WASHINGTON STATE DEPARTMENT OF HEALTH FOUNDATIONAL PUBLIC HEALTH SERVICES POLICY WORKGROUP

Meeting Three Summary

The Foundational Public Health Services Policy Workgroup members met on June 25th, 2014 from 10:00am to 3:00pm in Spokane, WA.

MEETING OBJECTIVES:

- Understand technical workgroup's Foundational Public Health Services (FPHS) definition for three programs and the foundational capabilities, and the financial context for those services.
- Identify questions, concerns, and policy ideas for those programs and foundational capabilities.
- Discuss the transition to the policy analysis phase of the workgroup's work.

WELCOME

The Co-Chairs present at the meeting, John Wiesman and Todd Mielke, welcomed the policy workgroup members to the third meeting of the foundational public health services policy workgroup. They both thanked the workgroup members for attending in person and on the phone. They reminded the participants that this was a transitional day, as the workgroup was moving forward with solving the problems facing public health after examining this new paradigm – FPHS.

Dr. Joel McCullough, the Health Officer for Spokane County, and Tony Smith, the Administrator of the Spokane Regional Health District, both welcomed the participants to the facility over the course of the meeting.

PROGRAMS AND CAPABILITIES GALLERY WALK

Fauna Larkin of BERK welcomed everyone to the meeting and reviewed the agenda. The purpose of the Capabilities Gallery Walk is for the policy workgroup participants to provide feedback on the FPHS Foundational Capabilities and three of the FPHS program areas - Maternal/ Child/ Infant Health, Vital Records, and Access/ Linkage with Clinical Health Care.

Workgroup participants that were present walked around the room in small groups discussing and writing their thoughts about each program and capabilities area on the corresponding flip chart. Workgroup participants on the phone expressed their thoughts to Fauna, which she then added to the corresponding flip charts.

GALLERY WALK REVIEW AND DEEP DIVE DISCUSSION

John thanked all participants – in the room and on the phone- for engaging in the gallery walk and FPHS discussion process. He expressed the importance of a rich discussion and the importance of disagreement. He stated that the idea is not to come to a consensus but to have a thoughtful discussion.

Foundational Capabilities

Fauna noted that the flipchart showed that overall all the foundational capabilities are supported by the workgroup. There were a large number of participants that indicated support but some concerns in the Emergency Preparedness Capabilities area.

Participants brought up concerns about Emergency Preparedness. A participant expressed the need to use specific language that discusses public health's lead role in public health emergencies and public health's supporting role in other emergencies. Small jurisdictions have mutual aid agreements in place so it would be difficult to cost out emergency preparedness.

Participants also asked questions about how training was included in cost estimates. Participants brought up concerns about the lack of or underestimation of funds for policy development funds and how they are incorrectly grouped with administration funds, which can adversely affect these programs.

Some policy workgroup members felt that Assessment, included in Augmented Foundational Capabilities, should be included in the definition of Foundational Capabilities as it is an important part of public health. Assessment and surveillance should get down to the local level, and service delivery is a needed conversation.

Participants requested more clarity in language around research, business competencies, continuous improvement and program evaluation. There was also discussion about the validity of the FHPS cost estimates in 5-10 years.

Access to Clinical Care

Participants discussed challenges to defining this program area due to the Affordable Care Act (ACA). The role for local public health is going to increase significantly and those changes are not reflected in the FPHS definition. Governmental public health is the body that can help to assure that the system of health is in place for all people in the state, but that will take up a lot of LHJ staff time without bringing funding with it. It was suggested that element three and four of the FPHS definition be re-worded to reflect the group discussion.

A participant also stated that public health has a huge role in identifying the community health issues. This does not mean that public health has to do it all. Additionally, it is important to discuss how to build flexibility into the FPHS framework knowing that in the long term, there is only so much we know.

Maternal/ Child/ Infant Health

Participants had many concerns about the Additional Important Services elements of the FPHS definition in this program area. The main concerns were regarding the following programs - Women, Infants, and Children Supplemental Nutrition Services (WIC), nurse family partnership, family planning services - being established as Additional Important Services and not FPHS. There was also a discussion as to whether these services should be provided or assured by local health jurisdictions (LHJ), and what that would entail.

Some participants that felt that these programs should be considered part of the FPHS definition explained that these programs are critical to good public health, every dollar invested reduces future costs, and the programs are building a foundation for helping children from the very beginning of their lives.

Other participants that felt these programs were important but not a part of FPHS. They explained that they are not necessarily done best by government public health, there are other agencies that can coordinate a program like WIC better, and that the programs are not population based but rather individual based. Members of the technical group also stated that while these programs are important that does not mean they should be FPHS. FPHS by definition means that those services have to be provided statewide.

The discussion continued with proponents expressing that if the state did not determine these programs were FPHS, they could be cut. Removing these programs would be detrimental to the low-income members of the community that may need the programs the most. Even though the programs are individual based, they affect children for whom exceptions are made because children are considered too valuable to leave to the system. Another point that was made was to look at these programs from a business viewpoint – they are not just a public health issue but there are also economic benefits. There is data to show that this type of intervention at childhood can save money further in life and the return on investment is high.

Vital Records

The workgroup mostly indicated that they fully supported the FPHS definitions of Vital Records. Participants discussed the division of Department of Health (DOH) and LHJ work, the perception at the local level that LHJ work is more labor intensive, and concerns that costs set by DOH may not cover everything in all locations. There was also a concern about the distribution formula.

NEXT STEPS: PIVOT TO POLICY ANALYSIS PHASE

Fauna stated that the next set of conversations will be about who delivers these services and capabilities. There are certain things that LHJs should do, and other things that DOH should do. She explained that it was important to go back to the original questions that were asked:

- Does the definition of FPHS work for you? There are six programs.
- Knowing that the definitions are not perfect, are you willing to move forward? The workgroup has looked at each program. Do you support moving forward and where can we take this?

Almost every workgroup member stated that they fully supported the FPHS and moving forward. Todd stated he supported moving forward, but he had some concerns. He stated that it was important that the workgroup think about how to present this, and it was possible that FPHS will be seen as services public health currently provides.

CLOSING

The Co-Chairs thanked the workgroup participants for attending the meeting and applauded their participation. John expressed that he appreciated everyone that stayed with the discussion even when they wanted to jump to the next part of the exercise. Fauna reminded workgroup members that the next meeting will be on July 30th in the western part of the state.