The State Health Improvement Plan (SHIP) - Creating a Culture of Health for Washington

Place holder for a quote from – John Wiesman, Secretary of Health

If we want to improve health, we must address what influences our health in the beginning. Changing how health care is delivered or reimbursed is not enough; that where we live, learn work and play profoundly influences health.

John Wiesman, Secretary of Health has asked for the **State Health Improvement Plan (SHIP)** to identify 2 or 3 issues that the public health system can champion with our many community partners to improve health. It is intended to catalyze public health leaders and their community partners to work together improve health through targeted and innovative interventions. This SHIP recommends three concrete measurable 'upstream' priorities for the public health system to embrace with their many partners during this unprecedented time of health reform as the way toward a culture of health.

This SHIP is not intended to replace or supplant other reports and activities in progress. It is intended to align and support other activities and initiatives. The goal is to highlight the public health system's commitment to find common ground, work together, engage others in the community and commit resources across the system to make a difference in the health of the people of Washington.

The SHIP sets a tangible course for better health in Washington, recognizing that what we do now affects where we are in 10 plus years. **It is based on the *Agenda for Change,* many local community health assessments and improvement plans, and is forward thinking**; aiming to keep people healthy throughout the life span, recognizing that only about 10% of health is impacted in medical facilities, while 90% is due to the air we breathe, food we eat, our physical activity, our education level, and the many choices we make about our behaviors.

The focus of the SHIP is far broader than the public health system; it is the plan for improving health statewide, and involves many partners.

Background

In 2012, Washington adopted the **Agenda for Change Action Plan** and began the transformation of the public health system. The plan set out a course to protect and improve the public's health into the future, while sustaining past successes, and is the foundation for the SHIP. In 2013, Washington's new governor Jay Inslee directed improvement in five broad areas (**Results Washington**): education, economy, sustainable energy and clean environment, healthy and safe communities, and efficient and accountable government. His goals include measurable objectives for healthy babies, healthy youth and adults, and access to care/pay for quality. Along with the Results Washington goals, other significant bodies of work are driving much health improvement. These include: **State Health Care Innovation Plan (SHCIP)**, the **Washington State Plan for Healthy Communities,** Healthy Communities: The Journey Forward a Framework to Address Chronic Disease (American Indian Health Commission and DOH) and the **Essentials for Childhood – Collective Impact**. These will all inform and drive the SHIP.

In 2014, the Robert Wood Johnson Foundation (RWJF) recommended three priorities to improve the health of all Americans. Their report **Time to Act: Investing in the Health of Our Children and Communities** recommends three 'upstream' strategies that reach beyond the traditional medical care and public health systems. Changing our focus to think 'upstream' is fundamental to this work, for example while we want to see increased spending on education we also need to focus on supporting the ability to learn which happens before the child is ready for school – early childhood foundations. The RWJF recommends:

- Invest in the foundations of lifelong physical and mental well-being in our youngest children;
- Create communities that foster health-promoting behaviors; and
- Broaden health care to promote health outside of the medical system

Process

Washington's **Public Health Improvement Partnership (PHIP)** is overseeing development of the SHIP, ensuring that it is based on recent local health assessments, and current state wide health improvement initiatives. The PHIP, a partnership of state and local public health leaders lays the groundwork for the public health services improvement plan as required under RCW 43.70. In April 2014, the PHIP approved the SHIP workgroup recommendation to adopt the three RWJF upstream priorities for Washington's SHIP.

Following the PHIP adoption of the three priority areas the subgroup is aligning work underway through current statewide initiatives such as Results Washington, the Prevention Framework, the State Health Care Innovation Plan, and the local community health improvement plans (see page 8). Each of the three broad priority areas are then divided into domains with desired outcomes, potential areas for intervention, key measures and potential strategies with references to existing state initiatives. All of the outcomes, measures, and strategies are linked to current state and local initiatives.

Much work will be done (July through September) to identify specific measures and evidence based strategies within each priority area. Many repeat themes will emerge from work underway. These will be shared across the system and with your input will result in the selection of the SHIP's 2 or 3 key health issues.

While the priority areas are intentionally broad allowing for much community engagement, the SHIP will identify 2 or 3 specific measures for the public health system to embrace, together with their partners for measurable improvement in the next few years.

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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 so important?

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

Domains of Child Health and Well-being	Desired Outcomes	Potential Areas for Intervention to Impact Desired Outcomes	Key Measures (by race/ ethnicity, income, geography)	Existing State Initiatives/Plans to Build On	Potential Strategies to Address	Examples of partners
Healthy relationships (social and emotional well-being)	↑ Proportion of young children who experience safe, stable nurturing relationships and environments ↓ Adverse Childhood Experiences and child maltreatment	Unintended pregnancy Family economic stressors (employment, housing, child care) Parental discord/ domestic violence0 Household mental health and substance use Parenting/ caregiving knowledge, skills and practices	Unintended pregnancy rate (TBD) Child abuse/ neglect rate Source: DSHS--client data ***Targets:*** Results WA, HP2020 BRFSS - Access to care/ behavioral health care measures BRFSS - % people insured Communities Count – proportion of WA companies offering health insurance	'Essentials for Childhood'—collective impact (TIMING MAY PREVENT USAGE) Healthy Communities MCH Block Grant Results Washington Native American Plan – Pulling Together for Wellness	***Universal and Targeted Programs/ Services:*** - Home visitation - Nurse family partnership - Parenting support/ coaching - Family planning ***Policies:*** - Family leave - Family living wage - Subsidized quality child care/family housing ***Systems:*** - Systematic identification and family-oriented intervention for parental mental health, substance use and interpersonal violence issues in health care and social service systems ***Environmental Change:*** - Family friendly neighborhoods and communities/ social network development	Early Learning HCA YWCA/ YMCAs Boys and Girls Clubs Faith Based Organizations OSPI And…

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Domains of Child Health and Well-being	Desired Outcomes	Potential Areas for Intervention to Impact Desired Outcomes	Key Measures (by race/ ethnicity, income, geography)	Existing State Initiatives/Plans to Build On	Potential Strategies to Address	Examples of partners
Healthy weight	↑ Proportion of young children who follow a healthy growth trajectory ↓low birth weight ↓childhood obesity	Family and neighborhood stressors Maternal risk factors (poor nutrition, obesity, smoking) Lack of community breastfeeding supports/ norms Unhealthy food environments (home, school, community) Excess screen time Lack of safe places and opportunities for active play/ physical activity/ adequate rest	Low birth weight Source: DOH--birth certificate ***Targets: ?*** Childhood BMI >95th percentile at age 3-5 years (?) (TBD) Healthy Youth Survey - weight at grades 6, 8 10 and 12 - also in Results Washington and LPHI WIC PRAMS - breastfeeding, - Vital records - low birth weight - maternal weight gain Ask DOH maternal Child Health – relationship between weight in mom vs baby	Agenda for Change Healthiest Next Generation - Breastfeeding support - Child Care/ school nutrition policies - Childhood weight at 2-4 years Healthy Communities Results WA ↑ percentage of children (19-35 months) receiving all recommended vaccinations Pulling Together for Wellness - AIHC Others	***Universal and Targeted Programs/ Services:*** Breastfeeding services for new families ***Policies:*** Child care nutrition policies Hospital, employer breast feeding policies ***Systems:*** ***Environmental Change:*** Community breastfeeding supports	

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Domains of Child Health and Well-being	Desired Outcomes	Potential Areas for Intervention to Impact Desired Outcomes	Key Measures (by race/ ethnicity, income, geography)	Existing State Initiatives/Plans to Build On	Potential Strategies to Address	Examples of partners
Readiness to learn	↑ Proportion of young children who follow a healthy developmental trajectory ↓preterm delivery ↓developmental delays ↑ early identification and intervention for developmental and behavioral risks and concerns	Premature birth Delayed identification of developmental needs Impoverished environments with limited developmental stimulation Low parental/ caregiver education	Preterm births <37 weeks Source: DOH—birth certificate ***Targets: ?*** Kindergarten school readiness Source: OSPI—WaKIDS whole child assessment ***Targets:*** Results WA	WA State Early Learning Plan WA DOH-Universal Developmental Screening Results WA - School Readiness WAKIDS Preterm delivery	***Universal and Targeted Programs/ Services:*** High quality evidence-based pre-school/early learning programs Parent education/ skills/capacity development ***Policies:*** ***Systems:*** Universal developmental screening (including assessment of developmental risk) Enhanced early intervention system	

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Priority 2: Support development of healthy neighborhoods and communities

GOAL

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

Why is this so important?

All people should be able to reach their individual potentials within the communities we build. When our neighborhoods are 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.

Domains of Healthy Neighborhoods and Communities	Desired Outcomes	Potential Areas for Intervention to Impact Desired Outcomes	Key Measures (by race/ ethnicity, income, geography)	Existing State Initiatives/Plans to Build On	Potential Strategies to Address	Examples of Partners
Community safety	↑ Proportion of people who feel safe in their neighborhood/ community	Pedestrian and bicycle safety, crime reduction/prevention, tobacco- and drug-free environments	Perception of safety Community safety measures (Healthy Youth Survey)	Healthy Communities Neighborhoods Matter (Spokane)	Universal and Targeted Programs/ Services: Policies: Systems: Environmental Change:	Neighborhood Groups Housing Planning Depts Transportation /Transit Law Enforcement Parks and Rec
Quality housing	↑ Proportion of people living in safe, stable, and affordable housing	Homelessness High cost burden (housing and housing + transportation) Inadequate facilities (lack of kitchen/plumbing, lack of heating/cooling) Unsafe facilities (mold, lead or other environmental problems)	Severe housing problem (County Health Rankings)		Universal and Targeted Programs/Services Policies: - Subsidized quality family housing	
Health-Promoting Community Structures(?)	↑ Proportion of neighborhoods /communities that offer opportunities for healthy active living Or ↑ Proportion of people with access to health-promoting community amenities within close proximity to home	Transit, healthy food venues, parks, trails, community spaces	Food access- proximity of grocery stores (County Health Rankings) Parks/ Recreation facility access (??)	Agenda for Change Healthy Communities		

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Priority 3: Broaden health care to promote health outside the medical system

GOAL

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

Why is this so important?

All people should receive health- focused care that treats illness as well as helping to lead healthy lives. When health care professionals and health care institutions broadens their mindset, mission and incentives beyond treating illness to helping people lead healthy lives, we will move toward a culture of health.

Domains of health beyond the medical system	Desired Outcomes	Potential Areas for Intervention to Impact Desired Outcomes	Key Measures (by race/ ethnicity, income, geography)	Existing State Initiatives/ Plans to Build On	Potential Strategies to Address	Examples of stakeholders and partners involved in other process
Community linkages available to providers	↑Proportion of people receiving appropriate timely referrals	State Regional Local	Health 'vital signs' to assess non-medical indicators for health	'Public Health - Health Care Delivery System Partnership'" Prevention Framework State Health Care Innovation Plan	***Universal and Targeted Programs/Services:*** ***Policies:*** ***Systems:*** ***Environmental Change:***	
Healthy people through the life span	↑Proportion of people with healthy lifestyles making healthy choices		↓percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017 ↑ percentage of outpatient chemical dependency treatment retention in adults from a state fiscal year 2013 average of 68.7% to 70.7% by 06/30/2015	SHCIP Health in all policies		

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Public Health roles:

- Provide the 'health lens' for community decision makers. The increased use of health impact assessments provides an example of how this can work.
- Act in a catalytic role with community leaders to identify common ground among different organizations to improve health and help to catalyze changes tailored to meet the needs of the community.
- Provide the population data and evidence-based practice
- Encourage accountability and transparency

Roles of community partners; including urban planning, education, housing, transportation, health care, and business:

- Work together and understand each other's goals and skills.

Assessment Data, Improvement Plans and Statewide Improvement Initiatives

The SHIP used multiple current sources of health data and recent health improvement plans to identify the health challenges in Washington. Each assessment points to major issues impacting the health of the people of Washington. Our review reveals improvement themes presented as our priorities. Here is a brief overview of our sources: (Links will be added)

1. **The Health of Washington – State Health Assessment (Washington Department of Health – DOH)**

2. **The Agenda for Change Action Plan (Public Health Improvement Partnership)**

3. **Community Health Assessments (Washington's Local Health Jurisdictions) – also includes many community health improvement plans**

4. **Community Health Needs Assessments (Washington's Non Profit Hospitals) – 42 from across the state**

5. **Results Washington (Governor Inslee)**

6. **Healthy Communities: The Journey Forward a Framework to Address Chronic Disease (American Indian Health Commission and DOH)**

7. **State Health Care Innovation Plan (SHCIP) - Prevention Framework (SHCIP was produced in 2013 by the Health Care Authority (HCA), the Prevention Framework will be developed in 2014 by DOH and HCA)**

8. **WA Essentials for Childhood – Collective Impact**

9. **Washington State Plan for Healthy Communities (DOH 2014)**

10. **National Prevention Strategy (U.S. Department of Health and Human Services, 2011)**

11. **Winnable Battles (produced by the Centers for Disease Control and Prevention)**

12. **Governor's Interagency Council on health disparities -** alignment with ACEs

13. **Others**

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Next Steps and 2014 timeline

July – September

- Seek input from stakeholder groups such as: LHJs, Tribal health, WSALPHO, WSHA, OSPI, and HCA
- Identify evidence based measurable strategies for each priority
- Develop communication plan –Incl possible Webinar
- Align goals with state and national goals such as: Healthy People 2020, Results Washington
- September 19 in-person meeting lead by John and Regina with LHJ and Tribal Health leadership and PHIP

October – December

- Adopt evidence based measurable strategies for each priority
- Joint Conference presentation /discussion
- Develop work plan for each Strategy
- Finalize SHIP at December PHIP

The SHIP committee, co-chaired by Torney Smith and Jane Lee, with members Astrid Newell, Allene Mares, Janis Koch, Juliet VanEenwyk, Megan Davis, Jan Olmstead, Pam Lovinger, Karen Jensen and David Solet, recommend PHIP follow the RWJF lead toward building a culture of health for Washington.

We welcome new members.

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