

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## The Governmental Public Health Network

Policy Workgroup Meeting April 9th, 2014

### What is Public Health?

#### Definitions

Public Health works to prevent disease and injury, and promote general wellbeing. There are many definitions and interpretations of public health and its role in our community. According to the Association of Schools of Public Health, “Public Health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public Health helps improve the health and wellbeing of people in local communities and around the globe.”<sup>i</sup>

The Washington State Department of Health describes governmental public health as “population based and prevention focused”, and developed and implemented within a democratic form of government and the public policy making process.<sup>ii</sup>

In this brief, we use “public health network” to refer to all of the institutional actors involved in ensuring that public health is achieved and sustained in a particular community.

#### Public Health versus Health Care

Public health and health care, while related and reliant on each other, address different things. Health care is defined as including any care, service, or supply related to the mental or physical health of an individual. The traditional view of health care is a doctor to patient relationship, which is generally targeted towards treatment.

Public health is interventions that are focused on groups of people (e.g., pregnant women, adolescents, pre-diabetics, neighborhoods/cities/counties), which is more oriented towards prevention than treatment. However, there are some specific situations where public health does engage in treatment for the individual, such as when dealing with diseases like tuberculosis and HIV/AIDS, which untreated can quickly affect larger populations.

#### Health Care:

- Treatment
- Individual focused

#### Public Health:

- Prevention
- Community or groups of people focused

**Examples.** For an example of the difference in scope for public health and health care, consider immunizations. Public health ensures that vaccines are safe and available, and that policies to encourage people to get vaccinated, such as requiring vaccines for entry into school, are in place. Health care’s role is to give the shot to an individual.

Similarly, to mitigate the health impacts of diabetes, public health may work with schools to implement healthy nutrition guidelines in school lunches, while health care would diagnose and treat individuals.

## The Importance of Public Health

Our health is influenced by a multitude of factors. Individual choices we make for our families and ourselves can impact health. However, research shows that a large portion of our health is also determined by broader factors such as our physical environment and social and economic differences in the population. Public health can help influence these broad, population-level factors to improve health in our state:

- **Physical Environment.** Environmental determinants of health that can be influenced by public health include drinking water quality, access to safe walking and biking routes/facilities, and access to safe housing.
- **Social and Economic Factors.** An individual's income, level of education, and occupation correlate strongly with differences in health and lifespan.<sup>iii</sup> A strong public health network coordinated with other social service providers and schools can improve the health of people across socioeconomic positions.
- **Healthy Behaviors.** While many behavioral determinants of health come down to individual choices, a public health network can work to ensure that people have the information they need to make healthy choices. It can also promote healthy choices by making them easier and more economical than less healthy alternatives.

## The Role of Government in Public Health

The appropriate role of government in public health is an ongoing topic of conversation. At its most basic, governmental public health plays a similar function to public safety services such as fire and police, in that protecting citizens is a core governmental function. Governmental public health activities and services generally fall into three basic categories:<sup>iv</sup>

- **Providing Information.** The government can promote and disseminate information that helps people make informed choices. Examples include disclosure laws, such as food and tobacco labeling; laws against disseminating false information; and media campaigns around the impacts of behavioral choices.
- **Protection from Others.** A second role of the government in public health is protecting people from harm that could be caused by others in our society. For example, water and food regulations and inspections, prevention of drunk driving campaigns, and worker protection laws and enforcement.
- **Population-Wide Action.** While individual interventions can improve health, population-based work is often a more effective and efficient way to have large-scale impacts. This type of work can include immunization requirements, water fluoridation, zoning laws, and taxes on products with negative externalities.

## EXAMPLES OF GOVERNMENTAL PUBLIC HEALTH SERVICES

Activity	Example
Record Keeping	Vital records such as birth, death, marriage, and divorce certificates
Monitoring	Prescription Monitoring Program: Collecting records for Schedule II, III, IV and V drugs and making them available to medical providers and pharmacists to improve patient care and prevent drug misuse
Evaluation	Frequent and ongoing evaluations of Tobacco Prevention and Control Program components through surveys
Regulation	Restaurant inspection, food safety permits, drinking water quality inspection
Enforcement	Clandestine Drug Lab Program, vaccine requirements for schools and childcare providers
Assessment	Community health assessments
Planning	Strategic planning and using community health assessments to develop community health improvement plans
Policymaking	Partnerships with Washington State Board of Health and local boards of health to develop regulatory proposals
Intervention	Removing barriers and increasing opportunities for healthy eating and active living (HEAL), water system assistance
Treatment	Tuberculosis, immunizations
Education	Child Care Health Consultation Program, Washington Health Plan Finder
Promotion	“Stop Germs, Stay Healthy!” public education campaign

## Public Health in the 19th and 20th Centuries

Public health awareness and responsibility has grown significantly over the last two centuries. The 19th century highlighted the beginning of our public health network, as we know it today. The identification of “filth” as the cause of disease and a vehicle of transmission was a pivotal step for public health. People and governments began to see protecting health as a social responsibility and activity shared by the public.<sup>v</sup> Some of the big milestones of this time period include:

- the first local boards of health;
- legislated sanitary reforms, such as garbage collection and sewage treatment systems;
- the foundation of the field of epidemiology; and
- the foundation of the first public health nursing and health education programs.

These milestones paved the way to the increased quality of life and longer life expectancy that people living in the United States have come to expect.

The Centers for Disease Control and Prevention (CDC) states that,

*“During the 20th century, the health and life expectancy of persons residing in the United States improved dramatically.”<sup>vi</sup> Since 1900, the average lifespan of persons in the United States has lengthened by greater than 30 years; **25 years of this gain are attributable to advances in public health.**<sup>vii</sup> (Emphasis added).*

### The Centers for Disease Control and Prevention

#### Ten Great Public Health Achievements in the United States, 1900-1999

- **Vaccination.** Dramatic declines in vaccine-preventable diseases.
- **Motor vehicle safety.** Large reductions in motor-vehicle-related deaths.
- **Workplace safety.** 40% reduction in the rate of fatal occupational injuries, severe injuries, and deaths.
- **Control of infectious diseases.** Infections transmitted by contaminated water have been reduced dramatically.
- **Decline in deaths from coronary heart disease and stroke.** Death rates for coronary heart disease have decreased 51%.
- **Safer and healthier foods.** Near elimination of major nutritional deficiency diseases.
- **Healthier mothers and babies.** Infant mortality has decreased 90%, and maternal mortality has decreased 99%.
- **Family Planning.** Smaller family size and longer interval between the birth of children; increased opportunities for preconception counseling and screening; fewer infant, child, and maternal deaths; and the use of barrier contraceptives to prevent pregnancy and transmission of HIV/ AIDS and other STDs.
- **Fluoridation of drinking water.** Tooth decay in children has been reduced by 40%-70% and adult tooth loss has been reduced by 40%-60%.
- **Recognition of tobacco use as a health hazard.** The prevalence of smoking among adults has decreased, and millions of smoking-related deaths have been prevented.

## Introducing Washington's Public Health Network

### Global Institutions

Public health threats do not recognize international borders. Global public health institutions address these challenges. Washington is an international destination for trade and tourism, and many residents of the state travel to other parts of the world. Due to the number of people entering and exiting Washington State, residents benefit from global public health and laws that promote good health practices.

The World Health Organization (WHO) is responsible for providing leadership on global health matters, sharing its health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.

The United States is a leader in global health, recognizing that communicable and infectious diseases can spread rapidly across countries. Campaigns like the U.S. President's Global Health Initiative work to improve the lives of women, newborns and children around the world. PEPFAR, initiated by President George W. Bush, is the US President's Emergency Plan for AIDS Relief. This historic commitment is the largest by any nation to combat a single disease internationally.

The CDC works to protect the United States from health, safety, and security threats, both foreign and domestic. It has staff and offices outside of the United States to promote global public health and fight diseases before they reach our borders.

### Federal Government

The federal government is responsible for setting national public health policy, administering national programs and grant funding, and coordinating national resources in the event of a multi-state public health emergency.<sup>viii</sup> While "States have the primary authority and legal responsibility to protect the health of the population within their borders,"<sup>ix</sup> the executive and legislative branches of the federal government often encourage states to adopt federally preferred programs and policies using grants and contracts.

The principal federal public health agency is the US Department of Health and Human Services (HHS). Its mission is to help provide the building blocks that Americans need to live healthy, successful lives. HHS works closely with the CDC and the WHO to address global health concerns such as SARS and other human infectious diseases.

A few examples of important federal programs are:

- **Women, Infants, and Children (WIC).** WIC provides federal grants to states for supplemental food, health care referrals, and nutrition education for infants, children, and pregnant and postpartum women in low-income households. This program is funded by the US Department of Agriculture.
- **Vaccines for Children Program (VFC).** This program helps provide vaccines to children whose parents or guardians may not be able to afford them. The VFC is funded by the CDC.

#### Examples of federal public health agencies:

- Department of Health and Human Services
- Administration for Children & Families
- Administration on Aging
- Agency for Toxic Substances & Disease
- Centers for Disease Control & Prevention
- Food & Drug Administration
- Health Resources & Services Administration
- National Institutes of Health
- Environmental Protection Agency

## THE GOVERNMENTAL PUBLIC HEALTH NETWORK IN WASHINGTON STATE



### US DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

HHS works closely with the State, tribes, and local governments. Many services are HHS funded and provided at the local level by Department of Health or local health jurisdictions.



### TRIBES

Tribes and urban Indian health clinics deliver health care services and work with the State and local governments to address public health issues.



### WA STATE DEPARTMENT OF HEALTH

DOH promotes and protects public health, maintains standards for quality health care delivery, and plans activities related to the health of all residents of Washington.

## PUBLIC HEALTH IN WASHINGTON

Washington State has a decentralized governmental public health system characterized by local control and partnerships.



### LOCAL HEALTH JURISDICTIONS (LHJ)

LHJs have primary responsibility for the health and safety of their residents. LHJs carry out programs to promote health, help prevent disease, and build healthy communities.



### DOMESTIC PUBLIC HEALTH PARTNERS

Public Health has many partners including other state agencies, hospitals, clinics, universities, and state and local non-profit health organizations, associations and coalitions.



### GLOBAL PUBLIC HEALTH PARTNERS

Global public health addresses health challenges that transcend national boundaries. Global public health partners include the World Health Organization, the Gates Foundation, and PATH.

## Tribal Public Health

Federally recognized tribes are sovereign nations equivalent to the federal government that create their own public health laws and regulations. As such, they are not explicitly integrated into the state/local network, but rather intersect with that network in important ways. There are 29 federally recognized American Indian Tribes in the State of Washington (see map on page 8), all of which are unique, with different population sizes, land bases, self-determination statuses, and government structures.

The Indian Health Service (IHS) is a federal agency within the Department of Health and Human Services and the principal federal health care provider advocate for American Indians and Alaska Natives.

### Legislation

#### Treaty Right to Health Services

The federal government is responsible for providing health services to American Indians and Alaska Natives based upon Treaties entered into between 1776 and 1858. Treaties are “contracts among nations” that recognize and establish unique sets of rights, benefits, and conditions for the treaty-making tribes who agreed to cede millions of acres of their homelands to the United States and accept its protection. Like other treaty obligations of the United States, Indian treaties are considered “the supreme law of the land; and they are the foundation upon which federal Indian law and the federal Indian trust relationship is based. Every treaty entered into with tribes in Washington includes a provision for health services to be defrayed by the United States.<sup>x</sup>

#### The Snyder Act

In 1921, the Snyder Act authorized funds “for the relief of distress and conservation of health ... [and] for the employment of ... physicians ... for Indian tribes throughout the United States.” In 1955 the Indian Health Service (IHS) was made responsible for delivering health care to American Indians and Alaska Natives.

#### Public Law 93-638

Public Law 93-638, the Indian Self-Determination and Educational Assistance Act of 1975, authorized the transition of federal health programs to tribal management allowing them to take over certain IHS funded programs.<sup>xi</sup>

### Funding

There is no analysis of average tribal public health budgets, sources of funding, or population served by tribes in Washington State available at this time.

Tribes fund public health services for tribal members using a mix of:

- State and federal government grants and contracts
- Tribal enterprise dollars, which include casino funds
- Private foundation grants

### Organization

There are many different health models among Washington tribes.

27 of the tribes in Washington State either **contract** or **compact** with Indian Health Services (IHS) to provide health services. These arrangements are sometimes referred to as “638 tribes.”

- A **contract** with IHS allows tribes to administer individual programs and services that IHS would otherwise provide.
- A **compact** is more like a block grant than a contract, giving a tribe greater management and administrative authority to administer health services.

2 of the tribes in Washington State receive health care services directly from the IHS.

Regardless of whether they contract, compact, or receive services directly from IHS, tribes provide a spectrum of public health services from their tribal clinics, health departments, and or other tribal agencies.

### Services

Tribal health departments are not legally mandated by federal or state law to deliver any particular public health service. The services they deliver depend on each tribe’s vision. Example tribal health services include:

- The **Nisqually tribal clinic** offers mental health, substance abuse, diabetes, and elders programs.
- The **Spokane Tribe Department of Health and Human Services** offers “culturally appropriate resources to meet the needs of our community and tribal members.”
- The **Quileute Department of Human Services** offers programs that promote “individual and family healing and growth, using culturally relevant practices.”

## MAP OF 29 FEDERALLY RECOGNIZED TRIBES IN WASHINGTON STATE



Source: Washington Tribes.

## Washington State Department of Health (DOH)

The Washington State Department of Health (DOH) is charged with “the preservation of public health, monitoring health care costs, the maintenance of minimal standards for quality in health care delivery, and the general oversight and planning for all the state’s activities as they relate to the health of its citizenry.”<sup>xii</sup>

DOH was created in 1989 as an executive branch agency of state government. Prior to 1989, public health in Washington was combined with health and human services in a super-agency. The Washington State Secretary of Health is appointed by the State Governor, in contrast to states in which public health leadership is a civil service position.

### Legislation

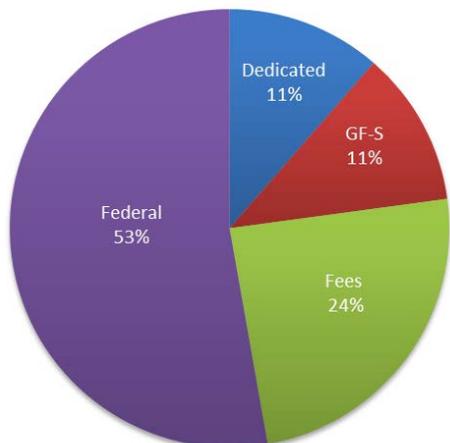
#### RCW 43.70

Created a separate and independent State Department of Health (DOH) that reports directly to the Governor.

### Funding

DOH receives the majority of its operating budget from the federal government.

**2013-2015 Biennium Operating Budget by Source of Funds**



Appropriation by Source	Total in Millions
General Fund-State (GF-S)	119.4
Federal	550.6
Fees	254.2
Dedicated Funds	118.9
<b>Total</b>	<b>1,043.1</b>

Source: Washington State DOH, 2014.

### Organization

There are different organizational models for governmental public health across the United States.<sup>xiii</sup> Washington uses a decentralized model.

- **Centralized:** the state government directly governs and operates local public health agencies.
  - 12 percent of US states use this model.
- **Decentralized:** local public health agencies are organizationally independent of the state agency and are primarily governed by local authorities.
  - 58 percent of US states use this model.
- **Hybrid:** some local jurisdictions operate decentralized local public health agencies (most typically in metropolitan areas), while state agencies assume responsibilities for certain public health activities in jurisdictions that lack a local health department.
  - 26 percent of US states use this model.

**No LHJs:** Hawaii and Rhode Island have no local public health agencies and provide all public health services through state agencies.

### Services

DOH provides services directly and also contracts with LHJs and other health organizations. Examples of DOH services include:

- Licensing and disciplining health professionals
- Permitting and regulating drinking water systems
- Screening all newborn children for severely disabling and life threatening congenital diseases
- Cancer surveillance registry
- Marriage, birth, and death certificates and reporting
- Community health worker training
- Funding to local health departments for obesity prevention
- Funding to family planning agencies for education and health care services
- Leadership for the emergency medical service (EMS) system including designations for trauma, heart, and stroke centers.

## Local Health Jurisdictions (LHJs)

The Washington State governmental public health network is a decentralized model characterized by local control. Washington State law charges each county with the “life and health of the people within its jurisdiction” and grants them the authority and responsibility for organizing these services.

### Legislation

#### RCW 70.05

Created Local Boards of Health Local Health Jurisdictions, and Local Health Officers.

#### RCW 70.08

Created combined city-county health departments

#### RCW 70.46

Created Local Health Districts.

### Organization

There are 35 LHJs in Washington (see map on page 11) that serve all 39 counties. All operate under the authority of a local board of health and may be structured in a variety of ways.

#### Department of County Government

23 LHJs are a department of county government, report to their county commissioners and use county infrastructure. 13 of these are part of a department that includes health and human services and 10 are stand-alone public health departments.

#### City/County Health Departments

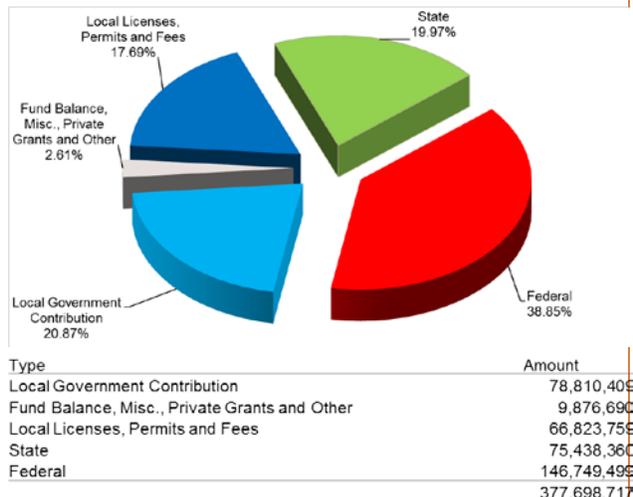
2 LHJs (Public Health Seattle-King County and Tacoma-Pierce County Health Department) operate under a charter agreement between the city and county. The charter spells out their governance structure and other operational agreements.

#### Health Districts

10 LHJs are quasi-autonomous health districts with no taxing authority and must arrange for their own infrastructure. 7 of these serve a single county and 3 districts serve multiple counties.

### Funding

#### Aggregate LHJ Funding, 2010



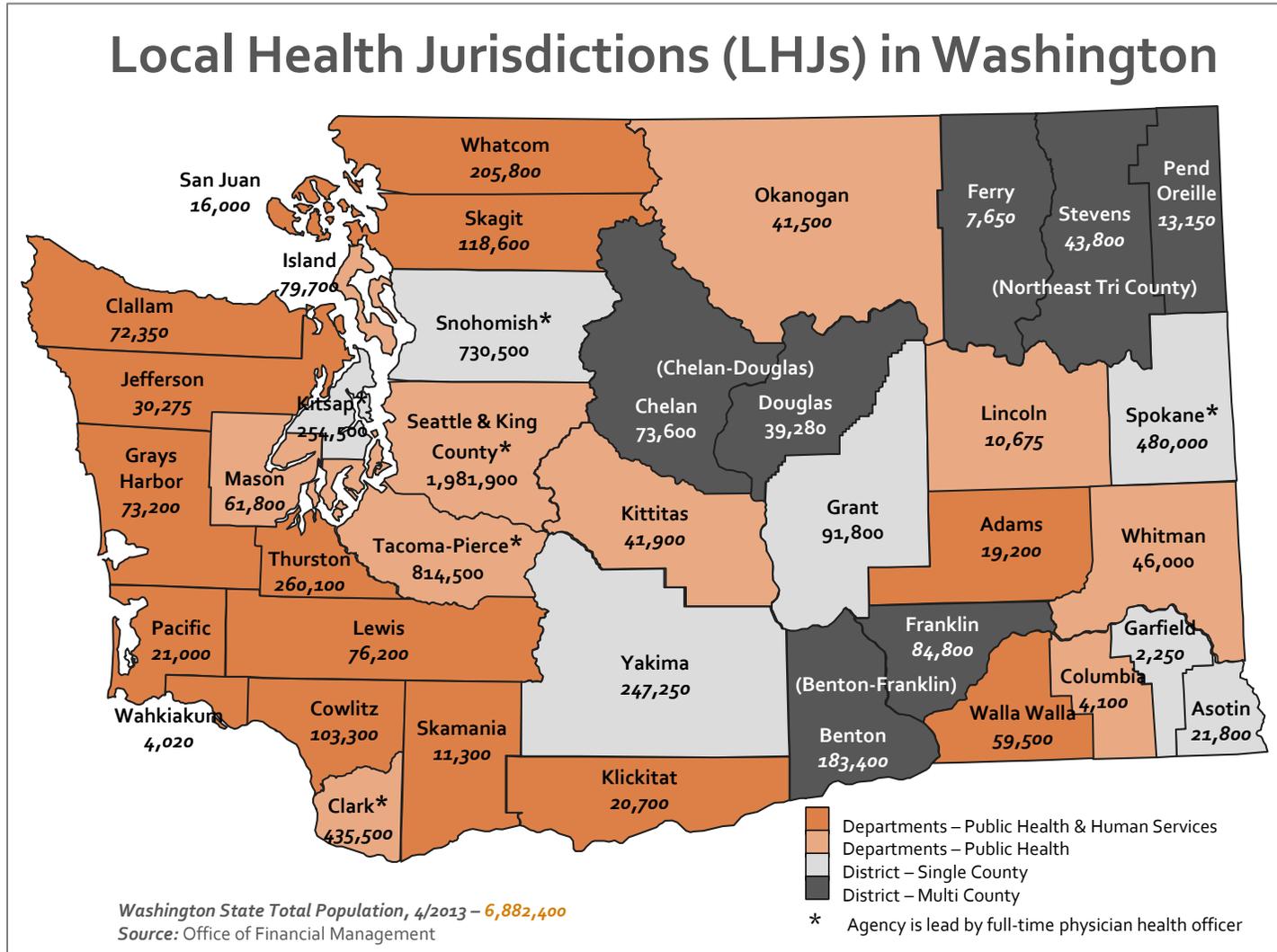
Source: Washington State DOH, 2010

### Services

Each LHJ provides services based on its population’s needs. Examples of local services include:

- **Benton-Franklin Health District** administers two mosquito control districts.
- **Lewis County Public Health and Social Services** administers a 5,000 square foot animal shelter and oversees pet population control.
- **Okanogan County Public Health** administers an Access to Baby & Child Dentistry (ABCD) Program.
- **Thurston County Public Health & Social Services** oversees the Thurston County Veterans’ Assistance Fund.

## MAP OF 35 LOCAL HEALTH JURISDICTIONS (DEPARTMENTS/DISTRICTS) IN WASHINGTON



From: An Overview of the Governmental Public Health System in Washington State.  
 Washington State Department of Health PowerPoint Presentation. 2012

## Public Health Partners

Partnerships are an essential part of the governmental public health network in Washington State. Tribes, DOH and the LHJs all work with multiple types of partners (governmental and non-governmental) to provide services for the public. Non-profit partners also work with government agencies and on their own to identify and meet public health service needs.

### Government Agencies

There are many state agencies that do not have public health as their main mission but still conduct activities or provide services related to public health. Example state agencies include:

- The **Department of Social and Health Services** oversees the social services provided to the citizens of Washington State.
- The **Department of Early Learning** works to create safe, healthy, nurturing experiences for young children in Washington.
- The **Department of Ecology** has a mission to protect, preserve and enhance Washington's environment, and to promote the wise management of our air, land and water for the benefit of current and future generations
- The **Washington Health Care Authority** oversees the Medicaid, medical assistance programs, and prescription drug programs.
- The **Washington State Office of the Insurance Commissioner** works to increase the number of Washingtonians with health insurance benefits.

### Community Based Organizations

Many non-profit organizations provide direct and in-direct public health services throughout the state. Example public health non-profits include:

- The **Seattle Indian Health Board** is a non-profit organization that provides community public health services targeted toward the urban American Indian and Alaska Native populations.
- **Spokane County United Way** works side by side with individuals, nonprofits, government, businesses, and other community partners to provide public health services to the population in the greater Spokane County area.
- **Children's Therapy Center (CTC)** runs a home-based early intervention program for children with special needs age birth to three. In accordance with evidence-based best practice, CTC provides these services in each child's natural environment.

### Associations

Many professional associations in Washington State advocate for public health policies and raise awareness about public health issues.

Examples of these associations include:

- American Indian Health Commission (AIHC)
- Association of Washington Cities (AWC)
- Northwest Portland Area Indian Health Board (NWPAIHB)
- WA State Association of Local Public Health Officials (WSALPHO)
- WA State Hospital Association (WSHA)
- WA State Nursing Association (WSNA)
- WA State Association of Counties (WSAC)
- WA Association of Community and Migrant Health Centers (WACMHAC)
- WA State Public Health Association (WSPHA)
- WA State Medical Association (WSMA)

### Academic Institutions

Academic institutions in Washington are partners in public health, through workforce development, research and service delivery.

Example academic institutions include:

- The University of Washington School of Public Health
- Western Washington University Community Health Program
- Central Washington University Public Health Education Program

## Where are we going?

### Changing Contexts

There are several changes that have happened over the last few decades or are expected to happen over the next few decades that will significantly impact the governmental public health network in Washington, including financing, legislation, health disparities, health threats, and new models of communication and resource sharing.

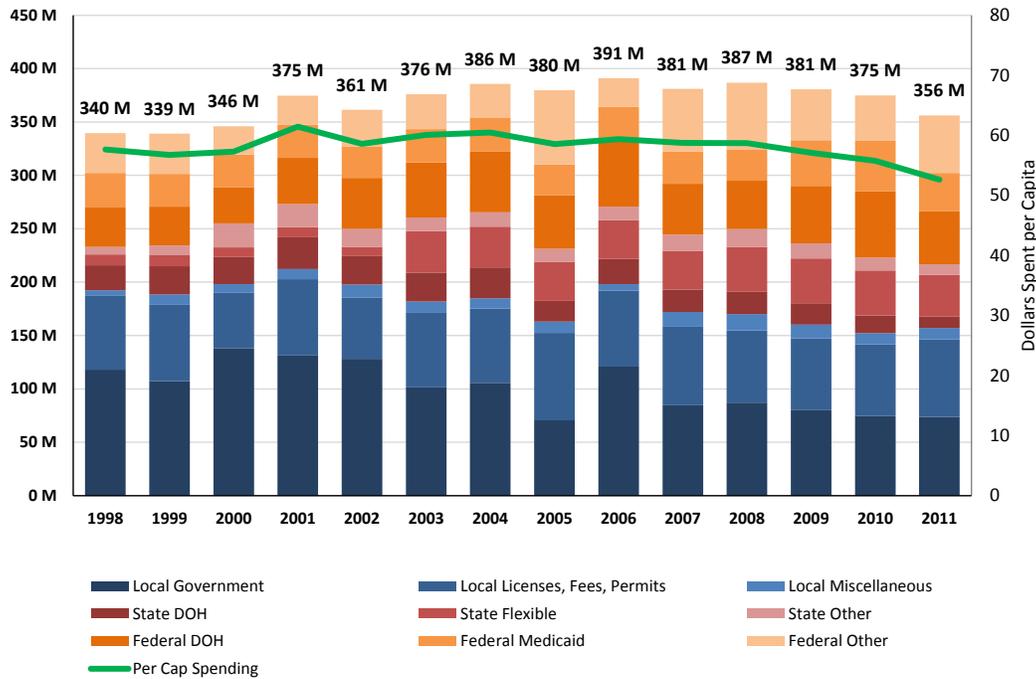
**Financing.** The lack of a dedicated, sustainable funding source for public health in Washington continues to be a significant concern. In addition to this being a collective challenge, many members of the public health network have seen their individual budgets shrink even faster and more significantly than the system as a whole. Examples of challenges include:

- **Federal.** As federal policies change to address emerging public health issues, funding for existing services can be reprioritized, reporting and oversight requirements can become more significant, and large instances of one-time funding limit the ability of Washington's Governmental Public Health Network to consistently provide basic public health needs.
- **State.** Annual state general fund revenues, which are the most flexible funding source that DOH has for meeting state needs, have decreased by approximately \$18 billion over the past four years, as both population and service needs have increased. For DOH specifically, their allocation of state flexible dollars has decreased \$95 million, or 38%, over the same period. This decrease has impacted almost every program in the department.

Despite overall decreases in state dollars, shifts in the mix of DOH funding can also have implications for public health resiliency and sustainability. Since the 2007-09 biennium, fee and dedicated revenue sources are growing as a share of the DOH budget, a positive trend for self-sufficiency, but federal funds continue to make up about half the budget.

- **Local.** Financial challenges are also significant for the local health jurisdictions. Exhibit 1 shows how aggregate spending by LHJs changed from 1998-2011 in inflation-adjusted dollars and in comparison to changes in Washington State population.

**Exhibit 1**  
**Total LHJ Spending by Funding Source (1998-2011, in 2013 dollars)**



Source: Washington State Auditor’s Office Budget Accounting Reporting System, 1998-2011; and BERK, 2014.

**Legislation.** The changing landscape of the health care system due to the implementation of the Affordable Care Act (ACA) will directly impact Washington’s public health network. The public health components of the ACA will provide opportunities for a stronger workforce and infrastructure, the Prevention and Public Health Fund, public health and primary care workforce development, public health research, and health equity promotion. Embracing the public health aspects of the ACA as opportunities will promote effective strategies for obtaining good public health.

Health care and public health may overlap in certain areas. For example, the ACA will provide more clinical preventative services for people formerly without health insurance. This can include more medical screenings each year, which can detect health problems earlier. The ACA will also bring some challenges. At least a portion of the task of connecting individuals with the Washington Health Plan Finder will fall to the LHJs, some of whom have begun adding it to their list of services.

**Health Disparities.** Health disparities continue to exist across age, poverty and wealth, race and ethnicity, geographical location, education, social capital, neighborhood characteristics, and lifestyle.

**Washington adults age 25 years and older reporting good or excellent health**

With at least a high school education	With less than a high school education	Gap
54.8%	23.9%	30.9%

Source: 2012 Behavioral Risk Factor Surveillance Survey

**Health Threats.** The spectrum of health threats is constantly evolving as progress in medical science and technology diminishes existing threats and new ones are introduced. The Washington State Department of Health Strategic Plan 2016 identifies the following challenges facing public health, many of which are new issues:

- **Climate Change.** Environmental changes such as global climate change are stressing the quality of our air, drinking water, and natural resources.
- **Infectious Disease Threats.** Threats from rapid movement of people, animals and disease organisms, and a growing, more diverse population.
- **Aging Population.** This is a major demographic development that will have profound implications for policy-making and planning at all levels of government.
- **Social and Economic Determinants of Health.** Social and economic conditions contribute greatly to our health. Specifically, social status, income, physical environment, and working conditions all have an influence.

**Models of Communication and Resource Sharing.** Advances in communications technology and organizational management have enabled groups to engage in new and different ways. These new models open up potential for Washington public health network members to better communicate, coordinate, and share resources. At the same time, these advances mean that existing systems are at the risk of becoming outdated.

### The Challenge of Chronic Disease

Chronic diseases, specifically those related to Tobacco consumption and obesity related disease, will generate great public health concerns in the 21st Century.

According to the CDC 2009 report titled *The Power of Prevention*, seven out of ten American deaths each year are from chronic disease. These diseases include heart disease, cancer, diabetes, arthritis, obesity, respiratory diseases, and mouth and throat diseases.

Causes of chronic diseases include a lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption.

If chronic diseases do not lead to mortality, they can also lead to morbidity issues that can contribute significantly to diminishing quality of life and increasing health care costs.

## The Challenge

The Washington governmental public health network faces many challenges in a time of shifting contexts. Addressing these challenges will require new approaches.

We have a public health funding and delivery system that was designed in and for the 20<sup>th</sup> century, and it needs to be redesigned to meet 21<sup>st</sup> century needs. It is essential to look at potential funding and structure changes to Washington's governmental public health network for three key reasons:

1. **Public health's historic successes are threatened.** Funding challenges combined with increasing needs have reduced levels of public health service throughout the state. Public health services have eroded to the point where basic protections for the public's health and safety are threatened.
2. **Public health cannot adequately confront newer challenges.** Preventable illness and death from injuries and chronic disease (e.g. diabetes, heart disease, stroke, cancer) are harming Washington families, business, and society. Resources for an adequate response are missing. If we do not act to change these truths, the next generation may have a shorter life expectancy than their parents.
3. **Residents in Washington State should be able to count on receiving a basic set and adequate level of public health services no matter where they live.** Currently, there are disparities in the level of services offered in different jurisdictions, in some cases a service is delivered in some jurisdiction but not in others.

**What can and should be done to align funding and structure public health service delivery to ensure that all Washingtonians have the opportunity to live in healthy, robust, and resilient communities?**

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