

Background and History

Agenda for Change

Why this? Why Now?

“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 dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. These new realities must lead to a rethinking of how we do our work if we are to:

- Protect our past successes – protect the capabilities of our communicable disease response, public health laboratory services, core environmental public health work, and emergency response preparedness.
- Confront our emerging challenges – address chronic diseases such as diabetes and heart disease, resulting from underlying tobacco use, poor nutrition and physical inactivity, as well as address preventable injuries, and health differences/disparities driven by race and class.
- Use our available resources most efficiently and effectively – forge new partnerships and use technology to build a better, more effective public health system.”

Reshaping Public Health

During 2009, the Secretary of Health held conversations with policy leaders to identify the issues and problems for public health in the future. During these conversations several unprecedented changes were identified on the horizon, the recession taking its toll on funding of public health, the first influenza pandemic in 40 years and national health reform.

These conversations led to the convening in February 2010 of an appointed workgroup- “Reshaping Governmental Public Health” to discuss what transformation means to the governmental public health system over the next five years. The workgroup members included representatives from local health, the tribes, rural health, the university, and community health.

This group met for 6 months. They reviewed data. They discussed the changing disease trends in the US; changes to the work of public health from controlling infectious disease to preventing chronic disease; the implementation of health reform and the changing economics of the state. The group conducted a SWOT analysis (strengths, weaknesses, opportunities and threats). They concluded that change was needed, even during these difficult times. See: **Reshaping Public Health Background Document** www.doh.wa.gov/Portals/1/Documents/1200/RPH-Background.pdf

In October of 2010, they proposed an “Agenda for Change” to guide the course of change for public health in Washington State. It included guidance for the future.

An Action Agenda for the Public's Health

1. Focus our communicable disease capacity on **the most effective and important elements of prevention, early detection, and swift responses** to protect people from communicable disease and other health threats
2. Focus on **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
3. With healthcare reform, it is time for **public health to more effectively and strategically partner with the healthcare system** to improve access to quality, affordable integrated health care That incorporates routine clinical preventive services and is available in rural and urban communities alike.

Other directions included:

1. Retrain the public health workforce to the skills and competencies needed
2. Re-prioritize work and modify business practices
3. Develop a long term strategy for predictable and appropriate levels of financing

They also developed guiding principles for the governmental public health system and criteria for making policy, program and funding choices that are included in the document. See the full report- An Agenda for Change.-----

Public Health Improvement Partnership (PHIP) and Agenda for Change Workgroup

In 2012, because of the long history of the Public Health Improvement Partnership (PHIP) as a venue for state and local public health to collaborate and the past successes, the work of the Agenda for Change was incorporated into the Partnership and the PHIP Agenda for Change Workgroup was formed. See **PHIP Organization Chart**
www.doh.wa.gov/Portals/1/Documents/1200/Phip-OrgChart.pdf

Three subgroups were formed and asked to use the broad descriptions of the “**Action Agenda for the Public's Health**” to develop specific priorities for the next 2 to 5 years and a small set of specific action items that should be pursued immediately . A total of 70 people participated in either the workgroup or subgroups. See -----for a list of the members of the Workgroup and the subgroups. The workgroup and subgroups included representation from all areas of the state. The charge to the subgroups gave them guidance and direction, see charge to the subgroups_____.

Due to time limitations, the subgroups did not address the workforce issues or modifications to business processes. They did employ much discipline to focus and identify priorities, action items and partners to improve health of the people in Washington.

The Agenda for Change Workgroup also chartered a subgroup to help in addressing the development of a long-term strategy for financing. The Core Public Health Services subgroup was charged with defining a *minimum foundational package of public health services*-a set of public health services that no community should be without, regardless of how they are provided (by a local, regional, or state agency). This will be the first step in a long term effort to achieve sustainable funding of a reformed public health system in Washington State. It will include cost estimates for foundational core capabilities and essential programs statewide.

The final report is the “Agenda for Change-Action Plan, Initial Priorities and First Steps for Advancing Washington’s Public Health System”. The Internal Working Draft was released on June 18, 2012 for approval by the PHIP Workgroup and Board and the Washington State Association of Local Public Health Officials Board of Directors.

Engagement Process

During the summer of 2012, the Agenda for Change Workgroup will be seeking input on these priorities and actions for the governmental public health system. This document which includes background, overview of the priorities, and appendices with the more detailed priorities and actions and sub-workgroup reports will be shared widely and presentation will be made to key groups.

The engagement process will include two phases. The first phase will include the public health community. Three iLincs will be held, one for each topic area and input and feedback will be solicited.

The second phase will be directed at partners and others and will include communication materials for wide distribution and information.

Feedback is invited through in-person, web or phone conference sessions and via the Workgroups web page [web link] and e-mail at phip@doh.wa.gov. Please see the web page for more information on how to participate.

In autumn 2012, the Agenda for Change Workgroup will review all the input received and consider revisions. The final Agenda for Change plan will be presented to PHIP Partnership and published in the 2012 Public Health Improvement Plan.

An overview of each focused area follows and the detail for each topic area appears in the Agenda for Change-Internal Working Draft document-----.

Appendix A

<p>Agenda for Change Workgroup</p> <p><i>Co-Chairs</i></p> <p>John Wiesman Gregg Grunenfelder</p> <p><i>Staff</i></p> <p>Marie Flake</p> <p><i>Members</i></p>			
<p>Allene Mares Barry Kling Carlos Carreon David Fleming Debbie Riley</p>	<p>Elaine Conley Jennifer Tebaldi Joan Brewster Joe Finkbonner Joan McCullough</p>	<p>Karen Jensen Mary Looker Maryanne Guichard Maxine Hayes Patrick Libbey</p>	<p>Patrick O'Carroll Scott Lindquist Sheryl Lowe Susan Allan Susan Ramsey</p>
<p>Communicable Disease & Other Health Threats Subgroup</p> <p><i>Co-Chairs</i> Scott Lindquist Jennifer Tebaldi</p> <p><i>Staff</i> Tracy Mikesell</p> <p><i>Members</i> Barry Kling Diana Yu Harvey Crowder</p>	<p>Healthy Communities & Environments Subgroup</p> <p><i>Co-Chairs</i> Dennis Worsham Allene Mares</p> <p><i>Staff</i> Daisye Orr</p> <p><i>Members</i> Ben Bakkenta Jeff Ketchel Lucy Culp</p>	<p>Public Health Partnering with the Healthcare System Subgroup</p> <p><i>Co-Chairs</i> Joan Brewster Karen Jensen</p> <p><i>Staff</i> Jane Lee</p> <p><i>Members</i> Anne Christian Anne Shields</p>	<p>Core Public Health Services Subgroup</p> <p><i>Co-Chairs</i> Barry Kling Gregg Grunenfelder</p> <p><i>Staff</i> Marie Flake</p> <p><i>Members</i> David Fleming David Windom Dennis Worsham Elaine Conley</p>

Janna Bardi Jeff Duchin Kathy Lofy Keith Grellner Lyndia Wilson Maria Courogen	Marni Storey Martin Mueller Maxine Hayes Michael Baker Paj Nandi Peter Browning Rick Porso Ron Oldham	Bonnie Burlingham Carlos Carreon Holly Greenwood Janna Wilson Jason Zaccaria Kristin West Marsha Crane Mary Looker Mike Lee Pam MacEwan Peter House Rachel Wood Regina Delahunt Robert Campbell Shelly Pricco	Jeff Ketchel Jennifer Tebaldi Maryanne Guichard Peter Browning Regina Delahunt Tim McDonald Torney Smith
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Appendix B

AGENDA FOR CHANGE SUBGROUPS CHARGE

(excerpt from the Agenda for Change Workgroup Charter, January 2012)

- Provide content expertise on the topic area including associated data and epidemiology, evidence-based interventions, public health practice and measurement
- Consider all aspects and sub-bullets of the Agenda for Change in relationship to your topic
 - **What** – consider how your topic relates to the other **WHAT** topics and sub-bullets
 - **How** – for your topic, consider workforce issues, opportunities for appropriate and effective regional approaches, re-prioritizing work and modifying business practices and funding
 - ways to use existing funding more effectively
 - Guiding principles
 - Criteria for making policy, program and funding choices
- Consider your topic area broadly rather than based on existing funding streams, programs, organizational silos, governance structures, laws or administrative rules
- Assume no new/additional funding into the public health system and set goals that can accommodate changes in current funding. Consider existing and decreasing funding and how it can be used differently and most effectively to improve the public's health. For example, ways to streamline the work within your topic, things that could be done by one agency on behalf of many, opportunity to targeting effort to where it will have them most impact, etc. An analysis of BARS activity codes, grouped by the **Agenda for Change** topics, reveals that in 2009 total revenue to LHJs was >\$378M, which was used as follows:
 - Communicable disease and other health threats – **\$111 M**
 - Healthy communities and environments – **\$141 M**
 - Partnering with the healthcare system – **\$14 M**
- Consult data, evidence-based and key reference documents, like:

- **PHIP Public Health Indicators**
 - **County Health Rankings** (www.countyhealthrankings.org)
 - **The Guide to Community Preventive Services** (www.thecommunityguide.org/index.html)
 - **Washington Practice Base Research Network (WA PBRN)** - finding from research studies (www.kingcounty.gov/healthservices/health/partnerships/pbrn.aspx)
 - **The National Prevention Agenda** (www.healthcare.gov/center/councils/nphpphc/final_nphps_draft_framework.pdf)
 - **Rural Health Care: A Strategic Plan for Washington State** (www.wsha.org/0316.cfm)
 - **Access for All Washington: Securing Primary health Care for Washington's Underserved (WACMHC Strategic Plan)** (<http://wacmhc.org>)
- Identify and prioritize 2-3 goals, 4-5 strategies and measures for your topics, for the governmental public health system to move, over the next 2 years.