

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

*PUBLIC HEALTH PARTNERING WITH  
THE HEALTH CARE SYSTEM*

July 16, 2012

# FORMAT FOR ILINC SESSION

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- Introduction
- Background - How did we get here?
- Discussion and feedback
  - ▣ Public Health Partnering with the Health Care System
- 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

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- Introduction to the session
- Purpose of today's session
- Conference call reminders
- Key features of iLinc

# HOW DID WE GET HERE?

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- 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’

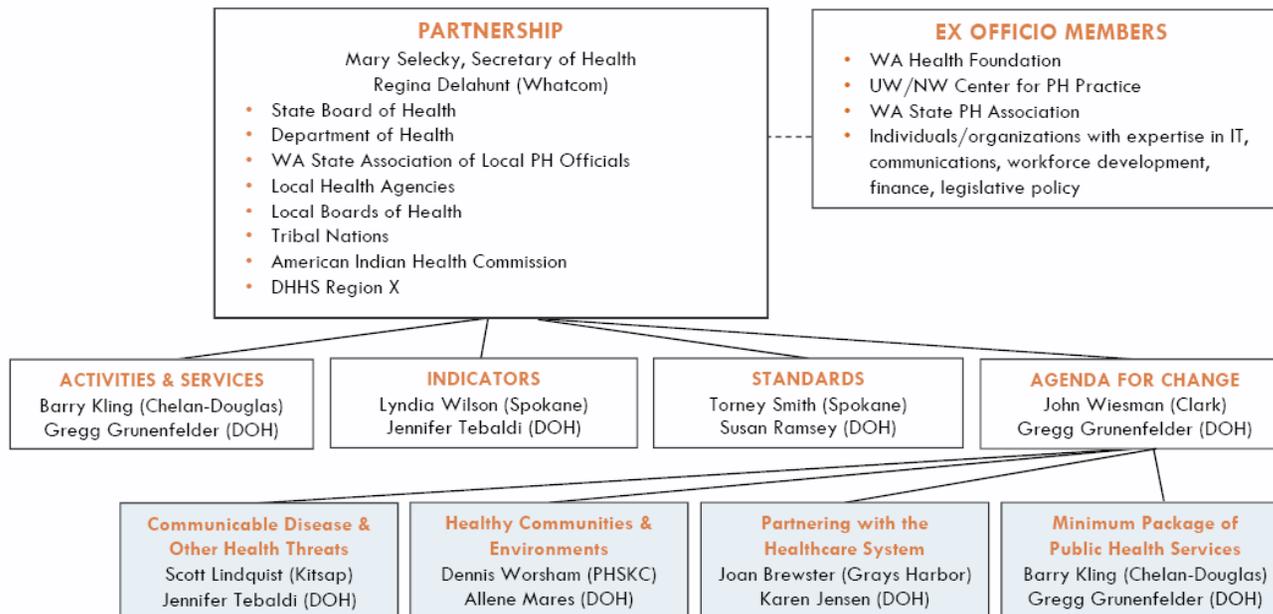
# AN AGENDA FOR CHANGE

<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>
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# 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

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



# AGENDA FOR CHANGE ACTION PLAN

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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

# PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE SYSTEM

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## Discussion and Feedback

- Strategies and actions
- Essential partners
- What will success look like?

# PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE SYSTEM

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## 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

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## 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

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## 1. Increase information about the community's health care system and the health of local communities

- a) Improve knowledge about the health status of the community so that community leaders can make informed decisions about how to meet local health needs
- b) Improve information about the capacity of the health care delivery system within the community so that local participants can develop plans to close gaps
- c) Increase information about how people use the health care system in the community so that efficient use can be identified and people can better navigate the system

Are these the right strategies 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

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## 2. Engage community leaders with a shared interest in improving health to identify and address community health problems

- a) Convene people with shared interest in improving health outcomes to develop community health needs assessments. This includes connecting hospitals, consumers, behavioral health, primary care, specialty care and dental care services
- b) Convene diverse audiences to share information about the health of the community so that problems can be identified and potential solutions developed

Are these the right strategies 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

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## 3. Promote and adopt the use of evidence-based clinical prevention services and patient-centered health homes

- a) Improve provider use of evidence-based clinical prevention services (National Prevention Strategy) such as screening tests, counseling, immunizations, or medications used to prevent disease, and for early detection of health problems
- b) Increase the use and availability of patient-centered health homes

Are these the right strategies 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

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## Essential Partners

- Tribes
- Hospitals
- Universities
- Health care providers, payers and systems
- Community organizations
- Community employers and businesses

# PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE SYSTEM

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## What Success Will Look Like...

We will transition from 'sick care' to 'health care and prevention' and people will receive the right care at the right time

## How...

- Retrain the public health workforce
- Re-prioritize work and modernize business practice
- Identify new systems needed to measure success in these areas (with performance measures)

# DISCUSSION AND FEEDBACK

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## 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?

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## 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

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

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

Let's shape the future together