

Public Health Transformation Foundational Public Health Services

Healthy. Vital. **Everyone.** Everywhere.



SCHSAC Retreat, October 2022



VISION



A responsive and viable governmental public health system
is essential for healthy and economically vital
communities across Washington

Outline

- Introductions
- Take-aways
- History & Overview
- Baseline & Recent Successes
- Questions

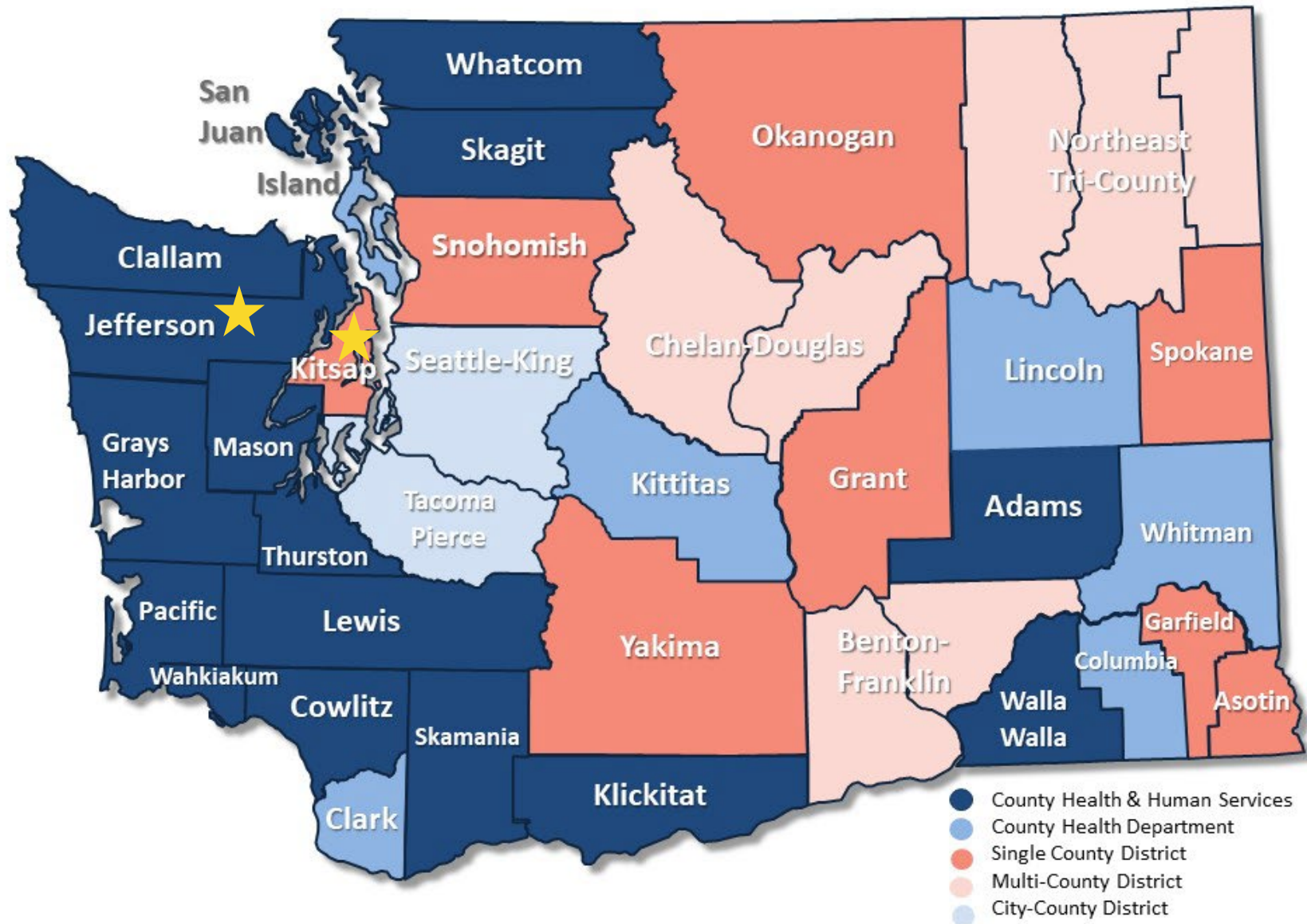
Key Acronyms

- PH = public health
- LHJ = local health jurisdiction (local health departments in WA)
- DOH = WA State Department of Health
- SBOH = WA State Board of Health
- AIHC = American Indian Health Commission
- FPHS = Foundational Public Health Services
- AIS = Additional Important Services
- LBOH = Local Board of Health
- WSALPHO = WA State Association of Local Public Health Officials
- WSAC = WA State Association of Counties

WA Governmental PH System

- Local
 - WA is a HOME RULE state
 - Local health jurisdictions are governed by a local board of health
 - County departments
 - Districts – single county/multi-county
 - Authorities given to LBOH and local health officers (depending on statute)
- State
 - State Board of Health
 - Public Health Rule-making
 - Health impact reviews
 - Public hearings and policy development
 - State Department of Health
 - Led by Secretary of Health (Commissioner in Minnesota)
 - Funds, administers and directs public health programs
- Tribal Nations (29 federally recognized)
 - Tribal health centers
 - Urban Indian health institutes

Who are Local Health Jurisdictions?



Our LHJs...

Jefferson County Health Department

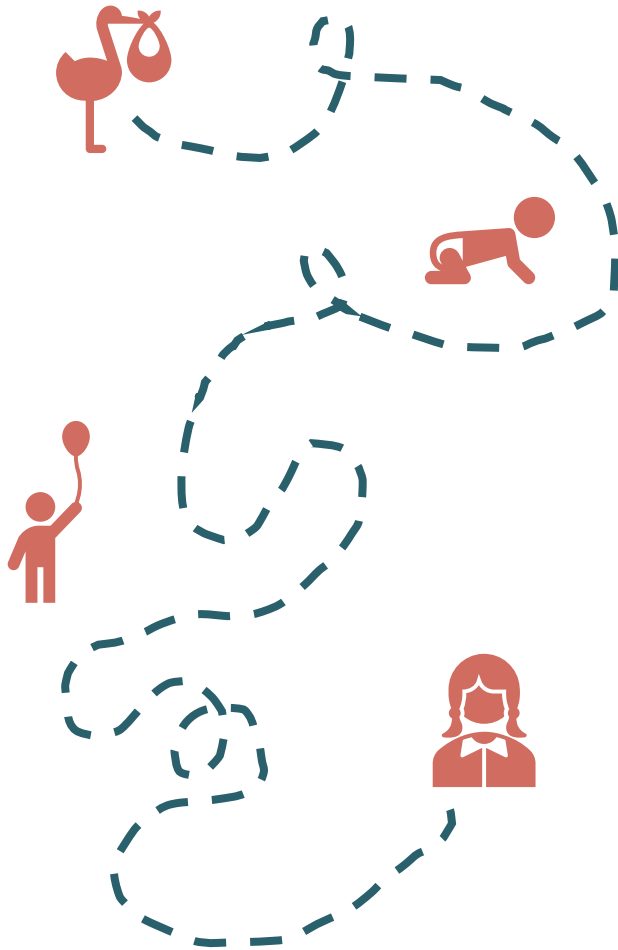
- Population: 33,350 (April '22)
- Structure: Health and Human Services Department
- Staffing: approximately 40 FTE
- Unique contexts:
 - Senior Population
 - Olympic Mountains
 - Puget Sound
 - Tribal nations

Kitsap Public Health District

- Population: 280,900 (April '22)
- Structure: Single county health district
- Staffing: approximately 110 FTE
- Unique contexts:
 - Diverse population
 - Navy base
 - Puget sound
 - Seattle-metro connection

PEARLS OF WISDOM

This is a journey...



- Washington began this work in 2012...
- We're not experts or fully "grown". We're adolescents.
- We don't have all the answers, but we have some.
- We still have much growing to do!



Community Health Boards are Important!

- You are part of the governmental public health system (WA state RCW 70.05)
- You have local responsibilities to ensure the health and safety of your communities and citizens
 - Help set local public health policies
 - Enhance FPHS through local investment for AIS
 - Enforce local, state, and federal laws
- You are a local policymaker with a valuable perspective
 - Having a responsive and viable public health system in your community (and state) enhances the well-being of your community



Elevating Local Contexts & Work

- Participate and Engage
 - Keep local needs elevated and prioritized
 - Local control of investment and policy decisions
- Talk through concerns and fears
 - Central vs. decentralized
 - Transformation and changing system frameworks
 - Bottom-up vs. Top-down regionalization
 - Small, rural vs. large, urban
- Move with unity
 - Have a local decision-making process to inform work
 - Role of organizational leadership (WA's WSALPHO/WSAC)
 - Implement a communication strategy

What Transformation Means for Counties

Jefferson

- Access to technical expertise at a more localized level
 - Shared epidemiology services with San Juan County (first epi for dept.)
- Prioritize water quality policies in response to climate change
- Shift local revenue to wrap-around care services in response to COVID
- Additional communicable disease staff with added capacity and connection to healthcare

Kitsap

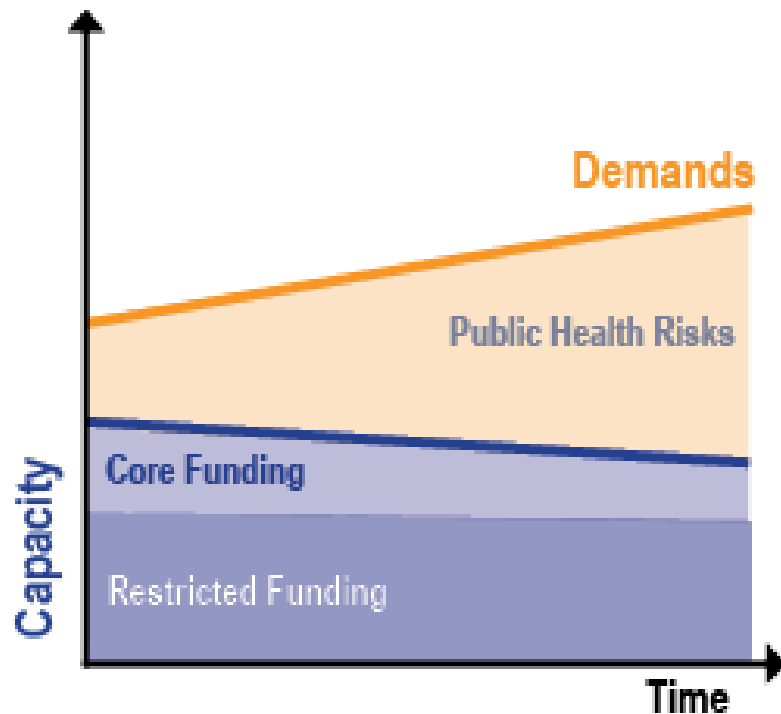
- Enhanced communication capacity with full time PIO staff
- Staff dedicated to address health impact to climate change
- Enhanced food safety staff to support existing and new restaurant owners
- Strengthen equity-lens and initiatives within department and community

History & Overview



Public Health Transformation

Goal: Rebuild and transform Washington's public health system



The Problem

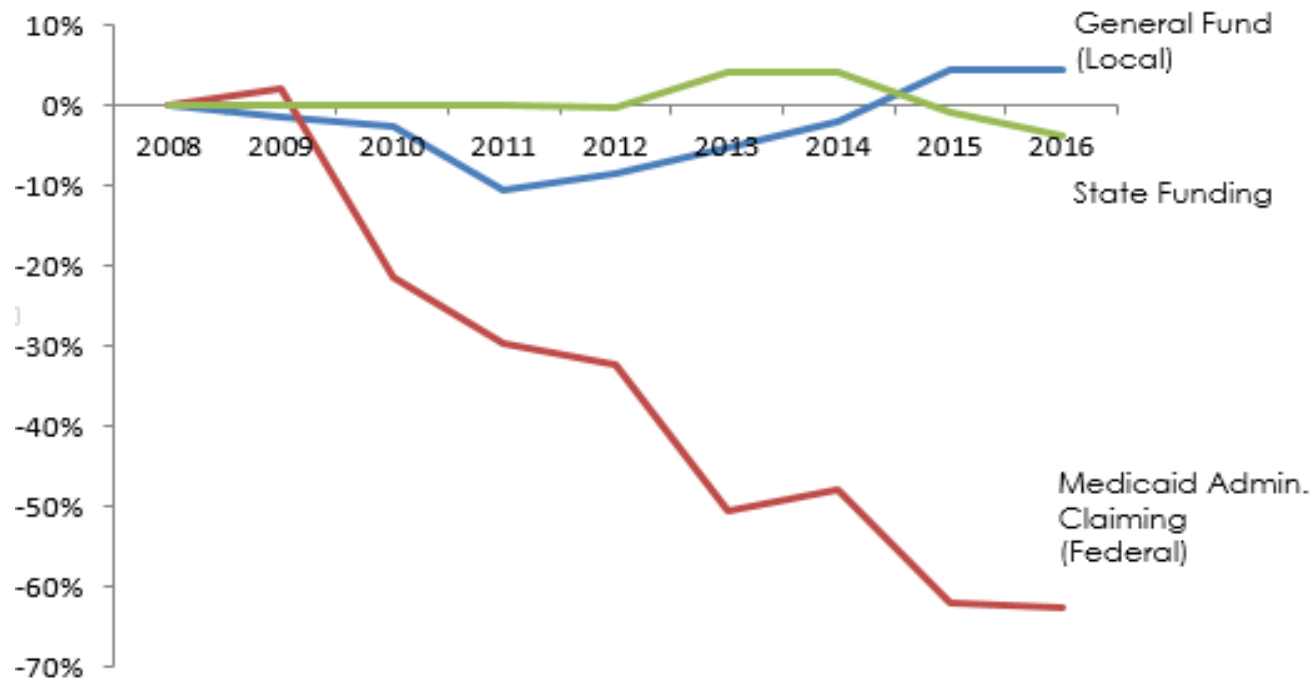
- Diseases and PH risks have changed
- Increased demand for public health response
- Erosion of core funding
- Inequity in system delivery and health outcomes across the state

The Solution

- A defined set of core PH services (Foundational Public Health Services)
- FPHS funded via state investments and are responsive to demand and cost drivers
- FPHS maximized for efficiency and effectiveness; measured and evaluated
- Local revenue invested into local health priorities

In King County

**Federal and State Local Public Health Funding Flat or Declining:
2008 – 2016**



FPHS OBJECTIVES

1. Adopt a **limited statewide set of core public health services, called Foundational Public Health Services (FPHS)** that the government is responsible for providing and must be present in every community to efficiently and effectively protect all people in Washington.
2. **Fund FPHS primarily through state funds and fees** that are predictable, sustainable and responsive to changes in both demand and cost.
3. Provide and **use local revenue-generating options to address local public health priorities** called the Additional Important Services
4. Deliver FPHS in ways that **maximize efficiency and effectiveness** and are standardized, tracked, **measured and evaluated**.
5. Complete a tribally-led process, with support from the Department of Health, to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how the governmental public health system can work together to serve all people in Washington.
6. **Allocate resources through a collaborative process** between state, local, and tribal governmental public health system partners.

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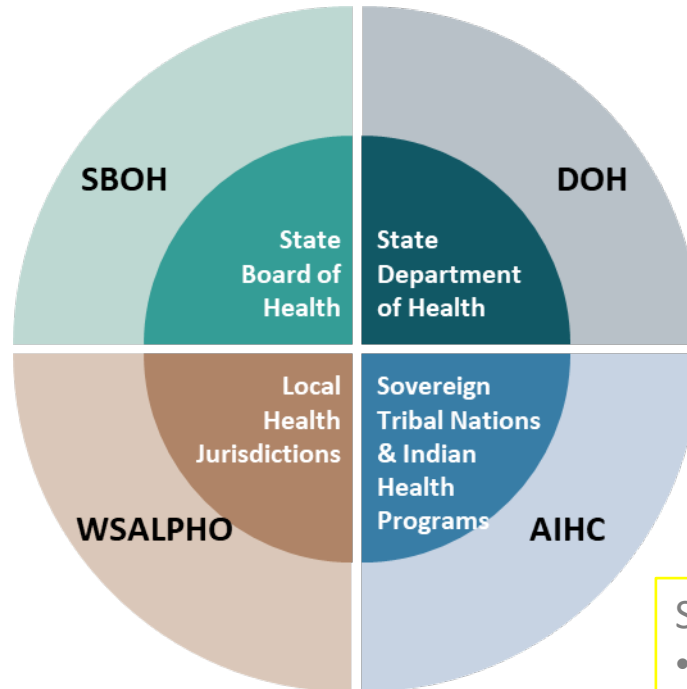
GOAL

Full funding and implementation of FPHS, statewide, using a long-term, building block, approach.

RCW 42.70.512 & 515

FPHS Committee Structure

FPHS Steering Committee



Policy Advisory
Committee (early
vision setting)

Project
Management Team
& Co-Chairs

Policy Health
Advisory Board
(effective 2021)

FPHS Support Staff

Technical Workgroup
(Definitions)

Tribal Technical
Workgroup

Subject Matter Expert Subgroups:

- Communicable Disease
- Environmental Public Health
- Assessment
- Life Course
- Emergency Preparedness

Transformation Concepts



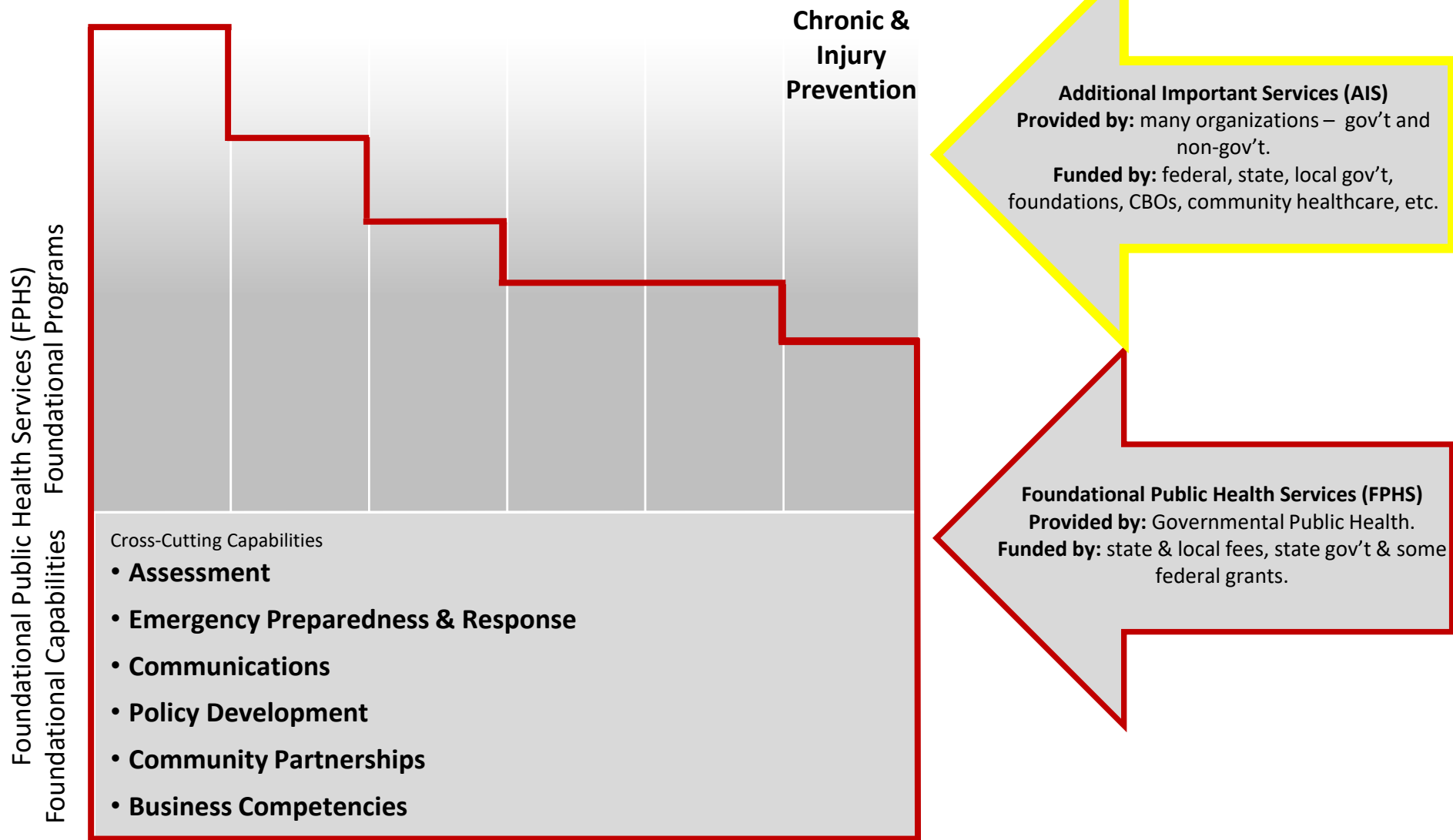
- Getting rid of the central and decentralized dichotomy
- Leveraging and accessing expertise and skills at the appropriate level
- Building consistency in access to services across jurisdictions
- Considerations for the continuum:
 - Local Physical Delivery or Expertise
 - Specific local need or issue/public demand for local work
 - Economies of Scale
 - Technical Expertise
 - Technology
 - Necessary Statewide Standardization

How to define FPHS?

	FPHS	System defines which are FPHS	AIS
Population Based: focused on community or population changes to health outcomes	Population-based preventative health service addressing an important health problem, using methods that are evidence-based or past-practices	Partially population-based, such as an individual intervention that prevents a larger community health threat or emergency	Direct clinical care or focused on individual health outcomes
Mandatory: is the program or service contingent on legal powers given to local board, local health officer, state secretary?	Yes through statute, administrative rule, or local ordinance	Some components in statute/rule or local ordinance	Not mandated
Expectation that Government provides: is it assumed or is there a public expectation that the government provides this service?	Must be addressed by the government through mandates or in order for it to be effectively addressed and implemented	Sometimes	Never – many other entities provide this service and are considered the more appropriate provider



A limited defined set of core services provided by the Governmental Public Health System (1 of 2)



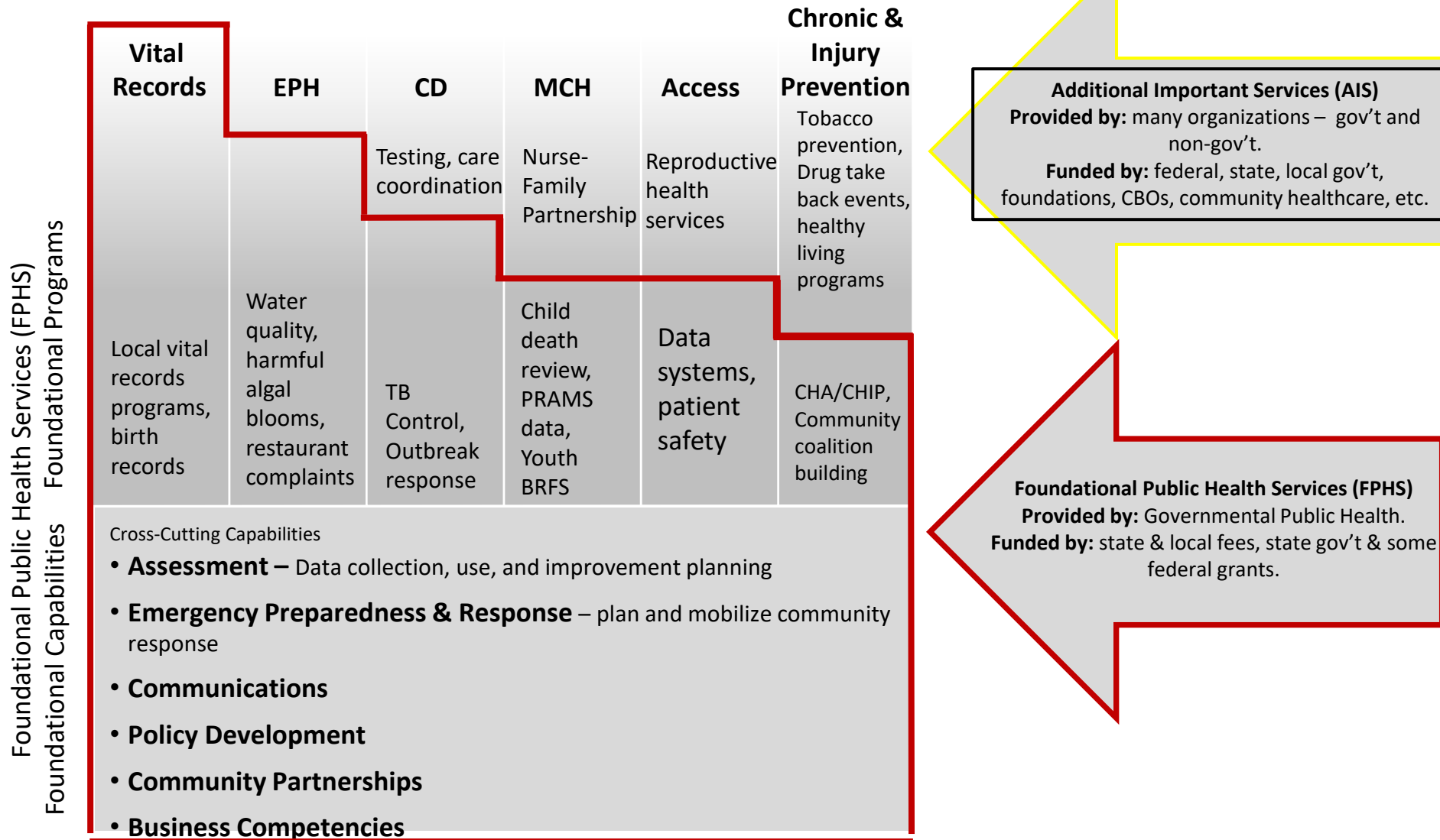
Definitions

Foundational Public Health Services — Population-based, prevention oriented services that only/primarily government provides everywhere, in order for the system to function anywhere. Full definition at www.doh.wa.gov/fphsresources

Governmental Public Health System — State Department of Health (DOH), State Board of Health (SBOH), Local Health Jurisdictions (LHJs), Tribal Health and other programs.



A limited defined set of core services provided by the Governmental Public Health System (2 of 2)



Definitions

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Examples of FPHS and AIS

Foundational Public Health Services

- Disease investigation of Hepatitis C or *e. coli*
- Promoting school-age immunizations
- Harmful Algal Blooms
- Healthy living action-coalitions
- Data information systems
- Birth Certificates

Provided by the governmental public health system

Additional Important Services

- Needle Exchange Programs
- Clinical services such as flu shots and family planning
- Youth suicide prevention
- Nurse Family Partnership
- Increasing access to healthy foods
- WIC Program

Provided by a mix of governmental, public, and private agencies

Baseline and Successes



FPHS Funding Need

Additional Funds Needed from State Government for Full Implementation of FPHS (Baseline)

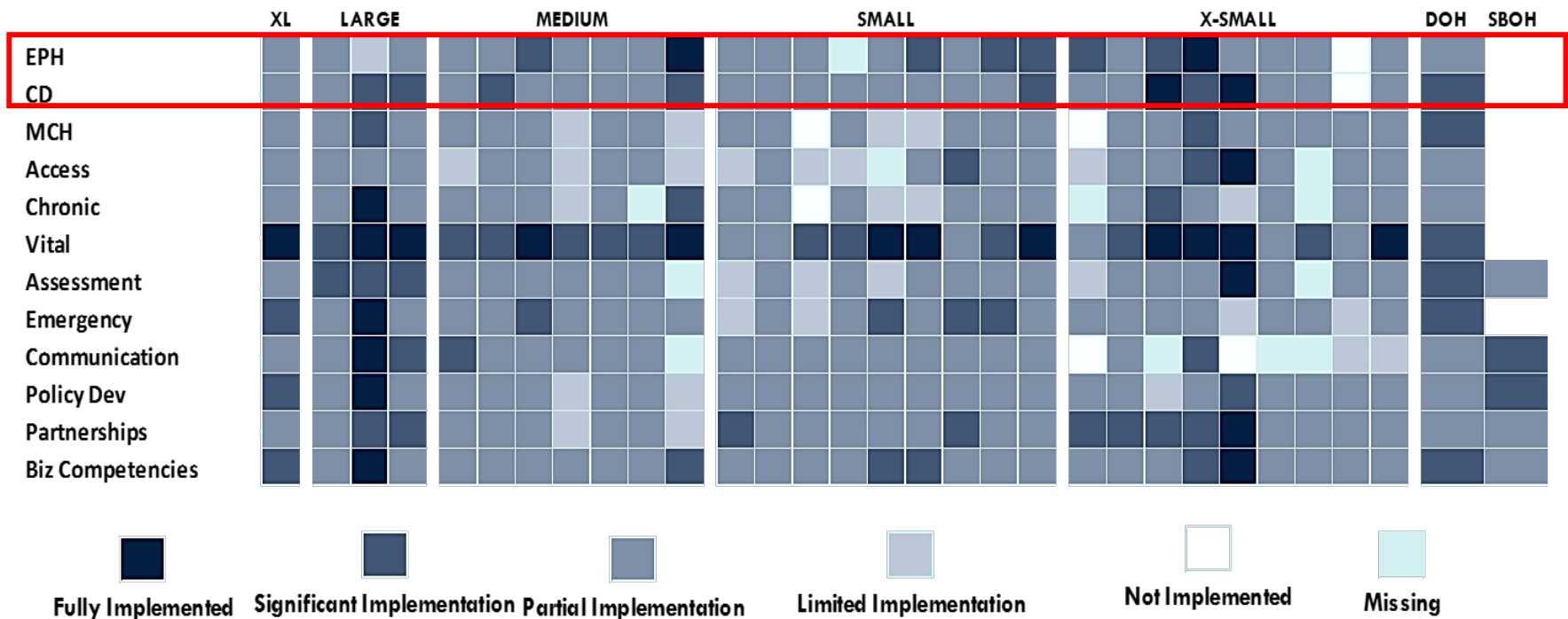
Foundational Program or Capability	2018
	Baseline* Additional Funds Needed from State Government, in millions (rounded)
Environmental Public Health	\$39 / year; \$78 / biennium
Prevention and Control of Communicable Disease & Other Notifiable Conditions	\$37 year; \$74 / biennium
Maternal/Child/Family Health	\$16 / year; \$32 / biennium
Access/Linkage with Medical, Oral, and Behavioral Health Care Services	\$7 / year; \$14 / biennium
Chronic Disease, Injury and Violence Prevention	\$14 / year; \$28 / biennium
Vital Records	\$0
Assessment (Surveillance and Epidemiology)	\$30 / year; \$60 / biennium
Emergency Preparedness (All Hazards)	\$9 / year; \$18 / biennium
Communication	\$10 / year; \$20 / biennium
Policy Development and Support	\$8 / year; \$16 / biennium
Community Partnership Development	\$10 / year; \$20 / biennium
Business Competencies	\$45 / year; \$90 / biennium
Total	\$225 / year; \$450 / biennium

* Berk 2018. Washington State Public Health Transformation Assessment Report



FPHS Level of Implementation (Baseline)

The Goal: Turn All Cells Dark Blue = Full Implementation of FPHS

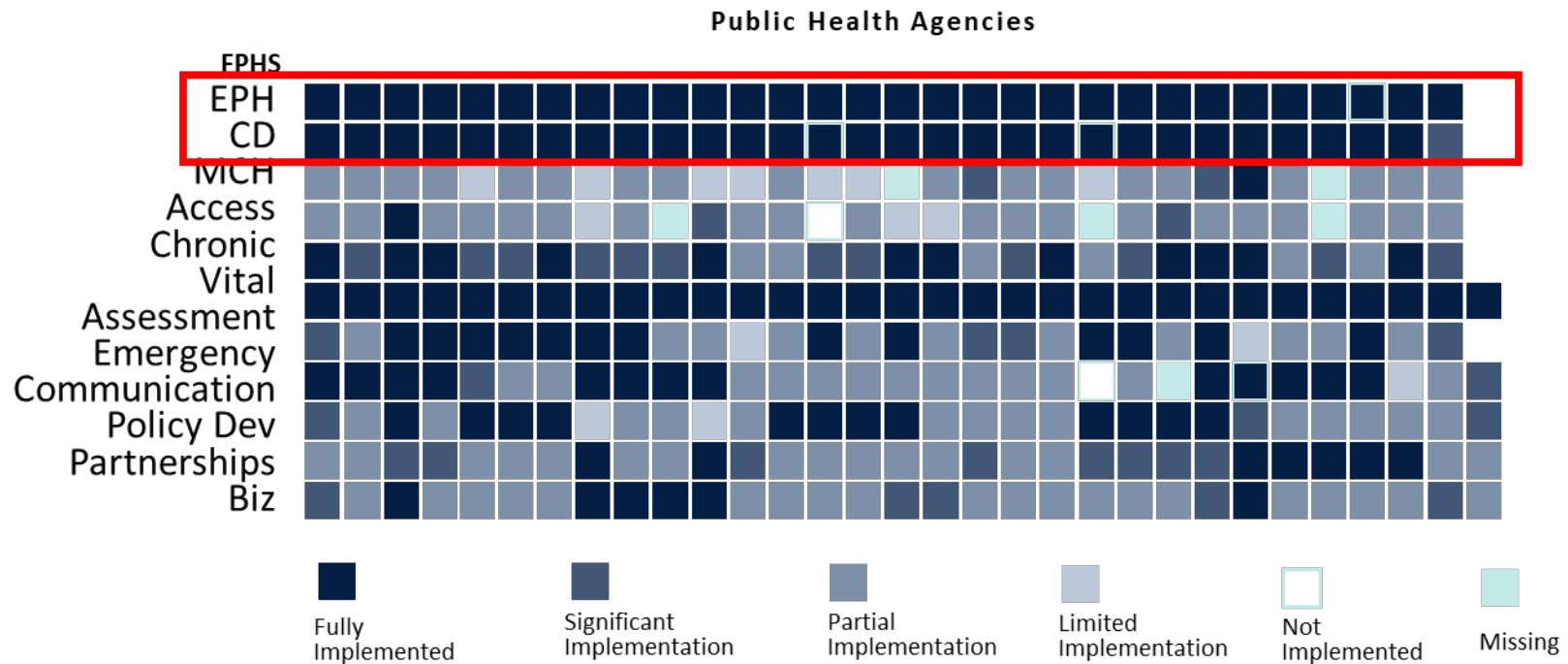


FPHS Baseline Assessment, 2018



Increased funding for FPHS should increase the implementation of Focus Areas and Cross-Cutting Capabilities (Conceptual Image)

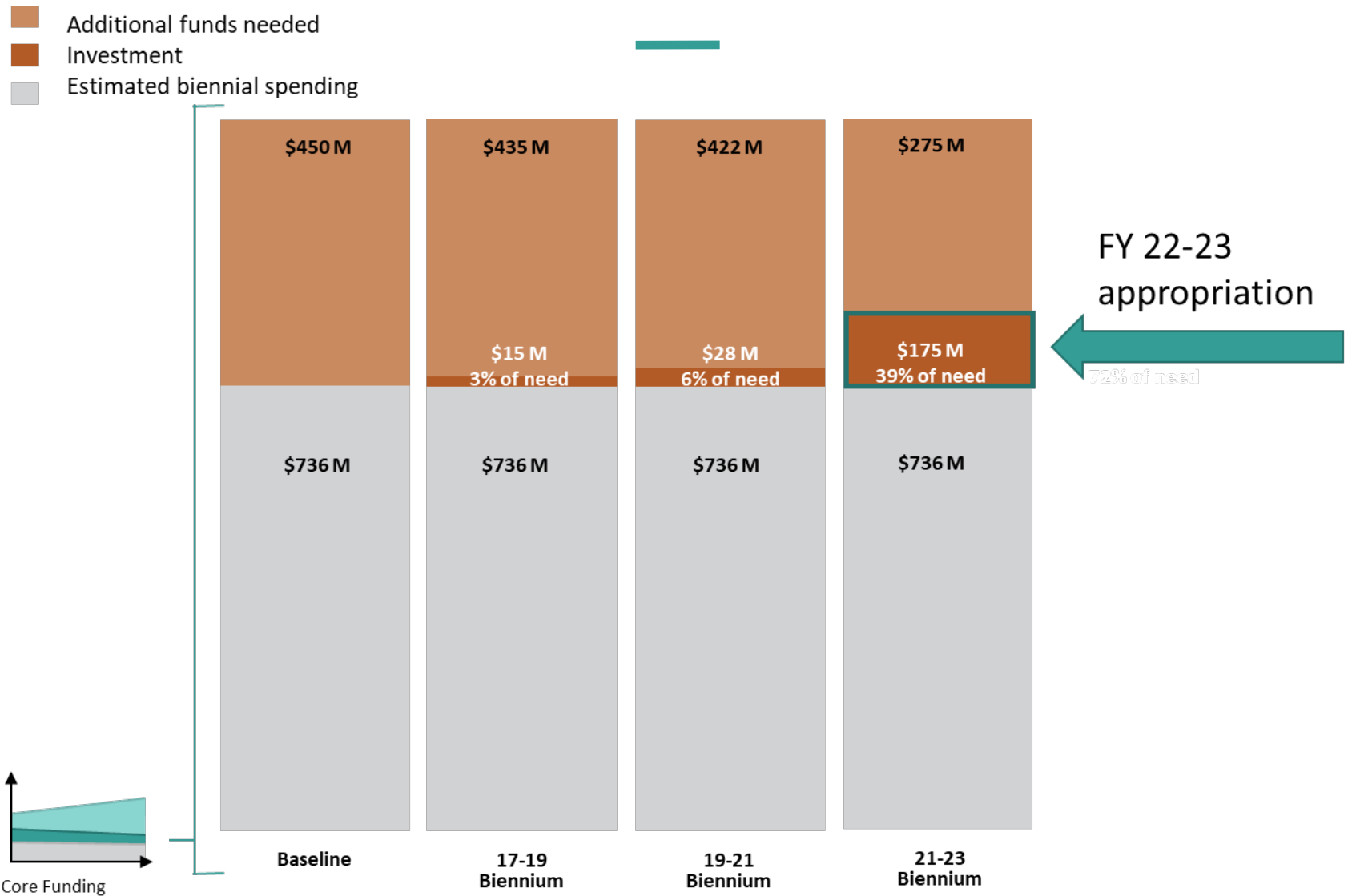
The Goal: Turn All Cells Dark Blue = Full Implementation of FPHS





FPHS Funding Need & **Legislative Appropriation**

BIENNIAL



Concurrence Process

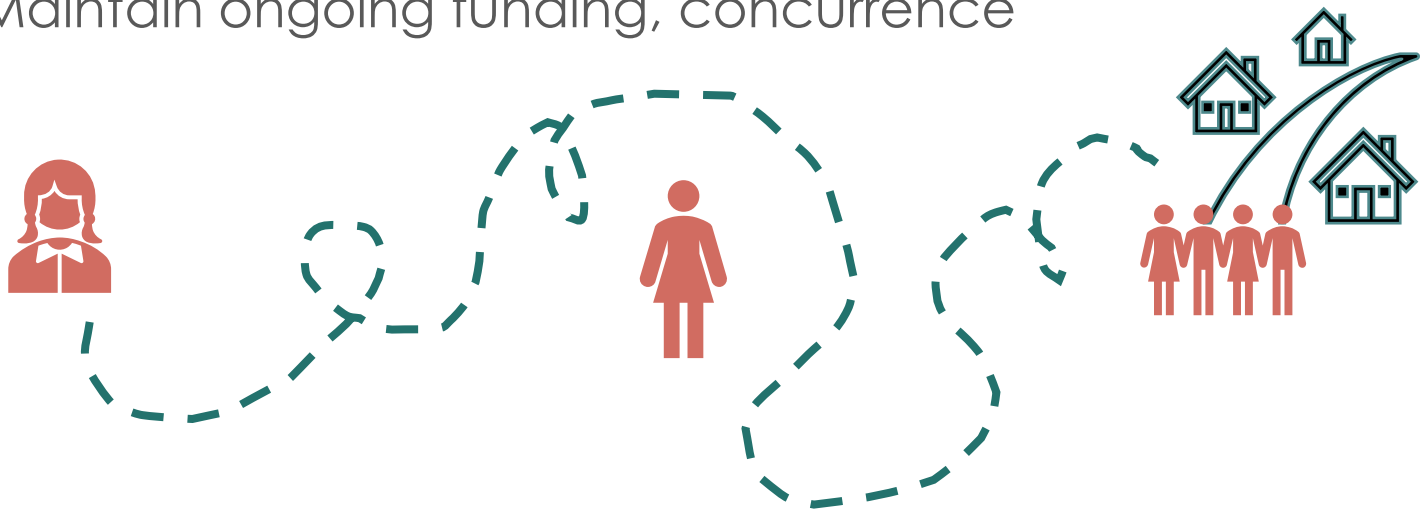
- Statutory process, often iterative, building block approach ([RCW 42.70.512 & 515](#))
- Includes **formal** agreement by DOH, SBOH, local health jurisdictions (through WSALPHO)
 - Tribal consultation also occurs
- Funding does not get disbursed or allocated to the parts of the governmental public health system without concurrence
- Elevates local government as equal partners in state funding decisions
- Local prioritization process:
 - LHJ representatives on the steering committee
 - WSALPHO Board sets local positions and priorities for local representatives to advocate

Milestones to Date

- **2012** Agenda for Change – call to modernize WA public health system
- **2016** Initial cost estimate and transformational plan
- **2017** First **one-time** initial investment into FPHS (\$15M)
- **2018** Baseline System Assessment Completed
- **2019** **On-going** funding investment (\$28 M), HB 1497 passed with FPHS framework, **Concurrence** process
- **2021** **Large-scale investment** into FPHS (\$175 M for FY22 - FY23)

Our Work Ahead

- Hone and refine FPHS investments, evaluation, and accountability metrics
 - Consider lessons from pandemic
- Identify and secure dedicated funding source
- Review FPHS Definitions and system-wide assessment
- Maintain ongoing funding, concurrence



Questions?



Foundational Public Health Services

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Contact:

Jaime Bodden
Managing Director
WSALPHO
jbodden@wsac.org

Brianna Steere
FPHS Policy Analyst
WSALPHO
bsteere@wsac.org

Chris Goodwin
FPHS Policy Analyst
WSALPHO
cgoodwin@wsac.org

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