

Public Health Improvement Partnership (PHIP)
Foundational Public Health Services (FPHS)

Update April 24, 2014

For more than a decade Public Health Improvement Partnership (PHIP) finance committees have tackled the issue of public health funding more than a couple of times. Approaches have included estimating the costs of delivering public health services in compliance with the public health standards; developing white papers that explained how public health funding is structured and how it is underfunded; and in response to the 4410 Joint Select Committee on Public Health Funding, identifying and prioritizing where to spend any new investments in public health and what types of services would be provided at different investment levels. This later work was used with legislative advocacy and resulted in an additional investment of \$20 million / biennium of state general fund dollars in local public health. That new revenue stream was later reduced to \$10 million / biennium.

The latest PHIP effort on public health funding was initiated by concerns that the erosion of public health funding was threatening the most basic public health services. The 2010 *Agenda for Change* stated that “public health in Washington is at a crossroads” and as a part of public health reform agenda identified the need to “develop a long-term strategy for predictable and appropriate levels of financing.” This launched the current efforts that for the first time will also include policy makers as a part of the process.

FPHS Technical Workgroup

The current effort has dovetailed national work being sponsored by the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) and began by answering the question “funding for what?” In 2012 the FPHS Technical Workgroup began by defining a core package of services called Foundational Public Health Services (FPHS) that people depend on government to provide and like other public infrastructure, must be available everywhere in order to work anywhere. They include:

- Foundational Capabilities – cross-cutting services that support all other services
- Foundational Programs – a defined basic level of service that is necessary in each program area

In Washington State, this concept was published in the 2012 Public Health Improvement Partnership report and the detailed definitions we published 2013 after vetting among public health leaders across the state. The national efforts adopted a large portion of this work and more information can be found at <http://www.resolv.org/site-healthleadershipforum/>.

These FPHS are not everything that public health should and could do to keep the public healthy, but provide a solid foundation onto which additional important services (AIS) can be added depending on local needs and priorities and availability of funding.

With the aid of consultants, the Technical Workgroup developed a model that is flexible and can be used to explore the cost of different scenarios for providing a uniform level of FPHS statewide. Steps included:

- Estimating what it would cost to provide a uniform level of FPHS statewide given the current delivery system
- Estimating how much money is currently spent on foundational and what the revenue sources are for this spending
- Estimating the difference between current spending and the estimated cost of providing a uniform level FPHS statewide and identifying the gap.

In Spring 2014, the Technical Workgroup will explore pros and cons to options for assuring appropriate funding to provide a uniform level of FPHS statewide, including:

- Discuss: distribution of service responsibility
 - Review summary of how services are currently provided
 - Which categories of services could benefit from a shared service or regional delivery model?
 - Which categories of services could benefit from more local control?
- Discuss: given responsibilities for service provision and current funding structures:
 - What are potential sources for “new” money? State or local?
 - What are potential opportunities to re-allocate existing money to support FPHS?
- Develop options for policy group to consider
 - Service Delivery Options
 - Funding Options

The Technical Workgroup will remain available throughout the calendar year to respond to request from the FPHS Policy Workgroup as they develop options for a sustainable funding model that for provides a uniform level of Foundational Public Health Services statewide.

FPHS Policy Workgroup

In April 2014, The Secretary of Health John Wiesman convened a Foundational Public Health Services (FPHS) Policy Workgroup. He recruited two co-chairs who represent different parts of the governmental public health network – Todd Mielke, Spokane County Commissioner and Marilyn Scott, Vice Chairman, Upper Skagit Tribe. Membership on the workgroup was by invitation of the Secretary and included representation of the key sectors or groups that have the authority to decide the structure and funding of the governmental public health network in Washington – elected officials from municipal, county and tribal governments. Membership also includes representatives from the Governor’s Health Policy Office, the state Office of Financial Management, public health officials from county, state and tribes and key associations. State legislators will be briefed periodically throughout the process, as will federal partners at the Health and Human Services Region X Office.

The purpose of the Policy Workgroup is to propose governance and financing solutions that ensures appropriate funding for FPHS statewide. This is likely to include but not limited to:

1. Identify a reasonable share of state and local responsibility for funding a uniform level of FPHS statewide
2. Re-prioritize or reallocate current state and local funding that is being used for “other important” / non-foundational services to FPHS.
3. Identify additional or other governance/organizing or shared services principles and options for the delivery of a uniform level of FPHS statewide.
4. New funding options
 - a) Identify new sources of public funds
 - b) Identify other new or non-traditional sources of funds (e.g., funds from capital markets; reallocation of health care savings from health care reform)
5. Some combination of the above or other approaches

The Policy Workgroup will meet monthly from April – December 2014. The focus of the first meeting on April 9th was primarily providing background on the governmental public health system (federal, tribal, state, and local), the Public Health Improvement Partnership, the Agenda for Change and Foundational Public Health Services, including the definition of the services.

In May & June 2014, the meetings will cover the Technical Workgroups findings on the cost, current funding and the sources of current funding for each of the FPHS capabilities and programs and any gap identified. Meetings over the summer will focus on developing different scenarios for stable and adequate funding to provide a uniform level of FPHS statewide. These discussions will likely explore things like options for: using current funding differently, changes in the delivery model, new revenue, and modifying what is included in the FPHS package. In autumn the focus will be to draft and finalize a recommendations package based on the findings and scenarios developed in previous meetings.

FPHS Meeting Schedule

2014	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Technical Workgroup	Mtg 3 1/10 10-11	Mtg 4 2/21 10-11	Mtg 5 3/26 10-12:30	Mtg 6 4/18 10-12:30	Mtg 7 5/29 1-3:30	Mtg 8 6/18 10-11	Mtg 9 7/23 2-3	Mtg 10 8/25 2-3	Mtg 11 9/29 2-3	Mtg 12 10/30 2-3	Mtg 13 11/2 10-11	Mtg 14 12/12 2-3
Policy Workgroup				Mtg 1 4/9 West	Mtg 2 5/30 Tumwater	Mtg 3 6/25 Spokane	Mtg 4 7/30 West	Mtg 5 8/20 Spokane	Mtg 6 9/17 West	Mtg 7 10/15 Wenatchee	Mtg 8 11/5 West	Mtg 9 12/17 West