

**Meeting Minutes**  
**Section 39**  
**Prevention and Health Promotion**  
**August 7, 2007**

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Prevention and Health Promotion

**Presentation of information**

State staff solicited comments about the preliminary work to design the Five Year Plan for Prevention and Health Promotion following the presentation of introductory materials about Section 39. See E2SSB 5930 – Section 39, Prevention and Health Promotion Presentation Materials at these links:

- [Breakout Session Agenda](#)
- [Meeting Materials](#)

The themes so far identified by the workgroup included:

- Physical fitness and obesity
- Smoking cessation
- Substance abuse
- Infectious diseases
- Mental health
- Oral health
- Injury and accident prevention

**Feedback from participants**

There was general discussion among presenters and participants about where in the spectrum of prevention the five year plan should focus. Participants talked about the different approaches used to promote public health (for example, Department of Health initiatives) versus personal health (which focuses on the role of the individual). The legislation seems to point to the need for an integrated plan. The group discussed whether the report would look at primary, secondary and/or tertiary prevention, and agreed that the report could be limited to primary and some secondary prevention approaches. The overall consensus of the group was that the agencies should use a synchronized approach where their activities should and can intersect.

Feedback from participants was along two main topic areas. First, participants in both sessions suggested additional prevention themes for consideration. Themes included oral health, the general topic of disease prevention, especially related to diabetes, adding nutrition to the theme of physical fitness and obesity, early intervention to prevent domestic violence, the effects of poverty and social determinants of health, and identification of chronic care conditions as another early intervention theme.

Second, participants contributed suggestions about the types of approaches that should be considered. For example, the agencies should build on work being conducted outside state government. One idea was to collaborate with the Puget Sound Health Alliance; their data may help focus efforts of the workgroup. Another general approach suggested was the use of social marketing to engage individuals in health promotion and disease prevention. The agencies could also use their regulatory role to broaden the scope of practice regarding types of practitioners to complete screens. For example, oral health screening tools for adults could be developed, and would not have to be completed by dentists. Screening and early identification were common approaches that could be applied to many conditions, including violence, oral health, and diabetes. One avenue for conducting screening would be to take advantage of school based health clinics. For both injury and accident prevention, the agencies were directed to consider new innovations in the field. Finally, the use of member incentives in health promotion was seen to be a helpful strategy.

### **Next steps**

Staff presented the next steps for the workgroup, which include finalizing the report and five year plan, and distributing once it is approved and delivered to the legislature. Over the five years of the actual plan, the first phase will include thoughtful review of the evidence for cost-effective health promotion and disease and accident prevention programs. The second phase will include implementation across state agencies of selected programs. The third phase will include evaluation.

Participants recommended the use of focus groups, collaborative models and work groups to help the agencies define the specific next steps.