

December 4, 2009

Dear Colleagues,

We are all busy with H1N1 and many other things, but as 2009 is drawing to a close, I want to give you an update on 5930. Because it has been a while and we have new folks throughout our system, I am providing a very brief recap here, followed by new or updated information. Please share this within your agency as you see fit.

THE MEASURES

Recap

You will recall that in 2006 public health leaders identified the areas of public health that were highest priority for new funding in the report [Creating a Stronger Public Health System](#). In 2007, \$20 million of state general funds were appropriated in the 07-09 biennial state budget to enhance work in these areas. This new funding stream, known as "5930" after the bill number, is not a program unto itself, but rather additional funding to enhance public health work in these priority areas.

As required by the new law, public health leaders selected performance measures. As a part of this process, they agreed to focus the funds and enhanced efforts on the two highest priority areas for new funding – communicable disease prevention and control and chronic disease prevention.

Since the new funds were provided primarily for doing public health work and not for designing data systems or sophisticated statistical analyses, performance measures were selected from available data sources. The measures are:

STOP COMMUNICABLE DISEASE BEFORE IT SPREADS

1. Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and pediatric influenza

A - Number of doses of vaccine ordered by each LHJ

B - Number of doses administered as recorded in CHILD Profile

2. Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101

A - Percent of notifiable condition cases reported to the LHJ within the required time frame (per WAC)

B - Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the time frame specified

C - Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of "measurement fields"

REDUCE THE IMPACT OF CHRONIC DISEASE

1. Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.

A - Number and description of LHJ activities and interventions to address obesity or chronic disease and association risk factors in the community

Local and state public health has been collecting and reporting data for these measures in 6-month intervals. Data can be found on the 5930 web pages at <http://www.doh.wa.gov/phip/5930PM/product.htm>.

The law also required public health to identify the core functions of public health and develop appropriate performance measures for each of these areas. This work is on-going under the auspices of the Public Health Improvement Partnership's Activities & Services Workgroup which is co-chaired by Barry Kling and Gregg Grunenfelder. The first milestone in this important work has been simply counting widgets: how much, of what, do local health jurisdictions (LHJs) do. Next steps will include identifying core functions and developing performance measures. For more information about the Activities and Services work see <http://www.doh.wa.gov/phip/as/overview.htm>.

Finally, the law also required the State Department of Health (DOH) to report to the legislature beginning in November 2009 and annually thereafter on how the funds were spent as well as impact they had.

Update

During the 2009 legislative session, as part of budget reductions, a bill was passed that eliminated the previously mandated report to the legislature. As a public health system, in order to continue learning from the data that has been collected and improve our measurement systems, DOH is developing a brief summary that is expected to be available in early 2010.

THE FUNDING

Recap

While the funds were appropriated in the state 07-09 biennial budget (beginning July 2007), the budget proviso established the funding formula and directed that the funds be disbursed to LHJs on January 1 of 2008 and 2009. Performance-based contracts were established via the Consolidated Contract with each LHJ receiving a year's worth of funds in one lump sum, "up front," to take action and positively impact the performance measures. A new BARS code was established for this revenue stream.

Public health leaders agreed to direct the funds, in rank order, to improve performance first in immunizations, then communicable disease, and if funds stretched far enough, also in chronic disease prevention.

Update

The State Auditor's Office collects information from local government via the *Budgeting, Accounting and Reporting System* (BARS)

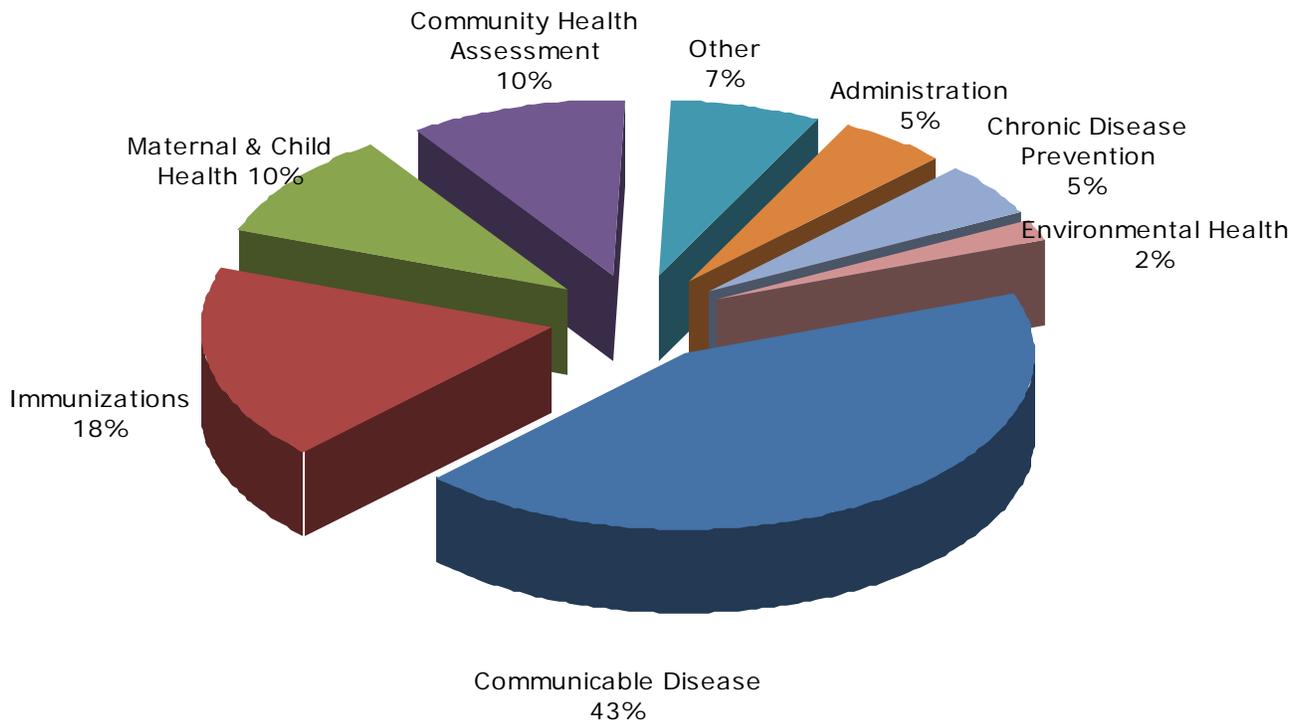
<http://www.sao.wa.gov/EN/Audits/LocalGovernment/BarsManuals/Pages/default.aspx>.

DOH uses information from BARS to produce reports on revenue and expenditures for each local health agency and local public health in the aggregate. These reports can be found at <http://www.doh.wa.gov/msd/OFS/2008rs/Revsum08.htm>.

Data from 2008, the first year that 5930 funds were disbursed to LHJs, is now available. The document *Statewide Summary of Expenditure Codes* displays the revenue streams to local health agencies (columns) and the various programs/services these funds are allocated to (rows). The *Graph of Sources of Funding* displays this information graphically. We encourage you to review the data for your health agency.

A first look at the aggregate 2008 BARS data shows that 5930 funds disbursed to LHJs were spent in the following areas:

USE OF 5930 FUNDS Calendar Year 2008



Source: 2008 Revenue Summary from BARS A Reports, Compiled by DOH

SECOND BIENNIUM (09-11) FOR 5930

Update

The 09-11 state budget that was passed during the 2009 legislative session included reductions in state general funds to many programs. Thankfully, the state general funds that fund the Local Capacity Development Fund (LCDF) at \$16 million/biennium and those going to the I-695/MVET backfill at \$48 million/biennium were unaffected.

Funding for 5930, however, was reduced by 20% from \$20 million/biennium to \$16 million/biennium and the source of these funds was changed from the general funds to the Tobacco Prevention and Control Account. This means that the Tobacco account will be depleted sooner. At present, there are no sources identified for funding either of these accounts (5930 or Tobacco) after June 2011.

The funding formula specified in the original 5930 budget proviso, minus 20%, is being used. As specified in the proviso, funds will be disbursed to each LHJ on January 1 of 2010 and 2011. As before, performance-based contracts will be established via the Consolidated Contract with each LHJ receiving a year's worth of funds in one lump sum, "up front," to take action and positively impact the performance measures.

For now the performance measures will remain the same. The rationale for this is two-fold:

Comparison - One of the purposes of measuring performance is to observe, evaluate, or demonstrate the impacts of policy and resource changes on performance. Will discontinuing a "universal" vaccine approach affect these measures? What will the effect be of reduced 5930 funds and other budget constraints on these measures? How will H1N1 or other public health emergencies impact performance? The only way to find out is to keep the measures the same, so that baseline data can be compared to 2008, 2009, 2010 and 2011, while considering what changed or happened during these time periods and how this may have affected performance.

Collaborative Process – The new biennium began in July 2009, the new calendar year is nearly upon us and currently the public health system is stretched to address H1N1, budget reductions and more. We would like to engage state and local public health leaders in a thoughtful collaborative process to evaluate 5930 so far, learn from the data that has been collected and recommend improvements in measurement and other aspects. We will be looking for a time in the coming year to do this work together.

More information can be found on the 5930 web page at <http://www.doh.wa.gov/PHIP/5930PM/overview.htm>

5930 is one of three flexible state funding streams to LHJs. For more information on local public health funding, please see the 2008 PHIP Report, Appendix 2 <http://www.doh.wa.gov/phip/documents/2008PHIP/08report.pdf>