

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

Foundational Public Health Services Policy Workgroup DRAFT FINDINGS AND VISION STATEMENTS

Introduction

- The purpose of this document is to outline the draft concepts and statements that will be included in the final work product of the Foundational Public Health Services (FPHS) Policy Workgroup.
- The final work product will include findings, the group's Vision for FPHS, and recommendations for first steps towards implementing that Vision.
- During Meeting 7, Workgroup members will review and revise the statements below and suggest additions to each section.

DRAFT

Findings

This section includes problem statements and other findings relevant to our Vision for FPHS.

- For the purposes of this report, the governmental public health system in Washington State is defined as the Washington State Department of Health (DOH), tribal public health departments, and the state's 35 local health jurisdictions (LHJs).
- 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.
- Many residents of Washington State do not have access to basic public health services, since public health services are not provided at a uniform level statewide.
- Where public health services are available, the level of service and the cost of providing those services varies significantly around the state.
- Public health services are inadequately funded at both the state and local level, and funding is not keeping up with demand. Funding is also unevenly distributed across the state.
- Washington State has an outdated governmental public health funding and delivery system that needs to be re-designed to meet 21st century demands. Preventable illness, death from injuries, and chronic disease are harming Washington families, businesses, and society.
- Financial resources needed to provide an adequate response to 21st century community health issues, while continuing our past successes, are lacking.
- The governmental public health network does not have a sufficient foundation of reliable funding that is responsive to inflation and population changes.
- Washington State's current governmental public health network delivery structure is not optimally aligned to deliver the services needed to meet 21st century community health challenges in a cost-effective manner.
- It is difficult for the LHJs that serve the smallest populations to adequately provide FPHS effectively and at a reasonable cost.

The Vision

1. Framework

- a. Washington State's governmental public health network should implement the FPHS framework: a basic and defined set of public health services that should be available to all Washington residents at a minimum level statewide.
- b. Tribal governmental public health departments are a key part of the governmental public health network and are essential to delivering FPHS statewide.
- c. The governmental public health funding model should be aligned with the FPHS framework and should fully and reliably support the cost of providing FPHS.
- d. The governmental public health service delivery network should be aligned to effectively and efficiently deliver FPHS at a minimum level statewide and support the provision of non-foundational public health services.
- e. Providing FPHS is not all that government public health is doing or should do. There are many non-foundational services that are equally important and should be provided and funded as necessary based on current state needs or the specific needs of individual communities.

2. FPHS Definitions

This section explains what is included in the definition. The full list of FPHS definitions will be included as an attachment to the Vision document.

- a. Washington State governmental public health should adopt the current FPHS definitions and acknowledge that these definitions should constitute a living document that will need to evolve in the future.
- b. The FPHS definitions for Washington should align with work being done nationally to define FPHS.
- c. FPHS should be defined as governmental public health services that must be present everywhere in order to work anywhere, and that no community in the state should be without.
- d. To be included in the FPHS definition, public health services should be:
 - i. Services that should be available to everyone, everywhere.
 - ii. Services for which governmental public health is the only or primary provider of the service.
 - iii. Population-based primary prevention services addressing an important health problem.
 - iv. A solid foundation on which additional important services can be added on a community by community basis.
- e. Foundational Capabilities are skills or capacities that a governmental public health entity must possess in order to support its provision of the foundational programs, these capabilities include:
 - i. Assessment (surveillance and epidemiology)
 - ii. Emergency preparedness and response (all hazards)
 - iii. Communications
 - iv. Community partnership development
 - v. Business competencies
- f. Foundational Programs are areas of governmental public health responsibility that provide service directly to communities including:
 - i. Communicable disease control
 - ii. Chronic disease & injury prevention
 - iii. Environmental public health
 - iv. Maternal/child/family health
 - v. Access/linkage with clinical health care
 - vi. Vital records
- g. The primary role of governmental public health and the majority of FPHS is working with data (collection, analysis, and sharing), working with community partners to identify assets, planning, advocating for high-priority initiatives, and coordination. A limited set of specific public health priorities are included in FPHS, either because they are mandated by state law or are a high priority public health issue.

- h. In any given community a health department should deliver non-foundational services which are, in that community, just as important as foundational activities. These services and activities may very well be critical to a specific community's health, but given the criteria, are not defined as Foundational Capabilities and programs statewide. In some jurisdictions, these additional important services and activities may make up the majority of the work done by that LHJ, but may not be needed by all jurisdictions throughout the state.

3. Funding

Tribal Role in Funding Public Health

- a. Tribal governments are sovereign nations and are not obligated by statute to provide public health services, however tribes are committed to supporting the health and well-being of tribal members and their communities by providing public health services on the reservation, and in their federally contracted service areas.
- b. Tribal public health should continue to be funded primarily by the federal government, per the federal government's trust responsibility and treaty obligations.
- c. Tribal government should not be responsible for funding...
- d. The cost of FPHS that are primarily supported by tribal government...
- e. Tribal governments' primary public health funding role should be to meet tribal community members' public health needs.

State Role in Funding Public Health

- f. The state should be responsible for funding 100% of the cost of FPHS, except for:
 - o FPHS that are supported by reliable, predictable federal categorical funding
 - o FPHS that are primarily supported by locally-collected fees
- g. FPHS that are supported by state-collected fees should achieve 100% cost recovery.
- h. For all other FPHS costs for which the state is responsible, the Legislature should create a dedicated FPHS account that is budgeted and appropriated separately from the state general fund.
- i. The dedicated FPHS account should be funded with statutorily dedicated sources that are sufficient to support FPHS.
- j. The non-foundational services that the state legislature funds should continue to be funded from the state general fund and be subject to biennial appropriation.
- k. Principles that the Legislature should consider when determining potential revenue sources include:
 - Revenue sources should align with public health investments.

One example of an aligned revenue source could be a surcharge on health care services. The more health care a community needs, the more it ought to invest in population-based preventions.

Though it is an effective public health strategy, a cigarette tax is an example of a misaligned revenue source for FPHS because the more effective governmental public health becomes in reducing tobacco use, the greater the cuts to their funding. FPHS funding should not decrease as a result of effective solutions.

- Revenue sources should meet demand.

Revenue sources should be adequate to serve communities that have population growth and should be adjusted over time to address the rising cost of doing business.

- l. The Legislature should appropriate funding from the FPHS account to the DOH. DOH should distribute funds to support FPHS services provided by the state (DOH), regional, local, and tribal public health providers.
- m. Principles that DOH should use to allocate funding to local communities include:
 - i. Disparity of health outcomes across communities should be considered.
 - ii. Funding allocations should encourage collaborative decision-making between DOH, tribes, and local communities and across communities, consistent with supporting accountable communities of health.
 - iii. The Secretary should allocate the FPHS funds with recommendations from a federal, state, tribal, local, and academic public health work group.
 - iv. The distribution of funding to meet FPHS needs should be equitable.
 - v. Allocation decisions should consider the cost-effectiveness and per capita costs of providing service.
- n. State funding should continue to be available to address non-foundational statewide and community public health needs, and DOH should leverage state and federal grant programs to support non-foundational services as well.

Local Role in Funding Public Health

- o. The cost of FPHS that are primarily supported by locally-collected fees should be 100% recovered through a combination of locally-collected fees and local government contributions. The mix of sources used to reach 100% cost recovery should be locally determined.
- p. Local governments are welcome to provide a level of service above what is defined by FPHS, but are responsible for providing or finding the additional funding to do so.
- q. Local governments' primary public health funding role should be to meet community public health needs not addressed by FPHS, and they should leverage state and federal grant programs as well as government to government relationships with Tribes to support non-foundational services.

4. Service Delivery

- a. Governmental public health providers including, DOH, tribal public health departments, and LHJs, should collaborate and coordinate to effectively and efficiently deliver FPHS statewide as one system.
- b. To be most efficient and effective, some foundational services should be delivered locally; others should be shared across jurisdictions or with tribes, or provided regionally or by tribes; and others are best delivered statewide.
- c. Governmental public health providers should agree that they will meet a minimum standard of providing FPHS using the funding allocated to them by DOH, either by changing their service delivery method to stay within budget or finding local funding to allow them to deliver services in a more expensive way.

- d. The governmental public health system should build upon its current successes in sharing services by identifying services that require significant expertise and/or infrequent action and incentivize regional partnerships to provide those services effectively and without unnecessary spending.
- e. There should be an accountability structure in place that requires DOH and LHJs to report annually on how well FPHS were provided in their service area and the costs of providing those services.
- f. The state should adequately fund development of this accountability structure, and the time and expense necessary for DOH, tribes, and LHJs to develop the annual reports.
- g. Accountability principles that should be used to develop measures of effectiveness include:
 - i. Annual reports which identify and track key measures of the state's and communities' health over time, including tracking disparities among different populations within a community.
 - ii. Funding for FPHS should be transparent to the public health community and to the public.
 - iii. Information on public health outcomes should be accessible and open to the public.
- h. Accountability principles that should be used to develop measures of efficiency include:
 - i. Per-capita costs of providing FPHS should be measured, tracked over time, and available for comparison to statewide standards and/or comparable service areas.
 - ii. Costs of providing services should be transparent and accessible by the public.
 - iii. DOHs budget structure and the Budget, Accounting, and Reporting System (BARS) used for LHJs should be reorganized to support tracking of FPHS spending and revenues.

5. Key Next Steps for Implementing Our Vision

- a. Washington State should adopt the FPHS framework and commit to aligning funding and service delivery for governmental public health to effectively and efficiently provide FPHS.
- b. Washington State should adopt the current FPHS definitions and acknowledge that these definitions should constitute a living document that will need to evolve in the future.
- c. Washington State should integrate tribal public health with the FPHS framework and the governmental public health network by conducting a separate technical and policy process for tribes that will result in:
 - i. Definitions for FPHS for tribal public health
 - ii. A cost estimate for providing tribal FPHS
 - iii. Guidance on how tribal public health should interact with DOH and local and regional public health agencies
- d. The governmental public health network should undertake a service delivery evaluation process to identify specific FPHS that would benefit from delivery regionally or by a single entity and develop an implementation plan or incentive system to transition the system to that form of service delivery.
- e. DOH, tribes, and regional and local agencies should undertake a process to determine more refined cost estimates and appropriate funding allocations to each agency to support the level of service defined as FPHS.
- f. The Public Health Improvement Partnership (PHIP) should develop a FPHS annual report including measures of cost efficiency and cost effectiveness.