WASHINGTON STATE DEPARTMENT OF HEALTH

Public Health Improvement Partnership Cost Model Development Literature Review

AUGUST 2012

Public health services in Washington State are provided through a combination of federal, State, and local efforts with the primary responsibility residing at the local level. The Public Health Improvement Partnership is tasked by the Legislature to provide overall leadership and coordination of public health issues to improve and protect health across the State. The Partnership includes representatives from the State Board of Health, the State Department of Health, Washington State Association of Local Public Health Officials, Local Health Jurisdictions (LHJs), Local Boards of Health, Tribal Nations, the American Indian Health Commission, and the Department of Health and Human Services. The Partnership is organized into four work groups: the Activities and Services Workgroup; the Standards Workgroup; the Indicators Workgroup; and the Agenda for Change Subgroup (A4C).

A key element of the A4C 2012 work plan is to develop a framework for defining what should constitute the essential public health benefit package to be available statewide, and to provide sufficient information about the cost of providing this package of services and capabilities to support future discussions that will focus on the structure of the state's public health system and how to ensure adequate funding for statewide core public health services. To date, the A4C Subgroup on Public Health Funding has developed a draft framework and started the process of identifying the key elements of statewide core public health services.

DEFINITION OF CORE SERVICES

The A4C Subgroup on Public Health Funding has been developing a definition of what should constitute the "Core Public Health Services" that would be available statewide. To augment the Subgroup's efforts and provide broader context to the discussion of core public health services, BERK conducted a literature review of similar efforts completed or underway in other states. In particular, the literature review started with the work undertaken by the Institute of Medicine and their recently released report ***For the Public's Health: Investing in a Healthier Future***, as well as the work that is underway via the Robert Wood Foundation to identify what other states are doing and how these efforts might influence the work in Washington.

The primary objective of this literature review was to identify the degree to which the A4C Subgroup's emerging definition was consistent with similar efforts in other states. In particular, we were looking to see where Washington's definition might be broader or narrower than those under discussion elsewhere. This technical memorandum documents the results of this effort.

CURRENT PARADIGM AND CRITIQUES

Many states use the 10 Essential Public Health Services articulated by the Centers for Disease Control and Prevention's National Public Health Performance Standards Program in 1994. These 10 services form the framework for what states expect of local public health systems across the country:

1. Monitor the health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

While this paradigm has been widely adopted across the country, there is also a sense that this framework has "not proved useful for planning and setting priorities for the use of limited public health funding," per a 2012 Institute of Medicine (IOM) report. The conclusion drawn is that the 10 Essential Services, while broadly true, do not allow the specificity necessary to policy makers and practitioners around the aforementioned planning and priority-setting, as well as demonstrating accountability and estimating costs necessary for the specific tasks associated with these services.

The IOM report introduces a new framework for considering what they describe as a "minimum package of public health services." On the one hand, there should be *foundational capabilities* that are needed (and typically shared) across programs and are required to support those programs. On the other hand, there should be *basic programs* that "no well-run public health department can be without." Spelling out what these basic programs are would add certainty around expectations for health departments and provide greater information for policy makers when making funding decisions.

The IOM report lists some examples of what they consider foundational capabilities and basic programs, though not comprehensively. Instead, the authors believe that "a more complete stakeholder discussion and development process are critical for" establishing a minimum package of public health services.

Current Practice

As mentioned above, most states currently utilize the 10 Essential Public Health Services when identifying expectations around core public health services. A few states, however, are beginning to move in the direction established by the IOM report. Washington may be the farthest ahead, however, as other states that have (or are in the process of) identified alternative concepts for core public health services have not yet completed (or even considered) cost studies related to these services.

A quick review of states' definitions of core/essential/minimum public health services found that three states—Ohio, Colorado, and Texas—have defined, or are in the process of defining, alternatives to the 10 Essential Public Health Services. Texas's Public Health Funding and Policy (PHFP) Committee is currently in the process of "defin[ing] the core public health services a local health entity should provide

in a county or municipality" and will also look at funding sources available for use by local health entities.

The effort in Texas was initiated when the state legislature passed the authorizing legislation in April 2011, with the initial PHFP Committee meeting taking place in October of 2011. At this time, the group has yet to offer a draft definition of core public health services and it is unclear when a comprehensive definition might be available. As a result, the comparisons that are possible at this time are between Washington's emerging definition and those from IOM, Colorado and Ohio.

The following matrices provides a summary comparison of the A4C's current draft minimum package of public health services to IOM, Colorado and Ohio's identified foundational capacities and basic programs. It is important to note that Colorado does not distinguish between foundational capabilities and basic programs.

In the foundational capabilities matrix, an uppercase "X" refers to the fact that IOM, Ohio, or Colorado considers the element a specific foundational capability (i.e. "Assessment (Surveillance and Epidemiology)" is a foundational capability in Washington), whereas a lowercase "x" refers to the fact that IOM, Ohio, or Colorado considers the element a sub-element of a foundational capability (i.e. "Access to lab services" is a sub-element of the Assessment foundational capability).

The matrix shows there is a fair amount of overlap between Washington and IOM, Ohio, and Colorado. While there are some discrepancies in classification (e.g. Ohio classifies Emergency Preparedness and Epidemiology as basic programs) and category heading, nothing that the A4C subgroup calls out is missing from the other examples. And while Colorado appears to exclude Policy Development and Support and Community Partnership Development, their statement that "delivery of the core services shall be performed in accordance with the 10 Essential Public Health Services" implies they will include mobilizing community partnerships and developing policies and plans.

Comparison of Washington's Foundational Capabilities with Other States

Washington's Foundational Capabilities	IOM	Ohio	Colorado	Notes
Assessment (Surveillance and Epidemiology)	X	X*	X	*Ohio classifies Epidemiology as a "Basic Program"
Access to lab services		X		
Data collection/analytic capabilities		x	x	
Data response/report preparation	X			
Community health assessment capability	X	x	x	
Emergency Preparedness and Response (All Hazards)		X*	X	*Ohio classifies Emergency Preparedness as a "Basic Program"
Develop and rehearse strategies and plans			x	
Lead Emergency Support Function 8 - Public Health			x	
Activate, coordinate, operate incident management system			x	
Promote preparedness through communication			x	
Communication	X	X	X	
Interface with media via press release and press conference		x		
Communication strategy on risks, behaviors, prevention & culturally/linguistically appropriate			x	
Policy Development and Support	X	X		
Develop evidence-based policy recommendations		x		
Work with partners/policy makers to enact policies		x		
Utilizing cost benefit information to develop action plans				
Community Partnership Development	X	X		
Create and maintain relationships with partners		x		
Select/articulate/coordinate roles and activities with partners				
Business Competencies				
Leadership			x	
Accountability/Quality Assurance		X	x	
Quality Improvement	X			
Information Technology		X		
Human Resources		X	x	
Fiscal Management, Contract, and Procurement		X	x	
Facilities and Operations				
Legal Services		X		

In terms of the Essential Programs there is general overlap around category titles, but much less so in the sub-elements of these categories.

This has mostly to do with the level of specificity in the A4C subgroup's draft, and it is likely safe to assume that the other states will emphasize the general sub-elements that repeat across categories ("provide timely, relevant, accurate information;" "identify assets, develop plans, advocate;" "coordinate/integrate other programs and services").

Comparison of Washington's Essential Programs with Other States

Washington's Essential Programs	IOM	Ohio	Colorado	Notes
Communicable Disease Control	X	X	X	
Provide timely, relevant, accurate information			x	
Identify assets, develop plans, advocate for initiatives				
Receive lab reports, conduct investigations, respond to outbreaks			x	
Per CDC, assure availability of notification services				
Per CDC, assure treatment of active TB				
Coordinate/integrate other programs and services				
Chronic Disease and Injury Prevention	X	X*	X	
Provide timely, relevant, accurate information				*Ohio refers to this as "Health Promotion and Prevention"
Identify assets, develop plans, advocate for initiatives			x	
Reduce tobacco use		x		
Increase healthy eating and active living		x	x	
Coordinate/integrate other programs and services				
Environmental Public Health	X	X	X	
Provide timely, relevant, accurate information				
Identify assets, develop/implement plan to prevent/reduce exposure				
Inspections to protect food, water, waste		x	x	
Identify/address priority notifiable public health threats				
Protect workers and public from unnecessary radiation exposure				
Participate in land use planning and sustainable development			x	
Coordinate/integrate other programs and services				
Maternal/Child/Family Health	X		x*	
Provide timely, relevant, accurate information				*Colorado subsumes this category under the comparable "Chronic Disease and Injury Prevention" category
Identify, disseminate, promote information that optimize development				
Identify assets, develop plans, advocate for initiatives				
Coordinate/integrate other programs and services				
Access/Linkage with Clinical Health Care		X	x	
Provide timely, relevant, accurate information				
Assure safety through inspection, licensing, monitoring, discipline of healthcare facilities/providers				
Identify assets, develop plans, advocate for initiatives				
Coordinate/integrate other programs and services				
Vital Records		X	X	
Assure a system of vital records				
Provide certified birth/death certificates				

What Washington is Missing that is included by Ohio and Colorado

The matrices indicate a relatively high level of overlap between Washington and IOM, Ohio, and Colorado. However, there are some elements missing from the A4C's draft minimum package of public health services that appear in these three other places:

1. Ohio and Colorado both specifically call out vaccination in their definitions of core services, while the A4C subgroup includes this as an example of an additional important public health service.
2. Ohio and Colorado are more explicit in stating that health equity and socio-economic factors are important elements of core/essential public health services.
3. The IOM report specifically calls out mental health and substance abuse as a basic/essential program; Colorado does mention "mental and behavioral health" (though not substance abuse), while Ohio mentions drug and alcohol abuse prevention and behavioral health as other public health services.

The remaining differences are minimal and/or are likely the result of differing levels of specificity between these packages. For example, Ohio specifically calls out community engagement in both the foundational and basic programs sections. While Washington does not use this specific term, it is clear that the Community Partnership Development category would include this task.

Additionally, Colorado mentions operational characteristics that will almost certainly be a part of any minimum package that Washington was to establish (e.g. implementing policies in compliance with state laws, assessing the provision of services, etc.).

References

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State of Colorado Department of Public Health and Environment. *Core Public Health Services (6 CCR 1014-7)*

State of Colorado. *Colorado Public Health Act of 2008 Executive Summary*

State of Colorado. *Statement of Basis and Purpose and Specific Statutory Authority for Core Public Health Services (6 CCR 1014-7)*

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