

May 10, 1994

Introduced By: Jane Hague

94-198clerk

Proposed No.: 94-198

MOTION NO. 9279

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A MOTION referring a planning framework entitled Strategic Direction for Changing Times for the Seattle-King County Department of Public Health to the joint/city county staff work group on public health governance and financing for review and recommendation back to the council and authorizing the executive to direct expenditure of urgent public health dollars on specific projects and to contract with the state for such dollars.

WHEREAS, the health care system is undergoing federal and state reform, and health care reform has the intended benefit of improving the health status of the communities, and

WHEREAS, elements of health care reform are currently being developed, and

WHEREAS, an uncertain health care environment will exist for the next three to five years, and

WHEREAS, \$2.3 million is available from the Washington State Department of Health to fund Urgent Public Needs as an element in Washington State's health care reform efforts with \$1.6 million targeted for 1994, and

WHEREAS, Washington State's health care reform efforts are intended to provide health care coverage for Washington's citizens under the Uniform Benefit Package (UBP) by 1999, and

WHEREAS, the Uniform Benefit Package is intended to provide access to medical care for presently uninsured populations currently served by the Seattle-King county department of public health, and

WHEREAS, on-going access problems are expected to exist

1 for special populations including non-English speaking
2 persons and at-risk teens, and

3 WHEREAS, the legislatively mandated Public Health
4 Improvement Plan is intended as a blueprint for improving
5 health status in Washington through prevention and improved
6 capacity for public health service delivery, and

7 WHEREAS, the Seattle-King County department of public
8 health has expertise in provision of services which include
9 health status monitoring and disease surveillance
10 investigation, control of disease and injuries, community
11 mobilization for disease-related issues, targeted outreach
12 and linkage to personal services, and personal health service
13 for special populations, and

14 WHEREAS, the historically-joined city-county department
15 has responsibility to assure the adequate health status of
16 all residents of incorporated and non-incorporated King
17 County, and

18 WHEREAS, the Seattle-King County department of public
19 health has defined its strategic direction as health
20 promotion and disease prevention for the population at-large,
21 assured access for the at-risk populations, and monitoring
22 and assurance of health status;

23 NOW, THEREFORE BE IT MOVED by the Council of King
24 County:

25 A. The planning framework entitled Strategic Direction
26 for Changing Times (Attachment I) is hereby referred to the
27 joint city/county staff workgroup on public health governance
28 and finance for consideration for inclusion in the
29 workgroup's recommendations to be submitted to the council by
30 September 1, 1994.

31 B. The King County executive is hereby authorized to
32 direct the Seattle-King County department of public health to
33 continue to evaluate the local impact of health care reform,

1 informing and advising the state about potential effects on
2 the delivery system in Metropolitan King county.

3 C. The King County executive is hereby authorized to
4 direct the Seattle-King County department of public health to
5 expend its available urgent public health dollars on
6 specified projects that address special population access,
7 violence and injury prevention and disease control (as shown
8 in Attachment II) and to execute a contract with the State of
9 Washington's Department of Health for receipt of available
10 funds.

11 PASSED this 9th day of May, 1994.

12 KING COUNTY COUNCIL
13 Passed by a vote of 11-0, KING COUNTY, WASHINGTON

14 Kent Puller
15 Chair

16 ATTEST:

17 Gerald A. Peterson
18 Clerk of the Council
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23 Attachment I: Seattle-King County Department of Public
24 Health Strategic Direction in Changing
25 Times.
26 Attachment II: Summary of Urgent Public Health Funding,
27 Phase 2

Seattle-King County Department of Public Health:
Strategic Direction in Changing Times

Situational realities:

- By 1999 it is anticipated that there will be health care coverage available for Washington's citizens under the Uniform Benefit Package (UBP). The state's Health Care Reform efforts will improve access to medical care for presently uninsured populations currently served by Seattle-King County's public health centers. Composition of UBP as it relates to public health's role/responsibilities is not yet known.
- On-going access problems are expected to continue to exist for special populations (e.g., non-English speaking persons, at-risk teens). Access to dental care will continue to be a problem.
- The Department of Health's (DOH) Public Health Improvement Plan is expected to clearly articulate a framework for any continuing personal health services transition and identify capacity issues.
- Prevention/intervention services and population-at-large services that will be required and will not necessarily be covered under health care reform's Uniform Benefit Package include:
 - ◆ Health status monitoring and disease surveillance
 - ◆ Investigation and control of diseases and injuries
 - ◆ Protection of environment, workplaces, housing, food, and water
 - ◆ Laboratory services to support disease and environmental protection
 - ◆ Health education and information
 - ◆ Community mobilization for health-related issues
 - ◆ Targeted outreach and linkage to personal services
 - ◆ Monitoring of health status indicators and community health
 - ◆ Training and education of public health professionals
 - ◆ Leadership, policy, planning, and administration
- Uneven distribution of primary care providers, hospitals, and other health care institutions remains; health care shortage present in specific areas and is expected to continue.
- Finance and Governance changes mandated legislatively include a dedicated dollar (2.95% of the Motor Vehicle Excise Tax for public health). The dedicated amount is estimated to be less than historically available to local government.

Presenting Issues/Assumptions:

- Uncertain health care climate for the next five years.
- Need for regional (City of Seattle, King County, Incorporated Cities) response to changing health care priorities and regional policy expectations/considerations.
- Need for a fully integrated community-responsive delivery system that links medical care with prevention and "population-based" service delivery.

- Need for an organizational re-prioritization in response to a changing health care environment
 - revenue re-evaluation
 - maximization of any new revenue
 - formation of alliances with providers and systems of primary care
 - responsible re-deployment of health care professionals
- Environmental Health remains a strong component of public health

Seattle-King County Department of Public Health's VISION:

**HEALTH PROMOTION, DISEASE PREVENTION FOR THE
POPULATION-AT-LARGE USING COMMUNITY ALLIANCES**

Guiding Principles:

- Improved health status for the population as a whole
- Cross-system service integration (Example: Mental Health/Public Health/Chemical Dependency)
- Active community participation/accountability; Taxpayer as customer
- Community-centered partnerships with academia and with the schools
- Population-based approaches deemed major cost control element in a changing health care system

Targeted Emphasis

1994-95	1996-97	Beyond 1997
<ul style="list-style-type: none"> • Special population access • Prevention of violence and injury • Disease control 	<ul style="list-style-type: none"> • UBP transitioning • Continued disease prevention activities; health promotion • Disease control 	<ul style="list-style-type: none"> • Continued UBP transitioning

**Seattle-King County Department of Public Health: Strategic Direction in Changing
STAGE I (3 stages)
(1994-1995)**

Elements	Effective Date	1993			1994							
		July	Aug	Sept	Dec	Mar	July	Sept	Dec	Jan		
Evaluate revenue implications of Medicaid Managed Care												
Urgent Public Health, 2nd wave implementation												
Public Health's ongoing development of alliances with providers												
Public Health's revenue re-evaluations												
Public Health's WIC re-assessment												
Utilize existing community meetings for Public Health's Community Forums												
Mayor, County Executive review												
Community clinic assessment; charrette (planning session)												
Environmental Health review (per proviso)												
Regional Finance; Governance assessment completed with Suburban cities												
Medicaid Managed Care expanded to 200% of poverty												
PHIP submitted to legislature									Preliminary			Final
Uniform Benefit Package submitted to legislature												
Tri-association Finance/Governance plan submitted to legislature									Preliminary			Final
Uniform Benefits Package (UBP) available through Certified Health Plans												
Proposed Finance/Governance likely to become effective; shift of MVET												
Department of Health Personal Services Transition Workgroup												

Urgent P
Seattle-King Count

Theme	Project	Urgency	Description	
Access for Special Populations	Adolescent Health	Southeast King County and Southeast Seattle have increasing numbers of at-risk adolescents, many on Medicaid or uninsured. Special needs include high birth rates, substance use; linkages needed with mental health and other care systems.	Establish link with obstetricians	
	Public Health Nursing (PHN)/Family Planning	Many at-risk women need education and support after a negative pregnancy test to maintain birth control use and to prevent sexually transmitted diseases (STD's).	Provide F linkages.	
	Expanded Family Planning Services	Unplanned and poorly timed pregnancies contribute to infant mortality, low birth weight, and illnesses. Gaps in services in targeted areas.	Expand F and Sout	
	Maternity Support Services	More than 50% of Native Americans on the Muckleshoot reservation receive inadequate prenatal care increasing risk of low birthweight and infant mortality.	Increase education/visiting.	
	Cultural, Linguistic, Literacy Appropriate Health Education	King County has 60% of the State's refugee population. 25 languages spoken by our clients. 22,000 visits needed interpretation in 1993. Health needs include poor dental health, TB, hypertension, tobacco use.	Provide education/translation systems.	
	Oral Health	72% of Medicaid children in King County received no dental services in 1992. 25% of children have 75% of decay. 80% of dentists serve Medicaid children minimally or not at all.	Establish linkage. Increase culturally increase	
	Multicultural Health	Specific minority populations have lower life expectancies, suffer from specific diseases at disparate rates. 36% of Dept clients are ethnic minorities.	Increase culturally increase	
	Community Assessment	No system in place to fully evaluate adolescent health risk behaviors and behavioral risks for minority populations.	Youth risk data collection provide d	
	Subtotal - Theme Group			
	Violence & Injury Prevention	Healthy Families Evaluation	Child abuse and neglect contributes to infant death, illness, and injury.	Measure prevention
Home Safety, Indoor Air, Household Toxins		11% increase in Hazard Line, poison control calls. 60% of hospitalizations for children < 14 and those > 60 are falls.	Train public home haz	

**Urgent Public Health
Seattle-King County**

	Safer City Streets	Minority youth in S.E. or Central Seattle have the highest risks of interpersonal violence. Homicide rates 4-5 times County average. Alcohol present in 60% of cases.	Risk assessment Harborview program
	Subtotal - Theme Group		
	Communicable Disease/Environmental Health Preparedness & Food Safety	Major public health problems linked to food include E. Coli and Hepatitis A. Local rates of foodborne and enteric illness exceed state and national goals. Certain populations suffering high rates of STD's do not regularly attend traditional clinical sites and are at risk for disease themselves and for transmittal to others.	Community Environment Health Services Clinical enhancements
Disease Control	STD & HIV Control	Inadequate access to clinical services and information among homeless, substance users, sexually active teens. Incomplete linkage between public health practice and drug/alcohol services. Detection rate of substance use by primary care providers less than 25%	Targeting mobile Development detected &
	STD/HIV Outreach		
	Substance Abuse Training		
	Tobacco Counteradvertising	20% deaths in King County attributable to smoking in 1990. 57% of K.C. high school students smoke.	Involve counterindustry success
	Groundwater Management	Groundwater and aquifers, particularly in East King County, are at risk of contamination, threatening water supplies.	Identify King County contaminants
	TB Control	TB is in resurgence in Seattle-King County as part of national trends. New drug-resistant forms of TB also threaten public health.	Continuation TB services screening
	Condom Education & Distribution	HIV is leading cause of death in young men in King County.	Targeted cost-free State case
	Disease Prevention in Small Water Systems	20% of County residents use small water systems as sole water source; 84% do not meet State standards; 16% present risks for waterborne illnesses.	Inform & linked & providers
	Subtotal - Theme Group		
Indirect			
	Total for Phase 2, Urgent Public Health Funding		
	<i>Note: All projects include evaluation components to measure impacts and outcomes.</i>		