Washington State
Department of Health

Always working for a safer and healthier Washington

2005-2012

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TABLE OF CONTENTS

Secretary of Health, Mary Selecky — "Her-storical record"

I serve at "the pleasure of the governor."

I didn't think this job was going to last this long. I was hired to be the acting secretary of health, and I truly was not expecting it to be a long-term assignment. I had a wonderful job at a local public health agency, and loved the small community I was living in. So, I kept my house in the mountains outside Colville, packed my suitcase and headed to Olympia, saying, "I'll be home soon!" But that's not how this story ends. Now, 14 years later, I've served two governors and I'm still occasionally "commuting" between Olympia and Colville.

Every day I head to work knowing that I'm responsible for an agency that affects every person in Washington in some way. The Department of Health makes sure water is safe to drink, food is safe to eat, people are vaccinated, and health care providers are qualified to do their jobs. And if there's a disease outbreak, we're on it — tracking cases, providing vaccine, and informing the public.

Protecting and improving the public's health is a tremendous responsibility, and I'm honored to serve "at the pleasure of the governor." Of course, when you lead a state agency it's a good idea to keep your bags packed and your resume in your pocket. You're a temporary steward and there's no time to waste. You have to be a quick learner, a decision maker, a coach, a cheerleader, and understand that, "the buck stops here."

On a recent trip to Colville, I contemplated what my message would be to the next secretary of health. I pulled over and scribbled a few notes to myself. This is what I wrote:

> "This is a public health system; protect it."
>
> "Respect the uniform disciplinary act."
>
> "Understand and exercise your role in emergencies. You'll be glad you did."
>
> "Learn and practice risk communication; you'll need it."
>
> "Buddy up with other state agencies like Early Learning, Ecology, the Health Care Authority, and Social and Health Services. Public health responsibilities are broad and you can't succeed on your own."
>
> "Get active nationally. Your problems are not unique; your colleagues in other states have probably run into them before."

There's a lot more to say, but I had a long way to drive and a small piece of paper. I hope that this book fills in some of the blanks, expands on some of the ideas above, and provides a sense of some challenges we faced, and some possibilities ahead.

Sometimes when you're going through something or managing an important issue, you recognize right away that it's a watershed moment. The events of September 11, 2001 are an example of that. Yet, often that's not how it works. In public health, the result of a crucial decision or action can take weeks, months, or years to play out. It makes it that much more important to get it right, because the direction you set can impact health for generations.

Our work to lower our state's smoking rates is what I consider my most important legacy. During Governor Gregoire's time in office adult smoking rates have dropped from around 20 percent, to about 15 percent. Youth smoking is down by half. The governor's leadership and support, and the excellent work of my agency and many, many local partners, means tens of thousands of people in our state will live longer, healthier lives. As a result, Washington will save billions in health care dollars. When it comes to protecting the public's health, an ounce of prevention truly is worth a pound of cure.

We're more prepared for public health emergencies than ever before. Our immunization rates are the highest they've been in years, and the number of families asking to be exempt from vaccination requirements is dropping. This, even as the crisis in funding threatened to destroy years of public health progress.

Licensing and credentialing health care providers is a tremendous and important responsibility. The number of health care providers in Washington is growing quickly; we now oversee providers in more than 80 different professions. And the number keeps growing every year. We've made great strides in assuring patients receive safe, quality care, but the job gets bigger every day, and even one misstep can be devastating.

Public health is vital to our state's economic health, too. We're moving toward a healthier Puget Sound so beaches remain swimmable, fishable, and diggable for years to come. And shellfish producers can continue to grow, harvest, and export safe products around the world.

Still, the public health system has many challenges ahead. In Washington, local, state, and tribal public health agencies are autonomous, each with its own responsibilities; yet we're interlinked partners that must have the support of the others to succeed. And our effectiveness and survival is directly connected to extensive federal funding and support. It's the combination of local, state, and federal resources and partnerships that creates this effective network.

And, as a public health network, we're committed to setting goals, laying out plans to reach them, measuring how we're doing, and changing course when needed. Together, state and local health partners have adopted an "Agenda for Change" that sets priorities and provides a roadmap for the future.

I hope others will learn from where we've been, where we are, and how we got here. As secretary of health, I stood on the shoulders of those who came before me. Those who come after me will stand on the shoulders of our current team.

Great Expectations — Governor Gregoire's priorities on health

When the governor took office, she looked at what her priorities would be, and by April 2005, it was clear that one of her top priorities would be health care. The governor was not an expert in medicine or the health care delivery system, but she clearly understood the link between people who are as healthy as they can be and a thriving economy with vibrant communities where active and healthy living enhances our quality of life. Our public health mission is to protect and improve the overall health of people in Washington — the whole population — and it's my job to make sure that, as state leaders focus on health care, the voice of public health is heard.

In 2005, shortly after Governor Gregoire was sworn-in as our state's leader, I found myself in an early morning meeting with her and the leaders of other state agencies who share the responsibility for the health of Washingtonians. We were prepared to roll up our sleeves knowing our meeting would help set the stage for the governor's health agenda. The team soon became the state's Health Cabinet, responsible for ongoing coordination and planning of all health care and public health efforts. The governor had given us a pre-meeting assignment to read, *Epidemic of Care: A Call for Safer, Better, and More Accountable Health Care*. During our discussion, I raised my concern that the book focused on better managing our system of illness care instead of focusing on prevention of the conditions responsible for ballooning healthcare costs.

Health is wealth - let's invest where there's a return!

Our existing health care system funnels 96 cents out of every health care dollar to medical and sickness care. Research shows that medical care is only 10 percent of what influences how healthy we are. Where we live, how healthy our environment is, our family history and genes, and our personal choices on physical activity, nutrition, and tobacco play a much more important role in determining health. And yet, funding spent to influence these factors makes up only a fraction of our health-related spending.

Research shows that medical care is only 10 percent of what influences how healthy we are.

During the governor's two terms, she put forward several important health-related initiatives designed to bring a change to the "illness care" model of health. She has been focused on effectiveness, efficiency, and on improvements in technology and transparency. We're now positioned to enact health care reform with the needs of our state as our top priority. The governor signed an executive order to use our influence as a purchaser of health care services for 1.3 million Washingtonians to include performance measures in state health contracts to foster better health outcomes such as improved vaccination rates, smoking cessation, and physical activity.

In 2006 the legislature set up the Blue Ribbon Commission on Health Care Costs and Access, including a committee to look into the financial aspects of our state's public health system. Overall funding for local health had declined steeply over the prior decade, and a county-by-county estimate showed our public health system was under-funded by about $400 million per year. The committee worked with public health partners at all levels to make recommendations for investing in specific, prioritized strategies. Ultimately, the Blue Ribbon legislation required public health officials to develop and report on performance measures for $20 million in new money from the

state general fund. They were also required to identify, prioritize, and carry out the core public health functions of statewide importance.

When the Blue Ribbon Commission released its final report, it included recommendations for reducing infectious disease and promoting chronic disease prevention and healthy lifestyles. The report included actions to integrate and require proven chronic illness care and management in all state-supported health programs. This remains a top priority for local and state public health.

As the secretary of health, I was excited when the governor said she wanted state government to be smarter buyers of health services, and to make sure that services provided to people covered by state health plans (employees, people on Medicaid, and those on the Basic Health Plan) would reduce chronic illness, improve productivity, and cut our health care use rates. All health-related state agencies worked together to encourage people to use preventative services like mammograms, colonoscopies, and programs to quit smoking

Our health cabinet was aggressive in finding other sources of funding to support health-enhancing activities included in the governor's 5-Point Strategy for Improving Health Care. In July 2006, Washington was among 13 states that were awarded "Healthy States" grants. In our state, the Department of Health and the Health Care Authority used the grant to establish the framework for our state's worksite wellness program, "Washington Wellness Works," which sought to improve the health and productivity of our state's workforce. These activities are being integrated into our employee health benefits plans, setting the stage for improved health.

Protecting our successes in the face of a financial crisis

During the past eight years, there have been some good times and some tough times for public health. I've had to make some tough choices to reduce programs and support for state and local public health agencies. Some of these changes, including eliminating the state Tobacco Quitline in 2011, undoubtedly had a negative impact on community health. Other impacts of funding and program cuts were eased by finding innovative partnerships and strategies to carry on the work.

Vaccination is one of the most cost-effective methods of preventing illness and reducing health care costs.

An example of a creative partnership born out of the funding crisis is the way we provide vaccine to protect children in our state. Until July of 2009, our state bought all of the vaccines included in the recommended series of childhood immunizations. The vaccine was distributed to health care providers across the state at no cost for use in all children up to age 19 in Washington, regardless of a child's insurance coverage or family income. This typically cost about $111 million dollars in a combination of state and federal funds. The state portion was about $32 million a year. Vaccination is one of the most cost-effective methods of preventing illness and reducing health care costs. Yet at a time when we were cutting staff and other vital assets, I had to consider all budgeted items, including immunizations.

We were fortunate in our state to have a network of health insurance and medical providers that recognized that keeping kids healthy through immunization was in the best interest of patient care and their financial bottom line. Legislative leadership met with all stakeholders to identify a system that would allow Washington to continue to assure that all children would continue

getting recommended immunizations, regardless of insurance status. To keep kids connected to their family provider, we had to make sure the program would be easy for providers to administer, and we had to assure there wouldn't be any disruption in vaccine availability to providers or children.

Legislation created a non-profit organization, the Washington Vaccine Association (WVA), to collect funds from health plans to support vaccine purchase. The WVA required up-front funding of about $7.8 million paid by health plans to the state treasurer. Ongoing assessments create a reserve account so funding to buy vaccines is available in advance. These changes created a sustainable system that ensures our ability to provide life-saving immunizations to all children in our state.

New vaccine purchasing system ensures our ability to provide life-saving immunizations to all children in our state.

Internally, I also had some tough choices to make about how we would respond to the ongoing funding crisis. We got down to business using several performance management tools, including Government Management Accountability and Performance (GMAP) and others, to identify our priorities and to find out where we could become more effective and efficient in our own operations. I'm proud of our accomplishments in the face of some very challenging circumstances. We've made great strides building partnerships with our state's health care community.

Health care providers often take a leadership role in community partnerships working to solve difficult health issues like obesity, tobacco and substance abuse, and access to care.

Health care providers are our vital ally in protecting and improving community health, often serving as our eyes, ears, and voice for health. They influence the health of individual people, which influences the health of the community. Health care providers often take a leadership role in community partnerships working to solve difficult health problems like obesity, tobacco and substance abuse, and access to care. Benefits of working with health professionals include more efficient service delivery, advances in disease prevention, and a stronger public health network.

Invest now and save big later: a tough sell during tough times

As the boomers reach retirement age, chronic health conditions will overburden our ability to provide adequate care for all those who need it. Investing in wellness and prevention improves the overall health and quality of life for Washingtonians, strengthens the productivity of our work force, enhances our ability to compete nationally and globally, and has a measurable financial pay off.

We have proof right here in our state that focusing on prevention saves money and protects health. In its first year of operation, our Prescription Drug Monitoring Program and our program that blocks sales of ingredients used to make methamphetamine is projected to save over $400,000 for state

health care and law enforcement agencies. These programs save money while helping people whose drug use can be addressed when pharmacists and physicians use the system to identify patients in need of substance abuse treatment. Investing in systems like these helps make inroads on issues that affect our communities in devastating ways.

Getting ready for changes: health care reform and leadership changes

Although we haven't achieved all of our health-related goals, we've seen some important progress in promoting healthy living. Another success is public health having a seat at the health care table. I've worked hard to make that happen. The health care and public health systems are intertwined, and to tackle stubborn, emerging health problems we need each other's skills and resources.

Throughout the governor's two terms, the work done on health care and public health has been ambitious and visionary. This brief chapter can't do justice to the many other initiatives and protective health actions taken by the governor and the Heath Cabinet. During her tenure, the governor positioned our state at the forefront of health care reform, making sure that the needs of our state drive our implementation of new federal reforms. As we prepare for a change in the leadership of our state and perhaps federal government, we must continue prioritizing both the *health care* needs, and the *public health* needs of the people of Washington.

Be clear about your priorities and stick with them

Changes in the health of a state or a community usually involve many elements coming together and having an effect over time — whether the changes are positive or negative. Our nation's obesity problem is one example. People don't gain weight overnight. Most studies show, on average, adults gain a pound or two a year. This means by the time they're in their 60s, many are overweight. And we can't just blame it on eating too much. Dropping rates of physical activity, availability of healthy foods, longer commutes, and many other factors all play a role.

When we can, it's best to prevent unhealthy problems instead of treating them. That's one of the cornerstones of public health. We try to help communities break unhealthy habits, change those patterns, and make it easier for people to make healthy choices. Yet public health progress isn't typically measured in hours, days, or even weeks, so we have to be sure we're heading in the right direction because it's a long journey. At the same time, you must be willing and ready to adjust your heading if you find you're off course. It's a long haul, breaking old habits for new.

The real key to making the kind of epic change I'm talking about is being clear about your priorities and sticking with them. It's harder than it sounds when you're faced with uncertain and fluctuating funding, resource challenges, and daily events and headlines that can push or pull us in different directions and distract from our focus. When I think of sticking with my priorities, two major issues come to mind — tobacco prevention and emergency preparedness. I consider the progress we've made in these areas among the most significant accomplishments during my time at the Department of Health.

Saving lives and improving health: our tobacco prevention and control work is paying off!
A handful of states blazed the trail for our tobacco prevention work. Florida, Massachusetts, California, and Oregon were among the first to make a commitment to lowering smoking rates and savings lives. They made good on that promise, showing the rest of us that it could be done and how to do it.

We had the will and the know-how, but we still needed funding and political support to have a fighting chance. The national Master Settlement Agreement against the tobacco companies in late 1998 took care of part of that. Our then-Attorney General Chris Gregoire was one of the lead counsel who negotiated the settlement. The states involved received billions of dollars, limitations were put on tobacco advertising and sales, and Joe Camel was forever put to rest. I remember meeting with Chris about the time the legislature decided to use $100 million from our state's first settlement check to create a new state tobacco prevention program. She had a lot to do with that, working closely with Governor Gary Locke to make sure the money went to improve health, and not fill potholes as it did in some states.

The Department of Health had a small tobacco prevention program at the time, yet wasn't a big player. The attorney general was clearly passionate about the issue. Her message to me was something like, "Failure is not an option. I've worked hard to get this money and now you have to do something about tobacco use." She also said to make sure to include kids in our planning and execution or we'd fail. That was more than a dozen years ago, yet her words stuck with me. Gregoire had been the director of Ecology and was a nationally known attorney general; I was acting secretary of health at the time. I certainly felt the pressure to succeed and took it to heart.

Governor Locke and later Governor Gregoire trusted and supported me and the agency in this work. The combination of "best practices" from other states, funding, and support from the governors I worked for gave us the tools we needed to succeed. All we had to do then was get adults who were addicted to their cigarettes to quit; get teens who thought smoking was cool to change their minds; and take on an industry that spends hundreds of millions of dollars convincing people tobacco use makes them sexy, appealing, and happy. It was a tall order, but we knew we were doing something special and incredibly important. It was a chance to change a generation, and truly improve the lives of some and save others. If we did it right, more people in our state would live longer, healthier lives instead of dying from cancer, heart disease, or other tobacco-related illnesses. It's not often you get an opportunity to make that kind of impact.

With the help of our newly formed state Tobacco Prevention and Control Council, we came up with a plan to attack tobacco use from all sides. We funded schools so kids would hear the truth about tobacco early and often. We sent money to every county in the state so they could tailor their work to the needs of the community. We knew a lot of people would quit if they had help, so we funded a toll-free state quitline. Advertising is a powerful tool to sell tobacco. We knew it would work for us, too, so we funded an aggressive anti-tobacco advertising campaign. We set goals, and made sure to set aside money to track our progress closely. If it wasn't working, we wanted to know so we could make adjustments

Washington had a lot of room to improve. When our program started we were 20th in the nation in tobacco use. It's hard to believe, but nearly one in four adults here was smoking at that time. And the rates for high school kids were even higher. We borrowed one of our first advertising campaigns from California. It featured a woman named Debi who started smoking as a young teen, which caused cancer of the larynx. She was so addicted that she still smoked through the hole, called a stoma, in her throat. I run into people today who still remember that ad. Debi came here for a youth rally, and I got to spend some time with her. She was still struggling with smoking at that time. It really helped the kids see just how addictive tobacco could be.

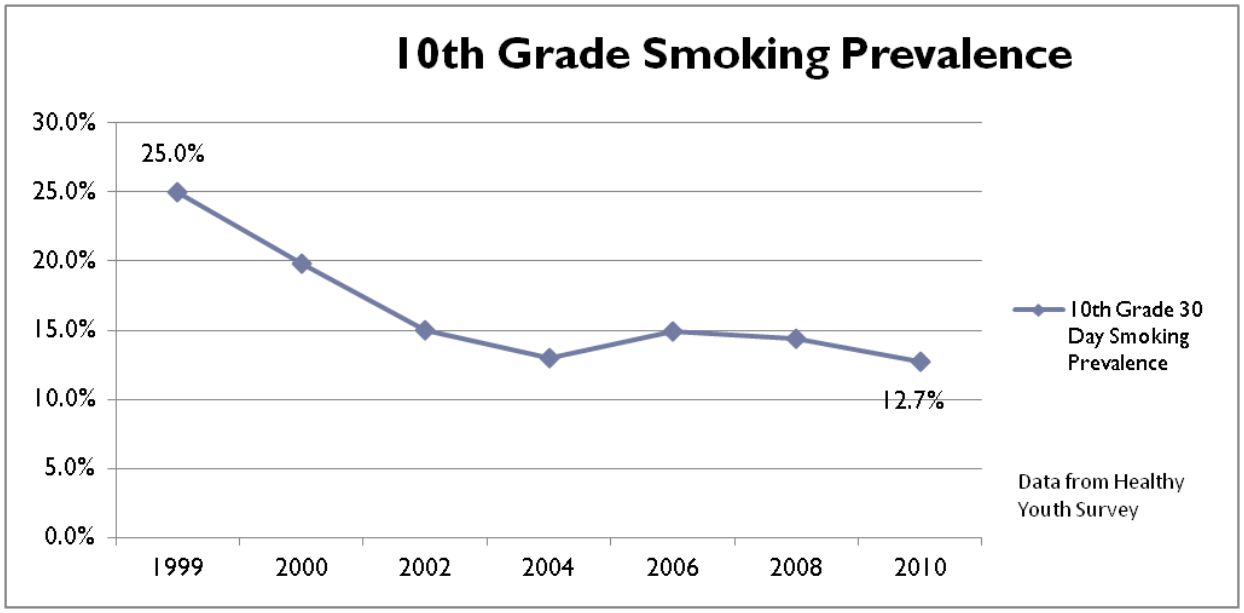
Mary Selecky and Debi Austin working to prevent youth smoking.

Our initial goal was to get the adult smoking rate down to 16.5 percent. We considered it a stretch, and I was thrilled when we exceeded that goal. We had similar success in driving the youth rate down. About half as many kids smoke as did just a decade ago.

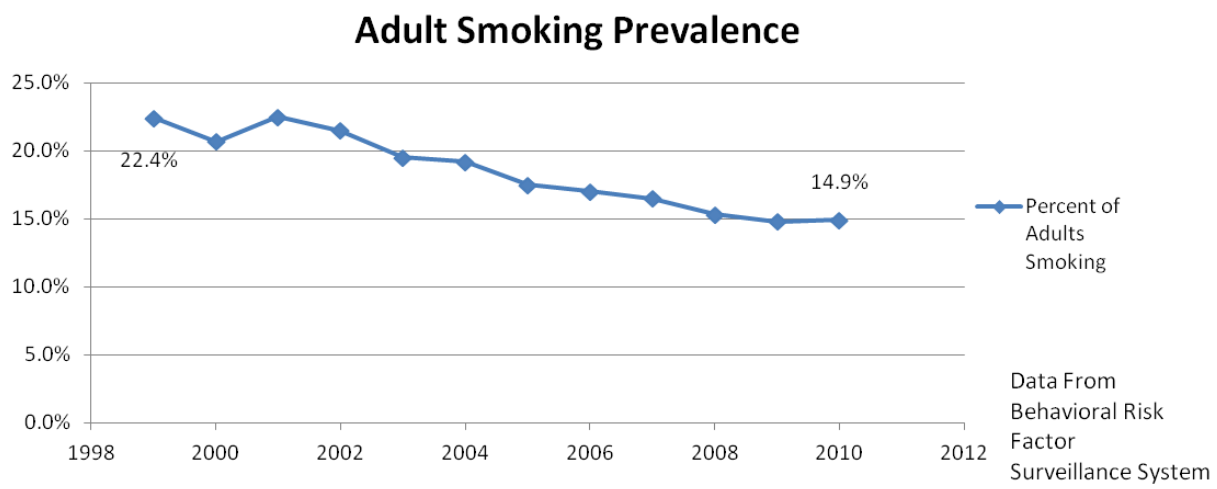
Our success went beyond lower numbers; I often hear real stories from parents and kids about how mom or dad feel healthy enough to go hiking, or play outside after they kicked the habit. On top of that, a recent study showed for every dollar we spend on tobacco prevention, we save five in future health care costs.

In 2008, Governor Gregoire, Attorney General Rob McKenna, and I visited Bush Middle School in Tumwater to talk with kids about tobacco use and celebrate the 10th anniversary of the Master Settlement Agreement. It was a wonderful day. The kids were excited, and when I asked if they knew what our anti-tobacco slogan was, they loudly responded, "No Stank You." Nearly all of them had seen the commercials, and many had won "No Stank You" t-shirts on our website. Then the governor spoke. She asked the kids if they knew Joe Camel. She got a blank look from the couple hundred kids filling the bleachers. Not one had heard of the animated cigarette selling camel. We'd come a long way.

Unfortunately, in recent years the rates of teen smokers haven't maintained their downward trend as I'd hoped. While our state has the 10th lowest rate in the nation, we have a lot left to do. Kids still start smoking every day. And once they start, it's hard and expensive to get them to quit. And the smoking rate for people in our state who have low incomes or lower education levels is well above the overall rate. So, there's still work to do there, too. Meanwhile, tobacco companies are not backing off. They're developing new products all the time to get people to pick up the habit or to never quit.



Policy change is an important part of any public health effort. It can be hard to succeed without it. It complements services for individuals and broader community efforts. Washington's strong law prohibiting indoor smoking in public places is a good example. It helps protect people from secondhand smoke and makes smoking less convenient. The result is more people decide to quit.



I remember being with Governor Gregoire when she met with a group of anti-tobacco, public health advocates. They asked her to push for legislation making Washington smoke-free. She told the group while she supports the cause, it will only succeed if it comes from the people. And it did. A voter initiative passed by a landslide — every county in the state voted "yes."

Many businesses — especially bars and restaurants — were concerned that sales would drop, but in almost all cases the opposite happened. People in Washington love enjoying dinner or an evening out without breathing in someone else's smoke. And even more important, employees who work in places where smoking was once allowed no longer have to choose between their health and their jobs.

Preparing Washington for Public Health Emergencies

I was in a meeting in one of our Department of Health offices in Olympia when the Nisqually earthquake hit on February 28, 2001. When the shaking began, I stood in a doorway. I later found out that's not the best thing to do. At that time, we had offices in two dozen locations around the city. Once the shaking stopped, we tried to connect with the rest of our staff but discovered we had no way to do it. Phone lines were jammed, and we didn't have a "plan B."

Thankfully, everyone was okay, but our buildings had some minor damage. It was obvious we had to be better prepared for emergencies. The people of our state expect us to be ready to respond when a crisis happens, which meant we had a lot to do to make sure our agency was up to the challenges of any emergency.

As it turned out, the quake was just the first sign that emergency preparedness would become a lot more important for my agency and the local, state, tribal, and federal public health network. Before September 2001, our work in emergency preparedness was limited to one person working on bioterrorism preparedness. She was funded by a small federal grant. For the most part, local health agencies didn't have anyone doing preparedness work. The terrorist attacks of September 11 and the subsequent anthrax attacks changed that. Suddenly, public health's work in that area was center stage.

It was an easy decision to make emergency preparedness a priority at that time. It was all anyone was thinking about. The public was rattled by the threat of terrorism. Concern over an unseen enemy like anthrax or smallpox took things to a new level. They wanted to be assured they'd be safe and our state agencies wanted advice on how to open mail that might be contaminated.

Public health was asked to ramp up in a way that hadn't been done in modern times. At first the federal government sent states millions of dollars to develop smallpox plans. Funding directives soon evolved into general public health preparedness and response planning and capacity development.

It was the right thing to do. We weren't nearly as prepared as we should be for any type of emergency — manmade or natural. Until that time, there was no funding for it and no perceived threat, so it wasn't a priority. After that, we made it one. The more public health agencies across the country looked at our roles in an emergency, the more we realized we had a lot to do. In public health emergencies, the state or local health officer has more power and authority than most other government officials. That's a big responsibility considering state and local public health agencies haven't traditionally been well-connected to emergency managers, police, or fire officials.

In the last dozen years, we've used federal funding to establish nine public health emergency preparedness regions. In these regions, local and tribal health and emergency response groups work together to decide what they need to do to be more prepared. We've helped them buy supplies and equipment for hospitals and other health partners, and they're now more ready to treat large numbers of patients during a disease outbreak or catastrophic accident.

While fire, law enforcement, and emergency management personnel are accustomed to using incident command to manage emergency operations, public health didn't know much about it. Now our agency is well-versed in incident command, and has its own Emergency Operations Center that's been used several times, including in the H1N1 influenza pandemic in 2009 and the 2012 whooping cough epidemic. We've trained hundreds of public health staff on "incident command" and how use it to coordinate a response. We developed emergency plans for each local health agency, each emergency preparedness region, and our agency. We "drilled" them, made improvements, then did it all again and again.

In the summer of 2012, we received national recognition as a Public Health Ready State. As one of only two states to receive this certification, we demonstrated our competency in three key areas: preparedness planning, workforce competency, and demonstration of all-hazards readiness. This recognition confirms that we have strong emergency preparedness and response capability.

Preparing for emergencies can't be thought of as extra work. If you put it off until you have time, it will never get done because you'll never have time. If agency leaders make it a priority, staff will, too. We'll never be done preparing for emergencies. Our plans must be maintained and exercised so they are more than just words on a page. There will always be another emergency around the corner and everyone expects the Department of Health to be ready when it happens.

The first rule of holes: when you find yourself in one, quit digging!

When you pick up the phone and hear, "Hello, Mary. This is Chris…are you aware of…" you want to know the topic. You don't want to be "toothless," as some of our work on patient safety demonstrates.

Shortly after Governor Gregoire took office in 2005, she told me she was pleased with most of our work in public health and urged me to keep it going. She made a point, though, of telling me that she wanted to see improvement in patient safety — faster, more consistent, more effective.

One morning soon after, as I prepared for the weekly agency senior management team meeting, I picked up the paper and saw the big headline. Above the fold, it read, "Toothless: Washington's lax dental oversight." It was an investigative series featuring cases that indicated slow action and "generous deals" by the state Dental Commission to settle complaints against dentists. It quoted commissioners, and several staff members.

Time was short, as this was just before a Governor's Cabinet retreat. I called my directors of communications and legislative/policy offices out of the meeting, then the assistant secretary for Health Systems Quality Assurance, which regulates health care professionals. Commissioners had been interviewed, as had several of our employees. We learned that most staff and commission members were unaware that several reporters had been calling around the agency. Our response wasn't coordinated, and we didn't know the articles were coming. Though I briefed the governor, other elected officials were caught off-guard about the features, too.

It was quite a lesson, and led us to conclude that Will Rogers was right: when you find yourself in a hole, stop digging. We learned that it's important to recognize when a big media issue is developing, and to coordinate a response. It's vital to make sure each part of the agency and its partners are aware of the questions asked and the answers provided, for consistency and to make sure there are no surprises. Yet most important is that reporter interest may be early indication of a need to adjust how we do business, so we can ensure patient safety. That's our priority.

"Toothless" was awkward and discomforting. It was also an opportunity, yet not in the cliché "lemons to lemonade" rhetoric. It was a clarion call to look inward, find the gaps and disconnects in health care professional regulation and discipline, and improve our patient safety work. We set about to streamline the process. Among our first moves was to screen the complaints we get and manage them according to priority. The greater the risk of immediate threat to patient safety, the faster the response and the shorter the timeline. The highest risk cases moved to the top of the stack instead of staying in chronological order. We developed an emergency case management protocol to assess the most serious complaints, to get the ball rolling right away. And when one incident led to multiple complaints, we coordinated the case work.

It was clear that interest in our topics by investigative reporters can often serve as a bellwether, hinting at trends or things to come. The reporter on "Toothless" had called many different parts of the division that oversees health professional discipline, asking seemingly small questions about technical detail. Several programs were interviewed; most learned about the others who were contacted when they read the series in the paper. There hadn't been any coordination or

sharing for message consistency. This proved to be a considerable gap beyond media response. It was a reflection of the gaps in our investigative process, and that had to change.

The Communications Office can usually tell how a story will turn out by piecing together clues from the questions reporters ask; but someone has to tell them when reporters call. Employees in health professions, facilities and services, and Emergency Medical Services and Trauma now notify the communications office quickly. They serve as an early warning system that a big media issue is brewing, and provide insight on how people perceive technical patient safety issues. Communications staff now coordinates media response among programs and helps reporters get what they want. Meanwhile, the programs talk to each other right from the start on high risk, high priority complaints. This system helps media and also assures clear, consistent, understandable agency messages and coordinated investigation and action. And that's just what the doctor ordered.

It turns out that often, things that attract the attention of reporters are things that are in need of improvement. Ironically, many of the same systems we set up to manage major investigative journalist inquiries foreshadowed the ways we could improve our patient safety system. "Toothless" showed us that we had several different programs working on their own to regulate nearly 60 license categories and a quarter-million health professionals in the state at that time. Because our provider-oversight teams each had responsibility for certain professions, they were working in a vacuum. One complaint against an emergency room doctor, another on the ER nurse, and a separate one on the hospital may have led to three separate investigations for a single event, each program working independently and without knowing of the others. Soon after "Toothless," we established cross-referencing among the programs and disciplines. And the emergency case management process we set up cut our processing time substantially in cases that may put patients in danger — whether from sexual contact, substandard care, or impaired health care professionals.

These improvements were topped off with a new computer tracking system to make it all work more efficiently and effectively. The governor's directive to improve patient safety and the insight we gained from looking inward after criticism in the news led us to devise a much more practical system with cross checks and balances. We'd learned some lessons, just in time.

Less than a year after the newspaper series on dentists, a Pulitzer Prize winning investigative reporter from Washington's biggest newspaper began calling us. He studied and analyzed more than 10,000 pages of documents received from a massive public disclosure request. He was looking for health care professionals who had put patients at risk without getting in trouble. The reporter did his own analysis of our records, and chose actual cases to show serious complaints that appeared to result in a slap on the wrist, and in some instances, a free pass. His series would be titled, "License to Harm."

Our new media response processes were in place and we put them to use. We studied the specific cases the reporter highlighted, and learned that there were valid reasons for most of the outcomes, even though those reasons might be hard for the public to understand. And we learned some of the cases might've been handled differently had our new emergency case management process, cross-referencing, and computer system been in place at the time the cases occurred. I

was briefed by health professions staff and the Communications Office and we were prepared to answer the hard questions we knew were ahead. It was a harsh series of news reports, yet we were able to explain how our recent changes had improved the system and closed the gaps.

Patient safety has been among my priorities from early on. Clearly, it was among Governor Gregoire's priorities for public health, as well as several state legislators who'd been very interested and involved in the topic. Just as clearly as our need to improve was our need to keep these leaders informed of the challenges and solutions in protecting patients who need major surgery, dental work, chiropractic adjustment, or massage therapy. It's vital to keep looking for ways to make the system better. It's just as important to listen to the concerns of others while sharing what we know, what we've learned, and what we've done to strengthen our safeguards.

Patient safety has been among my priorities from early on. Clearly, it was among Governor Gregoire's priorities for public health.

The improvements we made early in the Gregoire administration were just the start. The need for clear and consistent investigative standards, case processing, and disciplinary actions was the next step. The governor directed us to review requirements for registered counselors, inconsistent sexual misconduct rules, and see why similar complaints often had different outcomes.

Among the biggest challenges was a top-to-bottom review of credentialing standards for registered counselors — a credential almost anyone could acquire. The result was a gradual elimination of the registration that required nothing more than a criminal background check and watching an HIV/AIDs prevention video. The counselor registration was replaced with a series of new credentials, allowing certain levels of service based on the level of training and expertise. Registered counselors had been the subject of a disproportionate percentage of all disciplinary cases against health care professionals. This reform project aimed to reverse that, and provide clients with a greater level of confidence that their counselor is trained and qualified.

In the midst of these reforms and improvements, a voter's initiative gave the state auditor power to conduct performance audits of state agencies. The governor called and told me she wanted the State Auditor's Office to conduct a performance audit of health care professions regulation. It would focus on how the system works, rather than strictly on financial dollars and cents of the services. We went into the audit with an open book approach, and met regularly with auditors to see what we could do to improve health care professions regulation. The audit produced 14 recommendations, many of which we'd already begun to put into place. Among them was the priority screening system to tackle complaints on the basis of risk to patients rather than the date a complaint is received — which we'd addressed with our case management and assessment process.

On the heels of this work, we coordinated rules administered by the office of the secretary with those of our partner boards and commissions to create a consistent set of sexual misconduct rules for the first time in our state. We now have one sexual misconduct standard for all health professions, and patients can count on that consistent standard across all professions.

Media stories, the governor's directives, our own introspection, and the performance audit led to many improvements, including reorganization of the division that manages health professionals. It also included some statutory change, such as creating new counselor credentials, and some staff change. The division is now organized around common functions that include legal work such as case screening and review, investigations, credentialing review to assure a person is qualified to have a license, and a customer service center. This replaced a system based on programs independently regulating a variety of professions.

It's important to note that most of the 400,000 health care professionals in our state are doing things the right way, meeting standards, caring for their clients and patients without problems. When something goes awry, it's good to know we've got a system in place that responds fast to the highest risk situations, cross-checks for multiple complaints, and moves quickly to protect patients in Washington.

What gets measured… gets done.

For well over a decade, governmental public health has been making changes in how it does business and looking for reliable ways to measure community health and the impact of our work. In about 2006, legislators and others responsible for our budgets began asking questions that we weren't prepared to adequately answer. How much money do public health's services save communities? How much money would it cost if public health was supported at an optimal level? What are public health's most important services?

These questions told us that we must be able to measure our effectiveness and clearly define the role of the governmental public health system. For many years we've gone about our daily business — immunizing kids, protecting our drinking water, overseeing patient safety, and making sure our food is safe. Unless there was a high-profile disease outbreak or health crisis, we've had a fairly low public profile. But our relative invisibility was hurting us; even long term legislators weren't certain of what we do and the many ways we protect the public's health.

Way back in 1998, public health across the country had been working on ways to explain just what people should be able to count on from the governmental public health system. The result was a set of standards and measures to evaluate system performance and capacity. Washington's well-developed network of public health leaders worked together using these national public health standards to create standards and measures for the state. Since then, teams from local and state health have been working on standards, measures, and health indicators covering everything from diabetes prevention to infectious disease investigation. We've had several standards review processes along the way, and after each we've developed action plans to correct deficiencies and to share and protect our successes.

We've been working for years to identify and support evidence-based interventions and best practices; performance and accountability have been the foundation. Washington standards and processes are now aligned with those at the national level, so we can now describe exactly which public health services and capacities people in our state should expect. Our agency has long supported public health performance improvement and, in January 2012, we were one of the first public health agencies in the nation to submit an application to become accredited in public health. The accreditation process has been challenging, but it has stimulated quality and performance improvement in our agency.

Another performance measurement process produced a set of 35 public health indicators. They provide a snapshot of health status, health behavior, and public health system performance at the local level. The indicators measure key aspects of public health: community context, communicable disease, prevention and health promotion, environmental health, maternal and child health, and access to care. Our local public health partners use local indicator data to identify or confirm health issues; develop action plans and evaluate progress; and for community education. Together, the state's public health indicators reveal how healthy we are and our performance standards examine how we're doing it.

Another tool for our tool belt

Governor Gregoire's Government Management Accountability and Performance (GMAP) project has been a tool state agencies use to quantify challenges, plan improvements, and track

success. We worked with other agencies that had related goals or activities to identify issues, gaps, and strategies for measuring and improving our performance. I soon realized the importance of bringing more than one department into a room at the same time, to be held accountable for results that involve several agencies. Many of our state agencies share responsibility for the health of people in our state. It's not one agency's job.

An example of this is the improvement of water quality in our state's valuable shellfish growing areas. Our agency has had to downgrade several growing areas based on pollution and other factors. But improving our state's water quality involves many other government agencies and other stakeholders. When all state agencies are held to account for specific roles in addressing a common problem, especially in the presence of the governor, things happen!

Protecting shellfish and water quality involves several state agencies and community partners.

Although the process has not been simple or pain-free, it has been very effective. It's given us the chance to connect in a very different way with our state agency partners. It also broadened our insight into new ways to look at our data, new ideas for measuring successes, and has promoted synergy in problem solving.

Our agency decided the GMAP process was a valuable tool and used it as a model for internal review in a process we now call "HealthMAP." Our agency's leadership team chooses projects or topics for HealthMAP review, and invites program staff to present to the team. When we first started, we found people were inclined to present HealthMAP projects that showed the effectiveness of their work. Once it became clear that the process gave them access to agency leadership and an opportunity for true problem solving, they used it to confront difficult challenges requiring cross-agency brainstorming, resource reallocation, and collaborative action.

Our HealthMAP process has shown us that the way we present data helps us make the case for policy or budget changes. We're now presenting our data graphically to help us "paint the picture" of public health challenges and successes. Our agency has access to a lot of information. We gather and analyze data on water quality in shellfish growing areas; on *Salmonella* and other germs that cause illness; on maternal and child health; and other health topics. Figuring out how to use data to improve our processes and interventions has been more of a challenge.

Measuring and demonstrating success isn't always easy for some areas of our agency. Many of our goals and interventions require long-term commitment and ongoing funding to support activities. In most cases we don't control each piece of the puzzle; there may be other agencies and private and non-profit groups that share responsibility or interest in the topic.

At other times, public health's issues involve asking people to make big life changes that they may not be inclined to adopt. One emerging issue — obesity — is a good example. Obesity is more than a personal health issue, it's a major public health concern. To address the problem, individuals must make changes in long-standing habits like reducing the amount of high calorie

drinks they consume, cutting down on junk food, and increasing the time they spend exercising. In addition to the personal life choices we encourage, we also need policies and investments that encourage healthy lifestyles and improve access to healthy food and activity. Strategies must be based in data, and interventions must be evaluated and assessed, but seeing and showing the results can takes years.

HealthMAP continues to help us see the big picture in a more tangible way. I'm able to learn in greater detail what the programs in my agency are trying to do to turn things around, allowing me to identify areas in which I may be able to help. And staff feels more connected and supported as they carry out their work for the health of people in our state.

It's relatively easy to show what's happening. It's a lot harder to say why

Immunization rates have fallen as a new generation of parents have not seen the ravages of diseases now prevented with immunizations. When children are around lots of other kids, germs spread, including serious diseases like whooping cough and measles. In 2002 we started measuring the percentage of children who received all recommended vaccines. We were 49th in the nation. In the years since, we've climbed to 17th. Our rates have increased more than 18 percent. With sound data, presented in visually alarming charts, we were able to raise concern and motivate health care partners, lawmakers, and others to take on this important issue. One of the statistics we track is on the percentage of K-12 students whose parents have signed a vaccination exemption form and submitted it to their child's school. The paperwork used during the school enrollment process allowed parents to check a box indicating that their child was "exempted" from the required immunizations for any one of several reasons, including "personal" exemption.

Governor Gregoire gets her flu vaccine from a nurse at the Spokane Regional Health District

From work done during school-based chickenpox outbreaks, we knew that many of the children who had exemptions on file at their schools actually were immunized. However, because it was easier for a parent to check off the "personal exemption" than it was to find immunization records, many parents chose the easy route and signed the exemption forms. This gave us an inaccurate picture of how many students were immunized. We also knew that our state had one of the easiest immunization "opt out" policies for student enrollment.

After several years of effort, the 2010 legislature passed a law requiring parents to talk with a health care provider before they can file an immunization exemption form with their school. This gives the parent the chance to get factual information on the risks and benefits of immunizations.

It's been almost a year now and we can already see a reduction in the percentages of students who have vaccination exemptions on file. At the same time, we're beginning to see our state's childhood vaccination rates improve. These are rewarding improvements because we know that immunizations save lives. We'll continue our work to make sure our children are protected from serious, preventable diseases.

Putting the focus on the "front line"

Most employees carry heavy workloads; this is especially true as our state workforce has been cut the past several years. When we introduce a new "process improvement" it can be met with a less than enthusiastic response. Some may think it's just another "flavor-of-the-month" process that simply adds to their workload, or they may be skeptical of its value to their work. I haven't always been excited with the prospect of embarking on a new process that requires significant time commitment, without a guaranteed cost-benefit outcome.

Yet, when the governor asked state agencies to implement the Lean process it became clear that this one was different. Lean allows staff to think differently about how they do their jobs. We tell employees to "Think of yourself as a detective," "You've got a problem to solve." Then teams of people use data to come up with improvements. Employees can't radically improve a process without first understanding why there are problems; that takes data collection and analysis. The Lean method emphasizes early understanding of problems so people analyze before acting and remove deficiencies at the start. In effect, instead of scraping burnt toast, you figure out how not to burn it.

Since we started using Lean more than a year ago, we've completed three projects and have 11 others in progress. I'm excited about a project that has reduced the time it takes for "low risk" water systems to access our State Drinking Water Revolving Loan Fund. We've cut the time it takes from receiving the initial applications to the time they receive the funds by two months. This helps fast track improvements in our state's drinking water protection activities.

The Lean process has proven its merits and we've now trained hundreds of staff members. As with anything new, full integration in the agency culture is a process that takes time. With more experience and success, Lean will grow stronger.

Integrating quality improvement into our agency's culture

The GMAP, HealthMAP, and Lean processes have helped us show our performance to the public. These projects helped us answer the difficult questions like, "What is the problem? Are we accountable? Are we effective and efficient? Can we show that we've delivered results?" In these times of budget cuts and intense pressure on public funds, government agencies must be prepared to show value and effectiveness. I've worked hard to make the Washington State Department of Health one of the top public health agencies in the nation. I'm proud of the work that we've done in Washington, developing public health standards, revising them, and testing them. Sharing our results is one of the ways we demonstrate the accountability and transparency that is so crucial for government today.

'The future ain't what it used to be" — Yogi Berra

"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change." These words from Charles Darwin have hit close to home as we as an agency, as a state, and as a nation have faced dramatic and varied changes over the past eight years. In my time as secretary of health, the one constant has been change. The health status and diseases affecting our population have changed. We've experienced big changes in our economy and in people's attitudes and expectations of government; and the list of changes goes on and on.

While change is indeed a reality of life, the fundamental public health protections we must maintain remain the same. People will always need protection from infectious diseases, access to reliable health information and services, and safe food and drinking water.

Having the right people on the team — I'm proud of our leaders at the Department of Health, and those from our local and tribal public health agencies. They've stepped forward to tackle difficult challenges; they've optimized opportunities, and displayed courage and tenacity through some tumultuous times. The leadership within our agency's senior management team was apparent as we faced big budget challenges over the past several years. The team identified a set of core public health criteria to evaluate our programs. This helped us make tough decisions about which services we could afford to keep doing, and how we could provide the greatest health benefits to the public.

The team also analyzed the way we do business and made hard decisions on spending cuts, layoffs, and the reorganization of divisions and offices to make our work as efficient as possible. Through it all, the management team kept our staff in the loop, helping them understand the "whys" behind the changes. Their commitment to open communication helped keep morale as positive as possible. Staff will always be our most valued resource and I'm grateful to have had strong leaders to help us through difficult times.

As the challenges of the past years arose, the leaders of our local and tribal public health agencies also worked hard, making changes in ways that ensured their communities would keep getting fundamental public health services. In many cases, long-standing services such as immunization and sexually transmitted disease clinics were eliminated, and new partnerships were formed with community organizations that agreed to provide the services. This allowed public health to focus on services that could not be accomplished by others.

Staff capacity in most local health agencies has reached a critical low and changes have been hard. Yet public health leadership continues to focus on the greatest needs of their communities and makes necessary adjustments to serve residents in the best way possible.

It takes a village — Times have changed and it's now clear that public-private partnerships and initiatives can work well. Our public health system in Washington has taken several initial steps to move in that direction.

The most notable example of pursuing new partnerships to address emerging health concerns is in our work on healthy communities. Our move toward community-led transformation is

designed to combat the chronic disease epidemic. Although Washingtonians are living longer, they're still dying early from preventable causes, often after years of illness and disability. Diseases such as diabetes and heart disease are often brought on by tobacco use, poor nutrition, and physical inactivity. Almost unbelievably, unless we dramatically change course, for the first time since statistics have been kept, today's youngest generation will not live as long as their parents.

Having walkable communities supports a healthier community.

In light of these serious challenges, we're focusing attention on creating new partnerships to transform communities in ways that support health. Together with public health and communities from our state, we applied for and received a $3.2 million Community Transformation Grant from the Centers for Disease Control and Prevention as part of the federal Affordable Care Act. We're working with organizations and communities and assisting decision makers in implementing proven policies that support healthier living. These partnerships are transforming the ways they build their streets; making sure that kids can walk to school; ensuring that all communities have access to fruits and veggies; and that public policies support smoke-free public places.

The governmental public health system by itself can't achieve the type of changes needed to reverse the trends in chronic disease. It will take a broad range of community partners to help transform our communities into healthier places to live, work, and play.

Communicating with credibility, transparency and a willingness to listen

Throughout my time in public health, I've seen that as times have changed, so have the challenges in communicating information to the public. Today, people get information in very different ways than they did just a decade ago. The internet and social media offer a vast array of ways for anyone to convey their views to others. People's opinions and beliefs on every issue can vary widely and the voices of those with strong or extreme opinions are often amplified in ways that affect the public's perception of issues.

We've seen this play out on even the most basic health protections like children's immunizations and the fluoridation of water to improve oral health. These controversies persist, often driven by fear and misinformation found on internet and social media sites. A very clear lesson I've had reinforced many times, is that facts alone can't fight fear or misinformation. Emotion is often a more powerful factor that must be understood and acknowledged before there can be any chance of changing opinion.

The tragic earthquake and tsunami that struck Japan in March 2011 is an example of how public fear and concern need to be considered during the response to any real or perceived crisis. The earthquake caused significant structural damage to the Fukushima nuclear reactors and the

tsunami that followed caused massive flooding and more damage to the area. The damaged reactors released radioactive material contaminating the areas near these facilities.

5,000 miles away in Washington state, media coverage of the disaster caused public concern that radioactive fallout would reach our state and put people at risk. From early on, our radiation health physicists knew that from a technical facts standpoint, our residents weren't in danger. But based on public concern, it was clear we had to do much more than just say "don't worry, our experts say there isn't a danger." As a result, we mobilized teams to do radiation testing throughout the state and publicized the test results every day. It was only through a comprehensive, persistent, and transparent effort that we were able to calm fears and assure people that their health wasn't in danger. Now in late 2012, debris from the disaster in Japan is washing up on our coast and many of the same fears of radiation contamination have resurfaced. Because we know that facts alone won't assure some people, we will continue to take a thoughtful, strategic approach in our communication response.

An agenda for change

Public health is population health and the programs we provide touch every person in our state each and every day. There will always be a need for public health's primary services like drinking water protection, food safety, and disease prevention. But our strategies must be flexible and forward looking. Our system, which begins in local communities, performs best when we combine proven techniques with new approaches that are relevant to the changes in our population's health and our available resources.

In 2010, I brought together leaders from our public health system to look to the future and create a vision for how our public health system can continue our record of effective service in the years to come. The resulting Agenda for Change highlights our need to pursue new efforts in the areas of communicable disease prevention and response, healthy communities and environments, and improving partnerships with our health care system. As we make progress toward our Agenda for Change goals, we'll continue to modernize our business practices, and make sure our workforce has up-to-date skills necessary for the changing times.

There will always be a need for public health's primary services like drinking water protection, food safety and disease prevention

Our work on the Agenda for Change also defines the fundamental public health capacities that must be in place everywhere for public health to work effectively anywhere. Planning for the future and adjusting our health protection efforts will never end. My top budget priority has been protecting funding for core public health services. Funding for public health is a partnership — local, state, and federal tax-supported funds and local fees for things like septic system and restaurant permits. While local health agencies get funding through local taxes and fees for such work, the full cost of services is paid for in large part through funding from state and federal sources. In the past five years, our state funding for public health has been cut by over $50 million a year. These cuts jeopardize vital services and our capacity to respond to emerging health threats.

Our current economic climate requires all government services to streamline our operations and to assure that the public receives the maximum benefit from each and every dollar. Regardless of our efforts to economize and prioritize, the bottom line is that public health services must be adequately funded. Although there have been tough cuts made during my time, I've truly appreciated Governor Gregoire's leadership in safeguarding state funding for local public health services. Supporting these efforts will remain my passion and commitment into the future.

My career in public health has taught me that in this country we have much to be thankful for. We have invested in health, safety, and sanitation systems that protect us from injury, illness, and disease.

We don't have to look far to see the results of inadequate public health systems. In many developing countries tuberculosis, polio, cholera, and malaria continue to cause illness, disability, and death — one in every three people in the world has now been infected with tuberculosis. Many popular European travel destinations have low immunization rates, and measles outbreaks are common. All of these public health problems make their way here as refugees and travelers bring back these serious health threats. Our public health network identifies incoming threats and takes action, hopefully before these conditions spread to others in our communities.

Fast-spreading illnesses also originate close to home, as we've seen with the whooping cough epidemic that has sickened more than 4,200 people in our state so far this year. This epidemic has been fueled in part by the success of the vaccines that prevent whooping cough and other serious diseases. Today's young parents haven't experienced many of the once-common diseases that ravaged children before vaccines were available to prevent them, so they're unaware of the risk to their own children and the community.

We must be vigilant and supportive of our public health system if we want to continue to enjoy the benefits it provides. Our public health system works to keep our entire population healthy every day. Washington has a strong public health system, with innovative partnerships and approaches to advancing public health in our state. Our future effectiveness depends largely on organizations and professionals working in strong collaborative relationships, both public and private. It also depends on adequate funding for local and state public health agencies. It's my hope and belief that our system and partnerships will strengthen and flourish in the coming years.

Mary C. Selecky