

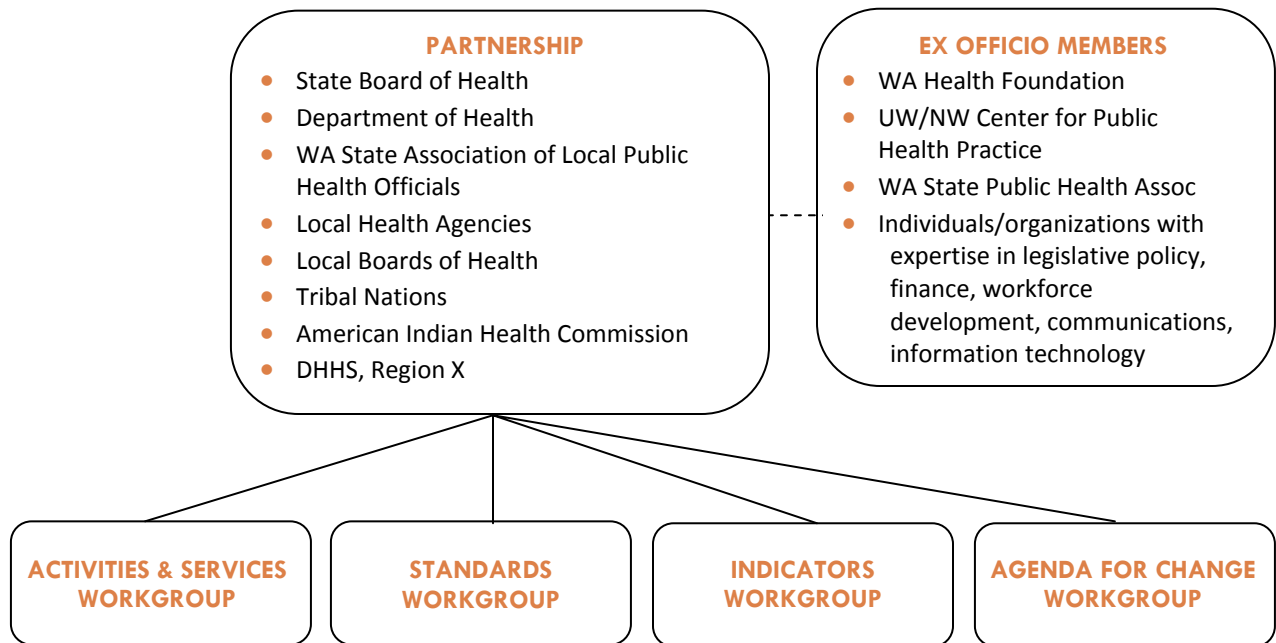
**Public Health
Improvement Plan
2010**

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



Public Health Improvement Partnership

The Partnership is directed by the legislature to guide and strengthen the governmental public health system in Washington State. To accomplish that, we are responsible to ensure that our actions support a public health system that is accountable, continuously measures and improves health outcomes, and reduces environmental and other health risks.



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DOH Pub 822-018
2/2011

FROM THE PARTNERSHIP CO-CHAIRS



Mary C. Selecky
Secretary of Health
Washington State



Josef K. Lillard
Health Administrator
Asotin County

Dear friends of public health,

We're pleased to share the 2010 Public Health Improvement Plan. It's an example of how the public health system works in Washington to improve the health of people and communities. The Public Health Improvement Partnership created the plan. The Partnership includes local public health officials, state public health workers, representatives from local boards of health and tribal nations, the state Board of Health, the American Indian Health Commission, and the federal Department of Health and Human Services.

We would like to thank everyone who is involved in this important work. We're in a time of severe economic challenges and budget restraints. With these challenges come opportunities to rethink and reshape our public health system. The meaningful efforts of this partnership allow for building a responsive and collaborative public health framework in our state. We're proud to be a part of Washington's public health community—innovative, passionate, and capable professionals working together to address these challenging times.

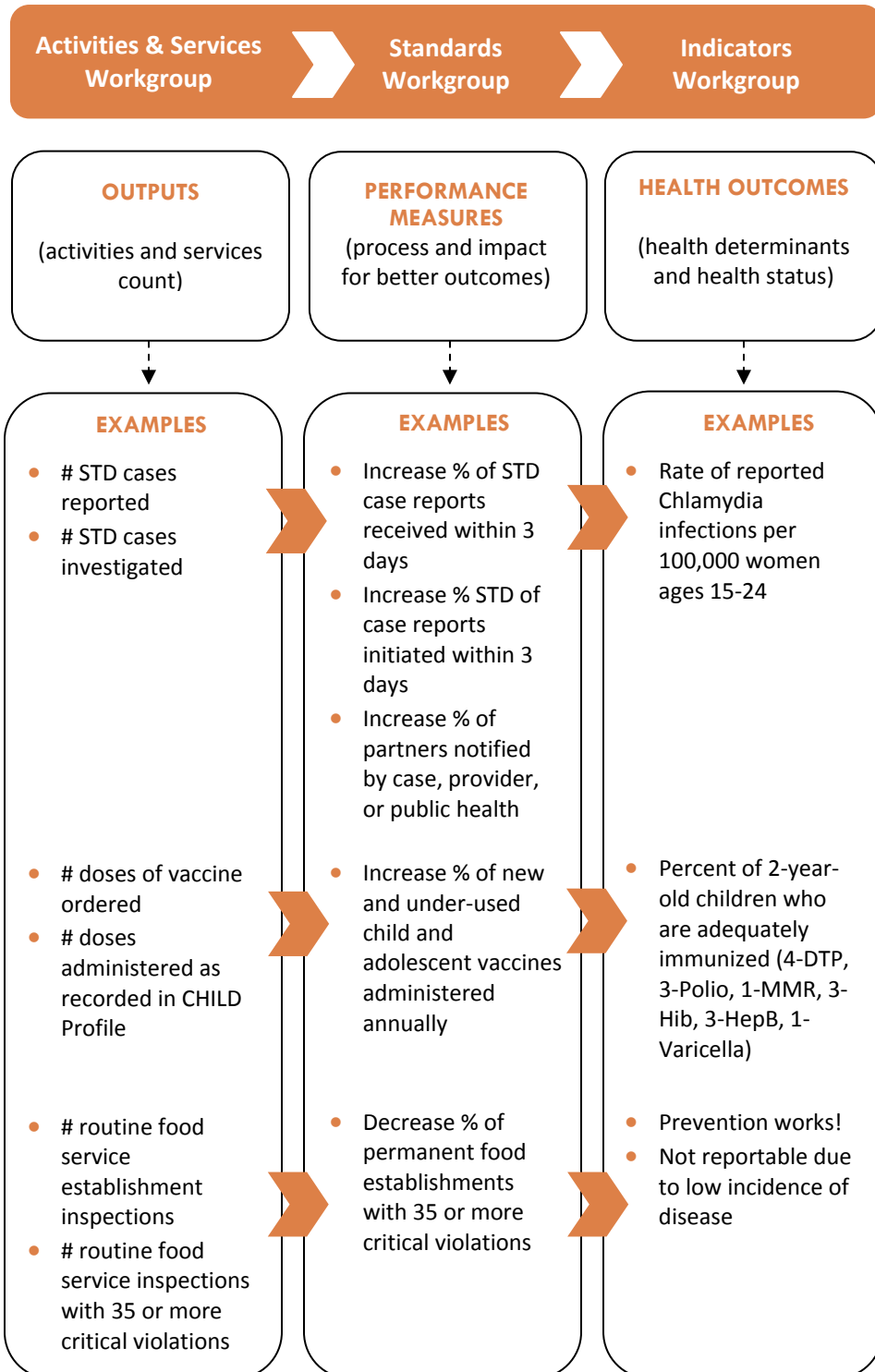
Sincerely,

A handwritten signature in cursive script, reading "Mary Selecky".

A handwritten signature in cursive script, reading "Josef K. Lillard".

Partnership Framework

The Partnership is separated into workgroups. Each workgroup helps shape and articulate the outputs, performance, and outcomes of public health work.



Executive Summary

Washington State's public health system is characterized by strong relationships and shared leadership. Each local agency serves the needs of its own community; however, through the Public Health Improvement Partnership, leaders are able to work together, set a vision for the future, and focus on public health priorities to improve and protect health across Washington.

The Partnership's work is presented in this Public Health Improvement Plan. It summarizes the progress made to address the 2008 Plan recommendations, illustrates the activities of individual workgroups during the 2009-2011 biennium, and makes recommendations for the future.

In 2009, the Partnership revised its structure, vision, goals, and objectives in response to a recommendation to transform the public health system to meet the demands of a changing environment. With a streamlined structure and better focus, a new workgroup was formed to comprehensively look at reshaping the governmental public health system to meet the challenges of the 21st century.

The Partnership's work is separated into workgroups. Each workgroup helps shape and articulate the outputs, performance, and outcomes of public health work. The Public Health Activities and Services Workgroup provides a platform to comprehensively identify and count the activities and services conducted across the public health system. The Public Health Standards Workgroup directs the development of standards and other activities that address system capacity, performance management, and quality improvement. The Public Health Indicators Workgroup provides a snapshot of health

status, health behavior, and public health system performance at the local level.

The new Agenda for Change Workgroup provides a framework, guiding principles, and communication plan on how to strategically respond to forces of change, and outlines the issues the system should focus on to improve the public's health.

The Partnership recommends that the following steps be taken to assure a responsive and accountable public health system during the 2011-2013 biennium and beyond.

RECOMMENDATIONS FOR SYSTEM-WIDE IMPROVEMENT

- Continue to build a culture of accountability and quality improvement
- Reshape the public health system to address the demands of a changing environment

RECOMMENDATIONS FOR WORKGROUPS

Public Health Activities and Services

- Inventory the important activities and services delivered by the public health system in Washington State

Public Health Standards

- Measure performance in the public health system and continually work for quality improvement

Public Health Indicators

- Report health outcome (including health status, health behavior, public health system performance) data specific to local health jurisdictions for actionable interventions

Agenda for Change

- Implement the *Agenda for Change* to better meet the challenges of the 21st century

Introduction

The Public Health Improvement Plan describes the ways Washington’s public health system meets the continuing challenges of preventing illness and improving health. It summarizes activities underway across the state to assess the capacity of public health agencies and programs, evaluate their effectiveness, and prepare them to meet future challenges. The plan is a legislative requirement (RCW 43.70.520 and 580) that recognizes the significant and distinct role of public health. The law requires the Washington State Department of Health (DOH), in consultation with other partners, to develop a public health improvement plan every two years. Washington’s Public Health Improvement Partnership (the Partnership), an alliance of experts, directs this work and provides a guiding vision for public health across Washington State.

Over the years, the results have affected every public health agency across the state, strengthened the public health system, and improved our ability to protect the public’s health. The work of the Partnership is presented in this Public Health Improvement Plan (Plan).

Washington State’s public health system is characterized by strong relationships and shared leadership. Each local agency serves the needs of its own community; however, through the Public Health Improvement Partnership, leaders are able to work together, set a vision for the future, and focus on public health priorities.

The Partnership works to align Washington’s public health policies and programs in ways that emphasize population-based approaches, prevention, and health promotion. It supports policies that encourage healthy environments and lifestyles, protect people and their

communities from health threats, and eliminate health disparities.

This 2010 Public Health Improvement Plan presents the progress made to address the recommendations of the 2008 Plan and the work of the Partnership during the 2009-2011 biennium. The 2010 Plan revisits goals and objectives from the previous biennium and recommends steps to build a strong and reliable public health system over the next two years and beyond.

2008 RECOMMENDATIONS TO ‘TRANSFORM’ PUBLIC HEALTH

The 2008 Plan recommended that the Partnership work to ‘transform the public health system to address the demands of a changing environment.’ It also recommended the Partnership streamline and refocus its work to strengthen the governmental public health system. In 2010, the Partnership revised its structure, vision, goals, and objectives to lead this transformation and to create an *Agenda for Change*.

The previous Partnership structure of a governing board, steering committee, and 45 members was dissolved and reformed into a 17-member representative partnership with a new charter describing purpose, guiding principles, leadership, membership, and responsibilities. Three workgroups—Public Health Activities and Services, Public Health Standards, and Public Health Indicators—remained with refocused vision and purpose.

The Partnership is composed of members from the Washington State Board of Health, Washington State Department of Health, Washington State Association of Local Public Health Officials (WSALPHO), local public health agencies (LHJs), local boards of health, tribal nations, Washington State American Indian Health Commission (AIHC), and the federal Department of Health and Human Services,

Region X. It is chaired by the Secretary of Health (the Secretary) and a representative from local public health.

PURPOSE

The Partnership is directed by the legislature to guide and strengthen the governmental public health system. To accomplish that, the Partnership is responsible to ensure that its actions support a public health system that is accountable, continuously measures and improves health outcomes, and reduces environmental and other health risks.

GUIDING PRINCIPLES

1. Represent governmental public health (local, tribal, state, and federal)
2. Create a vision for a public health system that improves and protects the health of the people in Washington State
3. Use knowledge that health outcomes are improved through innovative strategies and evidence-based public health interventions
4. Identify and respond to population-based health issues and trends
5. Value public health research to better inform Partnership efforts
6. Acknowledge the importance of delivering results with the resources given
7. Treat each other as valued colleagues and partners

‘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 healthcare system. We, as public health leaders, must step up, work together, and design the public health system we need—with the resources we have. That makes the

task of reshaping public health all the more critical and timely.’ - *Mary Selecky*

HOW TO TRANSFORM PUBLIC HEALTH

In 2010, the Secretary of Health asked a group of governmental public health leaders to comprehensively look at how the public health system needs to change to meet the challenges of the 21st century.

The ‘Reshaping Public Health’ workgroup developed recommendations and the *Agenda for Change*, which describes how these will be accomplished.

PARTNERSHIP WORKGROUPS

The *Public Health Activities and Services Workgroup* supports the governmental public health system by reporting statewide data on the number of public health activities and services delivered by all local health agencies and the Department of Health and by developing performance measures.

The *Public Health Standards Workgroup* guides and strengthens the governmental public health system through standards, performance management, and quality improvement and helps prepare the system for voluntary accreditation.

The *Public Health Indicators Workgroup* guides and strengthens the governmental public health system through measurement of health status or determinants of health. Thirty-two indicators provide a snapshot of health status, health behavior, and public health system performance at the local level. Local public health agencies use the data to help evaluate their work and decide where to invest public health resources to improve community health.

Activities & Services

CO-CHAIRS

Barry Kling
Gregg Grunenfelder

WORKGROUP

Janna Bardi
Betty Bekemeier
Peter Browning
Anthony L-T Chen
Maria Courogen
Harvey Crowder
Scott Daniels
Regina Delahunt
Ed Dzedzy
Maria Gardipee
Sue Grinnell
Jane Lee
Jim Matsuyama
Judith May
Sabine Meuse
Riley Peters
Torney Smith
Dorothy Teeter
Lyndia Tye
Kathleen Uhlorn
Frank Westrum

IN 2009 PUBLIC HEALTH IN WASHINGTON...

- *Protected people from foodborne illness:* 64,134 inspections of 48,138 establishments statewide.
- *Protected drinking water safety:* 156,833 water samples evaluated statewide.
- *Protected children from preventable disease:* Managed state-provided vaccine system involving 2,914,150 doses.
- *Delivered targeted nutrition education and healthy foods* to 325,638 WIC clients statewide.
- *Promoted community health* by collaborating with partners at the local level on projects such as tobacco use and obesity prevention.
- *Administered 164,911 doses of H1N1 flu vaccine* directly to the community.
- *Licensed 334,067 health care professionals* statewide.
- *Regulated 93 hospitals* and inspected clinical laboratories 283 times statewide.
- And much more...

THE WORKGROUP

The Public Health Activities and Services Workgroup was charged by the 2007 legislature to identify and count public health activities and services of statewide significance consistently and over time. The workgroup provides a platform to comprehensively count and report public health activities.

Knowing what public health does and how much of it is done across all 35 local health agencies and the Department of Health provides important information on how to measure system effectiveness. It also helps to raise awareness and increase understanding of the importance of governmental public health.

The inventory of public health activities and services is conducted annually. The results showed, for example, that in 2009 we investigated 40,002 cases of communicable disease across the state to prevent further illness. We also conducted 64,134 health inspections of the 48,138 food service establishments to prevent health hazards.

PUBLIC HEALTH ACTIVITIES AND SERVICES INVENTORIES

Public health does many useful things that are not easy to count. For example, how does one count an increase in effective collaboration among partners in the local health care and social services community? There are ways to do this, but they are more complex than counting activities and services. Yet this is no argument against counting the countable. The idea behind creating a public health activities and services inventory was to identify counts which are meaningful, represent public health work, and are readily countable. The inventory does not pretend to include everything important in public health, but it does provide a very basic and critical form of accountability to decision makers and the public.

The 2008 pilot inventory was the first attempt to capture a sample of public health activities and services provided across the state by all 35 local health jurisdictions and to present a baseline of how many of these activities and services were done that year.

In 2009, the inventory was expanded to include additional questions (nearly 200). Data was collected from two sources—directly from the 35 local health agencies using a survey tool and from Department of Health programs. Every local health jurisdiction in the state participated in this inventory during both years it was conducted.

The 2009 activities and services report can be found at www.doh.wa.gov/hip/doc/phas/09inv/report.pdf

In 2010, the workgroup developed four public health ‘stories’ describing examples of the work we do and using new activities and services data. The topics they covered were focused on foodborne illness prevention, pandemic influenza A (H1N1) in Washington, drinking water protection, and tuberculosis prevention and management. These can be found at www.doh.wa.gov/hip/catalog/topic/phas.htm

RECOMMENDATIONS AND NEXT STEPS

- Inventory the public health activities and services annually
- Develop performance measures for a sample of public health activities and services
- Develop a web-based tool for data collection and management

Standards

CO-CHAIRS

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Susan Ramsey

WORKGROUP

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Harvey Crowder
Luann D'Ambrosio
Cindan Gizzi
Sue Grinnell
David Hilton
Karolyn Holden
Kristina Kernan
Barry Kling
Janis Koch
Jane Lee
Pamela Lovinger
Craig McLaughlin
Terry Taylor
Jennifer Tebaldi
Jack Thompson
Kathleen Uhlorn
Wanda Williams

SUMMARY OF 2010-2011 STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE

Part A: Administrative Capacity and Governance

- Provide infrastructure for public health services
- Provide financial management systems
- Define public health authority
- Provide orientation/information for the governing entity

Part B: 10 Essential Services

DOMAIN 1

- Conduct and disseminate assessments focused on population status and public health issues facing the community

DOMAIN 2

- Investigate health problems and environmental public health hazards to protect the community

DOMAIN 3

- Inform and educate about public health issues and functions

DOMAIN 4

- Engage with the community to identify and address health problems

DOMAIN 5

- Develop public health policies and plans

DOMAIN 6

- Enforce public health laws and regulations

DOMAIN 7

- Promote strategies to improve access to healthcare services

DOMAIN 8

- Maintain a competent public health workforce

DOMAIN 9

- Evaluate and continuously improve processes, programs, and interventions

DOMAIN 10

- Contribute to and apply the evidence base of public health

THE WORKGROUP

The Public Health Standards Workgroup directs the development of standards and other activities that address system capacity, performance management, and quality improvement. The Standards for Public Health in Washington State (Standards) are the cornerstone to understanding Washington State's public health capacity.

More than a decade has been invested in the development and refinement of standards to craft a practical and reliable tool to measure system capacity across state and local public health agencies. Every three years local and state public health agencies are reviewed for their compliance in meeting the standards. Three statewide reviews have been conducted during this timeframe, with a fourth review wrapping up in mid-2011.

The reviews provide a snapshot of system performance and reveal areas for improvement. This allows public health leadership to identify common areas of strength, weakness, and opportunities in both local and state agencies. The assessments have shown that since the first review, the Department of Health and local public health agencies have made significant improvements in system performance. Washington's public health system wouldn't be where it is today if it wasn't for the skills of public health staff and their commitment to improve the health of all who live in our state.

2010-2011 PUBLIC HEALTH STANDARDS AND ACCREDITATION EFFORTS

In 2007, a private, non-profit Public Health Accreditation Board (PHAB) received funding from the US Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, and several other groups. PHAB is developing a national accreditation for local, state, tribal, and territorial health departments by the end of 2011. In Washington State the latest revision of the Washington standards are closely aligned with those developed by PHAB.

In late 2010, the Public Health Improvement Partnership approved the adoption of a 'Basic' set of standards option. This option was developed to enable all local health agencies to participate in the 2011 standards review in these challenging economic times. By participating in the review, local public health agencies also meet the requirements to receive Local Capacity Development Funds¹.

	National Accreditation Preparation	WA Standards	Basic Option
Standards	30	24	20
Measures	110	79	35

The Department of Health was reviewed in 2010 for its performance of the Washington public health standards. The department was also selected as one of 30 test sites in the national beta test of the PHAB accreditation. This national work aligns with the current Washington standards work, and lessons learned from this national activity will be used to enhance the review of local health departments and provide best practice approaches for the Washington standards review cycle. The Department of Health results can be found at www.doh.wa.gov/phip/products/stds/10-11PR/results/state.htm

The review of local health agencies will take place in the first half of 2011. Thirty-four out of the 35 local health agencies in Washington plan to participate. Ten of them are undergoing the review to prepare for national accreditation.

Evaluation is another key component of the standards review process, both at the state and local agency level. Each step in Washington's process is evaluated to identify opportunities for improvement.

¹ Local Capacity Development Funds are state funds the Department of Health provides to the 35 local health jurisdictions to use in non-categorical ways to address public health issues determined by each jurisdiction.

QUALITY IMPROVEMENT GRANT ACTIVITIES

The Public Health Standards Workgroup provides oversight to Washington's Multi-state Learning Collaborative (MLC-3) grant. We are one of 16 states participating. The focus of this collaborative is to enhance performance activities and share exemplary practices to achieve accreditation and system improvement. These activities are sponsored by a grant from the Robert Wood Johnson Foundation, and the overall effort was led by the National Network of Public Health Institutes.

- *Mini Collaborative Quality Improvement Projects*

As part of the MLC-3 grant, nine local health agencies participated in collaborative quality improvement projects to learn new methods and tools to improve their work in prenatal care, immunizations, and physical activity. Lessons learned and accomplishments were shared at a statewide Learning Congress in 2010. *Please see p. 9 for an example of this work.*

- *Creating a Culture of Quality Improvement for Public Health Leadership*

The MLC-3 grant also sponsored a three-part training course designed to help public health leaders create a culture of quality improvement in their agencies. This was developed and offered in the fall of 2010. The sessions were a combination of technical training and sharing of experience from other health agencies.

COMMUNITY AND STATE HEALTH IMPROVEMENT PLANNING

The MLC-3 grant supported three local health agencies and the Department of Health in a collaborative learning effort to develop health improvement plans. The eight-month project ends in June 2011.

Community and state health improvement planning involves a broad problem identification and prioritization cycle with a

focus on building community partnerships, monitoring community-level health indicators, and identifying specific health issues as community priorities. This is followed by a cycle to devise, implement, and evaluate the impact of health improvement strategies for priority health issues. The resulting plan for health improvement outlines a process by which state, local, and community-based partners can work together to address the needs of the public.

This kind of plan is one of the required documents to submit for national accreditation.

CENTERS FOR EXCELLENCE

In 2010, the Department of Health received a three-year U.S. Centers for Disease Control and Prevention grant—'Strengthening Public Health Infrastructure for Improved Health Outcomes.' Washington's grant establishes three Centers for Excellence to improve performance management and quality improvement across the public health system. The centers are located at the Spokane Regional Health District in Eastern Washington, the Tacoma-Pierce County Health Department in Western Washington, and the Department of Health.

The Centers will help local health agencies prepare for accreditation and anticipated requirements of healthcare reform. They will promote best practices and effective strategies for performance management and develop sustainable infrastructure for performance management activities in all local health and tribal agencies in Washington.

RECOMMENDATIONS AND NEXT STEPS

- Conduct the 2011 standards review of all participating local health agencies
- Report findings of the standards review and use the results to identify priority areas for system improvement
- Continue to teach quality improvement methods and tools to local health staff

GRANT COUNTY IMMUNIZATIONS QUALITY IMPROVEMENT PROJECT

PLAN

GETTING STARTED

Following a measles outbreak, the Grant County Health Department wanted to improve their childhood immunization rates. The index case occurred in a private school in Moses Lake, but public school children were impacted. They began with school nurses.

TEAM

- Personal Health Director
- Immunizations Coordinator
- Health Educator
- Assessment Coordinator
- Nurse Program Facilitator

CURRENT APPROACH

Grant County Health District used a logic model to demonstrate details of the project. Baseline school data was collected.

POTENTIAL SOLUTIONS

The planning assumption was that providing immunization clinics at the schools would increase immunization rates in this age group. Determining provider needs via a county-wide survey could add to the knowledge.

- Survey achieved a 54% response rate
- More than 65% of these providers indicated no confusion about immunization schedules
- More than 70% indicated parents not reluctant to immunize

AIM STATEMENT

Increase the percentage of 6th graders with complete vaccination for students at Chief Moses Middle School from 78% to 85% and Frontier Middle School from 38% to 65% by December 31, 2009.

IMPROVEMENT THEORY

Incomplete immunization status of 6th graders related to the following areas of improvement:

- Two unrelated records data systems
- State law too easily exempting children from immunizations

DO

TEST THEORY

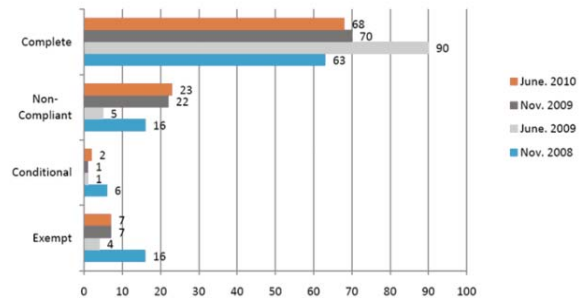
Frontier Middle School made school immunizations mandatory for registration process and achieved a high level of improvement. Provider education sessions were offered regarding data systems utilizations and identifying missed opportunities.

STUDY

STUDY RESULTS

The school intervention increased immunization rates in 6th graders from 72% to 80%.

Frontier Middle School



Provider education sessions improved knowledge of data system utilization and 29% increased their knowledge about missed opportunities.

ACT

STANDARDIZE IMPROVEMENT

Work with school staff to reduce exemptions by parents and encourage the use of the State Immunization Registry (CHILD Profile). Continue provider education on use and benefits of data systems.

FUTURE PLANS

Twice yearly follow-up with schools regarding CHILD Profile utilization and exemption policy changes. Follow up on data system utilization annually.

Indicators

CO-CHAIRS

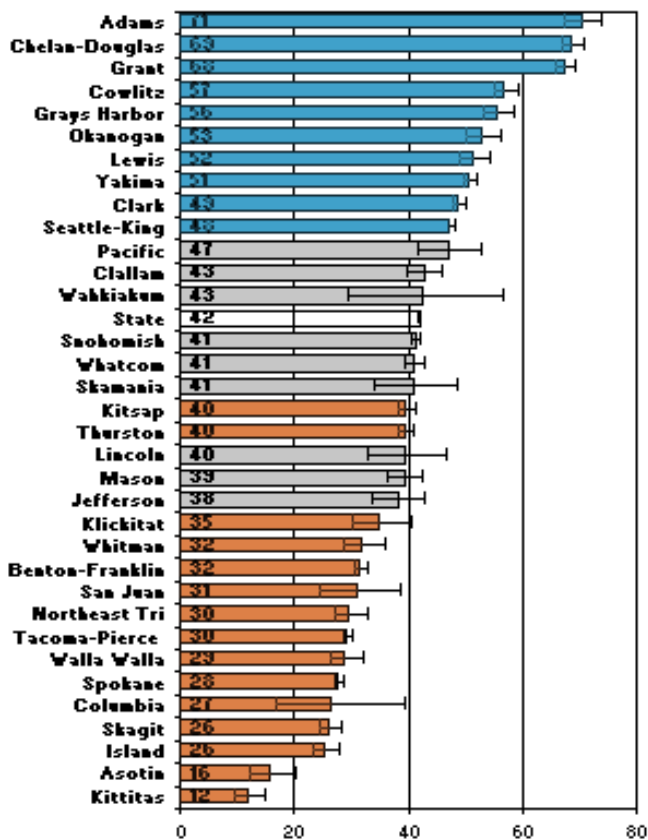
Lyndia Tye
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WORKGROUP

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Cindan Gizzi
Marcia Goldoft
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Shannon Hoskins
Siri Kushner
Jane Lee
Carrie McLachlan
Glen Patrick
Riley Peters
Susan Ramsey
Amy Riffe
Debbie Riley
Christie Spice
Art Starry
Juliet VanEenwyk
David Windom

INDICATOR

Percent of children 19-35 months of age with complete vaccination records on file in the CHILD Profile Immunization Registry (4-DTP, 3-Polio, 1-MMR, 3-Hib, 3-HepB, 1-Varicella, 4-PCV)*



*The chart shows the state average performance in white, similar agency performance in grey, better than average in blue, and poorer than average in orange.

THE WORKGROUP

The Public Health Indicators Workgroup focuses on health outcomes or measurements of health status and the underlying determinants of health.

The workgroup's recent undertaking is the list of 32 public health indicators—a measurement of how each jurisdiction is progressing toward improving health outcomes. They measure five key aspects of public health: *communicable disease, prevention and health promotion, maternal and child health, access to care, and environmental health*. The indicators provide a snapshot of health status, health behavior, and public health system performance at the local level. They also allow for comparisons of health status across Washington counties and with state and national averages. The public health indicators are designed to recognize the unique sociodemographic context that contributes to every community's health problems and the effectiveness of public health programs in responding to them. The indicators can be viewed at www.doh.wa.gov/phil/products/phi/overview.htm

PUBLIC HEALTH INDICATORS

The 2009 update of the public health indicators led to the addition of four new indicators, increasing the list to 32. The four new indicators include two for environmental health, one for children's health insurance, and one for child immunizations. As part of the 2009 update, toolkits were developed to help local public health jurisdictions integrate the indicators in their work.

A survey conducted in 2010 by the workgroup showed that the top three uses of the indicators were to identify or confirm a health issue, for planning processes, and for community education. These reasons remain unchanged since the last survey which was conducted in 2008.

Many expressed interest in how their local jurisdiction compared to the state as a whole, while others focused on trends.

Local public health agencies use the indicators data to help evaluate their work and decide where to invest limited public health resources to improve community health. Local health agencies are using indicator data to identify or confirm health issues, develop action plans, evaluate progress, and educate the community. Local boards of health can use indicator data to compare the health of their jurisdictions with other communities and with the state of Washington as a whole. They can provide health policy makers with some of the information they need to develop effective programs and to gauge system progress in meeting specific health outcomes over time. Health indicators will contribute to the knowledge base of the health of all Washington's communities.

RECOMMENDATIONS AND NEXT STEPS

- Revise the list of indicators to reflect useful and actionable measures of health status or health determinants at the local level
- Consider additional indicators
- Develop a web-based system for displaying indicator data over time

Reshaping Governmental Public Health: *Agenda for Change*

AN ACTION AGENDA FOR CHANGE OCTOBER 2010

- Sustain our past successes
- Confront our emerging challenges
- Use our available resources most efficiently and effectively

Communicable
Disease

Healthy
Communities

Partner with
the Healthcare
System

- Retrain the public health workforce
- Re-prioritize work and modify business practices
- Develop appropriate levels of financing



WHY IS PUBLIC HEALTH IN A TIME OF CHANGE?

After a century of effectively preventing death and illness through improved hygiene, sanitation, immunization, and communicable disease control, we now face a change in the nature of preventing disease and illness in our state. In the early 1900s the average life expectancy was 49 years. Today it is approximately 80 years. While Washingtonians live longer over all, many die early from underlying preventable causes such as tobacco use, poor nutrition, and physical inactivity which lead to chronic diseases, diabetes, and heart disease.

Public health is at a crossroads and must transform to:

- Maintain past successes of communicable disease prevention and responsiveness to new threats such as pandemic influenza (H1N1)
- Confront emerging challenges of chronic disease and preventable illness
- Use increasingly limited resources effectively
- Provide measurable public health services as a key element in healthcare reform

HOW WILL WE DO THIS IN WASHINGTON?

In February 2010, the Secretary appointed a workgroup to consider what this transformation means to the public health system (state, local health jurisdictions, and tribal public health) over the next five years. The charge to the work group, referred to as Reshaping Governmental Public Health in Washington State, was to draft by June 2010:

- An agenda for public health capable of addressing the changing needs of our environment
- A set of guiding principles
- A communications plan

The Secretary appointed leaders from local health agencies, the DOH, the public behavioral/mental health system, 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 DHHS, Region X to serve on the workgroup.

The *Agenda for Change* was developed highlighting three forces of change:

- Changing disease trends
- Healthcare reform
- Economic realities

And three key themes:

- Sustain our past successes
- Confront emerging challenges
- Use available resources most efficiently and effectively

It also identifies strategic issues and defines a common set of guiding principles and criteria for making policy, program, and funding choices.

The *Agenda for Change* was widely disseminated to local public health agencies and partners. It was revised and shared at a statewide public health conference.

The *Agenda for Change* is being used:

- To guide the update of the DOH strategic plan
- For WSALPHO to incorporate into their strategic plan and identify actions
- For the AIHC to establish a workgroup to explore tribal issues

For more information on the *Agenda for Change*, go to www.doh.wa.gov/PHSD/reshape.htm

NEW AGENDA FOR CHANGE WORKGROUP

In November 2010, the Partnership became the implementing body for the *Agenda for Change*. A new *Agenda for Change* Workgroup will be established with sub-groups to focus on key aspects of the agenda. The workgroup will oversee and coordinate the identification of goals, strategies, measures, and action plans. This work will become the public health system's plan for improving the public's health—the State Public Health Improvement Plan.

Recommendations

Every two years the Partnership revisits its strategies, measures progress toward its goals, and recommends further steps to strengthen and improve the public health system.

Following are the Partnership's recommendations for a responsive and accountable public health system during the 2011-2013 biennium and beyond.

OVERALL RECOMMENDATIONS

- *Continue to build a culture of accountability and quality improvement*
Our public health system continues to work towards quality improvement as the way we do our work. Accountability is built through constant efforts to measure the performance and impact of our work.
- *Reshape the public health system to address the demands of a changing environment*
We will refocus the work we do to better respond to the changing threats to public health. While maintaining communicable disease capacity, we will focus efforts to promote healthy starts and wellness and better partner with the healthcare system to improve access.

WORKGROUP RECOMMENDATIONS

Just as the Partnership reviews its overall goals for the public health system, the workgroups revisit their objectives from the previous biennium and identify next steps.

Public Health Activities and Services

- Inventory the important activities and services delivered by the public health system in Washington State

Public Health Indicators

- Report health outcome (including health status, health behavior, public health system performance) data specific to local health jurisdictions for actionable interventions

Public Health Standards

- Measure performance in the public health system and continually work for quality improvement

Reshaping Governmental Public Health

- Implement the *Agenda for Change* to better meet challenges of the 21st century

Resources

- Public Health Improvement Partnership
www.doh.wa.gov/hip
RCW 43.70.520 and RCW 43.70.580
<http://apps.leg.wa.gov/RCW/default.aspx?cite=43.70.520>
<http://apps.leg.wa.gov/RCW/default.aspx?cite=43.70.580>
- Public Health Activities and Services
www.doh.wa.gov/hip/initiative/phas.htm
2008 Pilot Public Health Activities & Services Inventory Results
www.doh.wa.gov/hip/doc/phas/08inv/results.pdf
2009 Public Health Activities & Services Inventory Results
www.doh.wa.gov/hip/doc/phas/09inv/report.pdf
Public Health Activities and Services Toolkit
www.doh.wa.gov/hip/catalog/topic/phas.htm
- Public Health Indicators
www.doh.wa.gov/hip/products/phi/overview.htm
Examples of Public Health Indicators Data Use
www.doh.wa.gov/hip/catalog/topic/phi.htm
- Public Health Standards (2010-11)
www.doh.wa.gov/hip/products/stds/10-11stds/overview.htm
2010-11 Basic Set of Washington's Public Health Standards
www.doh.wa.gov/hip/doc/phs/2011/basic.pdf
Public Health Accreditation
www.doh.wa.gov/hip/initiative/phs/accred.htm
Quality Improvement
www.doh.wa.gov/hip/initiative/phs/qi.htm
Community (State) Health Improvement Plans
www.doh.wa.gov/hip/initiative/phs/chip-ship.htm
- Reshaping Governmental Public Health
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