

Public Health Improvement Partnership (PHIP)
Foundational Public Health Services (FPHS) - Policy Group Charter
Draft 04-08-14

Problem Statement

Washington State has an outdated governmental public health funding and delivery system that needs to be re-designed to meet 21st century demands.

1. **Governmental Public Health's Historic Successes are Threatened.** Public health services have eroded to the point where basic protections for the public's health and safety are threatened.
2. **Governmental Public Health Agencies Cannot Adequately Confront 21st Century Challenges.** Preventable illness and death from injuries and chronic disease (e.g. diabetes, heart disease, stroke, and cancer) are harming Washington families, businesses and society. Financial resources for an adequate response to 21st Century community health issues while continuing our past successes are lacking.
3. **The Local, Tribal, and State Governmental Public Health Network has an Outdated, Inequitable, and Underfunded Financing System.** The governmental public health network does not have a sufficient foundation of reliable funding that is responsive to inflation and population changes.

Purpose of the FPHS Policy Group

The scope and goal of the FPHS policy group is to propose governance and financing solutions that ensures appropriate funding for FPHS statewide.

The solution could include, but is not limited to, addressing the following:

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

Process

The work group will use a shared leadership model and be consensus based. All views will be respected and questions for further understanding before identifying solutions shall be the norm. Workgroup members will be expected to be prepared for meetings, engage fully in the discussion, and participate in the creation of and vetting of ideas and solutions.

Timeline

Begin meeting in April 2014. Complete work by December 2014

Estimated Time Commitment

Monthly, half-day (approximately 10am – 3pm), in-person (preferable), meetings March - December 2014. No alternates.

Membership

The intent is to be inclusive while having a workable sized group. This is a preliminary list of entities to be invited to participate. Specifics will continue to evolve.

- 4 Local Board of Health Members (distributed among east/west, urban/rural)
 - Two County Commissioners (who serve on a board of health)
 - Two City Council members (who serve on a board of health)
- 2 Elected Tribal Council Members
- 5 Local Health Jurisdiction (LHJ) Directors (distributed among east/west, urban/rural; and to include one physician HO that is an LHJ director) + One at-large LHJ Leader
 - 3 from departments – one from standalone public health department and one from combined health and human services department
 - 2 from districts – one from a single county district and one from a multi-county district.
- 2 Tribal health/human services directors
- 1 Governors Policy Office representative
- 2 Office of Financial Management (OFM)
- Associations / Other Groups – 1 representative each
 - American Indian Health Commission (AIHC)
 - Association of Washington Cities (AWC)
 - Northwest Portland Areas Indian Health Board (NPAIHB)
 - The Public Health Roundtable
 - Washington Association of Community and Migrant Health Centers (WACMHC)
 - Washington Association of Counties (WSAC)
 - Washington Association of Local Public Health Officials (WSALPHO)
 - Washington State Hospital Association (WSHA)
 - Washington State Medical Association (WSMA)
 - Washington State Nurses Association (WSNA)
 - Washington State Public Health Association (WSPHA) Board Member

Technical Group Advisors

- Barry Kling, Chelan-Douglas Health District and FPHS Technical Workgroup Co-Chair
- Jennifer Tebaldi, DOH and FPHS Co-Chairs

Meeting Schedule

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