

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## AGENDA FOR CHANGE WORKGROUP UPDATE

December 2011

### OVERVIEW

The Agenda for Change (A4C) workgroup is one of the four currently active workgroups under the Public Health Improvement Partnership (PHIP).

The A4C workgroup will build on the discussions and work of the Reshaping Governmental Public Health Workgroup (*February – December 2010*) which included a review of health data, public health system assessment, forces of change and identification of themes and the final product, *An Agenda for Change*.

The workgroup will move the *Agenda for Change* from a fairly broad description of what the governmental public health system should focus on in the future into a more specific set of priorities and a small set of specific action items that should be pursued immediately in order to most effectively improve the health of the public. These priorities and actions can guide the directions we set as a public health system in the next 2 to 5 years.

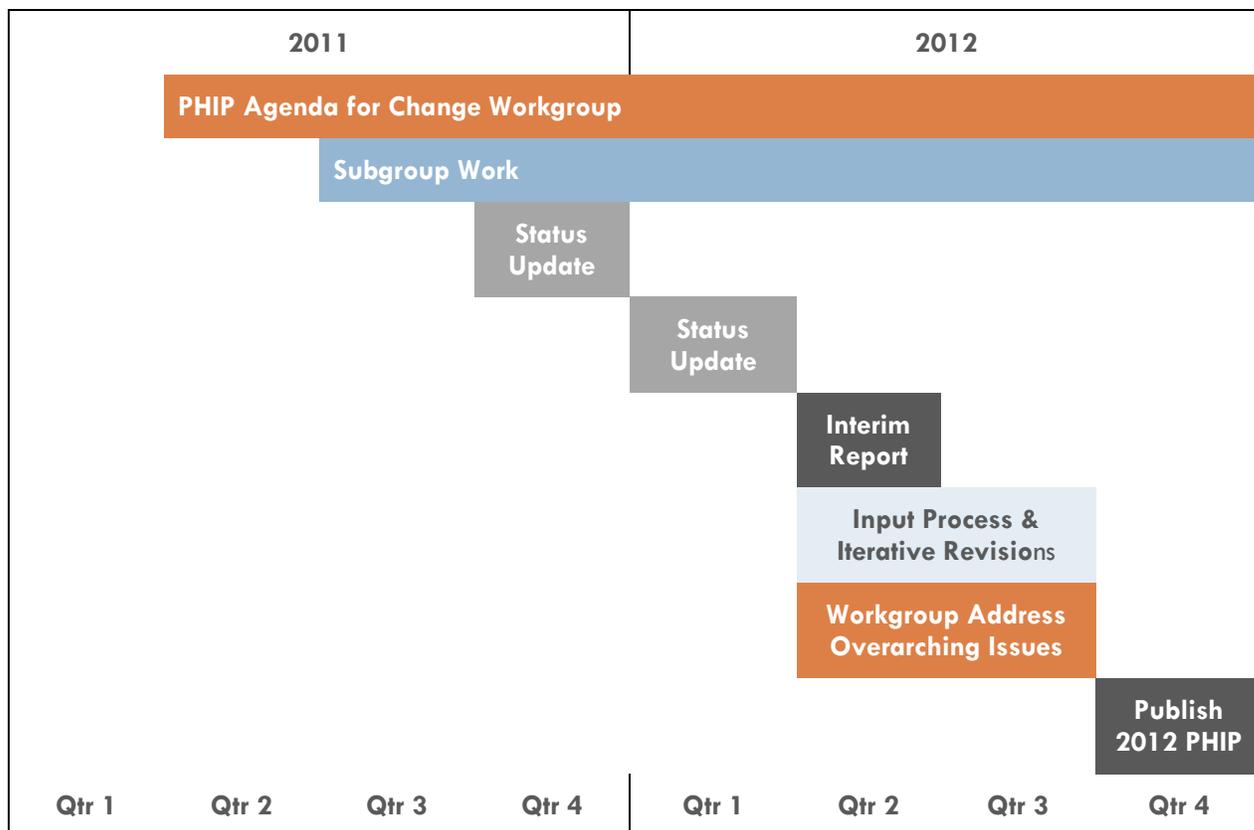
The workgroup is co-chaired by John Wiesman from Clark County Public Health and Gregg Grunenfelder from the Department of Health (DOH). The A4C web page ([www.doh.wa.gov/hip](http://www.doh.wa.gov/hip)) includes a roster of members, workgroup charter, work plan and all meeting and reference materials.

### WORKGROUP ROLE

- Guide the process
- Continually scan the environment and identify issues relevant to this process
- Oversee the work of three or more subgroups, each with a clear charge
- Review output of the subgroups and determine what to carry forward and integrate into the statewide action plan
- Identify common themes, overarching or key issues and gaps in the work
- Address any overarching or cross-cutting issues, including workforce, business practices and financing
- Integrate all these elements into an action plan for the governmental public health system

The workgroup met twice during 2011 and will meet next in February 2012.

## WORKGROUP TIMELINE



- **2011, 3<sup>rd</sup> Quarter: Status Update**

A session was held at the Joint Conference on Health in October to provide an update on work and an opportunity for participants to provide input. The purpose of this written update is to further share information and continue to invite input.

### AGENDA FOR CHANGE (A4C) SUBGROUPS

The *Agenda for Change* identifies three areas on which to focus the efforts of the governmental public health system in order to most effectively improve the health of the public (the **what**). In 2011, three subgroups were formed based on these focus areas and charged with identifying priorities and specific actions in each area to guide the governmental public health over the next 2-5 years.

The subgroup members will provide content expertise on the topic area including associated data and epidemiology, evidence-based interventions, public health practice and measurement. They are considering their topic area broadly and in relationship to all aspects of the *Agenda for Change*, including the ways in which the public health system needs to change (the **how**), the guiding principles, and criteria for policy, program and funding choices.



The subgroups are:

- Communicable disease and other health threats
- Healthy communities and environments
- Partnering with the Healthcare System

Each subgroup is taking a slightly different tack – depending on what makes sense for the topics. Membership is also dependent on the topic.

### **Communicable Disease and Other Health Threats Subgroup**

*Co-Chairs:* Scott Lindquist (Kitsap Health District) and Jennifer Tebaldi (DOH)

*Members:* from the governmental public health system

The subgroup will identify goals and strategies to give the public health system the ‘biggest bang for its buck’ and may provide guidance on best or standard practices around communicable disease threats. The subgroup will also look at systems and technology to accomplish this work over the next two to five years. The subgroup met twice between September and October 2011. It has organized its work around the following focus areas:

- Immunizations - *What are some best practices for assessing community immunization coverage?*
- Capacity for Communicable Disease Surveillance and Response - *What is our need to evaluate and streamline our communicable disease and surveillance and response system?*
  - Prioritize our work
  - Standardize our work
  - Leverage our work
- Informatics - *Is it time to plan for an updated and integrated communicable disease and data collection system?*

The subgroup is currently working to develop specific language for the objectives and strategies for the three focus areas selected above.

**Next steps include:** developing a draft guidance document for prioritizing notifiable conditions investigations. The challenging budget climate is reducing local health jurisdiction capacity to perform this work now and prioritizing notifiable disease investigations will help us focus our work in a meaningful way.

### Healthy Communities and Environments Subgroup

Co-Chairs: Dennis Worsham (Public Health – Seattle-King County) and Allene Mares (DOH)

Members: from the governmental public health and community organizations

The purpose of the subgroup is to develop an action agenda focusing on policy and system efforts that foster healthy communities. The subgroup met twice in 2011 and has agreed on four strategic areas:

- Tobacco-free living
- Healthy eating
- Healthy and safe physical environments
- Healthy starts

Over the next few months the subgroup will flesh out strategies under each of these areas that not only support and maintain existing efforts, but also address how we will do our work differently in terms of workforce development, business practices, and funding structures.

**Next steps include:** conduct key informant interviews with stakeholders to gather input on strategies and define criteria for prioritizing strategies.

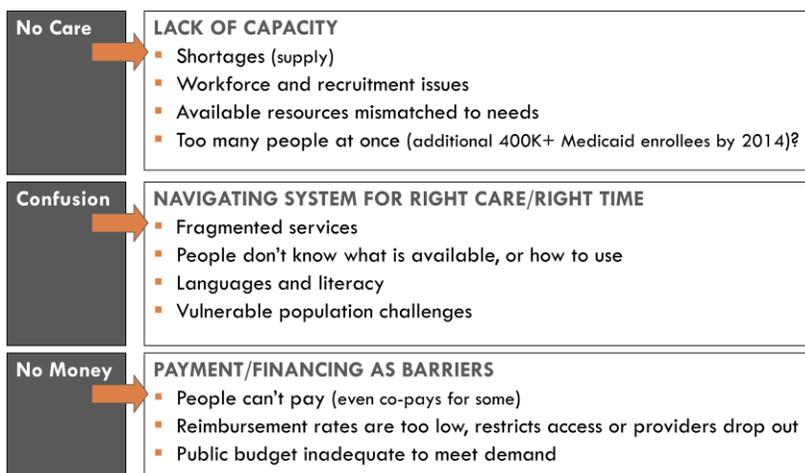
### Public Health Partnering with the Healthcare System Subgroup

Co-Chairs: Joan Brewster (Grays Harbor Health and Human Services) and Karen Jensen (DOH)

Members: from the governmental public health, healthcare and the mental health system

This subgroup's charge is to identify ways public health can improve access to care and preventive services. While many of the problems related to access to care are beyond the scope of this workgroup, they do provide important context to address the question: **How shall public health partner more strategically with the health care system of the future?** The workgroup met twice between September and November 2011.

## ACCESS TO CARE CHALLENGES



Next steps include: development of more specific objectives and strategies in the coming months based on emerging themes around the question ‘**What shall Public Health do?**’

- Collect and share community health data to increase knowledge of health issues prevalent in the community
- Compile data on community: wide or region-wide health care capacity
- Publish community needs assessments: partner with hospitals and other provider groups to develop community health needs assessments
- Monitor healthcare access issues
- Share information and educate on effective practices; examples include efforts to create regional consortia and efforts to develop clinically integrated health systems
- Create ongoing networks among providers, public health and hospitals to deliberate about problems and possible solutions

#### **WHAT'S NEXT: 2012**

The Agenda for Change Workgroup will reconvene in early 2012 to review the work and progress of the subgroups and begin looking at cross-cutting themes, gaps and funding. Relative to funding, the workgroup will be looking at the legally mandated responsibilities for federal, state, and local government entities, and coordinating with the Washington State Association of Local Public Health Officials (WSALPHO), the Washington State Association of Counties (WSAC), and the Washington State Public Health Association (WSPHA) on this topic. The Agenda for Change Workgroup will release an interim report in Spring 2012. The report will be version 1 of the plan to move the *Agenda for Change* from a fairly broad description of what the governmental public health system should focus on in the future into a more specific set of priorities. At the same time a process to assure that governmental public health leaders and key partners are aware of the report and have opportunities to provide input through a variety of channels will be implemented.

In December 2012, the bi-annual Public Health Improvement Partnership (PHIP) Report will incorporate information from the three other PHIP workgroups along with the final priorities of the A4C. This report will guide and be the major focus of the State Public Health Improvement Plan.

Please feel free to contact any A4C co-chairs, staff or participants with questions, ideas and input.

Contact: [phip@doh.wa.gov](mailto:phip@doh.wa.gov)

More information: [www.doh.wa.gov/phip/workgroup/a4c/a4c/a4c.htm](http://www.doh.wa.gov/phip/workgroup/a4c/a4c/a4c.htm)

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