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
TABLE OF CONTENTS

Introduction ............................................................................................................................................. 3
Preventing Communicable Disease and Other Health Threats .............................................................. 5
Healthy Communities and Environments ............................................................................................. 10
Public Health Partnering with the Healthcare System ....................................................................... 20
Minimum Package of Public Health Services .................................................................................... 27
Agenda for Change Workgroup Rosters ............................................................................................. 38
Background and Reference Materials ............................................................................................... 39
WHY THIS? WHY NOW?

Public health has profoundly improved the lives of people in our state for more than 100 years. In the 1900s, the average life expectancy in the U.S. was 49 years. Today it is 80 years. While clinical healthcare has contributed to this increase, most of it is due to public health actions – for example, the dramatic drop in infant mortality and death from infectious disease resulting from improved hygiene, sanitation, immunization, and communicable disease control. While these public health successes are largely out of the public spotlight, today our work to ensure safe drinking water, safe food, and safe living conditions is active and ongoing and requires resources and trained public health professionals to assure continuing effectiveness.

Our successes have brought us new challenges. While people in Washington are living longer, too many 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 including tobacco use, poor nutrition, and physical inactivity have become the major causes of long-term illnesses and disability and are cutting lives short.

As a result, 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 challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. To adapt we must rethink how we do our work in ways that will allow us to:

- **Protect our past successes** – protect our capabilities to prevent and respond to communicable disease threats; ensure safe drinking water, food, soil and air; give children a healthy start to life; and prepare and respond to emergencies and disasters
- **Confront our emerging challenges** – prevent and reduce chronic diseases such as diabetes and heart disease resulting from underlying tobacco use, poor nutrition and physical inactivity as well as prevent injuries and reduce health disparities that are a result of race and class differences
- **Use our available resources most efficiently and effectively** – forge new partnerships and use technology to build a better, more effective public health system

AGENDA FOR CHANGE AND ACTION PLAN

The Agenda for Change calls for reforming governmental public health. Our current efforts fall short of the health challenges of today and tomorrow and will result in needless death and disability. While the goals of public health have not changed, the way we do our work has. We must become more outcome-oriented, acquire new skills, and partner better with our community healthcare providers. The agenda recommends new directions and new actions to focus and transform the fundamental goals of public health:

- Implement the most effective and important elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats
- Engage in policy and systems efforts to foster communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide all of us the opportunity for long, healthy lives
- Effectively and strategically partner with the healthcare system to improve access to quality, affordable, integrated healthcare that incorporates routine clinical preventive services and is available in rural and urban communities alike
- Define a minimum package of public health services/ protections that no community should be without as a first step in a long-term effort to achieve sustainable funding
Using the guidance from the Agenda for Change initiative an Action Plan was developed by the Public Health Improvement Partnership with participation from many partners including federal, state, local, and tribal public health, elected officials, healthcare organizations, educational institutions, community groups, and businesses. Each community and agency can use it as a guide in its own planning process. The plan defines strategies that are applicable for both the governmental agencies and policy makers at the community and state level.

This Agenda for Change Action Plan will drive the course of change for public health in Washington for the next three to five years. It focuses on achievable actions we can begin now in full recognition of the current resource challenges in governmental public health. Over the next two years a longer term action agenda will be developed to accomplish the more comprehensive transformation of the governmental public health system.
PREVENTING COMMUNICABLE DISEASES AND OTHER HEALTH THREATS

Agenda for Change Guidance
Implement the most effective and important elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats

a) Give high priority and explore every avenue to maximize the disease protection provided by immunizations – one of our most cost-effective strategies to prevent the spread of vaccine-preventable disease

b) Sustain the most effective elements of our capacity to prevent, rapidly detect, and respond to health threats, both current and emerging

c) Modernize our informatics capabilities and capacities to collect and securely share vital information

d) Improve and modernize our risk communication capacities and technologies to effectively provide key information to policy makers, the public, and the health care system

Why Do We Need to Make Changes?

- Immunization rates are increasing, but are still below the national average.
- We are seeing epidemic levels of pertussis in many communities. We must be prepared to respond to outbreaks to decrease the impact of preventable illness on our residents.
- Improving our understanding of immunization coverage will allow public health to target limited resources towards increasing coverage.
- The declining economy has resulted in a reduction in public health staff. We need to streamline our work to focus on the most critical activities.
- The Public Health informatics systems for notifiable conditions must be modernized in order to maintain an effective and efficient communicable disease surveillance and response.
1. Increase immunization rates across the lifespan of all residents

<table>
<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will...</th>
<th>Local Health Jurisdictions will...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Improve our understanding of immunization coverage in Washington State by enhancing the completeness of data entered in the Washington Immunization System (CHILD Profile)</td>
<td>1. Create a new Washington immunization system function that allow LHJs to run their own reports</td>
<td>1. Use Washington immunization system data on community immunization coverage to understand and improve completeness of data and improve provider participation in the registry and immunization rates</td>
</tr>
<tr>
<td></td>
<td>2. Provide technical assistance and consultation to each local health officer and local immunization coordinator/staff on the immunization coverage data for their community</td>
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<td></td>
<td>3. Increase provider participation in the registry</td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Improve the quality of immunization data entered into the Washington immunization system</td>
<td>1. Develop recommendations for Washington immunization system improvements (convene a workgroup)</td>
<td>1. Partner with DOH and others to recommend Washington immunization system improvements</td>
</tr>
<tr>
<td></td>
<td>2. DOH will work with LHJs to develop additional reports</td>
<td>2. Partner with DOH to develop additional reports for their respective jurisdiction</td>
</tr>
<tr>
<td><strong>c</strong> Identify and implement evidence-based practices to improve immunization coverage rates with an emphasis on immunizations that provide the greatest public health impact</td>
<td>1. Provide information to LHJs on use of the registry to increase immunization coverage rates</td>
<td>1. Give providers in their community information from the registry to help them increase immunization rates</td>
</tr>
</tbody>
</table>


2. **Standardize and prioritize communicable disease surveillance and response activities**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will...</th>
<th>Local Health Jurisdictions will...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Prioritize communicable disease surveillance and response</td>
<td>1. Develop recommendations for prioritization of CD surveillance and response activities (convene a workgroup)</td>
<td>1. Work with DOH to develop recommendations for prioritization of CD surveillance and response activities</td>
</tr>
</tbody>
</table>
| **b)** Establish evidence-based statewide recommendations around communicable disease control | 1. Work with LHJs and other partners to update guidelines and standardize response activities in the state (e.g., pertussis)  
2. Convene a workgroup to review and update CD investigation guidelines | 1. Work with DOH to update pertussis guidelines  
2. Work with DOH to update communicable disease investigation guidelines |
3. Develop and maintain and integrate data collection system for communicable disease surveillance and response

<table>
<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will...</th>
<th>Local Health Jurisdictions will...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a) Modernize the notifiable conditions data collection system for case investigation and outbreak management</strong></td>
<td>1. Look for funding to modernize the notifiable conditions data collection system</td>
<td>1. Participate in gathering business requirements for the notifiable conditions data collection system</td>
</tr>
<tr>
<td></td>
<td>2. Develop a project plan to modernize the notifiable conditions data collection system (convene a workgroup)</td>
<td></td>
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<tr>
<td></td>
<td>3. Engage LHJs in developing business requirements for updating the notifiable conditions data collection system</td>
<td></td>
</tr>
<tr>
<td><strong>b) Increase capacity to receive electronic laboratory reporting of notifiable conditions through a health information exchange</strong></td>
<td>1. Complete the process to connect to the health information exchange</td>
<td>1. Understand local capacity to receive electronic lab reporting</td>
</tr>
<tr>
<td></td>
<td>2. Modify electronic lab reporting system to receive information through the health information exchange</td>
<td>2. Move toward capacity to receive electronic medical report from providers</td>
</tr>
<tr>
<td></td>
<td>3. Recruit labs to report data electronically</td>
<td>3. Assess ability/capacity for LHJ and health officer to use health information exchange</td>
</tr>
<tr>
<td><strong>c) Implement an updated SECURES communication alerting system from public health to outside community</strong></td>
<td>1. Implement new SECURES system features</td>
<td>1. Work with DOH to understand new SECURES system features and use them locally</td>
</tr>
</tbody>
</table>
ESSENTIAL PARTNERS

Schools
- Work with LHJs to promote immunization and improve coverage

Healthcare Providers
- Improve quality of information entered into Child Profile
- Promote the benefits of immunization to parents
- Work with LHJs and DOH to improve completeness of Washington Immunization System data

What success will look like...

<table>
<thead>
<tr>
<th>PLACEHOLDER: Communicable Disease Surveillance and Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We will swiftly respond to priority communicable diseases in order to prevent the spread in our communities.</td>
</tr>
<tr>
<td>• We will have an immunization registry system that receives local data and provides accurate local reports for a targeted community response to increase immunization coverage.</td>
</tr>
<tr>
<td>• We will have integrated data systems that increase data exchange between systems and improve communicable disease surveillance.</td>
</tr>
<tr>
<td>• We will have an updated Communicable Disease Control Manual which can be used by local health jurisdictions, DOH, tribes, and the military to standardize our surveillance and response activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLACEHOLDER: Immunizations—<em>if specific performance measures were developed they would be similar to the following measures</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Percent of adults 18 and older who report receiving a flu shot during the past 12 months. <em>(Source: BRFSS)</em></td>
</tr>
<tr>
<td>• Percent of children ages 19—35 months with complete vaccination records on file in the CHILD Profile Vaccination Registry (4 DTP, 3 Polio, 1MMR, 3 Hib, 3 Hep B, 4 Varicella, 3 PCV). <em>(Source: CHILD Profile)</em></td>
</tr>
</tbody>
</table>
HEALTHY COMMUNITIES AND ENVIRONMENTS

Agenda for Change Guidance

Engage in policy and systems efforts to foster communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide all of us the opportunity for long, healthy lives.

In order to increase the number of Washington residents who are healthy at every stage of life we need to create policies, systems, and environments that give all residents an equal opportunity to make healthy choices. Many of these strategies can also reduce or prevent injuries, another leading cause of disability, suffering, and premature death. This work will require strong public and private partnerships in order to be successful.

a) Give high priority to creating policies, systems, and environments that promote healthy starts, reduce tobacco use, and support healthy eating and active living, raising the bar on healthy and productive lives for everyone.

b) Focus effort and policies to address disparities in health, providing the opportunity for all Washingtonians to make the choices that allow them to live long, healthy lives, regardless of their income, education, racial, or ethnic background.

c) Increase the types of governmental partners to engage (i.e., parks, transportation, comprehensive planning, and land use) and find new ways to collaborate to incorporate ‘health’ into all policies. Actively and broadly engage and leverage the efforts of the non-government entities – economic development agencies, businesses and the private sector, schools, faith organizations, non-profit organizations, and others – to promote health, prevent disease, and reduce health care costs.

d) Recognize and integrate into our practice and health programs current knowledge of the effects of social and economic factors on health to give everyone the chance to live a healthy life.

Why Do We Need to Make Changes?

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

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<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will...</th>
<th>Local Health Jurisdictions will...</th>
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<tbody>
<tr>
<td><strong>a) Reduce preterm births</strong>&lt;br&gt;Examples include: promoting prenatal care starting in the first trimester and reducing elective births before 39 weeks</td>
<td>1. Monitor and report data on preterm birth rates and risk factors&lt;br&gt;2. Work with partners to identify, implement, and evaluate strategies to reduce elective births before 39 weeks</td>
<td>1. Partner with Department of Health and others to monitor data on preterm birth rates and risk factors&lt;br&gt;2. Work with partners to identify, implement, and evaluate evidence-based strategies that reduce preterm births</td>
</tr>
<tr>
<td><strong>b) Promote preconception and prenatal care</strong>&lt;br&gt;Focus on folic acid; family planning; and screening and treatment for domestic violence, tobacco use, alcohol and drugs, HIV/AIDS, and depression</td>
<td>1. Monitor and report data on preconception and prenatal care&lt;br&gt;2. Provide training and technical assistance on preconception health issues</td>
<td>1. Monitor and report data on preconception and prenatal care&lt;br&gt;2. Assist healthcare service systems in identifying preconception and prenatal resources in the community</td>
</tr>
<tr>
<td><strong>c) Prevent or reduce the impact of adverse childhood experiences</strong>&lt;br&gt;Focus on working with community partners and healthcare systems</td>
<td>1. Provide training and technical assistance on adverse childhood experiences and associated risk and protective factors&lt;br&gt;2. Work with partners to identify public health strategies to prevent or reduce the impacts of adverse childhood experiences</td>
<td>1. Identify populations most at risk for adverse childhood experiences&lt;br&gt;2. Work with partners to develop, implement, and evaluate community-level strategies</td>
</tr>
<tr>
<td><strong>d) Promote breastfeeding</strong>&lt;br&gt;Focus on implementing policies in worksites and hospitals that support breastfeeding mothers</td>
<td>1. Communicate the connection between breastfeeding and health&lt;br&gt;2. Provide training, technical assistance, and resources on creating breastfeeding-friendly environments</td>
<td>1. Identify and prioritize worksites in the community that currently do not have designated breastfeeding areas&lt;br&gt;2. Work with partners to implement policies to support breastfeeding mothers</td>
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</table>
2. Increase the number of stable and healthy environments for children

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<tr>
<th>Strategies</th>
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</table>
| a) Promote evidence-based practices, such as home visiting programs  
Focus on vulnerable or at-risk populations | 1. Partner with the Department of Early Learning (DEL) and the Department of Social and Health Services (DSHS) to conduct needs assessments on home visiting and identify programs targeting pregnant women and young families  
2. Work with state partners to secure resources to support evidence-based home visiting programs | 1. Support implementation and evaluation of evidence-based home visiting programs |
| b) Screen young children for developmental and social-emotional issues and link them to appropriate community services  
Focus on reducing or eliminating exposure to complex trauma | 1. Work with state, local, and tribal partners to create and promote a universal developmental and social-emotional screening program | 1. Work with state, local, and tribal partners to promote a universal developmental and social-emotional screening program |
| c) Offer healthy meals (including snacks and beverages) in schools, child care settings, and after-school programs | 1. Partner with the Office of the Superintendent of Public Instruction (OSPI), DEL, and other partners to promote healthy meal options in schools, child care settings, and after-school programs  
2. Provide training and technical assistance on healthy food options | 1. Work with partners to identify schools, child care settings, and after school programs within communities that have the poorest health outcomes  
2. Identify and implement policy, environmental, and system changes that promote healthier food environments (such as Fuel Up with Breakfast Challenge) within these communities |
<table>
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<tr>
<th>Strategies</th>
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</table>
| d) Implement systems that encourage physical activity before, during, and after school | 1. Strengthen partnerships with OSPI and the Department of Transportation (DOT) to promote *Safe Routes to School* and other strategies to increase physical activity in kids | 1. Work with schools, local governments, and other partners to identify systems that encourage physical activity before, during, and after school. Prioritize schools with the poorest health outcomes  
2. Work with partners to implement policy and system changes in prioritized communities |
3. Increase the number of communities that encourage adults to make healthy choices for themselves and their families

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</table>
| a) Provide affordable, healthy food and beverages in worksite, institution, community, and neighborhood settings | 1. Provide access to current statewide data on fruit and vegetable intake and the availability of affordable, healthy food and beverages  
2. Provide training and technical assistance on evidence-based policies and programs that increase the availability of healthy food and beverages and improve nutrition  
3. Work with state agencies and partners to develop and adopt healthy food and beverage procurement guidelines (that include guidelines about availability of sweetened beverages)  
4. Promote one site of recommended healthy food and beverage procurement guidelines for all state agencies | 1. Identify communities with limited access to healthy food and beverages  
2. Work with partners to identify, implement, and evaluate policy, system, and environmental changes that can increase access to affordable, healthy food and beverages  
3. Work with local boards of health to influence adoption of healthy food and beverage procurement policies that align with state guidelines |
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</thead>
<tbody>
<tr>
<td><strong>b) Expand places to purchase fruits and vegetables using</strong></td>
<td>1. Partner with the Department of Social and Health Services to expand locations where SNAP benefits can be used to purchase fruits and vegetables</td>
<td>1. Work with state and local partners to identify food retailers where WIC and SNAP are not accepted. Prioritize communities with the poorest health outcomes</td>
</tr>
<tr>
<td><strong>Supplemental Nutrition Assistance Program (SNAP)</strong> and Women Infants and</td>
<td>2. Promote use of the current WIC fruit and vegetable benefit package with WIC-eligible families</td>
<td>2. Work with state and local partners to expand locations where SNAP benefits can be used to purchase fruits and vegetables</td>
</tr>
<tr>
<td><strong>Children (WIC) benefits</strong></td>
<td></td>
<td>3. Promote use of the current WIC fruit and vegetable benefit package with WIC-eligible families</td>
</tr>
<tr>
<td><strong>c) Offer smoke-free multi-unit housing</strong></td>
<td>1. Monitor and report data on the availability of smoke-free multi-unit housing in the state</td>
<td>1. Work with local and state housing authorities and other strategic partners to implement policies and strategies that increase the number of non-smoking units in governmental housing</td>
</tr>
<tr>
<td>Focus on housing for low-income populations</td>
<td>2. Work with partners to provide training and technical assistance</td>
<td>2. Work with partners to identify non-governmental multi-unit housing structures in communities with high tobacco use and poor health outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Provide technical assistance and resources on developing smoke-free structures</td>
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<tr>
<td>Strategies</td>
<td>The State Department of Health will...</td>
<td>Local Health Jurisdictions will...</td>
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| d) Provide quality tobacco cessation services (such as the Quitline) for people who want to quit | 1. Monitor and report statewide tobacco use trends, focusing on populations experiencing disparity  
2. Identify and secure funding for the Quitline for uninsured and underinsured tobacco users  
3. Promote availability of cessation services | 1. Work with local and state partners to identify current and potential quality tobacco cessation services  
2. Work with partners to assure quality and affordable services are available  
3. Promote availability of cessation services |
| Focus on services for pregnant women and women of childbearing age          |                                                                                                                                                        |                                                                                                                                                        |
| e) Protect employees, customers, patrons, and others from secondhand smoke | 1. Partner with key state agencies and partners to implement tobacco-free policies  
2. Provide data and education about the health effects of secondhand smoke | 1. Work with partners to identify and implement policy, system, and environmental changes that decrease exposure to secondhand smoke |
| Focus on chemical dependency treatment centers, mental health recovery centers, child care/early learning centers, parks, and institutions of higher education |                                                                                                                                                        |                                                                                                                                                        |
| f) Include health elements or healthy community designs in comprehensive plans | 1. Provide access to current statewide data on physical activity and injury trends  
2. Provide training and technical assistance on evidence-based policy and environmental changes to increase physical activity and reduce injury  
3. Foster partnerships with the DOT and the Department of Commerce to integrate health into state transportation and land-use planning | 1. Communicate current, locally relevant information on availability of non-motorized transportation options, physical activity, and injuries  
2. Foster partnerships with local planning and transportation entities  
3. Work with local government, planning, and transportation entities to build health elements or healthy community designs into comprehensive plans |
<p>| Examples include: compliance with Complete Street Design Guidelines and building schools within neighborhoods and communities served by that school |                                                                                                                                                        |                                                                                                                                                        |</p>
<table>
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</thead>
</table>
| **g) Offer free or low-cost physical activity opportunities in communities and worksites** | 1. Monitor and report data on physical activity and injury prevention trends  
2. Provide training and technical assistance on built environment strategies that increase physical activity and reduce injuries | 1. Work with partners to identify places within the community to implement free or low-cost physical activity opportunities. Prioritize communities and neighborhoods with poor health outcomes  
2. Work with partners to implement and evaluate free or low-cost physical activity opportunities |
ESSENTIAL PARTNERS

The American Indian Health Commission working with tribes
- Increase capacity to use policies, systems, and environmental changes when addressing health issues
- Provide training and technical assistance

Childcare and Early Learning Centers
- Adopt healthy food and beverage procurement guidelines

Healthcare Providers and Systems
- Participate in training about patient-centered health homes
- Follow recommended clinical guidelines
- Learn about community resources that support patient health and improve healthy behaviors, such as tobacco cessation resources, places to purchase affordable food and beverages, and opportunities for physical activity

Housing Authorities, Non-Profit Housing Organizations, Property Management Organizations, and Landlords
- Educate residents on the health risks of secondhand smoke and the benefits of quitting tobacco
- Provide information about cessation services to residents
- Implement and enforce policies that protect residents from secondhand smoke

Schools
- Participate in the Fuel Up First with Breakfast Challenge
- Participate in the HealthierUS Schools Challenge and achieve gold recognition
- Implement Safe Routes to Schools and walking school bus programs

State and local government agencies
- Adopt healthy food and beverage procurement guidelines
- Integrate health criteria into decision making
- Build health elements or healthy community design elements into comprehensive plans
- Develop tobacco-free campuses

Businesses
- Provide physical activity opportunities for employees
- Promote healthy food and beverages that are affordable
- Enforce the Smoking in Public Places Law
### What success will look like...

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current</th>
<th>Target</th>
</tr>
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<tbody>
<tr>
<td>Expected additional years of healthy life at age 20</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of adults age 18 or older who smoked at least 100 cigarettes in their lifetime and are current smokers</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of adults age 18 or older who report moderate physical activity (30 minutes a day, 5 times a week) or vigorous activity (20 minutes a day, 3 times a week) in work or leisure</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of adults age 18 or older who have a body mass index 30 kg/m² or higher</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of adults who report eating fruits and vegetables 5 or more times per day</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of adults age 18 or older who have ever been told by a doctor that they have diabetes</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Rate of hospitalization for falls per 100,000 adults age 65 or older</td>
<td>1,798</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of women who smoked any time during pregnancy</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of 10th graders who report physical activity 60 minutes a day, 5 or more days a week</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of 10th graders who report smoking cigarettes in the last 30 days</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of 10th graders in the top 15% body mass index by reported height and weight, based on CDC growth charts</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent</strong> of 10th graders who report feeling sad or hopeless almost every day for two weeks in a row over the past year</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Rate of hospitalization for unintentional injury per 100,000 children ages 0-17</td>
<td>198</td>
<td></td>
</tr>
</tbody>
</table>

### DATA SOURCES

3. Data for 6th grade students, Healthy Youth Survey, 2010
4. Division of Behavioral Health and Recovery Treatment Analyzer (DBHR-TA), 2011
PUBLIC HEALTH PARTNERING WITH THE HEALTHCARE SYSTEM

Agenda for Change Guidance

Effectively and strategically partner with the health care system to improve access to quality, affordable, and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike

a) Monitor health care access to identify and propose solutions to bottlenecks and barriers as health—care reform is implemented
b) Forge a stronger relationship with the clinical care system to improve the delivery of both clinical and community preventive services
c) Develop the resources necessary for a responsive system to oversee licensed health professionals and institutions to ensure patient safety
d) Assure that attention is paid to reducing substance abuse and promoting good mental health, especially the prevention and early detection of depression

Public health has a long history of improving health; dramatically reducing deaths through sanitation, communicable disease control, and immunization, and more recently through seat belt and tobacco initiatives. The public health principles that made these efforts successful must be applied to today’s health issues that result from a lack of access to health care providers and clinical preventive services. Regardless of the Supreme Court decision, reform of the health delivery system is already well under way. The groundwork has been laid for how we transition from ‘sick care’ to ‘healthcare and prevention’. For this transition to be complete and successful, public health and the community’s healthcare delivery system must work together in new ways in order to prevent disease and measurably improve health.

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

<table>
<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will...</th>
<th>Local Health Jurisdictions will...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Improve knowledge about the health status of the community so that community leaders can make informed decisions about how to meet local health needs</td>
<td>1. Provide population-based information such as rates of disease, health behavior, access to care, behavioral health status, and other information about the health of the community so that they can know the problems and develop plans to improve health</td>
<td>1. Disseminate information about the community’s health status so that improvement plans can be developed</td>
</tr>
<tr>
<td><strong>b)</strong> Improve information about the capacity of the health care delivery system within the community so that local participants can develop plans to close gaps</td>
<td>1. Convene a workgroup of partners to identify what meaningful information DOH can provide to LHJs on the number and type of providers in each local health jurisdiction Identify best options for providing demographic and specialty practice information through DOH licensing and renewals 2. Convene a workgroup of providers, DSHS, and others to examine options for providing information about the availability of clinical and preventive services for vulnerable populations 3. Examine options for sharing health profession demographic data for statewide health planning</td>
<td>1. Convene a workgroup of partners to examine options for providing information and monitor the adequacy and quality of health care services available in the community 2. Work with partners to examine options for obtaining up-to-date information on the availability of primary care, behavioral health, clinical, and preventive services in the community</td>
</tr>
<tr>
<td>Strategies</td>
<td>The State Department of Health will...</td>
<td>Local Health Jurisdictions will...</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>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</td>
<td>1. Work with partners to provide information about geographic variation in access of healthcare (existing data sources such as BRFSS, OFM, PSHA) so that gaps can be identified and addressed</td>
<td>1. Work with providers and other partners to provide information about after-hours care available in the community</td>
</tr>
<tr>
<td></td>
<td>2. DOH and partners will promote the use of electronic medical records for improving communication, care transition, and quality of care</td>
<td>2. Work with partners to identify network capacity</td>
</tr>
<tr>
<td></td>
<td>3. Work with partners to examine options for using current health care use data to identify and recommend changes in health care delivery. (e.g., reduced splenectomy after trauma, mapping prescription opiates)</td>
<td></td>
</tr>
</tbody>
</table>
2. Engage community leaders with a shared interest in improving health to identify and address community health problems

<table>
<thead>
<tr>
<th>Strategies</th>
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<th>Local Health Jurisdictions will...</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>1. Work with the hospital association and rural health leaders to support development of local health needs assessments and implementation plans so that these health plans are coordinated with community health assessment and work together to improve health outcomes  2. Provide data to LHJs for the development of community needs assessments and implementation plans by local hospital</td>
<td>1. Work with locals hospitals, providers, schools, tribal health, and other community leaders to support development of local health needs assessments and implementation plans so that these health plans are coordinated with community health assessment and work together to improve health outcomes  2. Share information about the health of the community with local leaders and other partners</td>
</tr>
<tr>
<td>b) Convene diverse audiences to share information about the health of the community so that problems can be identified and potential solutions developed</td>
<td>1. Provide support to LHJs to convene local forums to identify solutions to community health issues</td>
<td>1. Convene community forums with public health, clinicians, hospitals, boards of health, tribal health, and others partner to identify problems and potential solutions  2. Share community health needs assessments and improvement plans with local boards of health and other forums</td>
</tr>
</tbody>
</table>
3. **Promote and adopt the use of evidence-based clinical prevention services and patient-centered health homes**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>The State Department of Health will...</th>
<th>Local Health Jurisdictions will...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> 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</td>
<td>1. Work with partners to share the evidence-based clinical preventive services agenda to promote increased provider use of evidence-based best practices to improve health outcomes, prevent chronic disease, and increase number of healthy years lived. (such as screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with prevention materials)</td>
<td></td>
</tr>
<tr>
<td><strong>b)</strong> Increase the use and availability of patient-centered health homes</td>
<td></td>
<td>1. Promote patient-centered health homes so that patients recognize the benefits of increased access to care, preventive health care, continuity of care, and patient-centered care</td>
</tr>
</tbody>
</table>
ESSENTIAL PARTNERS

Tribes
- Work with LHJs and their community partners to assess the health of their community and develop potential solutions

Hospitals
- Partner with LHJs to create community health needs assessments to guide policy making that improve community health
- Partner with the health care delivery system and public health to promote the National Prevention Strategy

Universities
- Provide analysis of clinical and preventive services for vulnerable populations
- Partner with public health to assess community health and promote prevention strategies

Health care Providers, Payers and Systems
- Partner with local public health to improve the community’s health
- Adopt clinical preventive services such as screenings, counseling, immunizations, and medication used to prevent disease
- Participate in community forums to improve health
- Work with local public health and community hospitals to develop community needs assessments

Community Organizations
- Participate in forums to learn about the health status of the community and identify policies to improve health
- Share with the community the preventive services plan to reduce chronic diseases such as heart disease, stroke, cancer, alcoholism, and drug abuse

Community Employers and Businesses
- Participate in forums to learn about the health status of the community and identify policies to improve health
- Work with community partners to provide wellness classes and other activities to prevent chronic disease
<table>
<thead>
<tr>
<th>What success will look like...</th>
<th>Current</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Percent</em> of adults who report needing to see a doctor within the past year but could not due to cost</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of adults who report having health insurance</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of adults who report visiting a dentist, dental hygienist, or dental clinic within the past year</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of adults who have body mass index of 30 kg/m2 or more</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of adults who have ever been told by a doctor that they have diabetes</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of women age 21 or older who report receiving a Pap smear test within the past 3 years</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of women age 50 or older who report receiving a mammogram within the past 2 years</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of adults age 50 or older who had a blood stool test in the past year, sigmoidoscopy in the past 5 years, or colonoscopy in the past 10 years</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td><em>Percent</em> of women giving birth who received prenatal care starting in the first trimester of pregnancy</td>
<td>77%</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE**

*Adults are age 18 or older*

**DATA SOURCE**

Behavioral Risk Factor Surveillance System
MINIMUM PACKAGE OF PUBLIC HEALTH SERVICES

Agenda for Change Guidance

Define a minimum package of public health services that no community should be without as a first step in a long-term effort to achieve sustainable funding

a) Work with partners and policy makers to develop a new model for local, state, and federal government funding of the governmental public health system in Washington State to support this action agenda and the public health reform agenda

b) Work with partners and policy makers to develop and implement a realistic multi-year strategy to implement the new model and achieve long-term, predictable funding for the governmental public health system to support this action agenda and the public health reform agenda

INTRODUCTION

Public health in Washington State is at a crossroads. We face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. The recent An Agenda for Change document broadly addresses new directions for a reformed public health system. But a reformed public health system must have a strong foundation of core capabilities and programs. The minimum level of public health capabilities and programs must actually be present everywhere throughout the state for the system to work anywhere. That foundation is the focus of this work.

No matter where they live, all residents of our state should be able to rely on the governmental public health system to possess specific skills to detect and remedy public health hazards, deliver an essential set of services that protect their health, and demonstrate their ability to do so by meeting specific standards. Without this underlying foundation the public health system cannot operate equitably and optimally for every resident throughout the state of Washington. As a basic example, the ability to detect an outbreak of infectious disease or foodborne bacteria needs to be present statewide to minimize harm. Foundational capabilities and minimum services are not everything public health departments do, since the full set of public health services must reflect the environment and needs of the local public. However, only when we define the minimum foundational capacities and essential level of services will we have a basis for determining the level of investment needed in public health in Washington State.

Two kinds of functions form the minimum package of public health services in Washington:

1. Foundational Capabilities such as assessment, communications, policy development, community partnerships, emergency preparedness, and modern business practices cut across all program areas. As such, these core capacities should not be supported through categorical funding tied to specific diseases or health risks because these vary over time, by location, and by funding reliability. Rather these basic capabilities should be supported by dedicated, flexible funding, assuring that all local health departments in the state have the basis to carry out high quality public health work on behalf of their residents, regardless of geographic location, population size, local tax base, or other attribute of the locality.
2. **Essential Programs** represent a basic level of service in areas such as communicable disease control and environmental public health. The emphasis is on population-based services that are unlikely to get done unless governmental public health does them. A minimum level of funding, outside of categorical funding sources, is needed to ensure that every resident in Washington lives in a community where the governmental public health system can deliver an essential, minimal level of communicable disease control, chronic disease and injury prevention, environmental health, maternal/child/family health, access to clinical health care, and mental health/substance abuse services.

Together, the foundational capabilities and a basic level of services in each of the essential program areas are being called a *minimum package of public health services* that no community should be without, regardless of how the package is provided (by a local, regional, or state agency).

To define those basics is not to say they are all public health should do. Public health often can and must go beyond the basics to protect residents’ health in response to local conditions and emerging problems. These foundational capabilities and essential programs are designed to serve as a floor to support additional public health services customized to the specific situations and priorities of each jurisdiction. For example, additional, key services including those with dedicated categorical or fee-supported mechanisms for financing will be needed to protect the public’s health in many locations. In Appendix A, we have included a list of examples of additional important public health services that are tied to other funding sources, local environments, and community needs and priorities.

Even though these additional services in Appendix A are vitally important in many jurisdictions, the focus is on the minimum foundational capabilities and essential programs. That is partly because even this basic level of public health service is endangered in many Washington communities today. More fundamentally, even an expansive public health system that fully addresses our current problems will not work well unless it is built on a solid foundation of basic capabilities and essential programs.

This is meant to form the basis for a long-term effort to achieve a sustainable foundation for a reformed public health system in Washington State. It will be important to develop cost estimates for foundational capabilities and essential programs statewide. Beyond this costing task may lie several years of additional work with partners in and out of government. One thing is clear enough – no sustainable system will spring up spontaneously. It is up to the public health community to clearly define the absolute minimum foundational public health package. If we do not tackle this, no one else can be expected to do so. Other states have done this, and so can we.

In describing these capabilities and programs we have not divided them into state or local responsibilities because most of them are addressed through the combined efforts of local health jurisdictions and the state department of health. State and local costs will be identified in the process of developing a cost estimate, but we are not yet at the point where it makes sense to propose specific state or local funding sources and responsibilities. That discussion must involve several other partners. But that discussion cannot be rationally conducted without a clear idea of what minimum public health funding will pay for and what it will cost. That is why this initial part of the work, in which we clearly define the basics, is so critical.
At this writing, the following document has been approved by the Minimum Package of Public Health Services subcommittee of the Agenda for Change workgroup. The next step is for the broader governmental public health community to discuss and revise it. We may not reach complete consensus on every point, but it is important to develop as much agreement as possible within the governmental public health community.

The foundational capabilities and minimum, essential level of public health programs that will be costed out to establish a minimum level of funding are described in more detail below. As indicated above, the minimum package is needed to serve as a foundation for other critical public health activities which are described in Appendix A.
FOUNDATIONAL CAPABILITIES

Foundation capabilities are minimum capabilities that cut across all public health programs and must be available statewide. Most often, they represent components of a statewide system that must be present everywhere to function properly anywhere. They are basic functions all programs need, but which are not supported by categorical funding. As such they must be supported with core funding.

A. Assessment (surveillance and epidemiology)

1. Ability to provide key laboratory services for routine testing, reference testing, and as a part of an emergency response
2. Ability to collect, access, and analyze at least 7 specific information sources, including: 1) census data, 2) vital records, 3) a reportable disease registry, 4) certain clinical administrative data sets including hospital discharge, 5) behavioral risk factor surveillance survey, 6) basic community and environmental health indicators, and 7) a local and state chart of accounts
3. Ability to prioritize and respond to data requests and to translate data into information and reports that are valid, statistically accurate, and readable
4. Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities

B. Emergency Preparedness and Response (All Hazards)

All agencies are required to prepare and respond to emergencies with a public health implication in coordination with local, state, and federal agencies and public and private sector partners. Furthermore, agencies must have the:

1. Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations
2. Ability to operate within, and as necessary lead, an incident command structure (ICS)
3. Ability to support the ‘Emergency Support Function 8 -Public Health’ lead for the county, region, or jurisdiction
4. Implement an emergency communication strategy to inform the community and to activate emergency response personnel in the event of a public health crisis
5. Coordinate with county emergency managers and other first responders
6. Promote community preparedness by communicating steps that can be taken before, during, or after a disaster

C. Communication

1. Ability to write a press release, conduct a press conference, and maintain ongoing relations with local and statewide media
2. Ability to develop a communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served
D. Policy Development and Support

1. Ability to develop basic public health policy recommendations that are evidence-based and legally feasible

2. Ability to develop and implement basic policy education strategies to inform or influence policies that are evidence-based in accordance with Public Health Accreditation Board Standards

3. Ability to utilize cost benefit data to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and statewide health assessment, including identification of best and emerging practices, and those that respond to health inequities

E. Community Partnership Development

1. Ability to create and maintain relations with important partners, including health-related national, statewide, and community-based organizations; community groups or organizations representing populations experiencing health disparities; key private businesses and health care organizations; and key federal, tribal, state and local government agencies and leaders

2. Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners

F. Business Competencies

1. **Leadership** to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the ‘public face’ of governmental public health in the community

2. **Accountability and Quality Assurance services** sufficient to uphold business standards and accountability in accordance with federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards.

3. **Quality Improvement** practices to continuously improve processes, including plan-do-study-act cycles

4. **Information Technology services** including access to electronic health information to support the public health agency operations and analyze health data

5. **Human Resources services** sufficient to develop and maintain a competent workforce, including recruitment and retention functions, training, and performance review and accountability

6. **Fiscal management, contract, and procurement services** that comply with federal, state, and local standards and policies

7. **Facilities and operations**

8. **Legal services and analysis**
ESSENTIAL PROGRAMS

Essential programs are the minimum level of specialized base programs, resting on the foundational capabilities above, that every jurisdiction should be able to provide. They consist of specific services and expertise to enable minimum functioning locally and participation in statewide systems. In many jurisdictions, the essential programs will be supplemented by additional programs of important local, state, or national relevance.

A. Communicable Disease Control

1. Ability to recognize, and identify notifiable conditions and respond to communicable disease outbreaks in accordance with national and state mandates and guidelines
2. Assure the appropriate treatment of cases of active tuberculosis, including the provision of directly-observed therapy according to Centers for Disease Control and Prevention (CDC) guidelines
3. Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines
4. Assure provision of pharmacologic treatment of selected conditions, routinely and in emergencies
5. Provide timely, locally relevant and accurate information to the community on communicable diseases and their control, including strategies to increase local immunization rates
6. Identify local communicable disease control community assets, develop and implement a prioritized communicable disease control plan, and advocate and seek funding for high priority policy initiatives
7. Coordinate and integrate other categorically-funded communicable disease program and services

B. Chronic Disease and Injury Prevention

1. Provide timely, statewide and locally relevant and accurate information to the state and community on chronic disease prevention and injury control
2. Identify statewide and local chronic disease and injury prevention community assets, develop and implement a prioritized prevention plan, and advocate and seek funding for high priority policy initiatives
3. Reduce statewide and community rates of tobacco use through a program that conform to standards set by Washington laws and CDC’s Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure
4. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized program of best and emerging practices aligned with national and state guidelines for healthy eating and active living
5. Coordinate and integrate other categorically-funded chronic disease and injury prevention programs and services
C. Environmental Public Health

1. Provide timely, statewide and locally relevant and accurate information to the state and community on environmental public health issues and health impacts from common environmental or toxic exposures
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public’s health by preventing and reducing exposures to health hazards in the environment
3. Conduct mandated environmental public health inspections and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations
4. Identify and address zoonotic (e.g., birds, insects, rodents), air-borne, water-borne, food-borne, and other public health threats related to environmental hazards
5. Protect workers and the public from unnecessary radiation exposure
6. Participate in land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities and transport) and that protect and improve air quality, water quality and solid waste management
7. Coordinate and integrate other categorically-funded environmental public health programs and services

D. Maternal/Child/Family Health

1. Provide timely, statewide and locally relevant and accurate information to the state and community on emerging and on-going maternal child health trends
2. Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development
3. Identify local maternal and child health community assets; develop and implement, using life course expertise, a prioritized prevention plan; and advocate and seek funding for high priority policy initiatives
4. Coordinate and integrate other categorically funded maternal, child, and family health programs and services

E. Access/Linkage with Clinical Health Care

1. Provide timely, statewide and locally relevant and accurate information to the state and community on the clinical healthcare system
2. Assures patient safety through inspection and licensing of healthcare facilities and licensing, monitoring, and discipline of healthcare providers
3. In concert with national and statewide groups and local providers of health care, identify healthcare assets, develop and implement policies and systems of care, prioritized plans for increasing access to medical homes and quality health care, and advocate and seek funding for high priority policy initiatives
4. Coordinate and integrate other categorically-funded clinical health care programs and services
F.  Vital Records

1. In compliance with state law and in concert with national, state, and local groups, assure a system of vital records

2. Provide certified birth and death certificates in compliance with state law and rule
MINIMUM PACKAGE OF PUBLIC HEALTH SERVICES: Appendix A

EXAMPLES OF ADDITIONAL IMPORTANT PUBLIC HEALTH SERVICES

The services in Appendix A may be considered foundational in many jurisdictions. In some cases they are needed to address an important local health risk or community priority; in other cases they are supported by fees or other funding sources outside of minimum flexible and categorical public health funding. The list is intended to add description and detail to another level of key public health services that many, if not all, jurisdictions will be able to offer. The list is not intended to be all-inclusive. The list of ‘augmented foundational capabilities’ that follows next illustrates capacities that some health departments may develop in response to staff interests and partnerships with educational institutions, organizations in other sectors, and external funders.

A. Communicable Disease Control

1. Management of vaccine distribution for childhood vaccine providers in accordance with national Guidelines for Quality Standards for Immunization (including current federal categorical funding)

2. HIV services, including Ryan White HIV clinical services and federal and state HIV prevention services in accordance with state and federal regulations for these programs (including current federal and state categorical funding)

3. Assurance of access to HIV/STD testing and treatment

4. Assurance of treatment of latent tuberculosis infection

5. Assurance of provision of partner notification services for chlamydia infections

6. Development of appropriate response strategies for new and emerging diseases through surveillance, program evaluation, and applied research

B. Chronic Disease and Injury Prevention

1. Provision of specific clinical preventive services and screening (breast and cervical cancer, colon cancer) in accordance with the USPHTF for Clinical Preventive Services (including current federal and state funding)

2. Other categorically-funded chronic disease prevention programs (including current federal funding for chronic disease and community transformation)

3. Development of appropriate strategies for prevention and control of chronic diseases and injury through surveillance, program evaluation, and applied research

C. Environmental Public Health

1. Development of appropriate response strategies for newly-recognized toxic hazards and other adverse environmental health conditions through surveillance, program evaluation, and applied research

2. Assessment, policy development, and implementation of evidence-based health promotion elements in land use, built environment, and transportation
D. Maternal/Child/Family Health

1. Assure access and/or coordination of Women, Infants and Children Supplemental Nutrition Services (WIC) that adhere to the USDA Nutrition Services Standards (including current categorical federal funding)

2. Assure access and/or coordination of maternity support and nurse family partnership services (including services currently funded by third party payers including Medicaid)

3. Family planning services (including current state and federal categorical funding)

4. Child Death Review

5. Outreach, linkage and system development for children with special needs

E. Access/Linkage with Clinical Health Care

Facilitate the availability of...

1. Clinical services to vulnerable populations that follow established clinical practice guidelines and are delivered in a timely manner, including integrated medical and behavioral care, sexual health, oral health, adolescent health services, immunizations, and travel health services (including services funded by third party payers, including Medicaid)

2. Quality, accessible, and timely jail health services in accordance with standards set by the National Commission on Correctional Health Care that include medical, mental health, chemical dependency, dental, nursing, pharmacy, and release planning services

3. Emergency medical services including basic life support (BLS) and advanced life support (ALS) response by certified EMTs and paramedics to residents in need of emergency medical services (including current locally funded levy services)

4. Public health laboratory testing that meet certification standards of Washington Department of Health’s Office of Laboratory Quality Assurance and the federal Clinical Laboratory Improvement Amendments to assure accurate, reliable, and prompt reporting of test results (including services funded by third party payers including Medicaid)

5. Refugee health screening that follows CDC’s Refugee Health Guidelines and is delivered within 90 days of arrival in the US, in accordance with the Office for Refugee Resettlement (including current categorical federal funding)

6. Monitoring and reporting of indices of measures of quality and cost of healthcare

7. Death investigations and authorization to dispose of human remains that meet National Association of Medical Examination accreditation standards
AUGMENTED FOUNDATIONAL CAPABILITIES

1. Ability to conduct public health practice applied research and evaluation, including data collection, data analysis, policy research, and evaluation services that meet standards for peer-reviewed publications
2. Ability to identify and promote policy change opportunities in non-health sectors including the use of analytic tools to assess the health impact of these policies
3. Ability to develop and implement social marketing campaigns, including social media communication platforms
4. Ability to collaborate in training and service with community education programs and schools of public health
5. Ability to develop effective interventions, in partnership with community members, to reduce and eliminate health disparities
6. Ability to compete for grant funding from government organizations, philanthropic organizations, health system partners, and corporate foundations
AGENDA FOR CHANGE WORKGROUPS & SUBGROUPS MEMBERS

Agenda for Change Workgroup

Co-Chairs
John Wiesman
Gregg Grunenfelder

Staff
Marie Flake

Members
Allene Mares
Barry Kling
Carlos Carreon
David Fleming
Debbie Riley
Elaine Conley
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Marsha Crane
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Robert Campbell
Shelly Pricco

Core Public Health Services Subgroup

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David Windom
Dennis Worsham
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Jeff Ketchel
Jennifer Tebaldi
Maryanne Guichard
Peter Browning
Regina Delahunt
Tim McDonald
Torney Smith
BACKGROUND & REFERENCE MATERIALS

A. Reshaping Public Health Background Document
   www.doh.wa.gov/Portals/1/Documents/1200/RPH-Background.pdf

B. An Agenda for Change
   www.doh.wa.gov/Portals/1/Documents/1200/c-A4cAgenda.pdf

C. PHIP Organization Chart
   www.doh.wa.gov/Portals/1/Documents/1200/Phip-OrgChart.pdf

D. Agenda for Change Workgroup
   www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/AgendaforChangeWorkgroup.aspx