



FOUNDATIONAL PUBLIC HEALTH SERVICES

March 2013

PRESENTATION OVERVIEW

1

- Background & Process
- Foundational Public Health Services
 - ▣ Definitions
 - ▣ Cost Model
- Next Steps

EVOLUTION OF THE AGENDA FOR CHANGE

3

Reshape Public Health

Agenda for Change

Agenda for Change
Action Plan

Agenda for Change
Implementation

<h2>An Agenda for Change</h2> <p>PUBLIC HEALTH IN A TIME OF CHANGE</p> <p>Public health in Washington State is at a crossroads. After a century of effectively preventing death and illness and increasing the quality of life of our residents, today we face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. These new realities must lead to a rethinking of how we do our work if we are to:</p> <ul style="list-style-type: none"> Sustain our past successes – protect the capabilities of our communicable disease response, public health laboratory services, core environmental public health work, and emergency preparedness and response. Confront our emerging challenges – address chronic diseases such as diabetes and heart disease, resulting from underlying causes such as tobacco use, poor nutrition and physical inactivity, as well as address preventable injuries, and giving everyone a chance to live a healthy life regardless of their income, education, racial or ethnic background. Use our available resources most efficiently and effectively – forge new partnerships and use technology to shape a better, more effective public health system. <p>In short, we need an agenda for change as we move forward, even during these tough times.</p> <p>Public health has profoundly improved the lives of people in our state for over a hundred years. In the early 1900s, the average life expectancy in the U.S. was 46 years. Today it is approximately 80 years. While clinical health care is valued, most of this increase is due to public health actions – for example, the dramatic drop in infant mortality and deaths from infectious diseases resulting from improved hygiene, sanitation, immunization, and communicable disease control efforts. While they remain hidden because they are successful, the public health efforts that provide safe drinking water, safe food, and safe living conditions are active and on-going today and require resources and trained public health professionals to assure continuing effectiveness.</p> <p>The current economic crisis threatens these resources and, therefore, these programs and our citizens' overall health and well being. Local and state funding for public health is rapidly eroding, resulting in the loss of trained public health professional staff ranging from 25-40% in some jurisdictions and compromising our overall public health system's ability to respond to critical health issues.</p> <p>As importantly, new challenges confront us. While public health has made great strides in combating infectious disease, a new set of preventable illnesses has emerged. Although Washingtonians are living longer, they are still dying early from preventable causes, often following years of preventable illness and disability. Chronic diseases such as diabetes and heart disease, resulting from underlying causes such as tobacco use, poor nutrition, and physical inactivity, continue to cause long-term illnesses and disability and are cutting lives short.</p>	<p>October 2010</p> <p>Reshaping Governmental Public Health in Washington State</p> <p>Co-Chairs Greg Grunzfelder John Wiseman</p> <p>Members Susan Allan Joan Brewster Carlos Carrico Dennis Demasi Joe Fishbeiner David Fleming Karen Jencies Barry King Mary Looker Joel McCullough Patrick O'Connell Jane Palmer David Svirak Jude Van Buren Mary Wendt</p> <p>DOH Staff Allene Mares Marie Plaza</p>
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Reshaping Governmental Public Health in Washington State
An Agenda for Change, October 2010 Version Page 1 of 5

Agenda for Change Action Plan

SUMMARY 2012



TABLE OF CONTENTS

- A Message from the Public Health Improvement Partnership
- The Agenda for Change Action Plan
- Foundational Public Health Services
- Strategic Priorities
- Partners are Essential
- Next Steps: Implementing the Agenda for Change

Public Health Improvement Plan

2012



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

INCORPORATED INTO PHIP 2011-2012

Public Health Improvement Partnership (PHIP)

PARTNERSHIP

Mary Selecky, Secretary of Health
Regina Delahunt (Whatcom)

- State Board of Health
- Department of Health
- WA State Association of Local PH Officials
- Local Health Agencies
- Local Boards of Health
- Tribal Nations
- American Indian Health Commission
- DHHS Region X

EX OFFICIO MEMBERS

- WA Health Foundation
- UW/NW Center for PH Practice
- WA State PH Association
- Individuals/organizations with expertise in IT, communications, workforce development, finance, legislative policy

ACTIVITIES & SERVICES

Barry Kling (Chelan-Douglas)
Gregg Grunenfelder (DOH)

INDICATORS

Lyndia Wilson (Spokane)
Jennifer Tebaldi (DOH)

STANDARDS

Torney Smith (Spokane)
Susan Ramsey (DOH)

AGENDA FOR CHANGE

John Wiesman (Clark)
Gregg Grunenfelder (DOH)

Communicable Disease & Other Health Threats

Scott Lindquist (Kitsap)
Jennifer Tebaldi (DOH)

Healthy Communities & Environments

Dennis Worsham (PHSKC)
Allene Mares (DOH)

Partnering with the Healthcare System

Joan Brewster (Grays Harbor)
Karen Jensen (DOH)

Minimum Package of Public Health Services

Barry Kling (Chelan-Douglas)
Gregg Grunenfelder (DOH)

FOUNDATIONAL PUBLIC HEALTH SERVICES SUBGROUP (Launched ~January 2012)

8

Long-term strategy for predictable and appropriate levels of funding

- How much funding is enough?
- Funding for what?

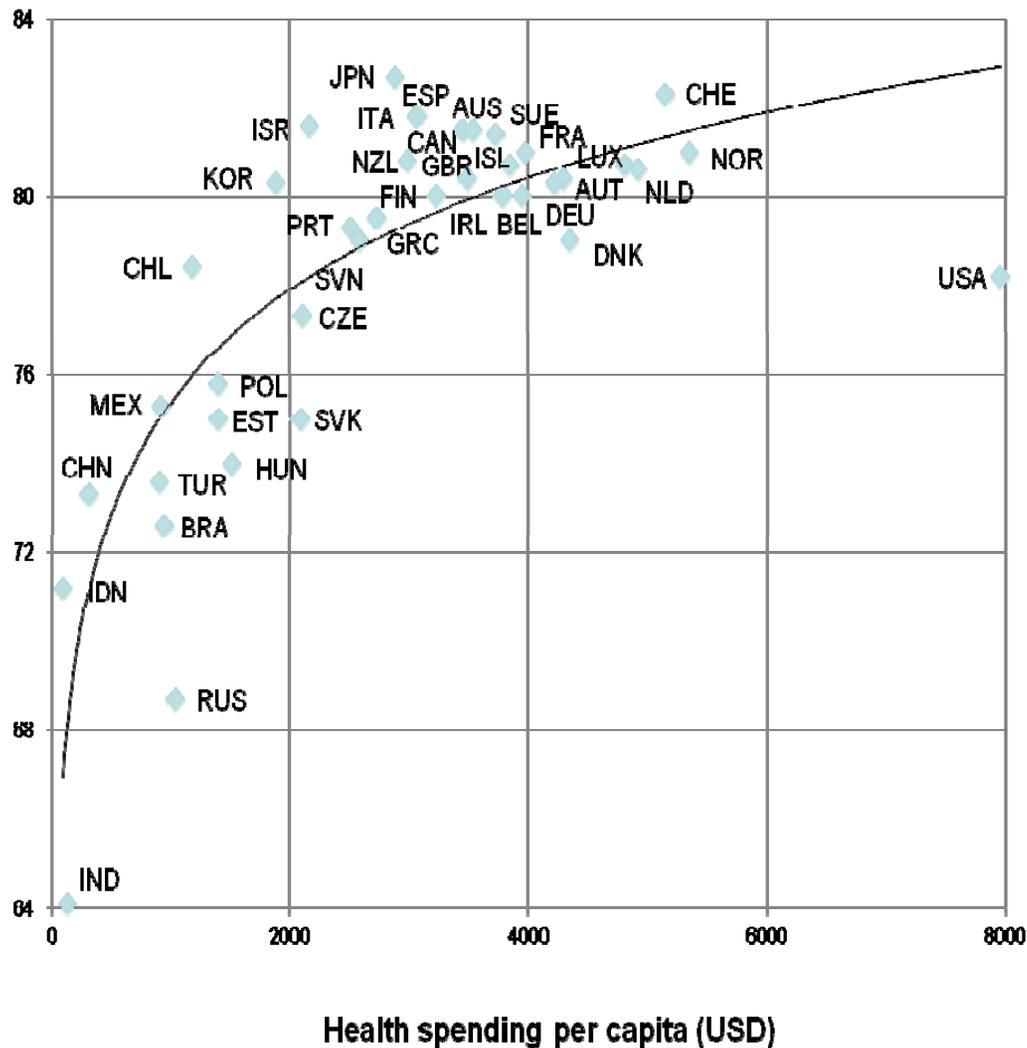
Process

- Literature review
- Define Foundational Public Health Services and examples of other important programs
- Cost model

INSTITUTE OF MEDICINE (April 2012)

6

Life expectancy in years



FOR THE PUBLIC'S HEALTH
Investing in a Healthier Future

Calendar No. 178
SENATE | January 11, 2012

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2012

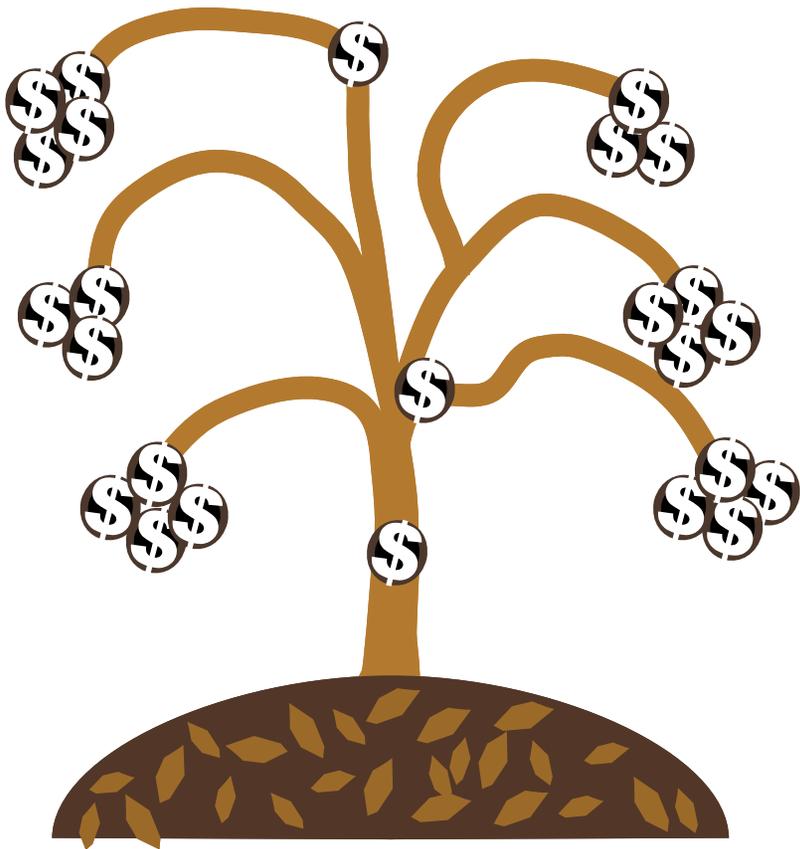
Reauthorized 20, 2011 - Continued to be printed

General Fund Revenues

Category	Percentage
Individual Income	45%
Corporate Income	12%
Excise Taxes	8%
Other	35%

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

PUBLIC HEALTH FUNDING TREE



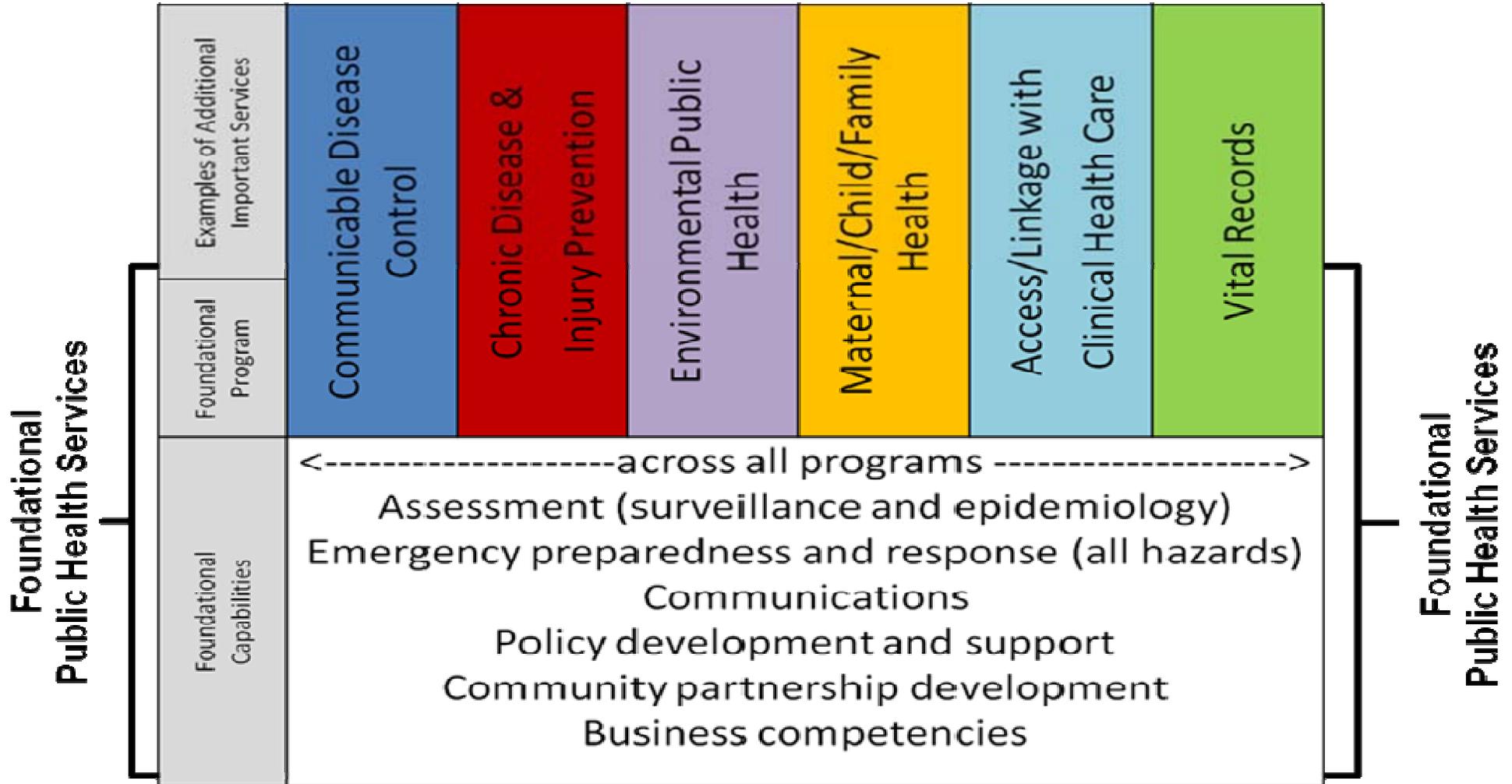
KEY CONCEPTS IN THE WA WORK

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- Frame
 - ▣ State and local general fund dollars
 - ▣ State and local public health system/services
- Adopt the IOM approach of a limited set of services
 - ▣ cross-cutting capabilities
 - ▣ basic level of specific programs
- Agnostic regarding who or how the services are provided (local, regional, state government)
 - ▣ Everyone needs access to the FPHS; we will explore options about who/how they are delivered

FOUNDATIONAL PUBLIC HEALTH SERVICES

10



Foundational Public Health Services

FOUNDATIONAL PUBLIC HEALTH SERVICES

8

The definition of each service generally follows a pattern.....

- Provide information
- Identify assets / partners, develop and implement a plan
- Specific governmental public health priorities
- Coordinate and integrate categorically-funded and other programs

Examples of other important public health services

- Examples of services deemed “not foundational”
- Examples of services that may be provided depending on the local situation and availability of funding

COST MODEL

8

- Approach
- Pilot & Data Collection
- Indirect & Overhead
- Tracked Assumptions
- Work Sessions to review the model in March & April
 - Technical & Policy Discussions
- Publication

NEXT STEPS

12

Public Health Improvement Partnership 2013-2014

- Tasks wholly owned by the FPHS Workgroup
 - Understanding our current funding situation
 - Explore, identify and describe funding options
 - Chart of Accounts – Align BARS codes to Foundational Public Health Services
 - Ongoing finance work group tasks
- Interface with other workgroup on:
 - Explore opportunities for efficiencies
 - Foundational Public Health Services performance measures