



# A Long-Term Strategy for Funding Foundational Public Health Services Statewide

## A New Vision for Washington State

Washington State Board of Health  
November 19, 2015

John Wiesman, Secretary of Health





**Like public safety (fire, police), public utilities (power, water), and other public infrastructure (roads, sewers), there is a foundational level of public health services that must exist everywhere for services to work anywhere.**

This foundation – the Foundational Public Health Services (FPHS) – is a subset of all public health services.

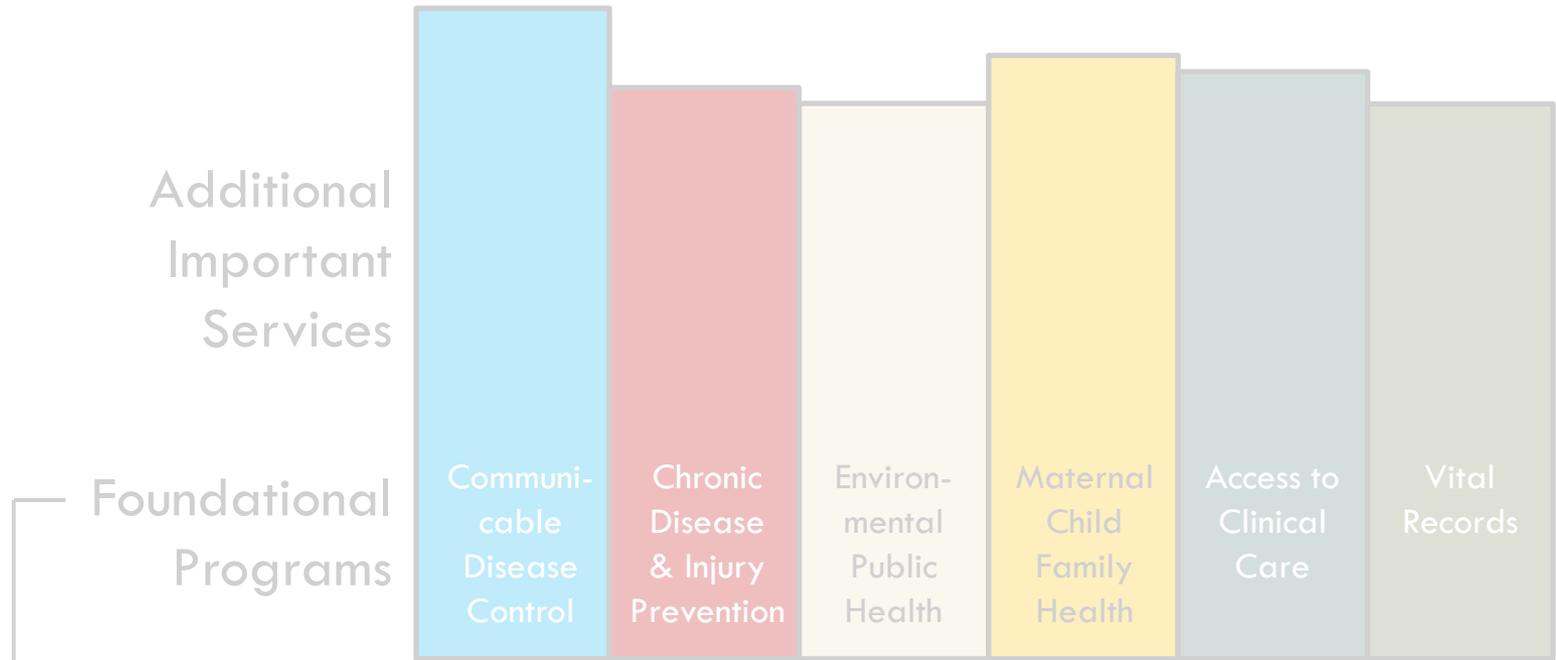
FPHS includes foundational programs and supporting capabilities that must be available in all communities in Washington.

# A Long-Term Strategy for Funding Foundational Public Health Services Statewide

## Presentation Outline

- FPHS Framework
- Definitions
- Cost Model
- Policy Recommendations
- Phase 3

# Foundational Public Health Services



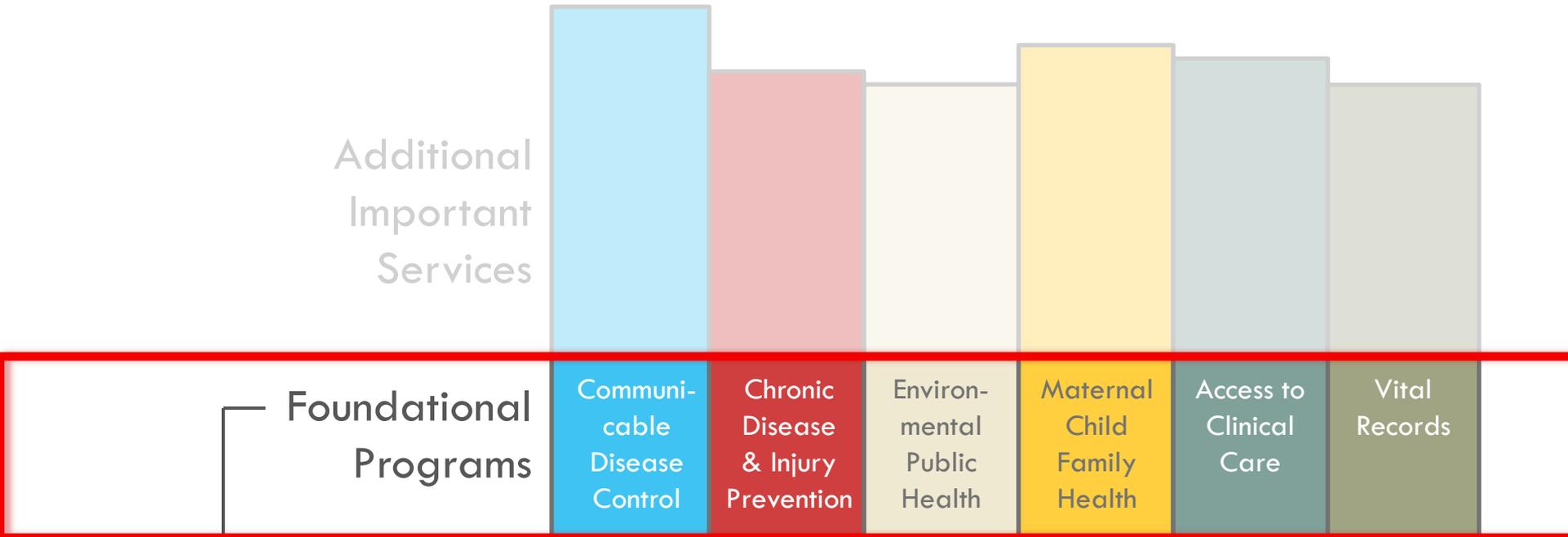
**FOUNDATIONAL PUBLIC HEALTH SERVICES**

Foundational Capabilities

## Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

# Foundational Public Health Services



Foundational Programs

Communi-  
cable  
Disease  
Control

Chronic  
Disease  
& Injury  
Prevention

Environ-  
mental  
Public  
Health

Maternal  
Child  
Family  
Health

Access to  
Clinical  
Care

Vital  
Records

FOUNDATIONAL  
PUBLIC HEALTH  
SERVICES

Foundational  
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# Foundational Programs

## Basic level of services in each program area

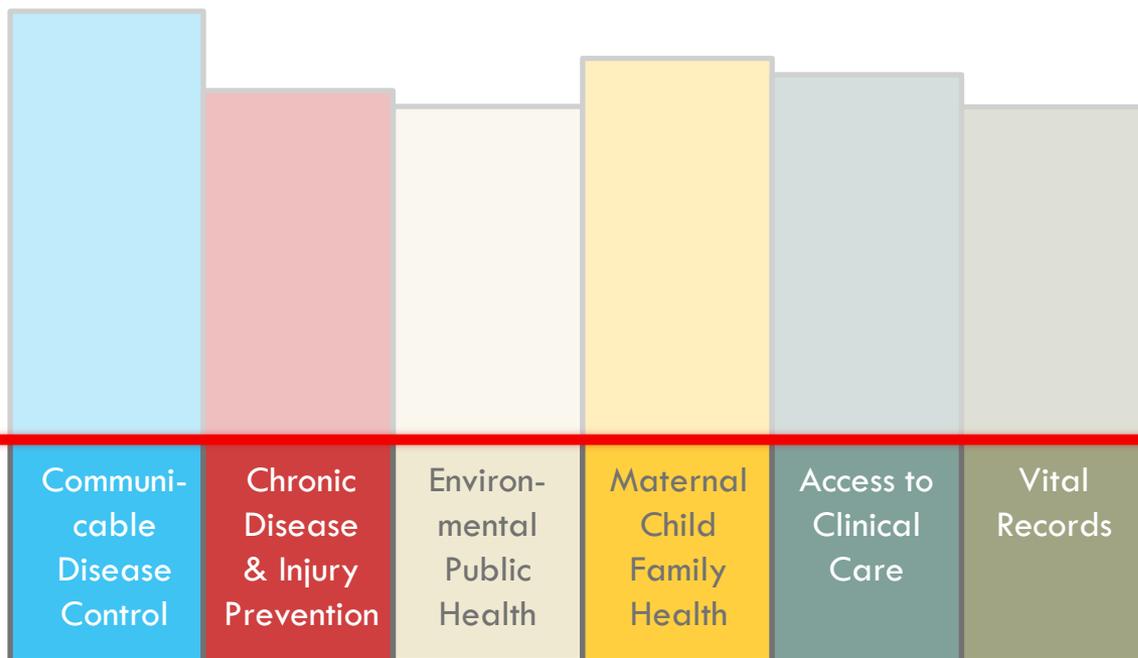
- Provide information
- Identify assets/partners, develop and implement plans
- Coordinate and integrate categorically-funded and other programs

## A few specific public health priorities

1. **Communicable Disease** - Assure partner notification for newly diagnosed cases of syphilis, gonorrhea, HIV, active TB
2. **Chronic Disease and Injury Prevention** - Reduce rates of tobacco use and increase rates of healthy eating and active living
3. **Environmental Public Health** - Food, water recreation, drinking water, liquid and solid waste, priority zoonotics, radiation, land use planning
4. **Maternal and Child Health** - Taking into account the importance of Adverse Childhood Experiences (ACEs) and health disparities

# Foundational Public Health Services

Additional  
Important  
Services



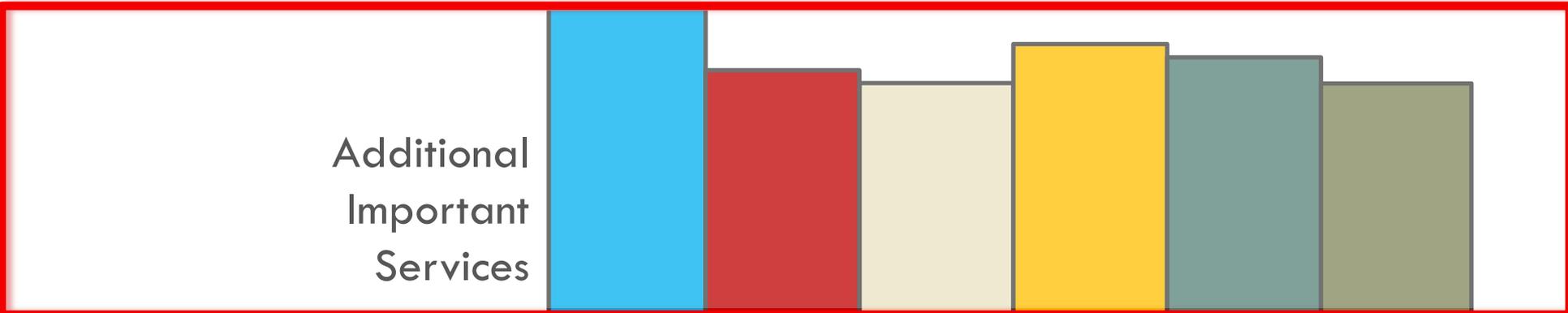
FOUNDATIONAL  
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# Foundational Public Health Services



Additional Important Services

Foundational Programs

|   |  |  |                                       |                               |                  |
|---|--|--|---------------------------------------|-------------------------------|------------------|
| Communi-<br>cable<br>Disease<br>Control | Chronic<br>Disease<br>& Injury<br>Prevention | Environ-<br>mental<br>Public<br>Health | Maternal<br>Child<br>Family<br>Health | Access to<br>Clinical<br>Care | Vital<br>Records |
|---|--|--|---------------------------------------|-------------------------------|------------------|

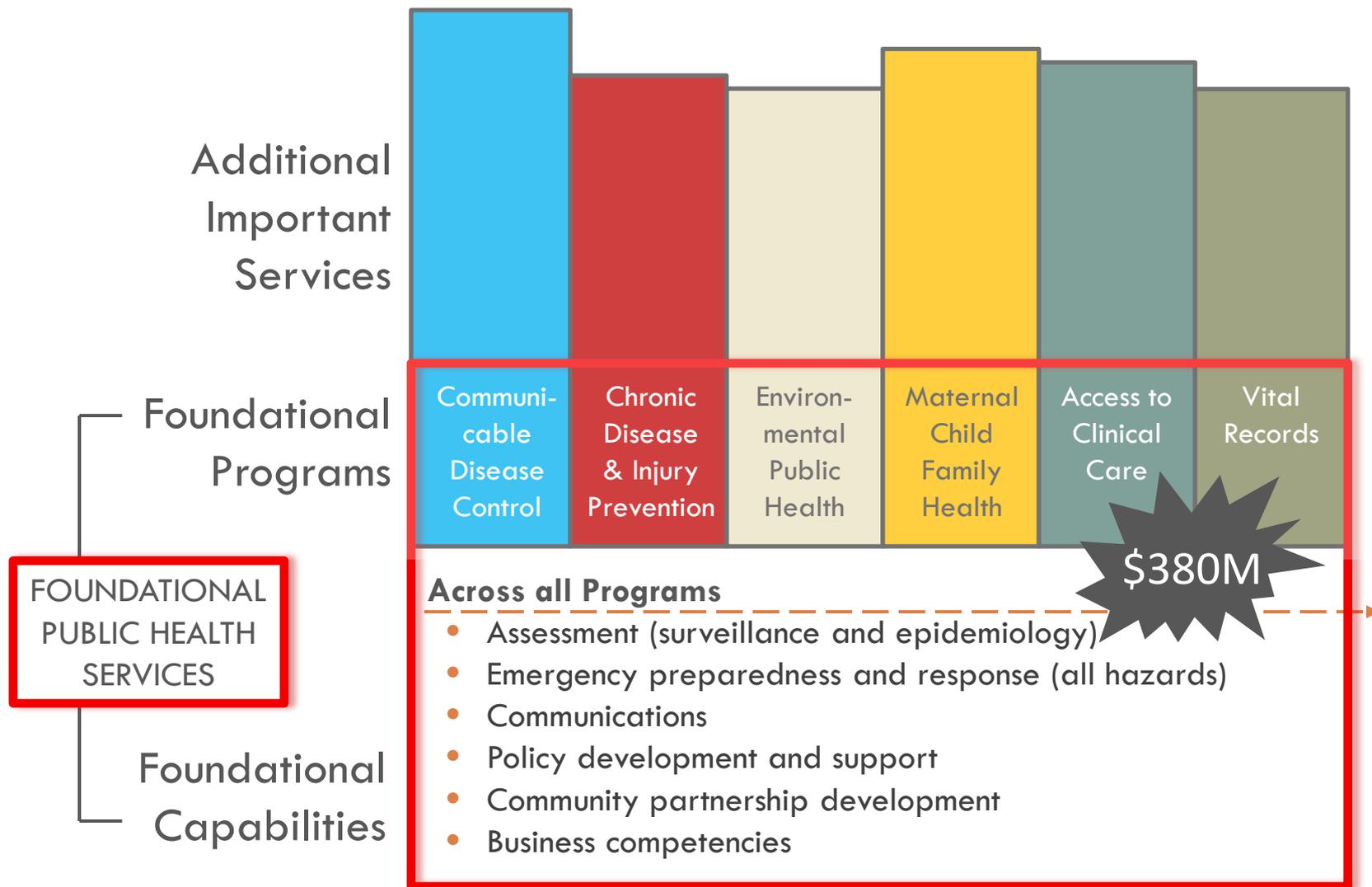
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# Foundational Public Health Services



# FPHS Decision Matrix

## Population-based

To what extent is this a population-based service without individually identifiable beneficiaries?

Mainly provides individual benefits

Partially population based, such as an individual health care service the absence of which would pose a significant community health threat

A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices

## Governmental public health

To what extent is governmental public health the only or primary provider of this service?

*Never* – many other entities provide this service and they are the most appropriate provider

Sometimes

*Often* – it has to be addressed by governmental public health to be effectively addressed at all

## Mandatory

Is it mandated by law or contingent on legal powers granted only to the local health officer/board of health?

Not mandated

Partially or sometimes

Definitely mandated

# Examples of FPHS and AIS

## FPHS

## Additional Important Services

Governmental public health **promotes immunizations in all communities** to prevent the spread of disease in all communities. This is a FPHS.

**Actually giving immunization shots is not a Foundational Public Health Service.** In a community with many readily accessible immunization providers, governmental public health may not need to provide this service. In a community without providers, it may be important and valuable for public health to provide this Additional Important Service.

Governmental public health **oversees and enforces state on-site septic system regulations** in every jurisdiction because safe waste disposal prevents disease in every community. This is a FPHS.

Counties with significant shellfish production are concerned about the contribution of failing septic systems to poor water quality, which can cause development of toxins in shellfish. In one of these counties, **efforts to monitor septic system performance more closely than statewide regulations require** could be very important, just as important as any foundational service. But it is not a Foundational Public Health Service because many counties don't have marine shoreline.

**WIC services are not Foundational Public Health Services.**

In some communities there are several providers of WIC services other than public health, and there is no need for public health to be a WIC provider. But in other communities, there is no other agency providing this cost-effective, evidence-based prevention service and it is important for public health to do so.

Governmental public health **provides treatments to individuals with active contagious tuberculosis (TB)**, protecting the community from the spread of TB.

**Providing treatment to individuals with active contagious TB is not an Additional Important Service.**

# Cost Model

## Goal

Develop a cost model that is flexible and can be used with different assumptions and variables to test different scenarios

## Initial Task

- Estimate the cost of delivering FPHS statewide (using current delivery system)
- Estimate how much money is currently spent on FPHS statewide
- Estimate the gap

## Method

- We identified common definitions of indirect and overhead – this remains challenging
- Aim was to estimate what it would cost to deliver the defined service; NOT what is being done right now
- DOH and a sample of 9 LHJs each estimated the cost of delivering FPHS for their jurisdiction

# Cost Model

## Variables

- Identified cost drivers – primarily population, but also disease rates and others
- Per unit costs were established
- Elasticity factors applied (percent of fixed and variable costs)
- Scaled/extrapolated for statewide estimates

## Results

- Total cost to provide the Red Box (FPHS) as defined, statewide \$380.2 m/y
- Total current spending on the Red Box (FPHS) as defined, statewide \$280.3 m/y (primarily a mix of local and state funds and fees)
- Total current funding gap for the Red Box (FPHS) \$99.9 m/y

# FPHS Policy Workgroup Members

## Co-Chairs, Policy Workgroup

**John Wiesman**, Secretary, Washington State Department of Health

**Todd Mielke**, Commissioner, Spokane, District 1

**Marilyn Scott**, Whe-Che-Litsa (Vice Chairman), Upper Skagit Indian Tribe

## Elected Officials

**Jim Hemberry**, Mayor, City of Quincy

**Obie O'Brien**, Commissioner, Kittitas County, District 3

**Jim Jeffords**, Commissioner, Asotin County, District 3

**Patty Lent**, Mayor, City of Bremerton

**Joe McDermott**, Councilmember, King County, Council District 8

## Public Health Representatives

**Danette York**, Administrator, Lewis County Public Health & Social Services

**David Windom**, Administrator, NE Tri-County Health District

**Martha Lanman**, Administrator, Columbia County Public Health

**Vicki Kirkpatrick**, Administrator, Mason County Public Health

## Tribal Public Health

**Andrew Shogren**, Health Director, Quileute Tribe

**Barbara Juarez**, Director, Northwest Washington Indian Health Board

**Victoria Warren-Mears**, EPI Center Director, Northwest Portland Area Indian Health Board

**Jan Olmstead**, Public Health Project Manager, American Indian Health Commission



# FPHS Policy Workgroup Members

## State Associations

**Anne Tan Piazza**, President, Washington State Public Health Association

**Brad Banks**, Managing Director, Washington State Association of Local Public Health Officials

**Eric Johnson**, Executive Director, Washington State Association of Counties

**Ian Corbridge**, Clinical Policy Director, Washington State Hospital Association

**Judy Huntington**, Executive Director, Washington State Nursing Association

**Mary Looker**, Chief Executive Officer, Washington Association of Community & Migrant Health Centers

**Adrienne Thompson**, Co-Chair, Public Health Roundtable

**Susie Tracy**, Lobbyist, Washington State Medical Association

## Co-Chairs, Technical Workgroup

**Barry Kling**, Administrator, Chelan-Douglas Health District

**Jennifer Tebaldi**, Assistant Secretary, Disease Control and Health Statistics,  
Washington State Department of Health

## State Government

**Jay Balasbas**, Senior Budget Assistant, Office of Financial Management

**Richard Pannkuk**, Senior Budget Assistant, Office of Financial Management

**Robert Crittenden**, Senior Health Policy Advisor, Office of the Governor

**Scott Lindquist**, State Communicable Disease Epidemiologist,  
Washington State Department of Health

## Department of Health Staff

**Karen Jensen**, Director, Partnerships, Planning & Performance

**Marie Flake**, Local Health Liaison, Partnerships, Planning & Performance



# Delivering on the Vision

## Recommendations

1. **State funding for public health** should ensure the costs of Foundational Public Health Services are covered in every community
2. **Foundational Public Health Services** should be funded with statutorily-directed revenues placed in a dedicated Foundational Public Health Services account
3. **Allocation determinations** should be a collaborative process between state and local stakeholders
4. **A robust accountability structure that aligns with the Foundational Public Health Services framework** should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment
5. **Tribal public health**, with support from the Department of Health (DOH), should convene a process to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people in Washington
6. **Local spending on Additional Important Services** should be incentivized

# Call to Action

## Legislative Action

- Adopt the FPHS framework and definitions and incorporate it into statute and establish a dedicated account for FPHS, begin to statutorily dedicate funding to it and then fully fund it

## LHJs and DOH Action

- DOH and WSALPHO will collaboratively develop an allocation model and accountability structure that aligns with the FPHS framework and identify services that should be using a shared delivery system

## Tribes, DOH and LHJs Action

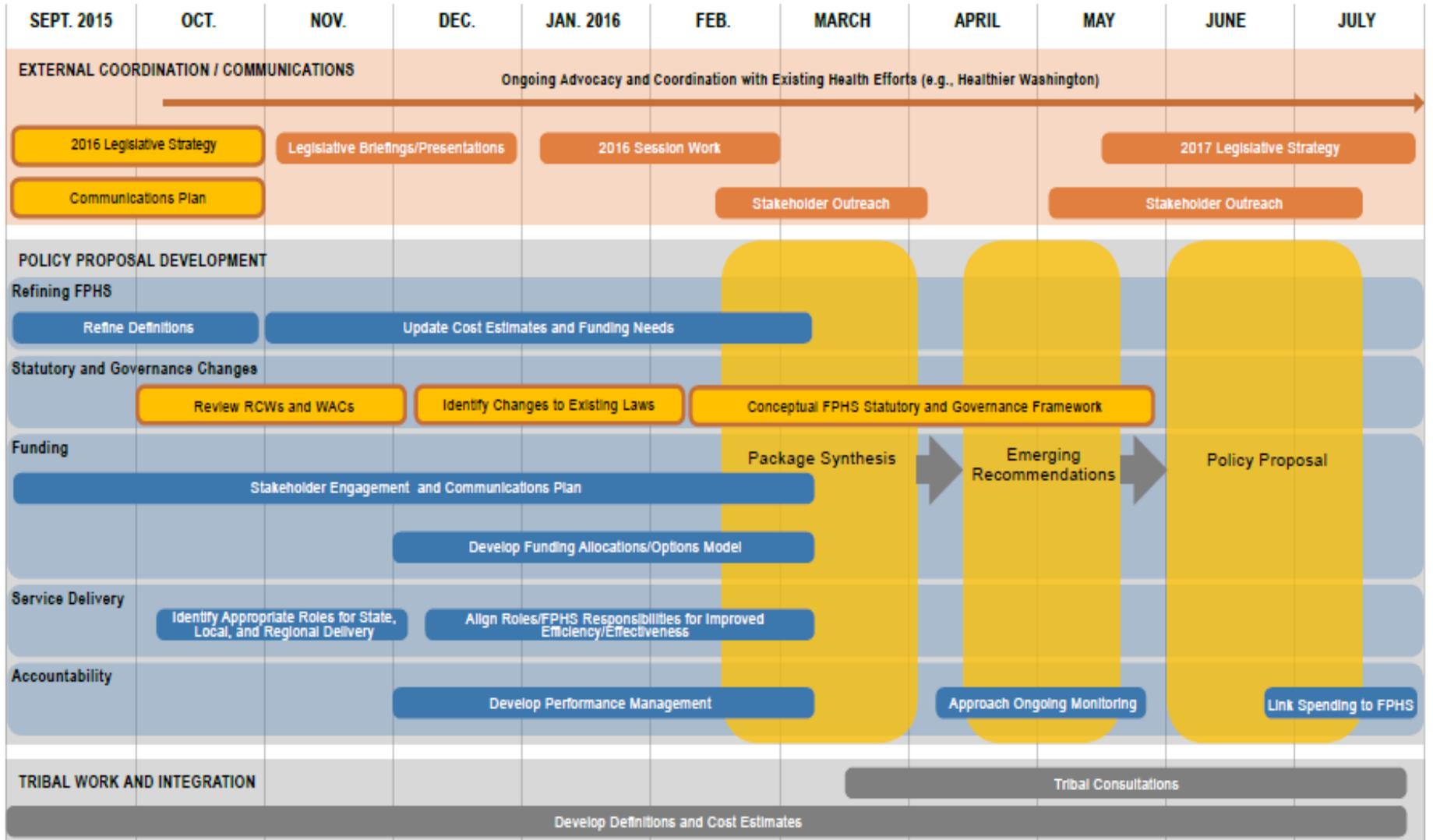
- Tribal public health with support from DOH should review FPHS definitions; gather and analyze current spending; and develop an estimate for future costs for deliver of these services and work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington

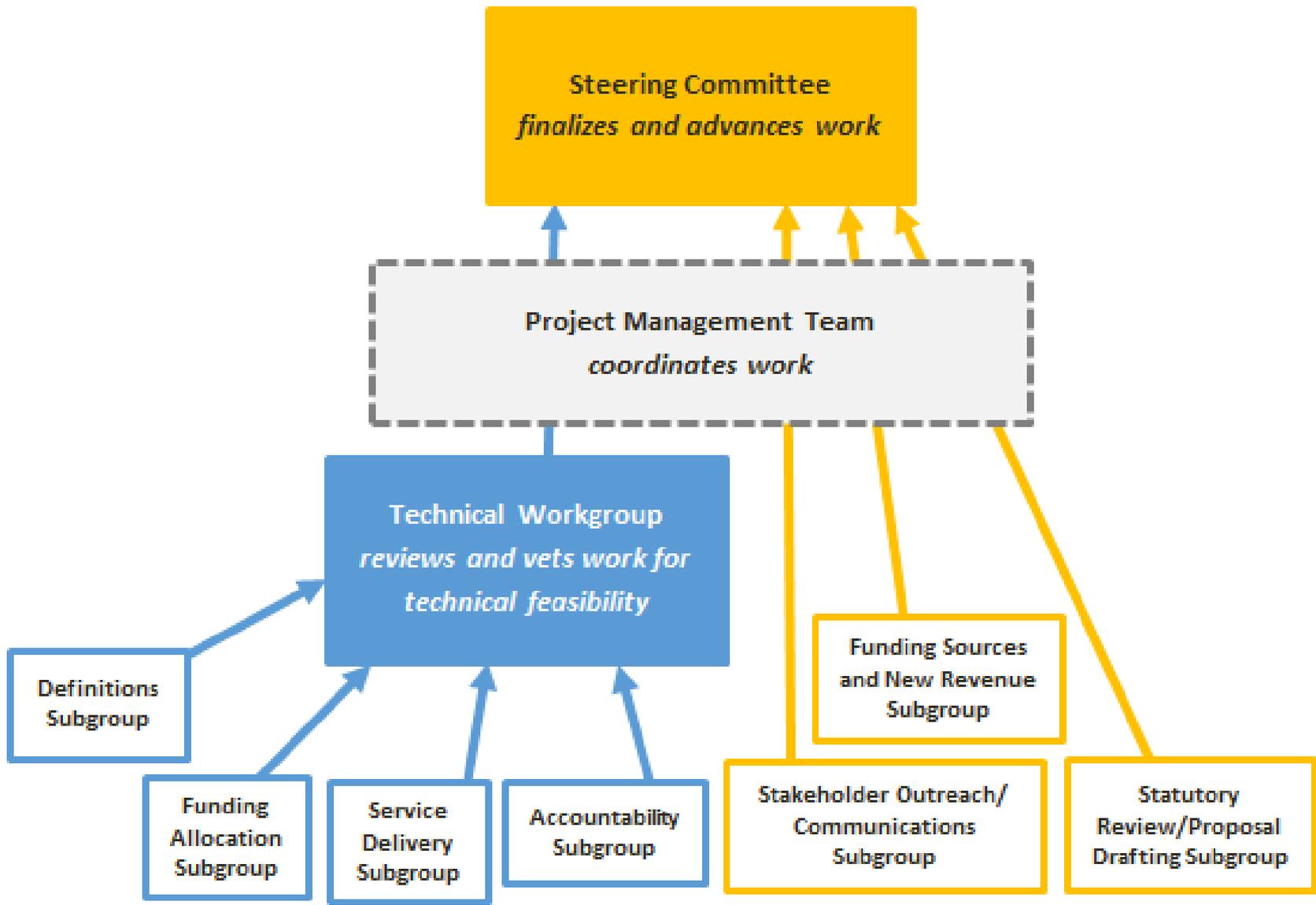
## Policy Workgroup Action

- Members and their organizations should educate their constituents, communities, and local and state policy makers about FPHS

# Phase 3 Work Plan

## PHASE 3 WORK





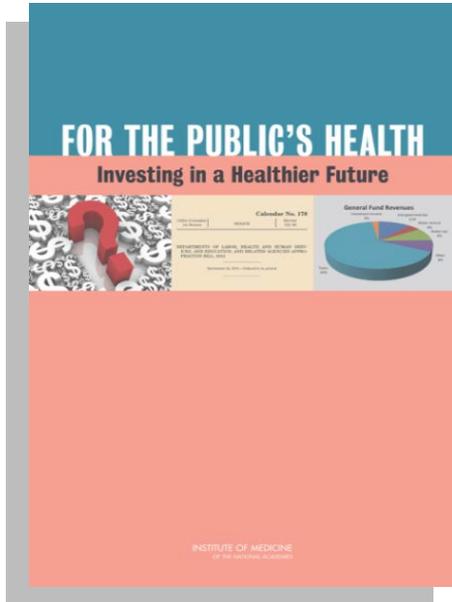
# FPHS Phase 3

## FPHS Tribal Project

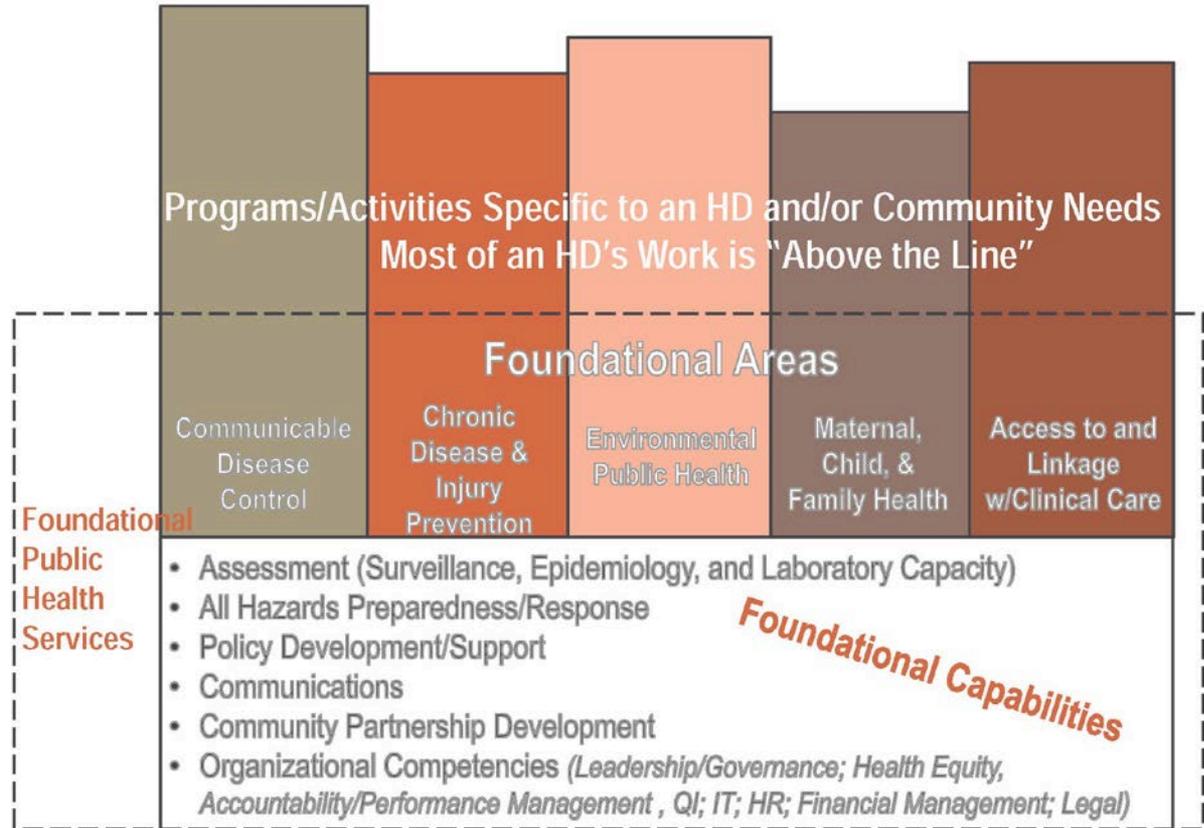
Tribally lead process may include:

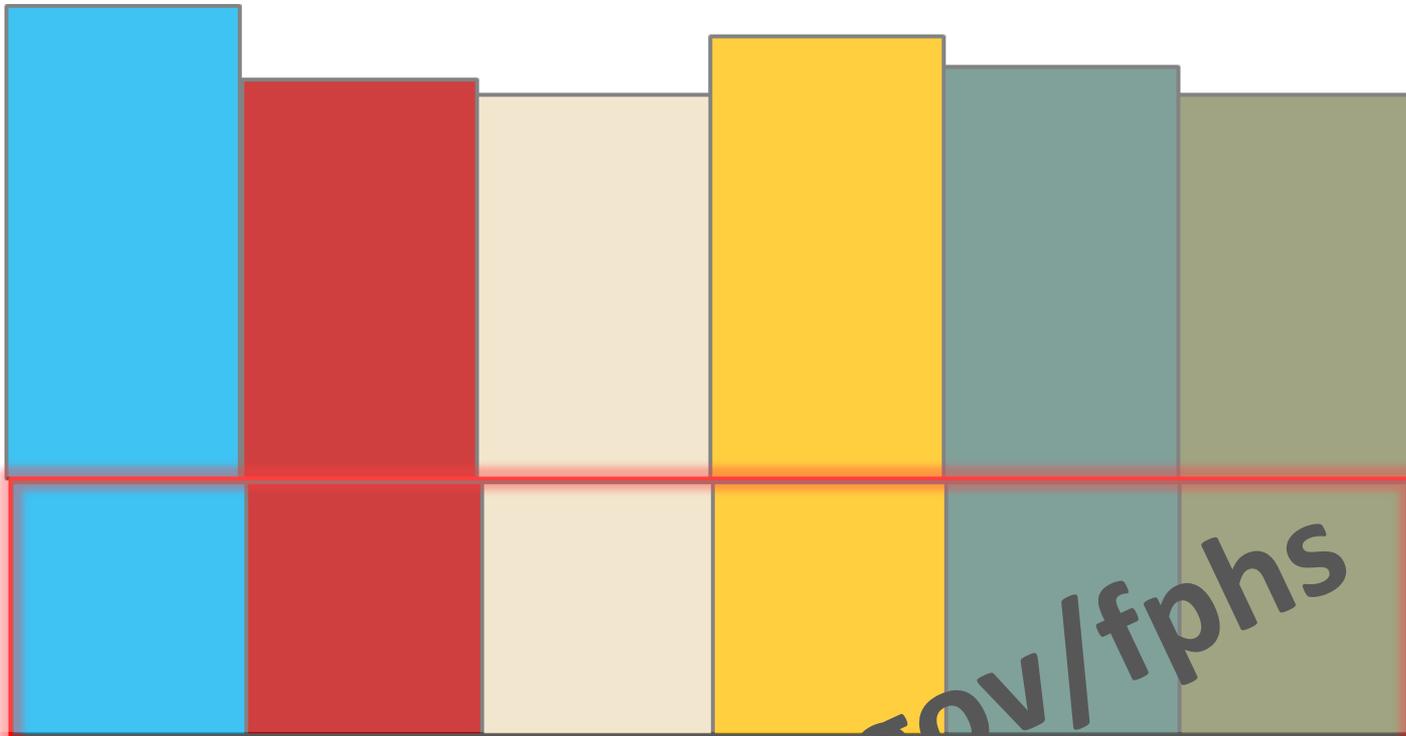
- **Reviewing the definitions of FPHS** with the tribes and amend as needed for tribes
- **Identifying if and how these services are currently provided** for tribes
- **Identifying the current expenditures and funding sources for FPHS** that are provided for tribes
- **Estimating the cost and funding gaps for providing FPHS** for tribes and incorporate them into the FPHS cost model

# FPHS – Other State and National Efforts



## RESOLVE





**Across all Programs**

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- Emergency preparedness and response (all hazards)
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