

DOH FPHS WORKGROUP

DRAFT Cost Estimate Discussion Guide

Workgroup Session 4 | February 21, 2014

INTRODUCTION

The purpose of this document is to support the group in discussing the adequate level of funding to operating foundational public health services statewide. This document focuses on two elements that have been revised since the draft cost model: Tobacco and HEAL. Environmental Public Health is addressed in a separate attachment.

This purpose of the discussion is to determine if we have reached a *reasonable cost estimate for statewide spending levels*. Additional details, such as conceptual LHJ allocations, is provided only as a point of reference to help understand the magnitude of the estimate.

FOUNDATIONAL TOBACCO PROGRAM

Revised Cost Estimate Development

Since the last meeting, a subgroup met to review the implications of the group's high-level directions given at the last meeting and discuss how the program's responsibilities might be split between the state and locals.

Based on these conversations, we have developed an estimate as follows:

- Based on 2007-2009 spending levels, adjusted for inflation and population growth, an effective tobacco program in Washington could cost about \$28.8 million per year statewide.
- This annual amount is assumed to be allocated 40% to the state DOH and 60% to LHJs. In the 2007-09 biennium, dollars were spent more at the state level than the local level (approximately 40% local and 60% state).
- The subgroup thinks that a split that sends more money to local jurisdictions is more applicable going forward because:
 - Future efforts will be more focused on locations and special groups with elevated rates, which are best served through community efforts that are place-based and culturally appropriate.
 - The FDA is now doing youth advertising campaigns, so DOH would have less need for media campaigns and statewide outreach.
- Approximately \$17.3 million would be allocated to LHJs based on the above percentages. Exhibit 1 presents a conceptual picture of how this money could be allocated to each of the LHJs, and the implications that would have for (1) staffing and (2) the amount of money that could be contracted out to partners and CBOs.

Exhibit 1 shows how the statewide approach discussed above could translate into per-LHJ funding amounts, by showing one conceptual allocation method. These numbers should only be used to inform if the overall size of the statewide estimate seems adequate, and **should not be considered an attempt at programming future distribution of these funds.**

Exhibit 1
Conceptual Allocations for a Foundational Tobacco Program

LHJ	Population	FTEs	Contracts	Total Cost	Per 1,000 Pop
PHSKC	1,942,300	6.00	2,583,000	3,142,000	1,618
Tacoma-Pierce	802,150	3.00	1,217,000	1,415,000	1,764
Snohomish	717,000	2.75	1,072,000	1,286,000	1,794
Spokane	472,650	2.00	797,000	916,000	1,938
Clark	428,000	2.00	720,000	848,000	1,981
Benton-Franklin	258,400	1.50	489,000	591,000	2,287
Thurston	254,100	1.50	486,000	585,000	2,302
Kitsap	253,900	1.50	485,000	585,000	2,304
Yakima	244,700	1.50	497,000	571,000	2,333
Whatcom	202,100	1.25	434,000	506,000	2,504
Skagit	117,400	1.00	321,000	378,000	3,220
Chelan-Douglas	111,350	1.00	321,000	369,000	3,314
Cowlitz	102,700	1.00	296,000	356,000	3,466
Grant	90,100	1.00	286,000	336,000	3,729
Island	78,800	1.00	268,000	319,000	4,048
Lewis	76,000	1.00	262,000	315,000	4,145
Grays Harbor	72,900	1.00	256,000	310,000	4,252
Clallam	71,600	1.00	256,000	308,000	4,302
NE Tri	64,200	1.00	246,000	297,000	4,626
Mason	61,100	1.00	241,000	293,000	4,795
Walla Walla	58,800	1.00	234,000	289,000	4,915
Whitman	44,800	1.00	210,000	268,000	5,982
Kittitas	41,300	1.00	214,000	263,000	6,368
Okanogan	41,200	1.00	223,000	262,000	6,359
Jefferson	30,050	0.75	209,000	246,000	8,186
Asotin	21,650	0.75	200,000	233,000	10,762
Pacific	20,900	0.75	197,000	232,000	11,100
Klickitat	20,500	0.75	185,000	231,000	11,268
Adams	18,950	0.75	192,000	229,000	12,084
San Juan	15,900	0.75	188,000	224,000	14,088
Skamania	11,150	0.75	180,000	217,000	19,462
Lincoln	10,600	0.75	181,000	216,000	20,377
Columbia	4,100	0.75	167,000	206,000	50,244
Wahkiakum	4,000	0.75	171,000	206,000	51,500
Garfield	2,250	0.75	160,000	203,000	90,222
LHJ Total	6,767,600	45.25	14,444,000	17,251,000	2,549
DOH Total	6,767,600	10.00	10,756,000	11,500,000	1,699
State Total	6,767,600	55.25	25,200,000	28,751,000	4,248

DOH and LHJ Responsibilities

- While the purview of this group is not to do detailed programming, we have developed high-level descriptions of the types of activities that the state and locals may be responsible for. These descriptions can provide a frame for determining the reasonableness of the estimates in Exhibit 1.

State DOH	Local Health Jurisdictions
<ul style="list-style-type: none"> • Evaluation and surveillance of tobacco use • Monitor EHB and ACA implementation and provide guidance to LHJs and CBOs • Capacity building for LHJs and other partners and CBOs • Work with Educational Service Districts (ESDs) to coordinate in-school efforts • Quitline • Provide policy support to achieve smoke-free housing and colleges • Targeted statewide media campaigns and communications 	<ul style="list-style-type: none"> • Partner with schools and districts for youth prevention and cessation efforts • Partner with CBOs to target prevention and cessation within subpopulations • Develop and communicate best practices for outreach to communities of color, communities with high obesity rates, and low-income communities. • Partner with efforts around holistic health improvement to improve community health and reduce likelihood of tobacco use • Promote policy development, such as smoke-free housing, parks, and/or colleges • Support local media and social media efforts

FOUNDATIONAL HEAL PROGRAM

Revised Cost Estimate Development

Since the last meeting, a subgroup met to review the implications of the group's high-level directions given at the last meeting and discuss how the program's responsibilities might be split between the state and locals.

Based on these conversations, we have developed an estimate as follows:

- Obesity and other health conditions related to inactivity and poor nutrition are increasing. Given that this is an emerging problem, there is less history and available research about effective levels of spending by public health agencies to address these issues.
- Based on conversations with DOH and LHJs both in the workgroup and the subgroup we spoke with afterwards, an annual level of spending similar to the tobacco program seems like it could create some significant progress toward encouraging healthy eating and active living in Washington. This would be approximately \$28.8 million per year.
- Similar to the foundational tobacco program described previously, this annual amount is split 40% to the state DOH and 60% to LHJs. The group feels that a split more heavily weighted toward the local jurisdictions is necessary because local, specific interventions will be best to address the myriad underlying factors that contribute to obesity and related illnesses.
- Approximately \$17.3 million would be allocated to LHJs based on the above percentages. Exhibit 2 presents a conceptual picture of how this money could be allocated to each of the LHJs, and the implications that would have for (1) staffing and (2) the amount of money that could be contracted out to partners and CBOs.

Exhibit 2 shows how the statewide approach discussed above could translate into per-LHJ funding amounts, by showing one conceptual allocation method. These numbers should only be used to inform if the overall size of the statewide estimate seems adequate, and **should not be considered an attempt at programming future distribution of these funds.**

Exhibit 2
Conceptual Allocations for a Foundational HEAL Program

LHJ	Population	FTEs	Contracts	Total Cost	Per 1,000 Pop
PHSKC	1,942,300	8.00	2,379,000	3,142,000	1,618
Tacoma-Pierce	802,150	4.00	1,145,000	1,415,000	1,764
Snohomish	717,000	3.50	1,007,000	1,286,000	1,794
Spokane	472,650	2.75	749,000	916,000	1,938
Clark	428,000	2.50	684,000	848,000	1,981
Benton-Franklin	258,400	2.00	452,000	591,000	2,287
Thurston	254,100	2.00	450,000	585,000	2,302
Kitsap	253,900	2.00	449,000	585,000	2,304
Yakima	244,700	2.00	470,000	571,000	2,333
Whatcom	202,100	1.75	403,000	506,000	2,504
Skagit	117,400	1.50	290,000	378,000	3,220
Chelan-Douglas	111,350	1.50	296,000	369,000	3,314
Cowlitz	102,700	1.50	263,000	356,000	3,466
Grant	90,100	1.25	271,000	336,000	3,729
Island	78,800	1.25	254,000	319,000	4,048
Lewis	76,000	1.25	248,000	315,000	4,145
Grays Harbor	72,900	1.25	241,000	310,000	4,252
Clallam	71,600	1.25	242,000	308,000	4,302
NE Tri	64,200	1.25	231,000	297,000	4,626
Mason	61,100	1.25	226,000	293,000	4,795
Walla Walla	58,800	1.25	219,000	289,000	4,915
Whitman	44,800	1.25	193,000	268,000	5,982
Kittitas	41,300	1.25	200,000	263,000	6,368
Okanogan	41,200	1.25	212,000	262,000	6,359
Jefferson	30,050	1.25	183,000	246,000	8,186
Asotin	21,650	1.00	187,000	233,000	10,762
Pacific	20,900	1.00	184,000	232,000	11,100
Klickitat	20,500	1.00	168,000	231,000	11,268
Adams	18,950	1.00	179,000	229,000	12,084
San Juan	15,900	1.00	175,000	224,000	14,088
Skamania	11,150	1.00	166,000	217,000	19,462
Lincoln	10,600	1.00	168,000	216,000	20,377
Columbia	4,100	1.00	153,000	206,000	50,244
Wahkiakum	4,000	1.00	159,000	206,000	51,500
Garfield	2,250	1.00	145,000	203,000	90,222
LHJ Total	6,767,600	60.00	13,441,000	17,251,000	2,549
DOH Total	6,767,600	12.00	10,586,000	11,500,000	1,699
State Total	6,767,600	72.00	24,027,000	28,751,000	4,248

DOH and LHJ Responsibilities

- While the purview of this group is not to do detailed programming, we have developed high-level descriptions of the types of activities that the state and locals may be responsible for. These descriptions can provide a frame for determining the reasonableness of the estimates in Exhibit 2.

State DOH	Local Health Jurisdictions
<ul style="list-style-type: none"> • Evaluation and assessment • Best practices research and development; act as a resource for LHJs and partners • Coordinate regional activity of local organizations by supporting “hubs” • Coordinate with OSPI and partner with ESDs • Partner with statewide early learning and childcare providers • Partner with state and regional transportation entities to coordinate HEAL work such as Complete Streets and Safe Routes to School • Work with workers organizations to improve worksite HEAL work • Work with State Parks & Recreation to incorporate HEAL elements into planning, program, an design • Select statewide media campaigns 	<ul style="list-style-type: none"> • Work with local transportation jurisdictions to promote Complete Streets and Safe Routes to School • Work with local jurisdictions to incorporate HEAL elements into parks and recreation plans, programs, and design • Encourage local jurisdictions to institute healthy zoning regulations that result in clean, walkable communities • Partner with schools to prioritize and coordinate HEAL work, such as physical education and nutrition education • Partner with tribes to prioritize and coordinate HEAL efforts • Partner with CBOs to coordinate HEAL work and develop culturally appropriate materials for subpopulations with high rates of obesity

It’s important to note that HEAL is an emerging area. This program will likely be implemented and adjusted over time as best practices are discovered and the most effective programs are determined.

IMPACT ON TOTAL COST ESTIMATE

Exhibit 3 shows how the above changes affect the statewide foundational cost estimate. Please note that additional adjustments will be made to environmental public health costs based on the recommendations in the separate attachment.

Exhibit 4 shows the previous cost estimate at the end of Phase I of this project, for comparison purposes.

Exhibit 3: Revised Foundational Cost Estimate

Services Ranked By Cost	Total Estimated Cost of FPMS	State Dept. of Health	Local Health Jurisdictions	State DOH LHJs	
				State DOH	LHJs
Foundational Capabilities	75,715,000	27,750,000	47,950,000	37%	63%
A. Assessment	11,340,000	5,410,000	5,930,000	48%	52%
B. Emergency Preparedness and Response	10,820,000	3,620,000	7,195,000	33%	66%
C. Communication	3,955,000	750,000	3,205,000	19%	81%
D. Policy Development and Support	4,415,000	1,115,000	3,295,000	25%	75%
E. Community Partnership Development	4,880,000	860,000	4,020,000	18%	82%
F. Business Competencies	40,305,000	15,995,000	24,305,000	40%	60%
Foundational Programs	295,530,000	150,195,000	145,335,000	51%	49%
A. Communicable Disease Control	33,730,000	9,010,000	24,720,000	27%	73%
B. Chronic Disease and Injury Prevention	68,210,000	27,895,000	40,315,000	41%	59%
C. Environmental Public Health	95,740,000	33,760,000	61,980,000	35%	65%
D. Maternal/Child/Family Health	25,160,000	13,765,000	11,395,000	55%	45%
E. Access/Linkage with Clinical Health Care	65,580,000	62,145,000	3,435,000	95%	5%
F. Vital Records	7,110,000	3,620,000	3,490,000	51%	49%
Total Cost	371,245,000	177,945,000	193,285,000	48%	52%

Exhibit 4: Previous Foundational Cost Estimate

Services Ranked By Cost	Total Estimated Cost of FPMS	State Dept. of Health	Local Health Jurisdictions	State DOH LHJs	
				State DOH	LHJs
Foundational Capabilities	75,700,000	27,750,000	47,945,000	37%	63%
A. Assessment	11,350,000	5,410,000	5,935,000	48%	52%
B. Emergency Preparedness and Response	10,825,000	3,620,000	7,205,000	33%	67%
C. Communication	3,960,000	750,000	3,210,000	19%	81%
D. Policy Development and Support	4,415,000	1,115,000	3,300,000	25%	75%
E. Community Partnership Development	4,885,000	860,000	4,025,000	18%	82%
F. Business Competencies	40,265,000	15,995,000	24,270,000	40%	60%
Foundational Programs	252,290,000	134,890,000	117,405,000	53%	47%
A. Communicable Disease Control	33,760,000	9,010,000	24,750,000	27%	73%
B. Chronic Disease and Injury Prevention	24,855,000	12,590,000	12,265,000	51%	49%
C. Environmental Public Health	95,800,000	33,760,000	62,045,000	35%	65%
D. Maternal/Child/Family Health	25,175,000	13,765,000	11,410,000	55%	45%
E. Access/Linkage with Clinical Health Care	65,585,000	62,145,000	3,440,000	95%	5%
F. Vital Records	7,115,000	3,620,000	3,495,000	51%	49%
Total Cost	327,990,000	162,640,000	165,350,000	50%	50%