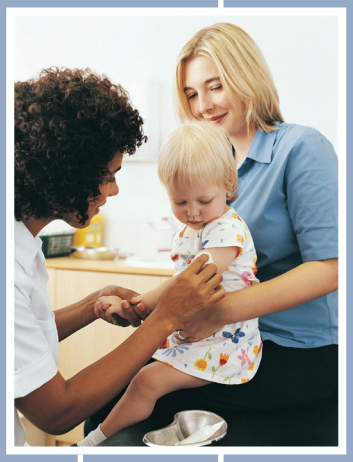

Foundational Public Health Services

A New Vision for Washington State

January 15, 2015

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

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A NEW VISION FOR PUBLIC HEALTH IN WASHINGTON STATE

The Problem: The People of Washington are at Risk

1. If we don't change course, kids will have shorter lifespans than their parents.
2. Many Washingtonians suffer from preventable illness and premature death that public health can help prevent. We know what needs to be done, but we often do not have the capacity to do it.
3. In Washington, public health funding and service levels vary significantly depending on where you live.
4. Public health funding has eroded, threatening basic services and our public health.

Public Health is a Basic Responsibility of Government

Most decision makers agree that public health is a basic responsibility of government. The Revised Code of Washington (RCW) declares that "the social and economic vitality of the state depends on a healthy and productive population" and charges government with the "life and health of the people," granting authority and responsibility for organizing public health services[1]. The public expects Washington's public health network to work with health care providers, tribes, communities, and others to do what it can to improve health and reduce costs.

A new Vision is needed to ensure consistent response to 21st century health challenges facing all people in Washington.

The New Vision

While Washington State's public health network has long been recognized as a national leader, to meet today's challenges in a rapidly changing world we must rethink which public health services are most important, how they should be provided, and how they should be funded. To do that John Wiesman, Secretary of Health, assembled a diverse Policy Workgroup to define a new Vision for *Foundational Public Health Services* in Washington State to meet 21st century needs. Members represent a diversity of perspectives coming from statewide health associations, cities, counties, state government, and tribes.

The purpose of this document is to lay out the new Vision for the governmental public health network in Washington State and a new funding model for state and local governments.

PUBLIC HEALTH AFFECTS EVERYBODY

Among the important health problems public health address are:

- Unclean drinking water
- Unsafe food in restaurants
- Ebola
- Premature birth
- Adolescent marijuana use
- Obesity
- Smoking
- Heart disease

1 *Revised Code of Washington 43.70 and 70.05.*

FOUNDATIONAL PUBLIC HEALTH SERVICES: SERVICES FOR ALL PEOPLE IN WASHINGTON

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.

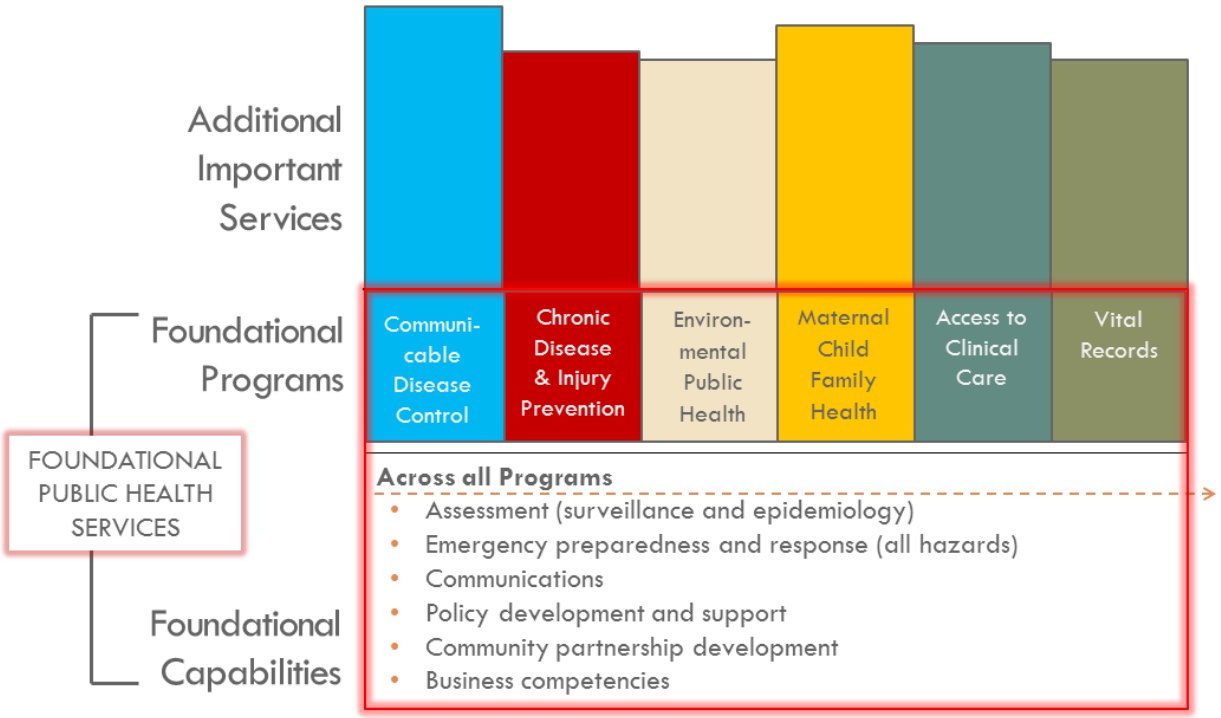
FPHS includes foundational programs and supporting capabilities that (1) must be available to all people in Washington and (2) meet one or more of the following criteria:

- Services for which governmental public health is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on prevention.
- Services that are mandated by federal or state laws.

Definition

Foundational Public Health Services (FPHS) are a defined, basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington.

These services provide a strong foundation from which the state and local communities can deliver *Additional Important Services* that respond to and are local community priorities. Full description and definitions of capabilities and programs are available here online.



FPHS Framework and Tribal Public Health

Tribes are critical partners in Washington State's governmental public health network and the new Vision. They help ensure that services are provided to all residents of Washington, and their inclusion promotes the integrity of FPHS statewide.

While tribal elected leaders and tribal public health representatives participated in the policy workgroup, tribal perspectives have not been incorporated in some key decision areas. More work is anticipated in the near future to fully integrate tribes into the FPHS framework. For more information on tribal public health, see page 13 in the Background.

Additional Important Services - Services Based on Local Needs

Additional Important Services (AIS) are those services which are critical locally and do not necessarily need to be provided by governmental public health for all people throughout Washington. AIS are a shared responsibility of federal, state, and local governmental public health and other partners.

Although the focus of this report is on FPHS, *Additional Important Services* will continue to be important to the health of people in Washington and deserve continued funding support. While *Foundational Public Health Services* are needed equitably statewide for the system to work, *Additional Important Services* meet local public health threats and priorities that can vary significantly from community to community.

Examples of FPHS & AIS	
Foundational Public Health Services	**Additional Important Services**
Governmental public health **promotes immunizations in all communities** to prevent the spread of disease in all communities. This is a Foundational Public Health Service.	**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 Foundational Public Health Service.	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.**

DELIVERING ON THE VISION

Shared Delivery

Services will continue to be provided by a shared—state, regional, local, and in the future, tribal—delivery system. The state, counties, and some cities collaborate on the delivery of public health services; they complement one another's efforts with a system-wide view and attention to local needs. In recent years, they have worked together to make great strides in efficient and effective service delivery. The implementation of a new framework will necessitate a fresh look at the service delivery structure currently in place.

An important next step is for state and local representatives to identify ways that the system can build on its current successes to integrate and align service delivery with the FPHS framework. The outcome will be a more cost-effective public health system that can achieve prioritized health outcomes, using regional approaches or other models when appropriate and agreed upon. Without FPHS, the public health network lacks the capacity to consistently respond to public health threats, and the people of Washington will suffer.

RECOMMENDATIONS

1. State funding for public health should ensure that 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, 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.

Recommendation 1

State funding for public health should ensure that the costs of Foundational Public Health Services are covered in every community.

Because *Foundational Public Health Services* are needed in every community to protect the health of Washingtonians, the state should have the primary responsibility for funding FPHS. The state should fund all FPHS provided by the state and local jurisdictions that are neither (1) funded by dedicated federal grants nor (2) paid for by locally-collected fees.

State responsibility for funding FPHS would increase from $175 million to $305 million annually. Some of this increase (about $100 million annually) represents new investments in FPHS. The rest involves a shift of funding responsibility from local to state government, allowing local governments to increase investments in public health services to *Additional Important Services* for their local communities overall. This cost analysis was developed through the expertise of a "technical" workgroup that performed an in-depth analysis of the cost of providing FPHS statewide. See technical reports for information on how these numbers were calculated.

Recommendation 2

Foundational Public Health Services should be funded with statutorily-directed revenues placed in a dedicated Foundational Public Health Services account.

Revenues should be adequate to provide *Foundational Public Health Services* statewide and be flexible within FPHS to allow for the most effective use by public health. Where possible, the state should leverage federal grant funding for specific programs and state- and locally-collected fees for FPHS. Revenues selected to fund FPHS beyond federal grants and fees should track with the increasing costs of delivering service and increasing population over time, to ensure that FPHS can be adequately provided long-term.

Recommendation 3

Allocation determinations should be a collaborative process between state and local stakeholders.

Using the extensive technical work underlying this report, the Washington State Department of Health (DOH) and the Washington State Association of Local Public Health Officials (WSALPHO) should collaborate to develop a model for how to allocate funding to DOH and to each local health jurisdiction (LHJ). This model should be codified, and funding should be distributed from the *Founational Public Health Services* account based on agreed upon formulas.

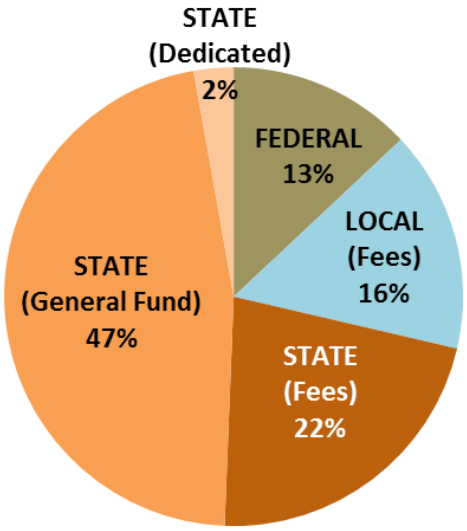
Recommendation 4

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.

When the FPHS framework is implemented, a formalized process will be needed to ensure that FPHS are fully funded, available across the state, used effectively and efficiently, and result in improved health outcomes. The FPHS Policy Workgroup proposes the following key principles for development of an accountability structure:

1. DOH and WASALPHO should collaboratively develop an accountability structure that aligns with the FPHS framework.
2. The accountability structure, and any reporting requirements, should use and build on existing reporting and measurement activity to minimize the administrative burden on the governmental public health network.
3. The accountability system should demonstrate how FPHS funds are used by LHJs and DOH and ensure that *Foundational Public Health Services* are available across the state, used effectively and efficiently, and result in improved health outcomes.
4. All entities in the governmental public health network should agree to meet a minimum standard of FPHS. Individual agreements with tribal governments should include an accountability component.

PROPOSED FPHS FUNDING RESPONSIBILITY



State Sources: 71%

Local Sources: 16%

Federal Sources: 13%

5. Local boards of health have the authority to determine priorities and approaches within the framework of FPHS.
6. Variation in the way services are organized and delivered in different communities across the state is expected and appropriate.

The accountability structure will need to demonstrate an impact on health outcomes and public health service delivery across the state, while taking into account the context of individual local jurisdictions. Return on Investment (ROI) can be measured in dollars saved, deaths or hospitalizations prevented, or quality of life improvements. Performance measures will need to be developed by state and local stakeholders.

Recommendation 5

Tribal public health, with support from 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, DOH, and LHJs can work together to serve all people in Washington.

Washington State is committed to working with tribal governments through negotiated government-to-government partnerships. Tribal public health, with support from DOH, should review definitions for FPHS, and gather and analyze current spending and estimate future costs for delivering *Foundational Public Health Services* for their defined service area and service populations. It should also be acknowledged that while some relationships among tribes, the state, and LHJs are strong, others need to be developed as part of this process. Governmental public health and public health partners will need to work together across nations and better define roles and responsibilities among the overlapping authorities and jurisdictions of tribes, states, counties and cities.

Recommendation 6

Local spending on Additional Important Services should be incentivized.

Additional Important Services funding shall be shared by LHJs, fees, state, and federal sources as determined by local entities. This shared responsibility could be demonstrated by a proportional match for state funding. For this, the FPHS Policy Workgroup recommends establishing a matching fund to encourage local spending on *Additional Important Services*. The fund should be developed collaboratively through a process involving both state and local stakeholders, including DOH and WSALPHO and should consider inclusion of fee-based services. Options to generate revenue should be available for local governments to help them fund AIS at current or increased levels.

CALL TO ACTION

The definition of *Foundational Public Health Services* presents a major paradigm shift for funding public health in Washington State. It provides an opportunity to establish consistent basic public health functions statewide, with strong accountability. Some public health services are so fundamental that they should be available to every person in Washington State. We have few opportunities to transform public health, and this is one of those times.

Legislative Action

Recommended Legislative Actions in 2015 and 2016

1. Adopt the FPHS framework and definitions.
2. Incorporate FPHS into state public health statutes.
3. Establish a dedicated account for FPHS funds.
4. Begin to statutorily dedicate funding to the FPHS account.

Recommended Legislative Actions after 2016

5. Fully fund FPHS with statutorily-directed funds.

LHJ and DOH Action

1. DOH and WSALPHO will collaboratively develop an allocation model and accountability structure that aligns with the FPHS framework.
2. DOH and WSALPHO need to continue to identify public health services that should be using a shared delivery system.

Tribal, DOH, and LHJ Action

1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions, gather and analyze current spending, and develop an estimate for future costs for delivery of these services.
2. Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

Policy Workgroup Action

1. Members should educate their constituents and communities about FPHS.
2. Members and their organizations should educate local and state policymakers about FPHS.

Foundational Public Health Services

BACKGROUND

January 15, 2015

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

What is Public Health?

Public health is the air we breathe, food we eat, our physical activity, our education level, our genetics, and the many circumstances that influence the choices we make about our behaviors.

Since 1900, average life expectancy in the US has increasesd from 49 years to 80 years; this increase is primarily attributed to public health.

The field of public health started out with controlling and preventing infectious diseases, but has since grown to include food safety, environmental health, child and maternal health, behavioral health (mental health and substance abuse), screening for specific diseases, access to health care, tobacco control, chronic disease control and prevention, emergency preparedness, policymaking, and strategic leadership for communities.

In Washington State's decentralized public health model, the breadth of public health services provided in any given community varies based on community specific needs and the services provided by other departments and organizations.

Scientists generally recognize five determinants of health of a population:

- Genes and biology: for example, sex and age.
- Health behaviors: for example, alcohol use, injection drug use (needles), unprotected sex, and smoking.
- Social environment or social characteristics: for example, discrimination, income, and gender.
- Physical environment or total ecology: for example, where a person lives and crowding conditions.
- Health services or medical care: for example, access to quality health care and having or not having insurance.

Source: CDC Social Determinants of Health. Available at: http://www.cdc.gov/socialdeterminants/FAQ.html Accessed January 14, 2015.

Governmental Public Health is Critical

In Washington State, public health ensures we all have:

- Clean water for drinking and for recreation.
- A network in place to control communicable disease outbreaks.
- Safe food to eat in restaurants.
- Access to information about active living and healthy eating.
- Resources to make making healthy choices easy.

Research demonstrates that infants and children with healthy starts achieve brighter futures. The role of public health is to work with community partners to create environments so that children are born healthy and have resilient families who can help them achieve their maximum potential.

All Washingtonians should have the opportunity to make choices that will allow them to live long, healthy lives, regardless of their income, education, racial or ethnic background, or where they live.

Without Governmental Public Health...

- An individual disease could quickly become an epidemic. Public health is our first responder for everyday communicable diseases, like the flu and food borne diseases, and emerging crises that often arise from our global community, like Ebola.
- We would see an even larger discrepancy in health outcomes for mothers and babies according to socioeconomic status. Public health helps ensure a standard of care and equal access to important sources of information at this critical life stage.

- Our community would be more vulnerable to diseases like measles, mumps, and rubella, which are easily preventable through vaccinations. Public health sets immunization standards for schools and communities.
- Food safety and water quality would go unmonitored. Without regular monitoring, the public would not receive early warnings about hazards in our food and water, making foodborne disease much more common.

Governmental Public Health Entities

Like fire and police services, governmental public health is a public safety service; protecting residents is its core function.

The governmental public health network in Washington State is comprised of the following entities:

Tribal Public Health. 27 of the 29 federally recognized tribes in Washington State either contract or compact with Indian Health Services (IHS) to provide their own health services. IHS provides health services directly to the remaining two tribes.

State Public Health. Washington State charges the Department of Health (DOH) with the preservation of public health, monitoring health care costs, the maintenance of minimal standards for quality in health care delivery, and the general oversight and planning for all of the state's activities as they relate to the health of its residents.

Local Public Health. Washington State charges each county with protecting the life and health of the people within its jurisdiction, and giving them the responsibility and authority to organize public health services. There are 35 local health jurisdictions (LHJs) in Washington that range in size, both in terms of population served and square miles covered, and vary in governance structure. Each LHJ provides services based on its population's needs.

PUBLIC HEALTH PARTNERS

Keeping our communities healthy is not the job of one agency alone; many organizations include the health and wellness of the people they serve. Governmental public health entities throughout the state are continually working with partners, for example:

OTHER GOVERNMENT AGENCIES

- Department of Ecology
- Health Care Authority
- Department of Social and Health Services
- Regional Tribal Public Health Agencies
- County Human Services

NON-PROFITS

- Universities
- United Way

HEALTH CARE DELIVERY ORGANIZATIONS

- Hospitals
- Clinics
- Tribal clinics

NATIONAL AND GLOBAL PUBLIC HEALTH ORGANIZATIONS

- U.S. Centers for Disease Control and Prevention
- Indian Health Services
- Gates Foundation
- Program for Appropriate Technology in Health (PATH)
- World Health Organization

Tribal Public Health in Washington State

Tribes are sovereign nations that define their own service populations and are not obligated by state statute to provide public health services. However, tribes are committed to promoting and protecting the health and well-being of tribal members and all people residing within their self-defined service populations. Historically, tribes have not been funded for public health. Most existing treaties with the federal government include the provision of health care services; however, public health is not specifically named.

Tribal health systems traditionally focus on patient-centered services. Clinical services and public health services are often carried out by the same staff, with clinical services, which involve treating more emergent needs, often prioritized over public health services. The Tribal health system overall is underfunded, significantly impacting its ability to address the public health needs contributing to the health disparities of the American Indian/Alaska Native population of Washington.

About This Project

The Foundational Public Health Services Technical and Policy Workgroups were formed to create a vision and recommendations for how to ensure that a foundational set of public health services are available statewide. Their work included:

- Defining the set of *Foundational Public Health Services.*
- Estimating the cost of providing these services statewide.
- Identifying responsibility for funding and implementing the Vision.

The Technical Workgroup accomplished the first two tasks in 2013. Their reports can be found online. In 2014, the Policy Workgroup has worked to strengthen the framework, determine funding responsibility, and create a path for implementation.

FPHS is the product of four years of thoughtful leadership and active stakeholder participation. It is also aligned with new approaches to public health at the national level, taking into account the Institute of Medicine's report on public health investment and work being conducted by the Public Health Leadership Forum, a collaboration between the Robert Wood Johnson Foundation, the U.S. Centers for Disease Control and Prevention, and the National Coordinating Center for Public Health Services and Systems Research.

Agenda for Change

Washington State is reshaping governmental public health and in 2010 published An Agenda for Change. The Public Health Improvement Partnership's 2012 *Agenda for Change Action Plan* charted the next steps including ensuring that a foundational set of public health services are available statewide.

Resources

For more information on the Partnership for Public Health Improvement and *Foundational Public Health Services*, including links to all materials, visit: www.doh.wa.gov/PHIP