

2014 - 2018

CREATING A CULTURE OF HEALTH  
IN WASHINGTON

State Health Improvement Plan



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# EXECUTIVE SUMMARY

*‘Wellness is something we nurture, something we build into our environments, something we build into our policies, something we come together to create as public health professionals, doctors, nurses, lawyers, transportation planners, neighborhood advocates, Parent-Teacher Associations and others.’*

John Wiesman,  
Secretary of Health

The State Health Improvement Plan is a call to action for all based on a future where everyone is actively seeking health.

To achieve this, we need a culture of health in Washington. This culture will create family and community environments empowered and designed to provide opportunities for healthy childhoods and healthy choices throughout life.

Rapid change is taking place in both public health and health care services and we must seize the chance to collaboratively create a health and wellness system where we live, learn, work, play, and worship. The system we envision will close gaps that affect the most vulnerable among us, and eliminate disparities in health status, educational attainment and neighborhood safety.

## HEALTH CHALLENGES

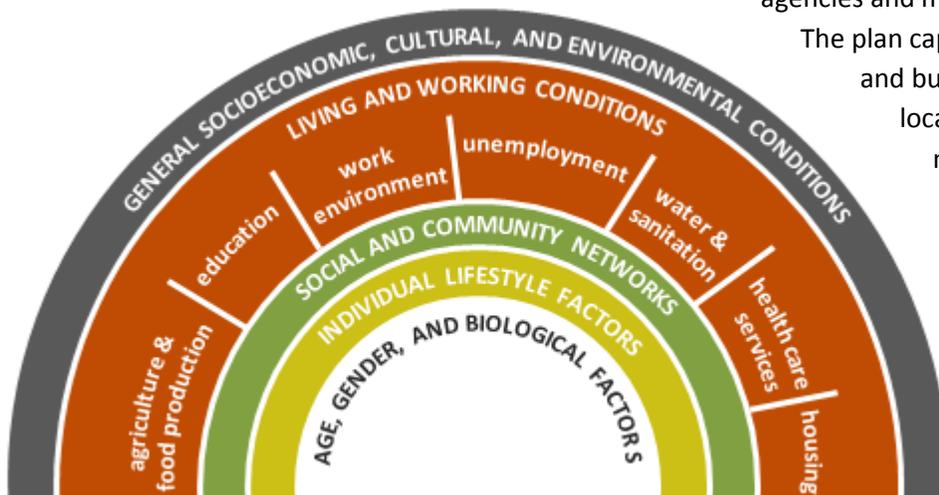
Only about twenty percent of health is impacted by medical care. The rest is due to the food we eat, air we breathe, our physical activity, education level, genetics, and the many circumstances influencing choices we make about our behaviors.

In Washington, the leading causes of death before age 65 are heart disease, stroke, cancer and lung disease, unintentional injury, substance abuse, suicide, diabetes and Alzheimer’s disease. The leading causes of poor health are tobacco use, poor diet, lack of exercise, alcohol misuse, and drug use.

## PLAN DEVELOPMENT

Over the course of a year, representatives from state, tribal and local governments developed the *Washington State Health Improvement Plan* with the input from professional associations, academia, tribes, educational organizations, hospitals, state agencies and many others.

The plan captures, aligns, and builds on many local, state, and national improvement plans and initiatives.



Dahlgren-Whitehead Model (1991) adapted from Oklahoma State Department of Health

The State Health Improvement Plan includes both near term and long term goals.

### NEAR TERM IMPACT

In the next three years, the public health system will improve:

- **Nutrition, physical**

  - activity and obesity**

  - Measure the increase in the proportion of middle and high school youth who have a healthy weight

- **Access to care**

  - Track the increased number of LHJs and tribes that are actively participating in the *Accountable Communities of Health* – regionally based, voluntary collaborative groups aligned to achieve healthier communities and populations, improve health care quality, and lower costs

### LONG TERM SHIFT

Far broader than the public health system, the long term shift involves many partners from the health care system as well as schools, early learning, transportation, business, and others.

The following three long term priority areas look upstream toward creating good health from the beginning.

- **Invest in the health and well-being of our youngest children and families**

  - Ensure that families and communities build a strong foundation in the early years for a lifetime of good health, educational success, and economic prosperity

- **Support development of healthy neighborhoods and communities**

  - Create communities that promote positive social connections and support health-promoting behaviors. Healthy and safe communities foster stability and increase quality of life for all.

- **Broaden health care to promote health outside the medical system**

  - Elevate consideration of social and environmental factors impacting health and place an emphasis on community health promotion and disease prevention strategies across the lifespan

# INTRODUCTION

*‘The core mission of public health remains the same: the reduction of the leading causes of preventable death and disability, with a special emphasis on underserved populations and health disparities. This is our perpetual north star. But how we achieve that mission has to change, and change dramatically, because the world in which we find ourselves is very different than just a few years ago and it will continue to rapidly change.’<sup>1</sup>*

The best way to improve health is to address what influences health from the very beginning. Good health follows when families and communities provide opportunities for healthy starts and healthy choices. Partnerships can promote good health where we live, learn, work, play, and worship. It is not enough to change how health care is delivered and reimbursed. We need a culture of health and a system of wellness.

In 2013, John Wiesman, Washington’s Secretary of Health, asked for a *State Health Improvement Plan (SHIP)* to identify things the public health system will champion, with many partners, to improve health.

This plan is a call to action based on a vision of the future where everyone is actively seeking health.

## HEALTH CHALLENGES

Data from the [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)<sup>2</sup> shows the leading causes of death before age 65 for people in Washington are:

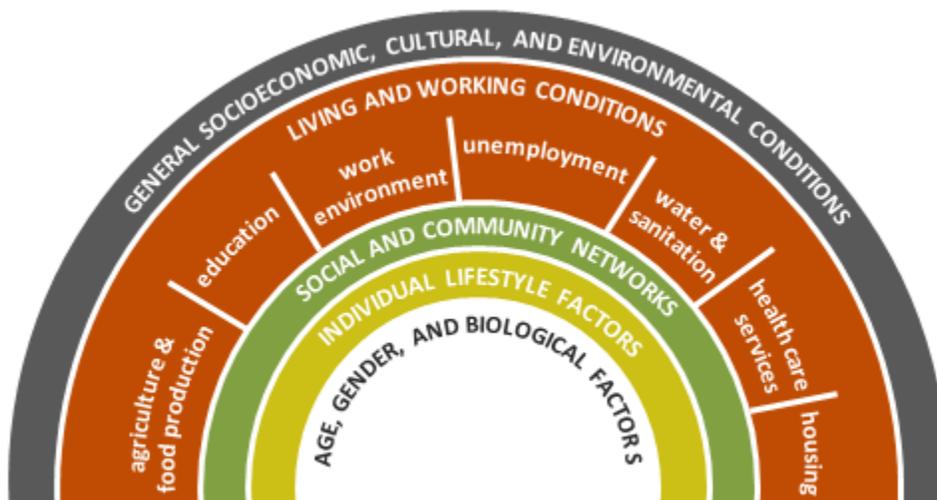
- ❑ Heart disease and stroke
- ❑ Cancer and lung disease
- ❑ Unintentional injury
- ❑ Substance abuse and suicide
- ❑ Diabetes
- ❑ Alzheimer disease

According to data from the [Health of Washington State](#)<sup>3</sup>, the leading causes of poor health are:

- ❑ Tobacco use
- ❑ Poor diet and physical inactivity
- ❑ Alcohol misuse and drug use

For these leading causes of death and poor health, long-standing disparities exist by race, class, gender, and place. To raise the bar for everyone, we must create opportunities for healthy choices in the context of our communities.

The [Centers for Disease Control and Prevention](#)<sup>4</sup> state that roughly 20 percent of health is impacted by medical care, while the rest is due to the air we breathe, food we eat, our physical activity, our education level, our genetics, and the many circumstances that influence the choices we make about our behaviors.



Dahlgren-Whitehead Model (1991) adapted from Oklahoma State Department of Health

## BACKGROUND

In 2012, Washington's public health agencies adopted the [Agenda for Change Action Plan](#)<sup>5</sup> and began the transformation of the public health system. The *Agenda for Change Action Plan* set a course to protect and improve the public's health into the future. While sustaining past successes, it is the foundation for Washington's *SHIP*. In 2013, Washington's governor, Jay Inslee, directed improvement in five broad areas. [Results Washington](#)<sup>6</sup> addresses education, economy, sustainable energy and clean environment, healthy and safe communities, and efficient and accountable government. Governor Inslee's goals include measurable objectives for healthy babies, healthy youth and adults, and access to care/pay for quality.

Along with the *Results Washington* goals, the following significant bodies of work are driving health improvement and have informed the *SHIP*:

- [State Health Care Innovation Plan](#)<sup>7</sup> (Health Care Authority)
- [Washington State Plan for Healthy Communities](#)<sup>8</sup> (Department of Health)
- [Essentials for Childhood](#)<sup>9</sup> (Centers for Disease Control and Prevention)

- [Healthy Communities – The Journey Forward: A Framework to Address Chronic Disease](#)<sup>10</sup> (American Indian Health Commission and Department of Health)
- [The Action Plan to Eliminate Health Disparities](#)<sup>11</sup> (Governor's Interagency Council on Health Disparities)

The *SHIP* is also influenced by the 2014 Robert Wood Johnson Foundation (RWJF) report recommendations to improve the health of all Americans. The report, [Time to Act: Investing in the Health of Our Children and Communities](#)<sup>12</sup>, recommends three upstream strategies that reach beyond the traditional medical care and public health systems to engage other sectors such as housing, education, business, justice, and social services.

Changing our focus to think upstream is fundamental to the *SHIP*. For example, while increased spending on education is important, we also need to focus on helping children be ready to learn before they enter school and promote both educational success and long term health. The RWJF report recommends:

- Invest in the foundations of lifelong physical and mental well-being in our youngest children

- Create communities that foster health-promoting behaviors
- Broaden health care to promote health outside of the medical system

Local health agencies across Washington are implementing their Community Health Improvement Plans (CHIPs). These CHIPs identify community health problems and prioritize them. Each CHIP focuses on building partnerships, monitoring health indicators, and identifying specific health issues as priorities. The CHIP is a community blueprint for health improvement that outlines a process by which partners work together to address the health needs of a community.

Nearly 50 nonprofit hospitals in Washington are improving health in their communities as well, through their Community Health Needs Assessments (CHNAs). Nonprofit hospitals create CHNAs in partnership with local public health and other organizations to better understand the needs and assets of their communities and collaborate to make measurable improvements in health and well-being.

Washington’s *SHIP* is a call to action. It is not meant to replace other plans and activities. Instead, the *SHIP* captures and builds on important work already being done. It reinforces Secretary Wiesman’s vision of ‘a community wellness system where housing, education, law enforcement, hospitals, clinics, human services, public health, behavioral health, governments, tribes, non-profits, and business come together actively seeking health.’

So much rapid change is happening in the delivery of both public health and health care services that we must seize this chance to collaboratively create a culture of health and wellness where we live, learn, work, play, and worship. The culture of health we envision will close gaps in opportunity that affect the most vulnerable among us, giving everyone the chance to be healthy, successful in education and employment, and live in a safe neighborhood.

## DEVELOPMENT OF THE SHIP

Washington’s [Public Health Improvement Partnership](#)<sup>13</sup> created a workgroup and oversaw the development of the *SHIP*. In April 2014, the Partnership approved the workgroup’s recommendation to adopt the three RWJF strategies for Washington’s *State Health Improvement Plan*.

Following adoption of the three strategic areas, the workgroup analyzed and aligned work underway through current statewide initiatives such as *Results Washington*, the [Washington State Prevention Framework](#)<sup>14</sup>, the *State Health Care Innovation Plan*, community health assessments and health improvement plans.

See *Appendices B* through *D* for links to these documents and additional information.

Between September and November 2014, the workgroup presented the draft *SHIP* for comment in public forums and via webinars. *Appendix E* provides more details about attendance, feedback, and level of support.

The *SHIP* embodies these principles:

- ▣ Raising the bar for everyone by improving education, access to nutritious food and healthy activities, awareness of health issues, as well as access to health care
- ▣ Increasing collaboration, coordination and partnerships





The *SHIP* includes two parts.

The first part addresses the near term. It focuses on two key issues the public health system supports and will create real improvement in. It recommends concrete, measurable near-term priorities for the public health system to embrace during this unprecedented time of health reform.

The second part focuses on the longer term, and is far broader than the public health system. It is a framework to improve health statewide and involves many partners in the health care system as well as in schools, early learning, transportation, and others. It is intended to catalyze public health leaders and many community partners to work together to improve health through targeted and innovative interventions.

The *SHIP* sets a tangible course for better health in Washington, recognizing that what we do now affects where we will be in the next ten years. It makes the case for working upstream with many partners to improve individual and community health as the way toward a culture of health for all.

## NEAR TERM IMPACT

The public health system is currently engaged in efforts to improve a variety of health measures. Community health assessments from local health jurisdictions, the *Healthy Communities: The Journey Forward a Framework to Address Chronic Disease* and the hospital community health needs assessments from around the state describe a large body of work (see *Appendix D*). The work involves communicable disease, healthy communities, chronic disease, injury prevention, maternal and child health, access to health care, behavioral health, health disparities, and environmental public health. From this variety of work, the areas of intervention where we can align efforts and leverage influences include nutrition, physical activity and obesity, access to care, health promotion, and mental health and substance abuse.

Drawing together the work of tribal and governmental public health and their partners, we have identified two key areas the public health system is working on and will improve over the next three years.

### NUTRITION, PHYSICAL ACTIVITY AND OBESITY

We will measure the increase in the proportion of middle and high school youth who have a healthy weight. In 2012, 75 percent of Washington 10<sup>th</sup> graders had a healthy weight.

#### Examples of Interventions

In 2014, Public Health Seattle-King County reported a statistically significant decline in student obesity prevalence that was associated with the implementation of school district interventions focused on nutritional standards for school meals, student-led healthy eating and active living promotional campaigns, farm-to-school initiatives, high-quality physical education, nutrition and culinary training for school cafeteria staff, and participation in community health coalitions. This work was conducted as part of a [Communities Putting Prevention to Work](#)<sup>15</sup> obesity prevention initiative during 2010-2012.

In the Benton-Franklin Health District a wide-ranging group of community organizations is working together to improve healthy weight by focusing on the following [three goals](#)<sup>16</sup>:

- ***Community members will be more physically active***

Worksite wellness programs and safe routes to schools are two of several initiatives to accomplish this goal

- ***Adults will make healthier food choices***

Community gardens and a regular newspaper column are addressing this goal

- ***Promote breastfeeding and improve child nutrition***

A partnership is promoting the *Ten Steps to Successful Breastfeeding* for health facilities, and health care and childcare providers are offering parents nutrition education to accomplish this goal

### ACCESS TO CARE AND THE AFFORDABLE CARE ACT

In May 2014, the Washington State Health Care Authority funded 10 lead organizations to begin establishing collaborative partnerships. These *Communities of Health* are a precursor to development and designation of [Accountable Communities of Health \(ACH\)](#)<sup>17</sup>. *ACH* are regionally based, voluntary collaborative groups aligned to achieve healthier communities and populations, improve health care quality, and lower health care costs. *ACH* development provides a platform for local communities, public health, counties, business, and health care organizations to come together and understand the needs of their region and work together to support health across the region. Under health care reform and the transformation of the health care system, it is crucial that public health joins in the work of the *ACH*.

We will track the increased number of LHJs and tribes that are actively participating in the *ACH* or regional health collaboratives. This will be a new data set developed as these efforts take shape.

# LONG TERM SHIFT

The three longer-term priority areas look upstream, toward ways to create environments that encourage good health. Work in these areas will improve overall community health status and shift the culture to one that values health for everyone.

In this section, each broad priority area is associated with a goal, a short narrative explaining the goal's importance, a list of elements that are potential areas for intervention, and desired outcomes.

Following the three priorities, key roles for public health and community partners are listed, to show the important contributions needed to make this call to action a success and create our vision of the future where everyone has a chance for a healthy, productive life.

## PRIORITY 1: INVEST IN THE HEALTH AND WELL-BEING OF OUR YOUNGEST CHILDREN AND FAMILIES

### Goal

Ensure that families and communities build a strong foundation in the early years for a lifetime of good health, educational success, and economic prosperity.

### Why is this important?

Children have better outcomes when they are raised in families that provide a well-regulated and responsive home environment and participate in high quality early childhood programs. They benefit from early supports that build resilience by mitigating the effects of significant adversity such as chronic poverty, violence, and neglect. This investment will move us toward a culture of health.

## Foundations of Health and Well-Being<sup>18</sup>

- Stable, nurturing relationships
- Sound, appropriate nutrition
- Safe, supportive environments

## Examples of Desired Outcomes

- Decrease rate of unintended pregnancies
- Decrease rate of child maltreatment/adverse childhood experiences
- Increase proportion of young children with healthy weight
- Increase proportion of young children meeting developmental milestones for school readiness
- Decrease proportion of young children with developmental and behavioral concerns



Photo courtesy of the [Safe Routes to School National Partnership](#)

## PRIORITY 2: SUPPORT DEVELOPMENT OF HEALTHY NEIGHBORHOODS AND COMMUNITIES

### Goal

Create communities that promote positive social connections and support health-promoting behaviors. Healthy and safe communities foster stability and increase the quality of life for all.

### Why is this important?

All people should be able to reach their individual potential within the communities we build. When our neighborhoods are in economically viable communities with safe roads and public transportation, child-care centers, schools, grocery stores, community health clinics, and affordable housing, people live longer and have healthier lives. This will move us toward a culture of health.

### Elements of Healthy Neighborhoods and Communities

- Social environment (social cohesion, low crime, civic engagement)
- Built environment (quality housing, trails/sidewalks/bike lanes, healthy food outlets, health care centers, schools, libraries, transit system)
- Natural environment (green spaces, parks)

### Examples of Desired Outcomes

- Increase proportion of people who feel safe in their neighborhood/community
- Increase proportion of people who know their neighbors
- Increase proportion of people who walk or bike in their neighborhood/community
- Increase proportion of people with access to an affordable healthy food outlet in close proximity to home
- Increase proportion of people with a park or green space in close proximity to home



### **PRIORITY 3: BROADEN HEALTH CARE TO PROMOTE HEALTH OUTSIDE THE MEDICAL SYSTEM**

#### **Goal**

Elevate consideration of social and environmental factors impacting health and place an emphasis on community health promotion and disease prevention strategies across the lifespan.

#### **Why is this important?**

Health care professionals and health care institutions can reach beyond treating illness to help people connect to information and activities that lead to healthier lives. Health care system reform efforts can incorporate growing scientific understanding of the impacts of experiences and interventions at different life stages to maximize health benefits. The health care system can work to address disparities by responding to the needs of culturally and linguistically diverse populations and economically disadvantaged groups. For example, when a health care provider helps a patient by sharing a connection to supportive non-medical services, a culture of health will be developing.

#### **Elements of Broadened Health Care**

- Expanded prevention/ screening services and wellness activities (pre-conception, prenatal, early childhood, adolescence, adults, seniors)
- Community resources and linkages for social and environmental factors impacting health (family stress, housing, education, employment, income supports)
- Supports for complex health needs
- Supports for diverse cultural and linguistic needs

#### **Examples of Desired Outcomes**

- Increase proportion of people receiving timely prevention and screening services appropriate for life stage
- Increase proportion of people participating in wellness activities
- Increase proportion of health care providers who routinely assess social and environmental needs for their patients
- Increase proportion of people who are referred to/linked to community resources through health care providers
- Increase proportion of people receiving intensive case management for complex needs



# NEXT STEPS

Next steps in implementing the *SHIP* include:

- Developing a tracking plan for outcomes of the near-term goals
- Engaging partners from across the health and wellness system as suggested below to work toward the long-term priorities

## PARTNER ROLES

### Public Health— Local, Tribal and State

- Collect population data
- Provide data analysis for decision makers
- Collect and share evidence-based practices
- Convene community leaders to identify common ground among organizations to improve health
- Help design changes tailored to community priorities
- Provide the health lens for planners and decision makers

### Community— Education, Housing, Transportation, Business, Health Care, Law Enforcement, Urban Planning and Others

- Participate in partnerships that are vital to improving health for everyone
- Create *Accountable Communities of Health* to work as a whole wellness system that gives everyone a chance for good education, housing, employment, health, and health care
- Use data from community needs assessments and improvement plans, to leverage the knowledge, relationships, and resources we need to create a culture of health with positive results for everyone





# APPENDICES

*A: Acknowledgements*

*B: Background and Resources*

*C: Themes from Assessments  
and Plans*

*D: Summary of Identified  
Health Priorities*

*E: Community Feedback*

## APPENDIX A

*We are grateful to everyone who contributed to this plan. We are indebted to the Public Health Improvement Partnership for guiding the state health improvement effort and especially to the members of the planning workgroup who developed this document.*

### Acknowledgements

#### **State Health Improvement Plan Workgroup**

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## APPENDIX B

*Themes to address Washington's health challenges were identified from many current sources of health data, health improvement plans, and initiatives from our state and across the country. Each assessment, plan, or initiative points to major issues impacting health.*

## Cited Background Resources

1. [The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist](#)  
Public Health Leadership Forum, RESOLVE
2. [Comprehensive Hospital Abstract Reporting System \(CHARS\)](#)  
Washington State Department of Health
3. [The Health of Washington State](#)  
Washington State Department of Health
4. [Social Determinants of Health](#)  
Centers for Disease Control and Prevention
5. [The Agenda for Change Action Plan](#)  
Public Health Improvement Partnership
6. [Results Washington](#)  
Governor Jay Inslee
7. [Washington State Health Care Innovation Plan](#)  
Washington State Health Care Authority
8. [Washington State Plan for Healthy Communities](#)  
Washington State Department of Health
9. [Essentials for Childhood](#)  
Centers for Disease Control and Prevention
10. [Healthy Communities: The Journey Forward, A Framework to Address Chronic Disease](#)  
American Indian Health Commission and Washington State Department of Health
11. [The Action Plan to Eliminate Health Disparities](#)  
Governor's Interagency Council on Health Disparities
12. [Time to Act: Investing in the Health of Our Children and Communities](#)  
Commission to Build a Healthier America, Robert Wood Johnson Foundation

13. [Public Health Improvement Partnership](#)
14. [Washington State Prevention Framework](#)  
Washington State Health Care Authority and  
Washington State Department of Health
15. [Declines in Student Obesity Prevalence](#)  
Morbidity and Mortality Weekly Report,  
Centers for Disease Control and Prevention
16. [2013-2017 Community Health Improvement Plan  
for the People of Benton and Franklin Counties](#)  
Benton-Franklin Health District and Benton-  
Franklin Community Health Alliance
17. [Accountable Communities of Health](#)  
Washington State Health Care Authority
18. [Foundations of Lifelong Health](#)  
Center on the Developing Child,  
Harvard University

## Other Resources

[Community Health Assessments and Community  
Health Improvement Plans](#)

from local health agencies

[Community Health Needs Assessments](#)

from 42 nonprofit hospitals

[Healthy Communities: A Tribal Maternal—Infant  
Health Strategic Plan](#)

American Indian Health Commission

Washington State Department of Health

[National Prevention Strategy](#)

U.S. Department of Health and Human Services

[Winnable Battles](#)

Centers for Disease Control and Prevention

## APPENDIX C

Themes from Assessments and Plans											
	Mental Health	Tobacco/ Substance Use	Obesity/ Physical Activity	Access to Care/ Quality Of Care	Health Equity	Education/ Healthy Starts	Safe Communities/ Environments	Nutrition	Health/ Well-being	Sexual/ Reproductive Health	Child Abuse
State Health Care Innovation Plan	✓	✓	✓	✓	✓				✓		
Results Washington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Washington State Plan for Healthy Communities	✓	✓		✓	✓	✓	✓	✓		✓	
Healthy Communities (American Indian Health Commission and Department of Health)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Centers for Disease Control and Prevention: Essentials for Childhood Impact						✓					✓
Community Health Needs Assessments	✓	✓	✓	✓	✓	✓		✓	✓	✓	
Community Health Improvement Plans	✓	✓	✓	✓	✓	✓		✓	✓	✓	
State Health Improvement Plan			✓	✓	✓	✓	✓	✓	✓		✓

## APPENDIX D

Summary of Health Priorities Identified through Assessments 2013										
	Documents								TOTAL	TOTAL CATEGORY
	Agenda for Change	LHJ CHAs, CHIPs & Strategic Plans (28)	Hospital CHNAs (42)	CDC Winnable Battles	Governor Results WA	Secretary of Health Priorities	State Health Care Innovation Plan			
	<b>Communicable Disease/Rapid Response to Other Health Threats</b>									<b>17</b>
	Communicable disease (general, HIV immunization)	1	6	1	1	1			10	
	Health care associated infections				1				1	
	Preparedness	1	4				1		6	
	<b>Healthy Communities/Chronic Disease Risk Factors</b>									<b>71</b>
	Chronic disease (general or specifying diabetes, heart disease, or cancer; can include access issues such as cancer screening)	1	1	14				1	17	
	Disability					1			1	
	Nutrition and physical activity (generally both)	1	8	2	1	1		1	14	
	Obesity		1	9	1	1	1	1	14	
	Tobacco (for LHJ category = tobacco/substance use)	1	4	2	1	1		1	10	
	Health promotion		7	7				1	15	
	<b>Injury</b>									<b>5</b>
	Injury (general, motor vehicle, elderly)	1	1	1	1	1			5	
	<b>Maternal/Child Health</b>									<b>22</b>
	Healthy starts	1	5	4		1		1	12	
	At-risk youth (general, ACEs, teen pregnancy, substance abuse)		3	4	1	1		1	10	
	<b>Health Care Delivery System</b>									<b>70</b>
	Access to care [general, special populations, medical homes, general clinical preventive services (cancer screening with chronic disease), provider and patient education]	1	7	25		1		1	35	
	Access to dental care		3					1	4	
	Behavioral health (mental health and substance abuse; generally both, but can be one or the other; many include access, suicide)	1	9	16		1		1	28	
	Health system transformation	1					1	1	3	
	<b>Disparities/Social Determinants</b>									<b>19</b>
	Disparities: reduce health disparities	1		6				1	8	
	Social determinants: change conditions leading to health disparities (general, poverty, education, homelessness)		5	4		1		1	11	
	<b>Environmental Health</b>									<b>16</b>
	Food safety		2		1	1			4	
	Climate change		1			1	1		3	
	Healthy fish and wildlife					1			1	
	Healthy land, water, air		4			1			5	
	Environmental justice		1						1	
	General		2						2	
	<b>Public Health Infrastructure</b>									<b>43</b>
	Public health infrastructure (workforce, funding, technology)	1	11				1		13	
	Internal operations/stakeholder development (transparency, visibility, accountability)	1	8						9	
	Community health assessment and implementation		7						7	
	Partnerships	1	9						10	
	Public health policy development		4						4	

Topics and Subtopics

## APPENDIX E

### Community Feedback

Between September 19 and November 10, 2014, 240 individuals attended state health improvement feedback and input sessions. Attendees were affiliated with the following organizations:

#### ***Academia***

Pacific Northwest University of Health Sciences  
University of Washington

#### ***Associations***

Northwest Regional Primary Care Association  
Physical Therapy Association of Washington  
WA Association of Community and Migrant Health Centers  
Washington Association of Naturopathic Physicians  
Washington State Medical Association  
Washington State Nurse Association

#### ***Local Health Jurisdictions***

Adams County Health Department  
Benton-Franklin Health District  
Clark County Public Health  
Grays Harbor County Public Health and Social Services  
Jefferson County Public Health  
Kitsap Public Health District  
Lincoln County Public Health  
Mason County Public Health  
Northeast Tri-County Health District  
Pacific County Public Health and Human Services  
Public Health – Seattle & King County  
Snohomish Health District  
Spokane Regional Health District  
Tacoma-Pierce County Health Department  
Walla Walla County Health Department  
Whatcom County Health Department  
Whitman County Health Department

#### ***Tribes and Tribal Organizations***

Kalispel Tribe of Indians  
Port Gamble S'Klallam Tribe  
Seattle Indian Health Board/Urban Indian Health Institute

#### ***Boards and Commissions***

Dental Quality Assurance Commission  
Occupational Therapy Licensure Board

#### ***Federal Organizations***

U.S. Department of Health and Human Services

#### ***Hospitals and Clinics***

Group Health Cooperative  
Kindred Care Services, LLC  
Yakima Valley Farm Workers Clinic

#### ***State Agencies***

Office of the Superintendent of Public Instruction  
Washington State Department of Health  
WA State Department of Social and Health Services  
Washington State Health Care Authority

#### ***Other Organizations***

Empire State Foundation  
Intrepid USA Health Services  
Mercy Housing Northwest  
Pediatric Occupational Therapists  
Puget Sound Educational Service District  
Puyallup School District  
Seattle Cancer Care Alliance  
WA State Hospice and Palliative Care Organization  
Washington State Public Health Association  
WA State Association of Local Public Health Officials



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

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