

FOUNDATIONAL PUBLIC HEALTH SERVICES

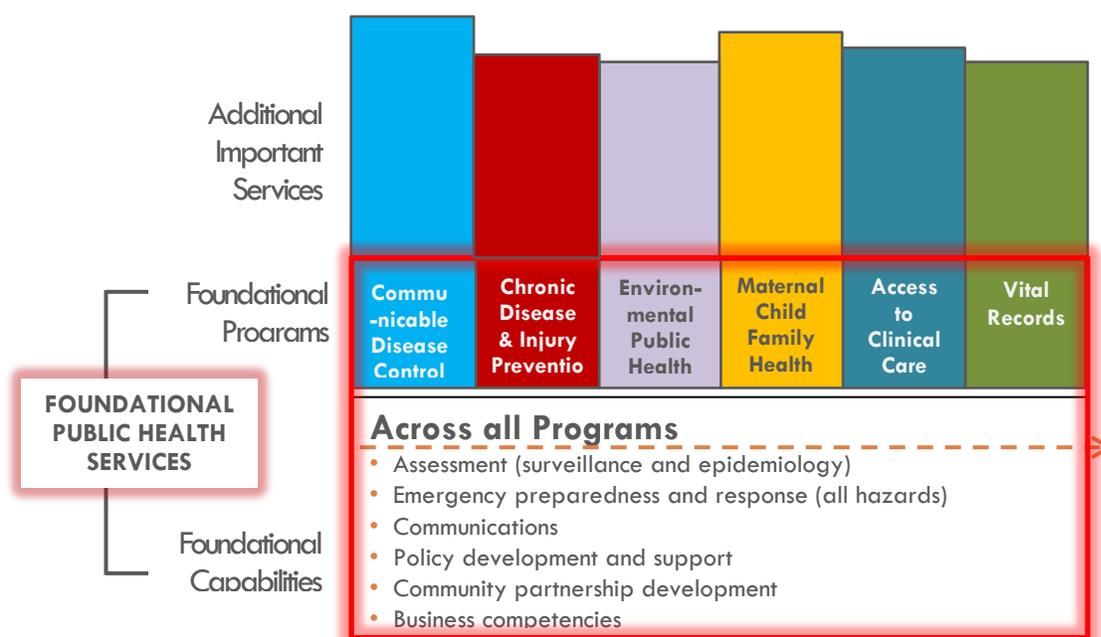
Background

For more than a decade in Washington State, 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 (2002); developing white papers that explained how public health funding is structured and how it is underfunded (2004); developing principles for allocating funds among LHJS (2004); 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 ([Creating a Stronger Public Health System](#), 2006). The later work was part of a legislative process that 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.

In 2008 concern that the erosion of public health funding was threatening the most basic public health services lead to the formation of the Reshaping Government Public Health Workgroup which published [An Agenda for Change](#), 2010. The workgroup concluded 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.’

Funding for What?

FRAMEWORK FOR THE FOUNDATIONAL SERVICES



In 2012, PHIP formed an *Agenda for Change* Workgroup and a subgroup to develop a long-term strategy for predictable and appropriate levels of financing. The subgroup, later named the Foundational Public Health Service (FPHS) Technical Workgroup, first addressed the question ‘funding for what?’ by defining a core package of services that people rely on government to provide and that no community should be without. These Foundational Public Health Services define what must be present everywhere for the public health system to function anywhere.

The FPHS framework is composed of two components:

- **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

The FPHS framework was published in the [2012 Public Health Improvement Plan](#). Definitions were developed for each FPHS with the goal of being specific enough to estimate the cost of providing the service statewide while not naming specific programs that may come and go over time.

Criteria used to identify and define the FPHS included:

- Important population-based health service (without individually identifiable beneficiaries)
- Governmental public health is the only or primary provider of the service
- Service is mandated by law or contingent on the legal powers granted only to the local health officer/board of health

For each of the foundational program areas, the definitions identify the primary role of governmental public health as:

- Working with data (collection, analysis, and sharing)
- Working with community partners to identify assets, planning, advocating for high-priority initiatives
- Coordination among programs and community partners

Additionally, a limited set of specific conditions or issues are called out because they are currently of high priority. The 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.

During summer 2012, the draft FPHS definitions were circulated widely among public health and health care partners. Input was considered and revisions were made. The FPHS definitions were then published in summer 2013.

What Would It Cost?

With the aid of consultants, the FPHS 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 FPHS 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

Details of the methodology and initial results can be found in *Foundational Public Health Services Preliminary Cost Estimation Model Final Report*, September 2013. Next the workgroup refined the cost estimate by taking a closer look at selected areas to assure that cost estimate was complete and accurate: tobacco prevention; healthy eating and active living, and the non-fee supported environmental health work like land use planning and built environment. *The Foundational Public Health Services Final Technical Report*, September 2014, and working papers include this information and the chart below.

FPHS Cost Estimate, Current Spending Estimate, and Estimated Gap by Program for DOH and LHJs (in 2013 dollars)

Program	Service Delivery	(1)	-	(2)	=	(3)	+	(4)	=	(5)
		FPHS Cost Estimate	FPHS Current Spending Estimate	FPHS Gap	FPHS Gap Adjustments (a) Exclude LHJ Spending Above Estimates (b) Exclude Uncertain Revenue	Estimated FPHS Gap				
Foundational Capabilities	DOH	\$ 27.8 M		\$ 26.2 M		\$ 1.6 M	-	\$ 0.0 M		\$ 1.6 M
	LHJs	\$ 47.9 M		\$ 36.3 M		\$ 11.6 M	\$ 1.6 M	\$ 1.9 M		\$ 15.1 M
Environmental Public Health	DOH	\$ 35.2 M		\$ 30.3 M		\$ 4.9 M	-	\$ 0.0 M		\$ 4.9 M
	LHJs	\$ 69.5 M		\$ 64.6 M		\$ 4.8 M	\$ 7.8 M	\$ 0.0 M		\$ 12.6 M
Communicable Disease	DOH	\$ 9.0 M		\$ 5.0 M		\$ 4.0 M	-	\$ 0.0 M		\$ 4.0 M
	LHJs	\$ 24.8 M		\$ 19.4 M		\$ 5.4 M	\$ 0.9 M	\$ 0.8 M		\$ 7.1 M
Chronic Disease & Injury Prev.	DOH	\$ 27.9 M		\$ 8.7 M		\$ 19.2 M	-	\$ 0.0 M		\$ 19.2 M
	LHJs	\$ 40.3 M		\$ 6.8 M		\$ 33.4 M	\$ 0.0 M	\$ 0.0 M		\$ 33.4 M
Access/Linkage to Clinical Health Care ⁶	DOH	\$ 62.1 M		\$ 62.1 M		\$ 0.0 M	-	\$ 0.0 M		\$ 0.0 M
	LHJs	\$ 3.4 M		\$ 0.0 M		\$ 3.4 M	\$ 0.0 M	\$ 0.0 M		\$ 3.4 M
Maternal/ Child/ Family Health	DOH	\$ 13.8 M		\$ 9.0 M		\$ 4.7 M	-	\$ 0.0 M		\$ 4.7 M
	LHJs	\$ 11.4 M		\$ 9.4 M		\$ 2.0 M	\$ 2.0 M	\$ 2.1 M		\$ 6.0 M
Vital Records	DOH	\$ 3.6 M		\$ 3.6 M		\$ 0.0 M	-	\$ 0.0 M		\$ 0.0 M
	LHJs	\$ 3.5 M		\$ 4.4 M		(\$ 0.9 M)	\$ 1.2 M	\$ 0.0 M		\$ 0.3 M
Laboratory ⁷	DOH	-		\$ 12.6 M		(\$ 12.6 M)	-	\$ 0.0 M		(\$ 12.6 M)
	LHJs	-		-		-	-	-		-
DOH Total		\$ 179.4 M		\$ 157.6 M		\$ 21.8 M	\$ 0.0 M	\$ 0.0 M		\$ 21.8 M
LHJ Total		\$ 200.8 M		\$ 141.0 M		\$ 59.8 M	\$ 13.4 M	\$ 4.8 M		\$ 78.0 M
Total Statewide		\$ 380.2 M		\$ 298.5 M		\$ 81.6 M	\$ 13.4 M	\$ 4.8 M		\$ 99.9 M

National Efforts

The work in Washington dovetailed national work sponsored by the Robert Wood Johnson Foundation (RWJF) including the 2012 publication of [For the Public's Health: Investing in a Healthier Future](#) by the Institute of Medicine (IOM). The report's ten recommendations including that:

- Public health should endorse a minimum package of public health services
- Expert panels should determine the components and cost of the minimum package

RWJF is now funding four national workgroup to:

- Define Foundational Public Health Services
- Estimate the cost of these services
- Discuss the federal role in funding FPHS
- Develop a model chart of accounts

Representatives from Washington State are members of these workgroups and the national efforts are drawing heavily on the work already completed in Washington State. More information can be found at www.resolve.org/site-healthleadershipforum/.

A Long-Term Strategy for Predictable and Appropriate Levels of Funding

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 influence the structure and funding of governmental public in Washington – elected officials from municipal, county and tribal governments. Members also included representatives from the Governor's Health Policy Office, the state Office of Financial Management, public health officials from county, state and tribes and key health associations. State government and legislative leaders and federal partners were briefed as the work progressed. The purpose of the FPHS Policy Workgroup was to propose governance and financing solutions that ensures appropriate funding for FPHS statewide, including, but not limited to:

- Identify a reasonable share of state and local responsibility for funding a uniform level of FPHS statewide
- Re-prioritize or reallocate current state and local funding that is being used for non-foundational services to FPHS
- Identify additional or other governance/organizing or shared services principles and options for the delivery of a uniform level of FPHS statewide
- New funding options

The FPHS Policy Workgroup published recommendations in the report titled [Foundational Public Health Services: A New Vision for Washington State](#), January 2015.

A New Vision for Washington State

This is a summary of the findings of the Foundational Public Health Services Policy Workgroup, which was formed to create a Vision and recommendations for how to ensure that a foundational set of public health services are available statewide:

Like public safety, public utilities, and other public infrastructure, 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 – is a defined, basic set of capabilities and services 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 (AIS) that respond to and are local community priorities. 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.

Delivering on the Vision

- **Recommendation 1:** State funding for public health should ensure that the costs of FPHS are covered in every community
- **Recommendation 2:** FPHS should be funded with statutorily directed revenues placed in a dedicated FPHS account
- **Recommendation 3:** Allocation determinations should be a collaborative process between state and local stakeholders
- **Recommendation 4:** A robust accountability structure that aligns with the FPHS framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment
- **Recommendation 5:** Tribal public health, with support from the Department of Health (DOH), should convene a process to define how the FPHS funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, and local health jurisdictions (LHJs) can work together to serve all people in Washington
- **Recommendation 6:** Local spending on AIS should be incentivized

Call to Action

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 the Washington State Association of Local Public Health Officials (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

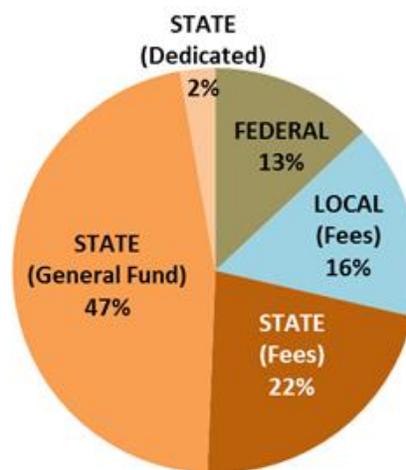
1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions; gather and analyze current spending; and develop an estimate for future costs for delivery of these services
2. Tribal public health and DOH shall work together to define how the FPHS funding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

Tribal, DOH, and LHJ Action

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

For more information on Foundational Public Health Services, including links to all materials, visit www.doh.wa.gov/FPHS

Proposed FPHS Funding Responsibility



State Sources: 71%

Local Sources: 16%

Federal Sources: 13%