

Reshaping Governmental Public Health in Washington State

February 25 –
June 30,
2010

Background
Document

WHY THIS? WHY NOW?

The Washington State Secretary of Health Charters a Workgroup

A Message from Mary Selecky, Secretary of Health

We are in an era of unprecedented change—and opportunity. The governmental public health system is undergoing the most substantive transformation in decades—the recession is taking a severe toll, the system has led the response to the first influenza pandemic in over 40 years, and national health reform will change how public health relates to the health care system.

We as public health leaders must step up, work together, and design the public health system we need—with the resources we have. Let me be clear: I believe that there will be few opportunities for additional funds in the foreseeable future. That makes the task of reshaping public health all the more critical and timely.

In February 2010 I appointed a workgroup to consider what this transformation means to the governmental public health system over the next five years. The charge to the work group, referred to as Reshaping Governmental Public Health in Washington State, was to:

- Draft a public health change agenda that will increase our emphasis and focus on key statewide/system issues that are responsive to our changing environment.
- Draft a shared set of guiding principles and decision criteria to consider on policy, program, and funding decisions.
- Draft a communication plan to engage others in the system and our partners in order to refine and reach agreement on the agenda and principles.

The workgroup has produced the following information as a starting point for the broader discussion. I invite you to join in the work now—to engage in the dialogue, shape the future, and be part of the change.

Audience

The primary audience for this work is:

- The governmental public health system/workforce—our peers
- Our partners

Purpose

The purpose and intended use of this work is to:

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

Workgroup Participants

The Secretary of Health appointed 17 leaders from local health jurisdictions, the Department of Health, the University of Washington, the Washington Association of Community and Migrant Health Centers, the Washington State Association of Local Public Health Officials, the Northwest Portland Area Indian Health Board, and U.S. Public Health Service Region 10 to serve the workgroup.

Advisory Members

Ten experts and local, state and national leaders were asked to serve as advisory/ad hoc members of the workgroup.

Work Plan / Meeting schedule

Phase 1

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| 02/25/10 | Meeting 1: Introduction, identify core principles, design initial framework |
| 04/01/10 | Meeting 2: Test draft framework |
| 04/03/10 | Meeting 3: Workgroup consensus on draft framework |
| 04/24/10 | Meeting 4: Draft partner communication/engagement plan |
| 06/16/10 | Meeting 5: Wrap-up and next steps |
| 06/30/10 | Recommendations to Secretary of Health |

Phase 2

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|---------------|---|
| July – Sept | Engagement Phase 1: Seek input from and general agreement among leadership of the governmental public health system on the <i>Agenda for Change</i> . |
| 09/17/10 | Reconvene workgroup to consider input and revisions to the <i>Agenda for Change</i> |
| Oct – ongoing | Engagement Phase 2: Seek input from and work toward alignment and general agreement with partners and policy makers on the <i>Agenda for Change</i> . |
| TBD | Reconvene workgroup to consider input, revise as needed, and develop next draft. |

Workgroup materials are available at <http://www.doh.wa.gov/PHSD/reshape.htm>

SO WHAT DID THE WORKGROUP DO?

Environmental Scan

Public Health

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.

Changing Disease Trends

As important, new challenges confront us. The success of public health in combating infectious disease is leading to a new set of emerging, preventable illnesses. 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 tobacco use, poor nutrition, and physical inactivity are now causing long-term illnesses and disability and cutting lives short. Preventable injuries are the leading cause of death for Washingtonians aged 1 to 44. Social and economic factors driven by race and class are increasingly recognized as significant causes of overall poor health and disparities in health outcome between groups.

The need for public health change is underscored by dismal and declining U.S. health rankings compared to other developed nations. Despite the fact that as a nation we spend more money per capita on medical care than any other industrialized nation in the world, our childhood mortality rate ranks 42nd in the world (dropping from 20th in 1970 and 29th in 1990)ⁱ and our female mortality ranks 49th and male mortality ranks 45th (dropping from 34th and 41st in 1990)ⁱⁱ. Almost unbelievably, unless we change course, for the first time since statistics started to be kept, today's youngest generation will not live as long as their parents.

Health Care Reform

While health care reform will greatly reduce the number of persons without health insurance, alone it will not solve these problems. Health will improve most from preventing chronic diseases in the first place, rather than treating them after they have occurred. This will require a public health system that assists individuals in adopting healthy behaviors, assists organizations and communities in encouraging these lifestyles, and assists policy makers in implementing science-based policies changing the conditions in which we all live.

Economics

Our governmental public health system is undergoing the most substantive transformation in decades. As a governmental public health system, we are facing some very real and immediate challenges. Those include:

- A decade of eroding state and local funding for public health and the current economic recession that have taken a severe toll on agency budgets—resulting in staff layoffs and program reductions at the state and local level.
- Local and state funding for public health that has eroded and continues to do so.
- Local public health agencies losing 25-40% of their staff, severely compromising our ability to respond to critical health issues and forcing service reductions in our communities,
- Infrastructure funding that is not expected to increase for some time.
- Any new funding likely being directed to a specific issue.

Strengths, Weaknesses, Opportunities, Threats (SWOT)

The workgroup used a *Strengths, Weaknesses, Opportunities, Threats* (SWOT) analysis to do an environmental scan and considered both our ongoing challenges and new opportunities for the governmental public health system.

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| <p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> ➤ We work as a public health system ➤ We have strong leadership—policy makers and public health leaders, at the state and local level ➤ We are engaged and active at the national level ➤ We successfully responded to the first flu pandemic in over 40 years | <p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> ➤ Eroding resources have compromised our ability to maintain our critical capacity and to respond to new health threats ➤ We are underinvested in chronic disease prevention ➤ We haven't defined ourselves in light of the new environment ➤ Each of us is doing our own prioritization and planning—not working as a system ➤ We are still unable to effectively communicate about public health—what it is, what we do |
| <p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> ➤ New directions at the national level - CDC winnable battles, health reform ➤ Health reform legislation has provided us with an opportunity to improve the health of our residents supported by the Governor's executive order on health reform with a clear role for public health ➤ Policy makers, funders, partners, the community, and our staff have new and different expectations ➤ New federal administration doesn't see government as the answer | <p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> ➤ Policy makers, funders, partners, the community and our staff have new and different expectations of governmental public health ➤ Health inequities are placing a disproportionate burden of disease on our most vulnerable populations ➤ New federal administration doesn't see government as the only answer |

WHAT WAS THE RESULT?

As a governmental public health system, we are facing some very real and immediate challenges. We in public health must change. The public health system and our workforce must undergo major transformations to protect and promote health. We are called upon to respond to these challenges, lead through these difficult times, and find a new path forward.

We have few opportunities to make transformational changes and we believe that this is one of those times. As leaders we must stand up, direct the charge, and show the way.

An Agenda for Change is the result of the workgroup's best thinking to date. *An Agenda for Change* recognizes the difficult environment in which we are all working and it describes a path forward. *An Agenda for Change* proposes work we in governmental public health - state, local, and tribal - must urgently undertake to address the public health issues of our communities today and tomorrow. It also calls for important changes to how governmental public health does its work in these changing times. The primary audience for this work is the governmental public health system workforce—our peers, and secondly, our partners.

WHAT NEXT?

Engagement Process

As charged by the Secretary, the workgroup also developed an engagement plan to encourage dialogue about and seek input into this thinking. The first phase of engagement (July–September 2010) is primarily focused on dialogue within governmental public health. In September, the workgroup will reconvene to consider the input and make revisions to their thinking. In October, a new version of the thinking will be shared and the engagement process widened to include our partners, healthcare, and policy makers. (Note: the numbers and letters within *An Agenda for Change* are not rankings. They were added solely to aid discussion and make it easier to refer to specific points.)

What can I do? How can I participate?

Engage in the dialogue, shape the future, and be part of the change.

Feedback

The workgroup is specifically seeking feedback on *An Agenda for Change* from governmental public health leaders on the following questions:

- Intro – does it capture the key factors influencing us and creating the need for change?
- The What – does it address the key issues facing us?
- The How – does it include the key elements needed to reform our system?
- Does *An Agenda for Change* capture our highest priorities for change?
- Guiding principles – are these the key common guideline principles for the governmental public health system.
- Criteria for decisions – are these the key criteria that should guide governmental public health in making policy, program and funding choices.

A number of channels for providing feedback are in development and will be available soon at

<http://www.doh.wa.gov/PHSD/reshape.htm>

Statewide Web-Conferences via iLinc

These iLinc sessions are one of the options for individuals in the public health community to hear a presentation on, participate in a discussion of, and provide input to *An Agenda for Change*. The same information will be presented during each. Registration is available via SmartPH. The following iLincs are scheduled:

- Monday, July 26th 10-Noon
- Wednesday, August 11 1:30-3:30
- Friday, August 27 10-Noon
- Thursday, September 9 2:30-4:30

Tools

Tools to help facilitate dialogue will be available on the website.

<http://www.doh.wa.gov/PHSD/reshape.htm>

To register for iLinc sessions on SmartPH:

1. Click www.smartph.wa.gov (wait for redirect).
2. Login.
3. Select **Take Courses**.
4. Click the **Browse Catalog** icon.
5. Type **Reshaping** in the Search for box
6. Click the **Scheduled classes** button at the bottom of the page.
7. Select the **check box** next to the schedule class you wish to attend.

- Background document
- PowerPoint presentation
- Talking points
- Q&A about *An Agenda for Change*
- Discussion questions
- Reference materials used by the Reshaping Governmental Public Health Workgroup

Dialogue and Discussion

Workgroup members are looking to leaders in the governmental public health system to share and discuss *An Agenda for Change* with peers, colleagues, leadership/management teams and staff and provide feedback. A tool kit, to include a background document, talking points, a PowerPoint set, and discussion questions, is in development and will be available soon on this site.

- Consider discussing *An Agenda for Change* at your leadership/management team meeting and how this fits with our current reality and future needs? How does this fit with our authorizing environment; community health status data and our community health assessment; expectations of our constituents, community, and policy makers; agency strategic plan? How might we use *An Agenda for Change* to guide our work and decision making?
- Consider testing *An Agenda for Change* as a outline for meetings, workshops, communications, reporting or display of data, etc.

<http://www.doh.wa.gov/PHSD/reshape.htm>

ⁱ Rajaratnam JK, Marcus JR, Flaxman AD, Wang H, Levin-Rector A, Dwyer L, Costa M, Lopez AD, Murray CJL. Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4. *Lancet* 2010; 375: 1988–2008, published online May 24, 2010.

ⁱⁱ Rajaratnam JK, Marcus JR, Levin-Rector A, Chalupka AN, Wang H, Dwyer L, Costa M, Lopez AD, Murray CJL. Worldwide mortality in men and women aged 15–59 years from 1970 to 2010: a systematic analysis. *The Lancet* 2010, April 30; doi:10.1016/S0140-6736(10)60517-X.