

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.

Comment [CM1]: Tribal representative changes from October call with Fauna have not yet been incorporated into this document.

Findings/Problem Statement

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

- 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 foundational public health services, and foundational services are not provided at a uniform level statewide.
- The level of public health service, the cost of providing those services, and the funding for those services vary significantly around the state.
- The governmental public health network needs a foundation of sustainable and reliable funding that is responsive to inflation and population changes.
- The current governmental public health funding and delivery network in Washington State is outdated and does not have the capacity to deliver the services needed to meet 21st century community health challenges.
- 21st century public health challenges include preventable illness, death from injuries, and chronic disease, and health disparities and inequities.
- Research confirms that the public health network improves quality of life, increases positive health outcomes, and reduces the cost of healthcare.

Comment [KJ2]: Barbara wants clarification not all tribes have health departments so add tribal government to cover mutual aid agreements etc.

Comment [KJ3]: Is this redundant with Washington State's current government public health network delivery structure bullet. Can we combine or make less redundant

Comment [KJ4]: What evidence?

The Vision

1. Framework

- a. The system (tribal, state, local) in Washington State will implement the FPHS framework. That foundation is a basic and defined set of public health services that must be equitably available statewide to all Washington people. statewide.

Tribal governmental public health is a key part of the governmental public health network and is essential to delivering FPHS statewide. Each tribal government will serve population as self-determined.

- b. The funding model should fully, reliably and sustainably support the cost of providing a basic and defined set of public health services (FPHS framework) and continue support for additional important public health services.
- c. The governmental public health service delivery network should effectively and efficiently deliver a basic or defined set of services (FPHS) statewide and additional important public health services.
- d. There are other services that are equally important as FPHS and should be delivered as necessary based on current state needs and the specific needs of individual communities. A basic and defined a set of public health services FPHS is not all that government public health is doing or should do.

Comment [MF5]: Delivery System Re-Aligned

Comment [MF6]: Find and replace should with will (whole document)

Comment [MF7]: System or network, be consistent

Comment [MF8]: A.To assure a robust PH system (tribal, state, local), a solid foundation must be in place to support all public health work.

2. Definitions

This section explains the roles of the governmental public health network under the FPHS framework. The full list of FPHS definitions will be included as an attachment to the Vision document.

Comment [KJ9]: Caveat – that recognizes tribes as independent sovereign nations – sec 3(a) Funding for language as a star.

For the purposes of this report, governmental public health network in Washington State is defined as the Washington State Department of Health (DOH), tribal public health departments, tribal governments, and the state's 35 local health jurisdictions (LHJs).

Comment [EM10]: Decide if it's network or system, and be consistent

Comment [CM11]: Moved from Findings

Definition of Foundational Public Health Services

- a. The governmental public health network 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 should, to the extent possible, 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. FPHS provide a solid foundation on which additional important services can be added on a community by community basis.
- e. To be included in the FPHS definition, public health services shall be:
 - i. Services for which governmental public health is the only or primary provider of the service statewide.
 - ii. Population-based primary prevention services.
 - iii. Services that are mandated by federal, state, or local laws
- f. Foundational Capabilities are capacities that support provision of the foundational programs, including:
 - i. Assessment (surveillance and epidemiology)
 - ii. Emergency preparedness and response (all hazards)
 - iii. Communications
 - iv. Community partnership development
 - v. Policy Development Support
 - vi. Business competencies
- g. Foundational Programs 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
- h. Questions: Does (g) reflect both capabilities and services.

Comment [EM12]: Redundant with c

Comment [EM13]: Murky and ambiguous, kind of contradicts 2c? Also, may want to acknowledge that since public health is so fluid right now, accountable communities of health and such, this may result in changes in the near future to the definitions

Comment [EM14]: Explain/define this somewhere

Comment [EM15]: Check title and order in definition doc

Comment [KJ16]: All okay with addition of policy

Comment [KJ17]: Add: policy and system level changes

Comment [KJ18]: Barbara question about data – flip order and focus on partners and data.

Definition of Additional Important Services

- i. In any given community, the governmental public health network should deliver additional important 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 LHH, but may not be needed by all jurisdictions throughout the state.

Comment [EM19]: Make sure this flows from the language around AIS in the "framework" section

3. Funding

Comment [CM20]: Must reflect sovereignty

4.

Tribal Role in Funding Public Health

- a. Tribal governments are sovereign nations, define their own service populations and are not obligated by state statute to provide public health services, 1) tribes are committed to supporting the health and well-being of tribal members and those communities they serve as defined by tribal governments, by providing public health services on the reservation, and in their federally contracted service areas.
- b. Federal government has a trust responsibility and treaty obligations to fund tribal public health State government is committed to working with tribal government to support FPHS fund delivery in tribal communities.
- c. The cost of FPHS is primarily supported by tribal government. While there is variation, often there is not sufficient funding for FPHS. This inadequacy should be addressed through negotiated partnership with federal government and state. Tribal governments' primary public health funding role should be to meet tribal community members' public health needs.
- d. Concept: Focus on outcome of services and capabilities in vision statement.
- e. Effective and efficient service delivery should include negotiated agreements for shared services WA State is committed to support FPHS funding and delivery in tribal communities. .
- f. Questions: 1) Fees – are they collected by tribal governments for services (e.g. EH) I do they cover full cost of the service?

Comment [KJ21]: Added and then deleted:

Working with state in a negotiated partnership

Comment [CM22]: Is trust responsibility a term?

Comment [KJ23]: Added and then deleted:

While there is variation, often there is not sufficient funding for the FPHS should address this adequacy

Comment [EM24]: Somewhere, address that state also allocates federal dollars to tribes and locals

Comment [EM25]: Of the gap (one suggestion)

Comment [EM26]: RCWs 70.06 and 70.46 say it's the county's responsibility to fund public health. These would need to be changed? We don't want counties to lose responsibility or accountability.

Risk: locals withdraw funding

Risk: locals lose local control because there will be strings attached to state money

Comment [EM27]: Having a dedicated FPHS account and not an AIS account draws the distinction between the two too strongly. Risk is that AIS funding from state will vary every biennium. Can we make them more of a single entity?

"Dedicated public health account... to support FPHS and existing state-funded AIS" Could AIS money be used to leverage local funding?

Comment [EM28]: Combine with n (now m) to form one thought

Comment [EM29]: Only include the main underlined principles in our vision document, as the long-term goal. We need to have our list of revenue options ready for legislature questions but it doesn't fit in the vision document. Find another place to have this conversation; don't want to lose ideas.

Potential ideas for short term goals are cigarette tax, increased flexibility of marijuana revenues or even change the amount distributed to DOH, or e-cigarettes – new tax on them?

Comment [KJ30]: Allocation recommendations by state, tribal, and local.

State Role in Funding Public Health

- g. 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
- h. FPHS that are supported by state-collected fees should achieve 100% cost recovery.
- i. Create a dedicated FPHS account that shall be funded with statutorily dedicated sources that are sufficient to support FPHS.
- j. The additional important services that the state legislature funds should continue to be funded by the state.
- k. Principles that the Legislature should consider when determining potential revenue sources include:
 - Revenue sources should align with public health investments.
 - 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 DOH for DOH-provided services and directly to LHJs for LHJ-provided services.
- m. Principles that DOH should use to allocate funding to local communities include:
- n. But not necessarily equal. 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.

Comment [EM31]: Instead of listing out all these details, say "At a later date, DOH and WSALPHO should collaboratively develop an allocation and accountability structure for state and local provision of FPHS" and something similar for tribes and DOH to work together

Comment [EM32]: Political reality is that state will try to take money away from AIS.

We should bring Leg into the process sooner rather than later to understand the feasibility.

Local Role in Funding Public Health – Local government (cities, counties)

- o. Locally provided activities that are fee-supported are the responsibility of cities and counties with the exception of programs with fees set by the state. The mix of sources used to reach 100% cost recovery should be locally determined.
- p. Cities and counties that provide enhanced FPHS are responsible for identifying the resources to support the services.
- q. Cities and counties are responsible to support funding for additional important services to meet community public health needs. They should leverage state and federal grant programs as well as government to government relationships with Tribes to support non-foundational services.
- r. Tax revenues collected by cities on entities regulated by public health should be made available to public health.
- s. Explore the role of cities in funding LPH.

5. 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:

Comment [CM33]: Workgroup members did not review Section 5.

- 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.

6. 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.

Comment [CM34]: Workgroup members did not review Section 6.