WASHINGTON STATE DEPARTMENT OF HEALTH FOUNDATIONAL PUBLIC HEALTH SERVICES POLICY WORKGROUP

Meeting Two Summary

The Foundational Public Health Services Policy Workgroup members met on May 30th, 2014 from 10:00am to 3:00pm in Tumwater, WA.

MEETING OBJECTIVES

- Understand technical workgroup's Foundational Public Health Services (FPHS) definition for three programs, and the financial context for those programs
- Identify questions, concerns, and policy ideas for those programs

WELCOME

The Co-Chairs welcomed the policy workgroup members to the second meeting of the foundational public health services policy workgroup. The Co-Chairs stressed the importance of being at the meetings in person, using the baseline already established by the technical group to move the discussion forward, the importance of thinking about how to approach policy makers, and the need to focus on finding funding sources.

Fauna Larkin of BERK welcomed all the workgroup participants, and gave a brief overview of the day. She reviewed the draft meeting schedule, the meeting arc, and stated that the discussion around the FPHS charter will continue at a later date.

BACKGROUND MATERIALS

The workgroup members asked questions regarding the following Read-Ahead Materials: Summary of Technical Group Findings, How FPHS Definitions was Developed Summary, and Questions Regarding LHJ variations. The questions were directed towards Michael Hodgins of BERK, the technical workgroup members present at the meeting, the co-chairs, and other workgroup members.

The discussion included the following topics:

- the definitions and explanations of the FPHS cost estimate and current spending estimates;
- what makes a service FPHS rather than additional important services;
- each county's different mandate to provide public health services;
- an interest in seeing analysis of the tribal health assets and services in Washington; and
- the impact of the Affordable Care Act (ACA) on public health in Washington.

John Wiesman stated that he has authorized another group to look at the implications of the ACA in bringing together health care and social services along with public health. A roster of the members of the ACA workgroup was passed out.

ENVIRONMENTAL PUBLIC HEALTH

Fauna facilitated the overall group discussion on Environmental Public Health (EPH). The participants focused on questions, concerns and suggested changes to the seven elements of the FPHS definition of Environmental Public Health.

Discussion

The definition discussion included the following topics:

- whether everything related to environmental public health should be specifically mentioned in the definition;
- whether or not the definition elements one and two were too broad;
- if physical activity and access to healthy food are covered in elements two and six;
- if air quality should be included in cost estimates; and
- how much of environmental health includes built environment.

More general discussion FPHS included that some LHJs have mandated Additional Important Services (AIS), and there is an importance in being more when explaining public health's purpose to the community.

Roundtable

Fauna conducted a quick roundtable before lunch to ensure that everyone had a good understanding of the FPHS definitions of Environmental Public Health and were comfortable moving forward.

Comments included the following topics:

- the importance of being involved with the legislature at the beginning of the process;
- the challenges of different fees across the state for services;
- the difficulty in finding any additional cost savings and efficiencies
- broader structure problems at the state level;
- more clarity on the difference between state verses local responsibilities;
- the importance of more sophisticated communication;
- the importance of focusing on what is not currently funded;
- the importance of adding tribal public health to the definition cost estimates; and
- new challenges like the legalization of marijuana and potentially reserving money towards those types of challenges.

Most people were fine with the way the discussion process was going; however, there were some comments about not utilizing all the brain power in the room even though there was an understanding of the need to move quickly to cover everything.

COMMUNICABLE DISEASE CONTROL

The work group split into two smaller groups. One group, facilitated by Michael, discussed Communicable Disease Control. This group focused on questions, concerns and suggested changes to the seven elements of the Communicable Disease Control FPHS definition.

Comments and questions regarding the definition elements included:

- the importance of including information about the population, the problem, and whether or not there is a legal mandate within the definition;
- the need to keep in mind that partnerships are already formed for many LHJs; and

- the importance of putting marketing behind those FPHS that will be the most difficult to sell.

Comments related to AIS included framing AIS as what FPHS does not include and acknowledging the intersections between AIS and clinical healthcare. Workgroup members also pointed out the importance of bringing the ACA into this discussion.

CHRONIC DISEASE AND INJURY PREVENTION

The other half of the workgroup, facilitated by Fauna, discussed the Chronic Disease and Injury Prevention program. This group focused on questions, concerns and suggested changes to the seven parts of the Chronic Disease and Injury Prevention FPHS definition.

Breakout-Group Discussion

Comments and questions that came up included:

- adding the surveillance and program evaluation parts of AIS to definition element one;
- determining a more clear definition of injury prevention;
- determining if it was necessary to hold some funding for e-cigarette research;
- gaining more knowledge about informed trauma in order to determine if it should be included in the FPHS definition;
- including substance issues and chemical dependency in FPHS definition element three; and
- removing categorically funded from definition element five.

Some members felt the best way to address the prevention of chronic disease was to address the different causes of chronic disease in the definition elements themselves. Other members felt that it was important to put boundaries around what can be done and addressed by public health, and not to be too specific.

Whole Group Discussion

The Communicable Disease workgroup members joined the Chronic Disease workgroup members and continued the Chronic Disease discussion.

Additional discussion included discussion on incorporating Adverse Childhood Experiences (ACES) or informed trauma into the Chronic Disease and Injury Prevention FPHS definition, tobacco programs in comparison to other substance abuse programs, and the implications of the Affordable Care Act.

THE FPHS PROCESS

Comments that were made about the FPHS process included the importance of keeping in mind that if a service or program is determined to be a foundational service, it will have to be implemented throughout the state. Since education will get a higher budget priority because of the McClearly decision, it would be good to look at places where public health and education intersect. It is also important to recognize that local health is involved in programs that are not just connected to DOH but other state departments and agencies.

Some questions to keep in mind through this whole process are: How specific do we want tobe? What public health interventions do we think are the most important? Is there a way to focus on services and acknowledge there is a whole range of categories?

Can we ask ourselves these questions in defining foundational: Is it required by law? Is it something you can bump into and have it adversely affect your life? Is it best done by government public health? Is it population based?

CLOSING REMARKS

The co-chairs thanked everyone for participating and acknowledged the large commitment from the group. John emphasized that it is difficult to find a point that is not too inclusive with everything, but also does not exclude any important service. John stressed that the group is interested in new ideas, and that he is willing to fail if he tries something different, but he is not willing to fail by staying with the same ideas. There is national work happening around foundational public health services, and Washington's definitions are being used. The State of Washington is leading the country on this restructuring process.

The next meeting will be on June 25th from 10am – 3pm in Spokane, WA. Marie will be in touch with you regarding the location in Spokane, which has not been finalized yet.