type: none"><li>• Sustain our past successes – protect the capabilities of our communicable disease response, public health laboratory services, core environmental public health work, and emergency preparedness and response.</li><li>• Confront our emerging challenges – address chronic diseases such as diabetes and heart disease, resulting from underlying causes such as tobacco use, poor nutrition and physical inactivity, as well as address preventable injuries, and giving everyone a chance to live a healthy life regardless of their income, education, racial or ethnic background.</li><li>• Use our available resources most efficiently and effectively – forge new partnerships and use technology to shape a better, more effective public health system.</li></ul> <p>In short, we need an agenda for change as we move forward, even during these tough times.</p> <p>Public health has profoundly improved the lives of people in our state for over a hundred years. In the early 1900s, the average life expectancy in the U.S. was 49 years. Today it is approximately 80 years. While clinical health care is valued, most of this increase is due to public health actions – for example, the dramatic drop in infant mortality and deaths from infectious diseases resulting from improved hygiene, sanitation, immunization, and communicable disease control efforts. While they remain hidden because they are successful, the public health efforts that provide safe drinking water, safe food, and safe living conditions are active and on-going today and require resources and trained public health professionals to assure continuing effectiveness.</p> <p>The current economic crisis threatens these resources and, therefore, these programs and our citizens' overall health and well being. Local and state funding for public health is rapidly eroding, resulting in the loss of trained public health professional staff ranging from 25-40% in some jurisdictions and compromising our overall public health system's ability to respond to critical health issues.</p> <p>As importantly, new challenges confront us. While public health has made great strides in combating infectious disease, a new set of preventable illnesses has emerged. Although Washingtonians are living longer, they are still dying early from preventable causes, often following years of preventable illness and disability. Chronic diseases such as diabetes and heart disease, resulting from underlying causes such as tobacco use, poor nutrition, and physical inactivity, continue to cause long-term illnesses and disability and are cutting lives short.</p>	<p>October 2010</p> <h3>Reshaping Governmental Public Health in Washington State</h3> <p>Co-Chairs Gregg Grunewald John Westman</p> <p>Members Susan Allan Joan Brewster Charles Carroon Dennis Dennis Joe Finlonner David Fleming Karen Jensen Betsy Kling Mary Locker Joel McCullough Patrick O'Carroll Jane Palmer David Swink Duke Van Buren Mary Wendt</p> <p>DOH Staff Allene Mares Mark Fluke</p> <hr/> <p>Reshaping Governmental Public Health in Washington State An Agenda for Change, October 2010 Version</p> <p>Page 1 of 6</p>
--	---

# AGENDA FOR CHANGE

## PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

**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

7

- Communicable Disease and other Health Threats
- Healthy Communities and Environments
- Public Health Partnering with the Health Care System
- Sustainable of Funding



# AGENDA FOR CHANGE ACTION PLAN

9

Public Health Improvement Partnership

## Agenda for Change

### *Action Plan*

Initial Priorities and First Steps  
for Advancing Washington's  
Public Health System

*Internal Working Draft*

*June 15, 2012*

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

# COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

10

## Why Do We Need to Make Changes?

- Immunization rates are increasing-still below the national average.
- Epidemic levels of pertussis in many communities, preparations to respond to outbreaks needed
- Improve understanding of immunization coverage to target limited resources towards increasing coverage.
- Reduction in public health staff will require focus on the most critical activities.
- Informatics systems for notifiable conditions must be modernized to maintain an effective and efficient communicable disease surveillance and response.

# COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

11

## Priorities

1. Increase immunization rates across the lifespan of all residents
2. Standardize and prioritize communicable disease surveillance and response activities
3. Develop and maintain and integrate data collection system for communicable disease surveillance and response

Are these the right priorities for the governmental public health system to focus on?

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

# COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

12

## Essential Partners

- Schools
- Healthcare Providers

# HEALTHY COMMUNITIES AND ENVIRONMENTS

13

## Why Do We Need to Make Changes?

- 37 % of women receiving Temporary Assistance for Needy Families (TANF) smoked during pregnancy, compared with 5 percent of non-Medicaid women.<sup>1</sup>
- 27 % of women receiving TANF reported physical or psychological abuse before or during pregnancy, compared with 4 percent of non-Medicaid women.<sup>2</sup>
- 42 % of kids are not getting enough physical activity on a daily basis.<sup>3</sup>
- 69 % of adults in chemical dependency treatment centers smoke, compared with 15 percent of adults statewide.<sup>4</sup>
- 75 % of adults do not eat enough fruits and vegetables on a daily basis.<sup>5</sup>

# HEALTHY COMMUNITIES AND ENVIRONMENTS

14

## Priorities

1. Increase the number of pregnant women who have healthy pregnancies and deliver healthy babies
2. Increase the number of stable and healthy environments for children
3. Increase the number of communities that encourage adults to make healthy choices for themselves and their families

Are these the right priorities for the governmental public health system to focus on?

- a) **Strongly agree** b) **Agree** c) **Disagree** d) **Strongly disagree**

# HEALTHY COMMUNITIES AND ENVIRONMENTS

15

## Essential Partners

- The American Indian Health Commission working with tribes
- Childcare and Early Learning Centers
- Healthcare Providers and Systems
- Housing Authorities, Non-Profit Housing Organizations, Property Management Organizations, and Landlords
- Schools
- State and local government agencies
- Businesses

# PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE SYSTEM

16

## Why Do We Need to Make Changes?

- Many of today's illnesses (obesity, diabetes, and heart disease) are preventable through increased education, screening, early detection, immunization, and medication
- Many people do not have health insurance or a health care provider
- Local policy makers lack information about the health of their community and their local health care system needed to make informed decisions about how to meet local needs
- Access to care and clinical preventive services is limited by:
  - ▣ too few providers
  - ▣ too little capacity,
  - ▣ confusion about how to access care
  - ▣ ability to pay

# PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE SYSTEM

17

## Priorities

1. Increase information about the community's health care system and the health of local communities
2. Engage community leaders with a shared interest in improving health to identify and address community health problems
3. Promote and adopt the use of evidence-based clinical prevention services and patient-centered health homes

Are these the right priorities for the governmental public health system to focus on?

- a) **Strongly agree** b) **Agree** c) **Disagree** d) **Strongly disagree**

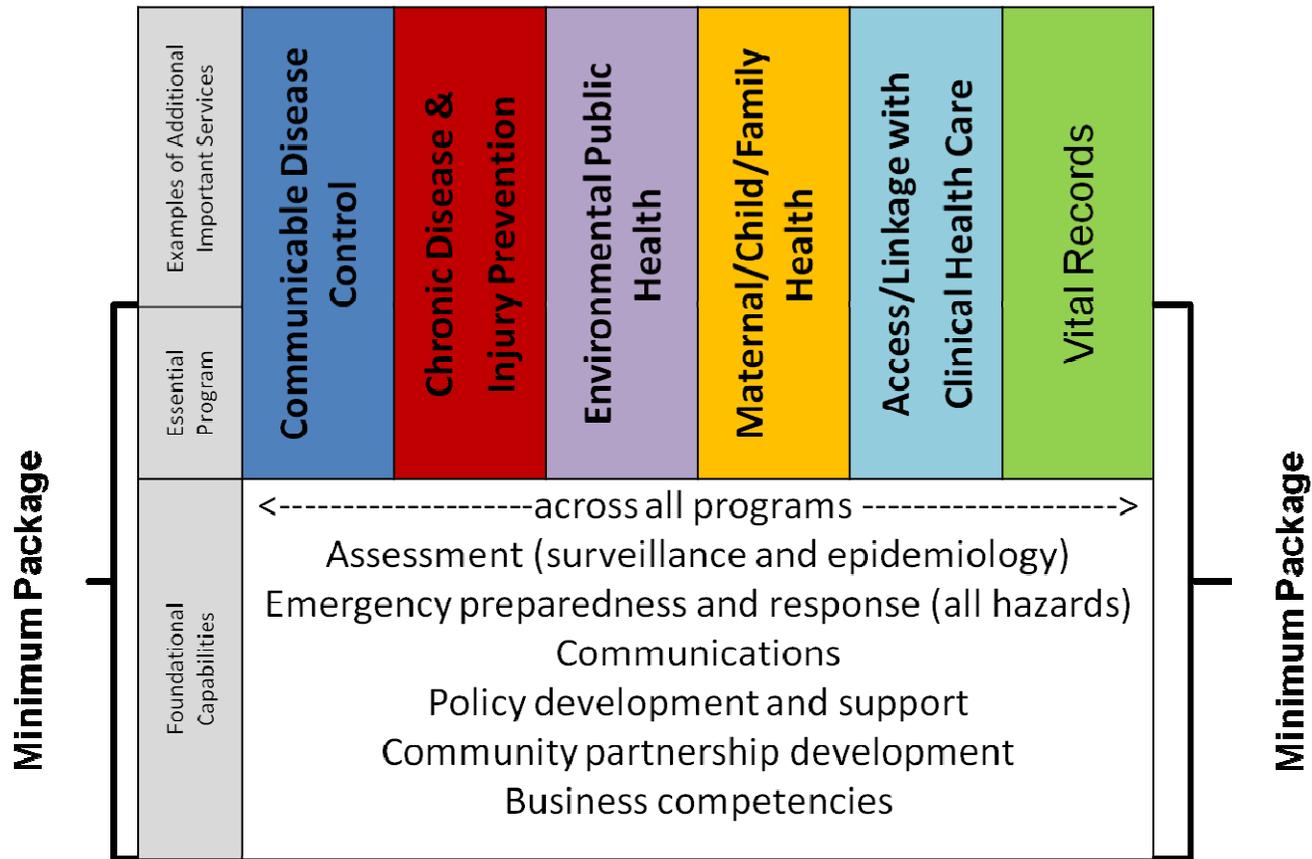
# PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE SYSTEM

18

## Essential Partners

- Tribes
- Hospitals
- Universities
- Health care Providers, Payers and Systems
- Community Organizations
- Community Employers and Businesses

# MINIMUM PACKAGE OF PH SERVICES



Minimum Package of Public Health Services for the 21<sup>st</sup> Century

# DISCUSSION

20

## Overall – Agenda for Change Action Plan

1. Initial priorities or first steps – the right ones? What is missing or should be deleted?
2. Are any contrary to your agencies strategic direction?
3. How do you see your organization being involved in these?
4. What other ways can you suggest to advance these concepts?

# WHERE DO WE GO FROM HERE?

21

## Phase I Engagement: *June – July*

- Primarily governmental public health
- Revisions

## Phase II Engagement: *August – September*

- Public health and partners
- Revisions

Publish in the 2012 PHIP Report

# JOIN THE CONVERSATION

22

Web-based Survey (open through 7/20/12)

<https://fortress.wa.gov/doh/opinio//s?s=6379>

Let's shape the future together