

A NEW VISION FOR WASHINGTON STATE

BACKGROUND

For more than a decade, Public Health Improvement Partnership (PHIP) finance committees have tackled the issue of public health funding. This work has included:

- Estimating the costs of delivering public health services in compliance with public health standards (2002);
- Developing white papers exploring the public health funding structure and adequacy of current funding (2004);
- Developing principles for allocating funds among LHJs (2004); and,
- Identifying and prioritizing public health investments ([Creating a Stronger Public Health System](#), 2006).

Concern that the erosion of public health funding was threatening the most basic public health services led to the formation of the Reshaping Government Public Health Workgroup which published [An Agenda for Change](#) in 2010.

In 2012, PHIP formed an Agenda for Change Workgroup to develop a long-term strategy for predictable and appropriate funding levels. Later renamed the Foundational Public Health Services (FPHS) Technical Workgroup, this group of state and local public health practitioners was tasked with answering the question: Funding for what?

The Technical Workgroup defined a core package of public health services that people rely on government to provide and that no community should be without. These services define FPHS for Washington and were based on the concept of “a minimum package of public health services” put forward by the Committee on Public Health Strategies to Improve Health, a national policy group convened by the Institute of Medicine.

SUMMARY OF FPHS WORK IN WASHINGTON

Phase 1	<p>How FPHS Can Work in Washington:</p> <p>A state/local collaborative process for public health practitioners that developed the framework and definitions, and estimated the costs of providing FPHS statewide.</p>
Phase 2	<p>Broadening the Discussion:</p> <p>Tested concepts developed in Phase 1 and made policy recommendations with a broad-based stakeholder group of local elected officials, other state/local decision makers, and tribal health representatives.</p>
Phase 3	<p>Develop the FPHS Statutory & Funding Framework:</p> <p>Building on recommendations from Phase 2, develop the statutory and funding framework to modernize the Governmental Public Health System and fully implement FPHS.</p>

PHASE 1: DEFINING SERVICES FOR ALL COMMUNITIES IN WASHINGTON

Like public safety, public utilities, and other public infrastructure, there is a foundational level of public health services that must exist everywhere for services to work anywhere.

As part of Phase 1, FPHS were established. They represent a basic set of capabilities and programs that must be present in every community to efficiently and effectively protect all people in Washington.

These services provide a strong foundation from which the state and local communities can deliver Additional Important Services (AIS). AIS are critically important services that do not necessarily need to be provided everywhere by governmental public health.

FPHS are composed of two components:

- **Foundational Capabilities:** Cross-cutting services that support all other services

- **Foundational Programs:** A defined, basic level of service that is necessary throughout the state in each public health program area

The FPHS definitions developed during Phase 1 were intended to be precise enough to estimate the cost of service provision statewide without naming specific programs that may come and go over time.

Criteria used to identify and define FPHS included:

- Important population-based health service (without individually identifiable beneficiaries)
- Governmental public health is the only or primary provider of the service
- Service is mandated by law or contingent on the legal powers granted only to the local health officer/board of health.

ADDITIONAL IMPORTANT SERVICES

FPHS are those services that are needed at a basic, functional level everywhere for the overall system to work effectively. Additional Important Services (AIS) are critical public health functions that build on the foundational base and address:

- Public health needs that may vary based on local conditions, needs, or priorities
- Services that are, or could be, provided by non-governmental entities
- Services primarily for the benefit of individual health needs as opposed to population-based health

AIS are a shared responsibility of federal, state, local, and tribal governmental public health and other partners. AIS will continue to be vitally important to the health of people in Washington and require continued funding support.

For example:

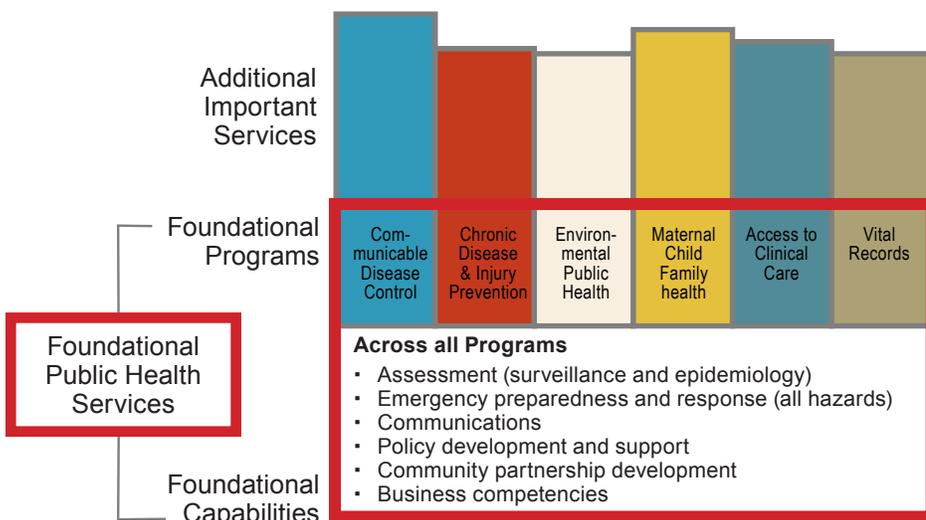
FPHS

- Promote immunizations

AIS

- Give shots

FRAMEWORK FOR GOVERNMENTAL PUBLIC HEALTH



PHASE 2: ESTABLISHING A LONG-TERM FUNDING STRATEGY

In April 2014, the Secretary of Health convened the FPHS Policy Workgroup, a 35-member committee made up of:

- Elected officials from municipal and tribal governments;
- Representatives from the Governor’s Health Policy Office and the Office of Financial Management;
- Public health officials from county, state, and tribal governmental agencies; and,
- Representatives from key health associations.

The Policy Workgroup was charged with reviewing the work from Phase 1 and proposing governance and funding options to fully fund FPHS in Washington. Legislators and federal partners were briefed as the work progressed.

The Problem: The People of Washington are at Risk

The FPHS Policy Workgroup concluded:

1. In Washington, public health funding and service levels vary significantly depending on where you live.
2. Public health funding has eroded, threatening basic services and the health of the public.

Public Health services will continue to be provided by a shared—state, regional, local, and tribal—delivery system.

This shared delivery system provides system-wide coverage with attention to local needs.

However, full implementation of FPHS and securing adequate funding will require a fresh look at the current service delivery model.

The Path Forward

The FPHS Policy Workgroup refined the Phase 1 definitions and recommended that:

- State funding for public health should ensure that the costs of FPHS are covered in every community
- FPHS should be funded with statutorily directed revenues placed in a dedicated account
- Allocation determinations should be a collaborative process between state and local stakeholders
- A robust accountability structure aligned with the FPHS framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment
- Tribal public health, with support from DOH, should convene a process to define how the FPHS framework will apply to tribal public health, and how tribal public health, DOH, and local health jurisdictions can work together to serve all people in Washington
- Local spending on AIS should be incentivized

The results of the FPHS Policy Workgroup effort were documented in [Foundational Public Health Services: A New Vision for Washington State](#), January 2015.

NATIONAL EFFORTS

Efforts in Washington have built on national work sponsored by the Robert Wood Johnson Foundation (RWJF), including the 2012 publication of [For the Public’s Health: Investing in a Healthier Future](#) by the Institute of Medicine, which recommended:

- Public health should endorse a minimum package of public health services
- Expert panels should determine the components and cost of the minimum package

RWJF funded four national workgroups focused on:

- Defining FPHS
- The cost of FPHS
- The federal role in funding FPHS
- A model chart of accounts

RWJF is also funding the Public Health National Center for Innovations (PHNCI), a new national center intended to lead change in public health.

National efforts draw heavily on work completed in Washington State and representatives from the state are participating in this ongoing work.

A CALL TO ACTION

The definition of FPHS presents a major paradigm shift for funding public health in Washington State. It is an opportunity to redesign our system to meet the challenges of the 21st century and establish consistent, basic public health functions statewide, with strong accountability.

The Policy Workgroup suggested the following to fully implement FPHS in Washington.

Legislative Actions

1. Adopt the FPHS framework and definitions.
2. Incorporate FPHS into state public health statutes.
3. Establish a dedicated account for FPHS funds.
4. Begin to statutorily dedicate funding to the FPHS account.
5. Fully fund FPHS with statutorily-directed funds.

LHJ and DOH Actions

1. DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will develop an allocation model and accountability structure that aligns with the FPHS framework.
2. DOH and WSALPHO need to continue to identify public health services that should be using a shared delivery system.

Tribal, DOH, and LHJ Actions

1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions, gather and analyze current spending data, and develop an estimate for future costs for delivery of these services.
2. Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

Policy Workgroup Actions

1. Members should educate their constituents and communities about FPHS.
2. Members and their organizations should educate local and state policymakers about FPHS.

DEVELOPMENT OF FPHS IN WASHINGTON STATE

For more information about FPHS work in Washington State, please go to www.doh.wa.gov/fphs where you can find the most current products and resources supporting this effort. For example:

WORKGROUP REPORTS

- FPHS Policy Workgroup Report and Summary
- FPHS Technical Reports and Working Papers
- Preliminary Cost Estimation Model Report

DEFINITIONS

- Original and revised definitions

WORKGROUP MATERIALS

- Workgroup members
- Meeting materials

PRESENTATIONS

- DOH/Tribal Consultation
- Northwest Portland Area Indian Health Board
- Washington State Public Health Association
- Joint Conference on Health

PHASE 3: A LOOK AHEAD

Background

In 2012, the Foundational Public Health Services (FPHS) Technical Workgroup was formed to develop a long-term strategy for predictable and appropriate levels of funding.

Made up of state and local public health practitioners, the Technical Workgroup defined a core package of services that people rely on government to provide and that no community should be without.

A second phase of work began in 2014, when the State Department of Health (DOH) convened the FPHS Policy Workgroup to review and build on the definition of FPHS and to consider policy implications and implementation issues.

The results of Phase 2, [Foundational Public Health Services, A New Vision for Washington State](#), were published in January 2015.

Phase 3, development of a statutory and funding framework to fully fund and fully integrate FPHS into Washington’s public health system, began in September 2015.

Work Plan

The Phase 3 work plan has three parallel tracks which will inform and influence each other:

- Ongoing communications and partner development activities
- Development of a legislative policy proposal targeting the 2017 legislative session
- A tribal-led effort that will work with the state to align FPHS with tribal public health services

Communications and Coordination

To be successful, FPHS must be understood and championed by legislators, local elected officials, public health practitioners and advocates, and community stakeholders.

The FPHS Steering Committee will engage key stakeholders to inform policy proposal development. The Committee will coordinate with existing health transformation efforts, such as Healthier Washington, to ensure that public health reforms align with state and national healthcare reforms.

Policy Proposal Development

To advance FPHS operationally and legislatively, DOH and local health jurisdictions (LHJs) must continue to define the value FPHS brings to a transforming health system. Major tasks include:

- Refining definitions and updating cost estimates and funding need
- Establishing a FPHS statutory and governance framework
- Developing funding allocation and distribution models, and recommending a preferred model
- Developing a recommended service delivery model consistent with FPHS, health system transformation, and tribal public health
- Developing an accountability model for FPHS and methods for addressing ongoing monitoring

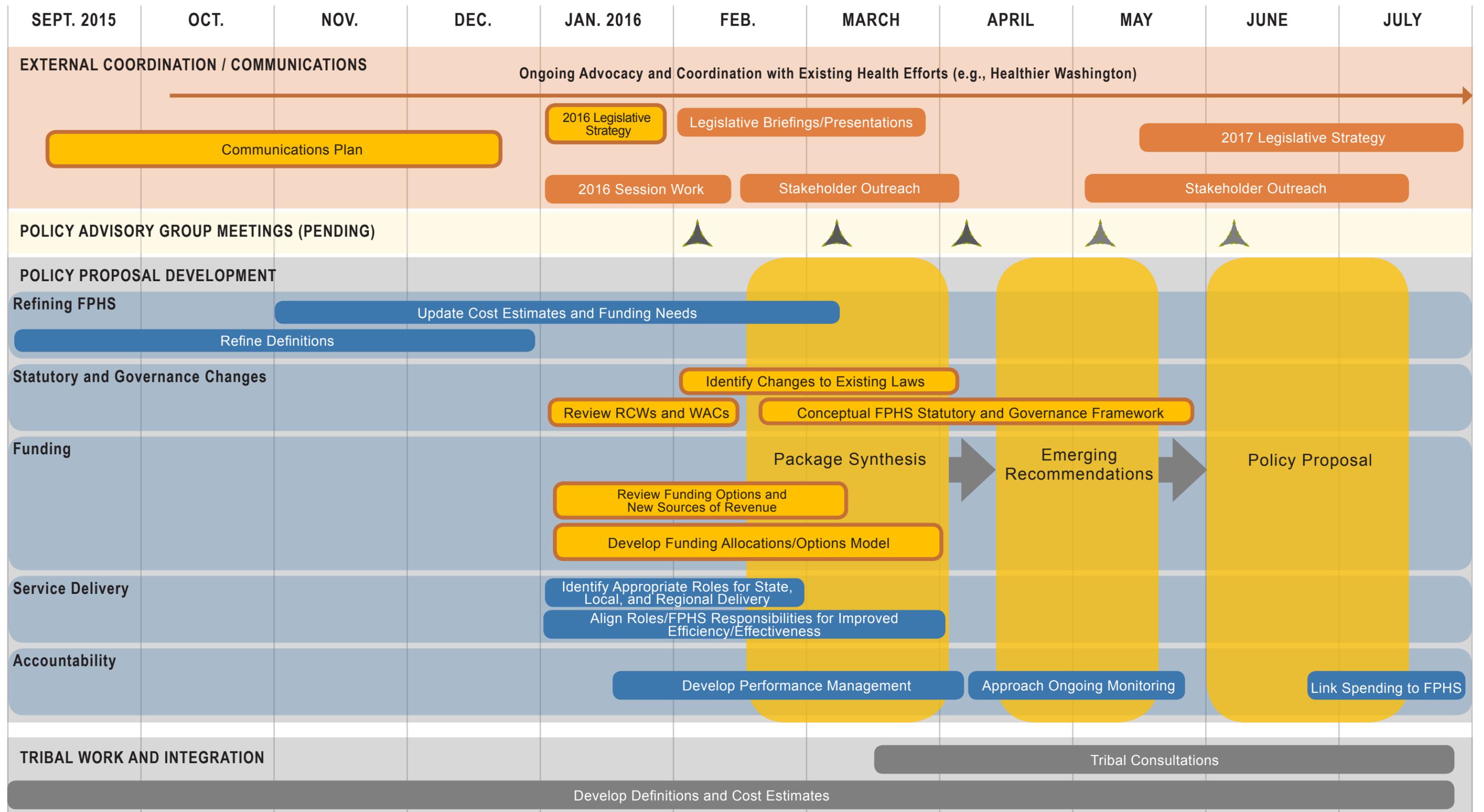
DEVELOPMENT OF FPHS IN WASHINGTON STATE

For more information about FPHS work in Washington State, please go to www.doh.wa.gov/fphs and select “resources” under the Quick Links menu. There you will find the most current products and resources supporting this effort, including:

- Summaries
- Definitions
- Reports
- Presentations
- Background Materials

This list is updated and new materials are added on an ongoing basis.

PHASE 3 WORK PLAN



DELIVERING THE VISION

Phase 3 is led by a FPHS Steering Committee comprised of DOH leadership, the Executive Committee of the Washington State Association of Local Public Health Officials (WSALPHO) and selected leaders of LHJs (see organization chart).

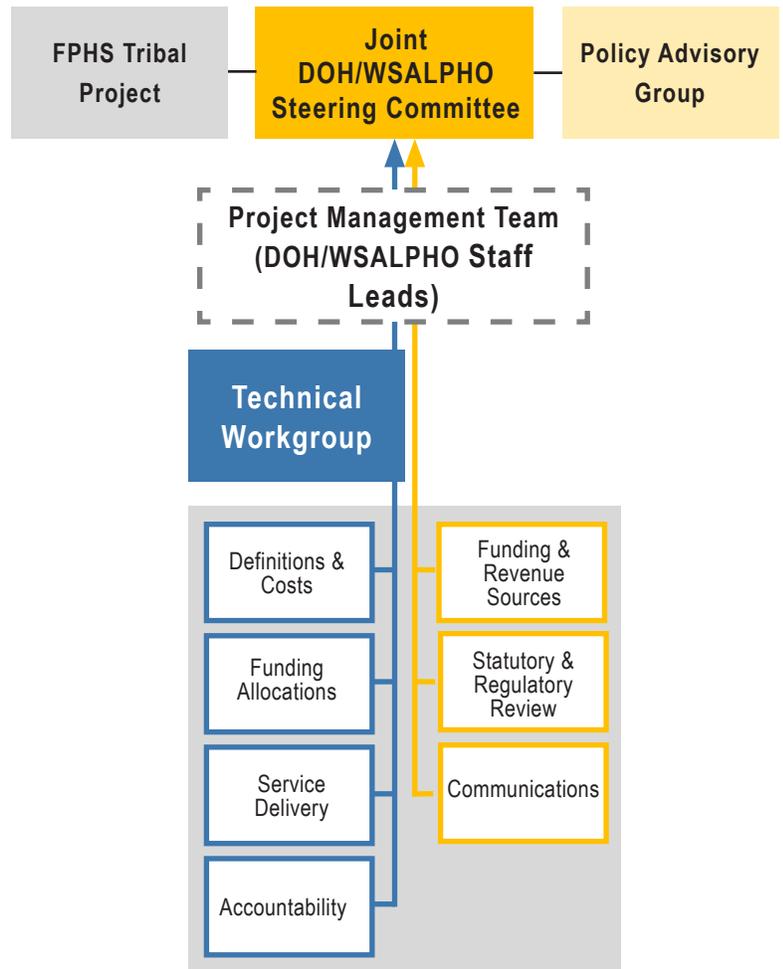
The forums for major deliberations and decision-making are meetings of the FPHS Steering Committee and the Technical Workgroup.

The Technical Workgroup reviews and vets technical issues prior to discussion at the Steering Committee. Policy and strategic issues are managed directly by the Steering Committee.

Each workgroup is supported by issue area subgroups charged with conducting technical or policy analyses, developing and evaluating options, and preparing materials for review and discussion.

The Project Management Team, comprised of DOH and WSALPHO staff, with support from a consultant team, will coordinate the work and information flow.

A tribal workgroup, a collaborative effort between DOH and tribal health representatives, will work concurrently. This work will form the basis for aligning the state/local system and tribal public health within the FPHS framework.



	Key Responsibilities
Steering Committee	<ul style="list-style-type: none"> Advance FPHS among legislators, stakeholders, and the health community Make policy decisions based on the work advanced by the Technical Workgroup Develop policy proposal for submittal to the Legislature Coordinate with the Project Management Team
Technical Workgroup	<ul style="list-style-type: none"> Vet and advance technical analyses and products for review by the Steering Committee Evaluate technical and implementation feasibility of work developed by technical subgroups Coordinate with the Project Management Team
Policy/Strategy Subgroups	<ul style="list-style-type: none"> Identify and evaluate policy and strategy options and recommendations for Steering Committee review Coordinate with the Project Management Team
Technical Subgroups	<ul style="list-style-type: none"> Identify and evaluate technical options and implications of select issues areas for the Technical Workgroup Coordinate with the Project Management Team
Project Management Team	<ul style="list-style-type: none"> Coordinate with all committees, workgroups, and subgroups Ensure that materials are developed and ready for discussion in the Steering Committee