

**A LONG TERM STRATEGY**  
**FOR FUNDING FOUNDATIONAL**  
**PUBLIC HEALTH SERVICES STATEWIDE**

October 14, 2014 – WSPHA Annual Conference

**2014 WSPHA Annual Conference**

# Presentation Disclosure

No off label, experimental or investigational use of medications are discussed during this presentation.

I (we) have no interests of commercial services, products or support that requires disclosure

# Evolution of the Agenda for Change

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Reshape Public Health

PHIP Agenda for Change

PHIP Agenda for Change  
Action Plan

PHIP Agenda for Change  
Implementation

**An Agenda for Change** October 2010

**PUBLIC HEALTH IN A TIME OF CHANGE**

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:

- 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.

In short, we need an agenda for change as we move forward, even during these tough times.

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 49 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 ensure continuing effectiveness.

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.

As importantly, new challenges confront us. While public health has made great strides in controlling infectious disease, a new set of preventable illnesses has emerged. Although Washingtonians are living longer, they are still dying early from preventable causes, often losing 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.

Reshaping Governmental Public Health in Washington State  
An Agenda for Change, October 2010 Version Page 1 of 5

**Agenda for Change  
Action Plan** 2012

**SUMMARY**



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- 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

**DOHS Staff**  
Alicia Hawn  
Nancy Wake

Reshaping Governmental Public Health in Washington State  
An Agenda for Change, October 2010 Version

**Public Health  
Improvement Plan** 2012




**PUBLIC HEALTH  
IMPROVEMENT PARTNERSHIP  
HEALTHIER WASHINGTON**

**FOR THE PUBLIC'S HEALTH**  
Investing in a Healthier Future



Calendar '12, '13

**General Fund Revenues**

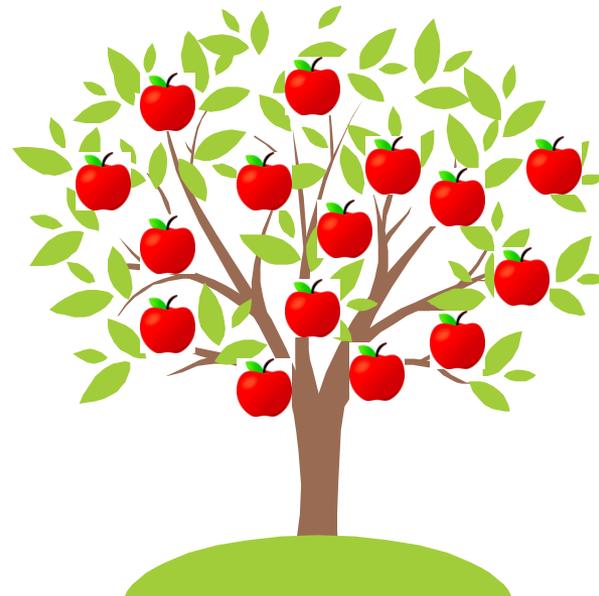
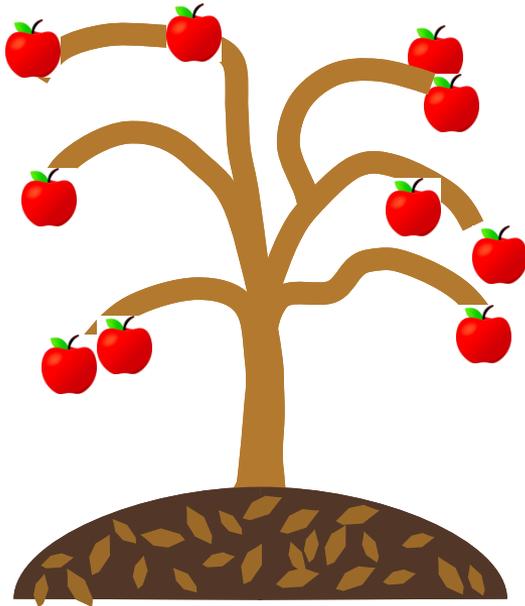


**INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES**

# The Goal

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Develop a long-term strategy for predictable and appropriate levels of financing



# Foundational Public Health Services (FPHS) - Phase I

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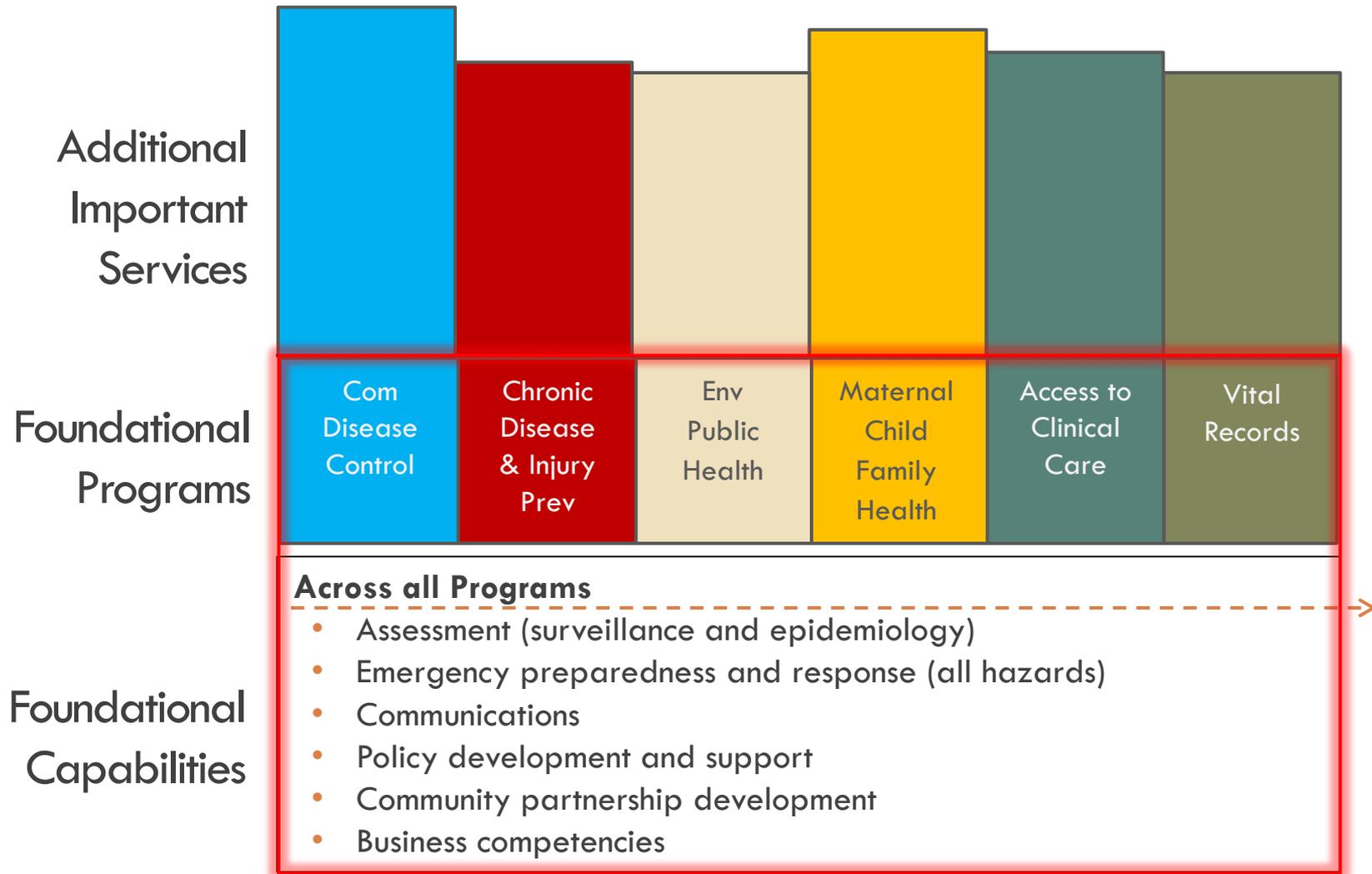
- 2010 – Published: *An Agenda for Change*
  - Develop a long-term strategy for predictable and appropriate levels of financing
  
- 2011 – June 2013  
Foundational Public Health Services Workgroup (FPHS)
  - Funding for what? (define the *core* – foundational public health services)
  - Develop a cost model and estimate the cost of providing a uniform level of FPHS statewide
  - Published the framework in the *2012 PHIP Report*
  - Published: *Foundational Public Health Services Preliminary Cost Estimation Model - Final Report* (September 2013)

# Foundational Public Health Services (FPHS) - Phase I

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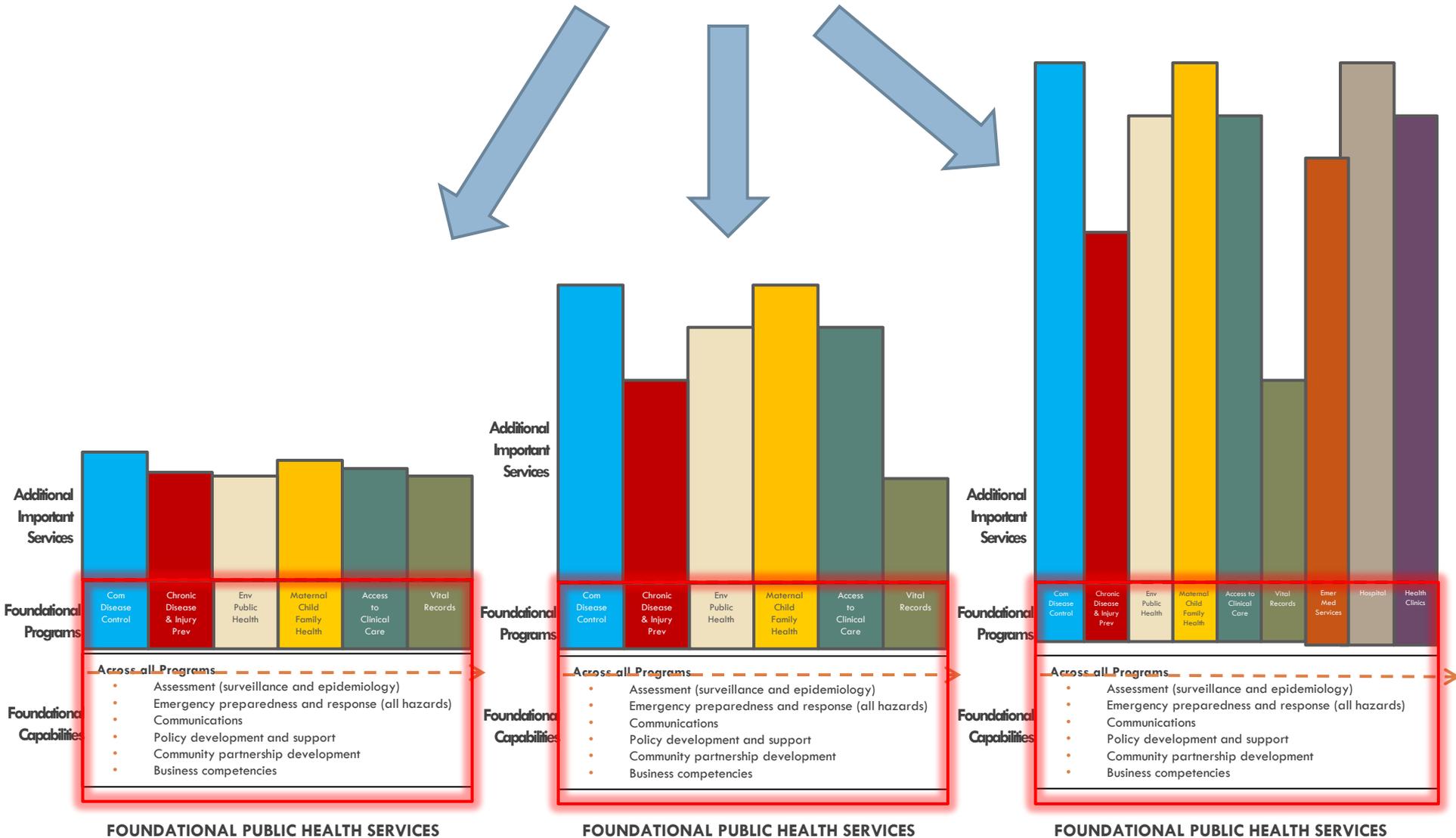
- How were foundational services identified for **governmental** public health? 3 basic questions:
  - Is this an important **population-based** health service (without individually identifiable beneficiaries)?
  - Is governmental public health the **only or primary provider** of this service?
  - Is it **mandated** by law or contingent on legal powers granted only to the local health officer/board of health?
- If 'yes' to all 3, a service is foundational
- If 'no' to all 3, not foundational
- If in between, required judgment call – keeping in mind a foundational service must be needed **everywhere**

# FPHS Framework



FOUNDATIONAL PUBLIC HEALTH SERVICES (FPHS)

# Health Department Do More Than the FPHS



# FPHS Policy Workgroup Scoping Tool

DRAFT 8/19/2014

## GOVERNMENTAL PUBLIC HEALTH SERVICES IN WASHINGTON STATE

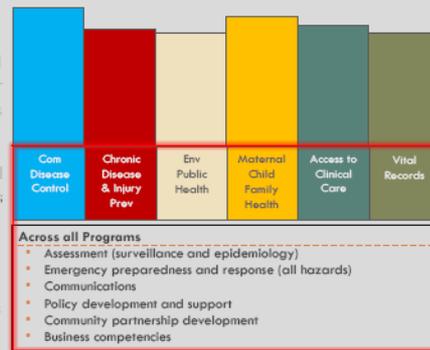
Provided by Tribal Public Health Departments, Department of Health, and Local Health Jurisdictions.

### Additional Important Services

Public health services provided by governmental public health that are not defined as FPHS

### Foundational Public Health Services

Services provided by governmental public health at a uniform level statewide



## OTHER PUBLIC HEALTH SERVICES IN WASHINGTON STATE

Provided by other government agencies, i.e. Department of Ecology, Health Care Authority, Department of Social and Health Services, Regional Tribal Public Health Agencies, non-profit agencies, i.e. universities, health care delivery agencies, i.e. hospitals, clinics, and tribal clinics.

## NATIONAL AND GLOBAL PUBLIC HEALTH SERVICES

Provided by global public health partners such as the World Health Organization, the Gates Foundation, and the Program for Appropriate Technology in Health (PATH).

## THE CULTURE OF HEALTH

# Foundational Public Health Services (FPHS) - Phase II

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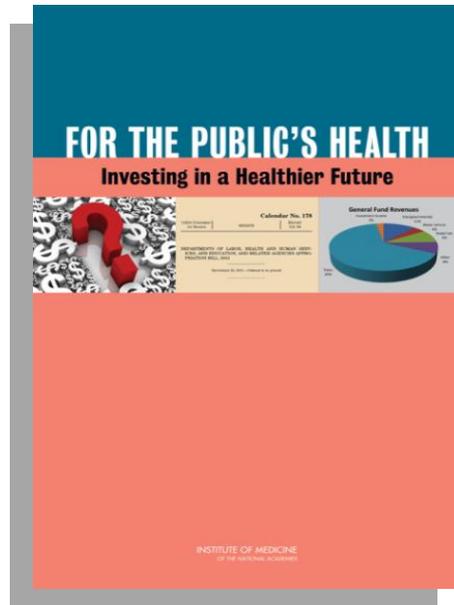
## Technical Workgroup

- July 2013 – December 2014
  - Refine **cost** estimate for providing a uniform level of FPHS statewide (state and local)
  - Estimate current **spending**
  - Identify the **gap**
  - Explore **options**

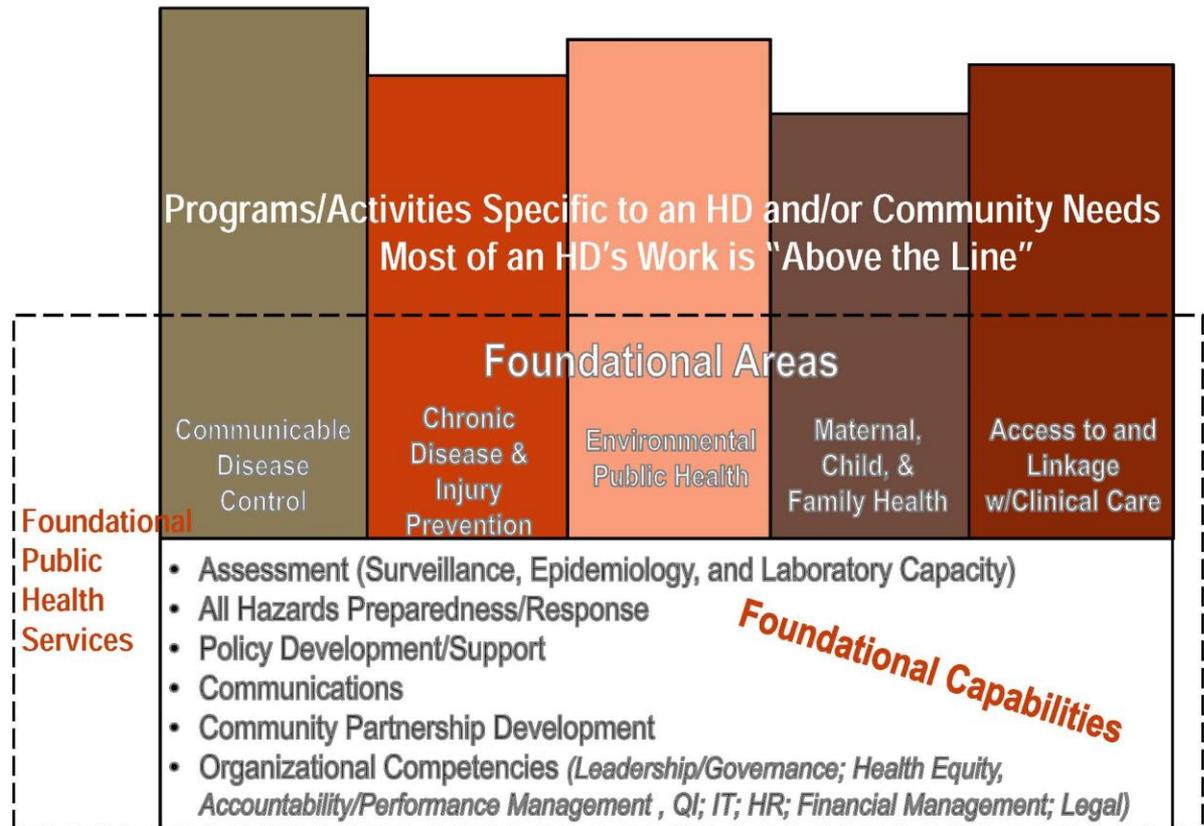
# FPHS Revised Cost Estimate, Current Spending Estimate and Estimated Gap by Program (2013 Dollars)

Program	Service Delivery	(1)	-	(2)	=	(3)	+	(4)	=	(5)
		FPHS Cost Estimate		FPHS Current Spending Estimate		Preliminary FPHS Gap		FPHS Gap Adjustments (a) Exclude LHJ Spending Above Estimates (b) Exclude Uncertain Revenue		Estimated FPHS Gap
Foundational Capabilities	DOH	\$ 27.8 M		\$ 26.2 M		\$ 1.6 M		-		\$ 1.6 M
	LHJs	\$ 47.9 M		\$ 36.3 M		\$ 11.6 M		\$ 1.6 M	\$ 1.9 M	\$ 15.1 M
Environmental Public Health	DOH	\$ 35.2 M		\$ 30.3 M		\$ 4.9 M		-	\$ 0.0 M	\$ 4.9 M
	LHJs	\$ 69.5 M		\$ 64.6 M		\$ 4.8 M		\$ 7.8 M	\$ 0.0 M	\$ 12.6 M
Communicable Disease	DOH	\$ 9.0 M		\$ 5.0 M		\$ 4.0 M		-	\$ 0.0 M	\$ 4.0 M
	LHJs	\$ 24.8 M		\$ 19.4 M		\$ 5.4 M		\$ 0.9 M	\$ 0.8 M	\$ 7.1 M
Chronic Disease & Injury Prev.	DOH	\$ 27.9 M		\$ 8.7 M		\$ 19.2 M		-	\$ 0.0 M	\$ 19.2 M
	LHJs	\$ 40.3 M		\$ 6.8 M		\$ 33.4 M		\$ 0.0 M	\$ 0.0 M	\$ 33.4 M
Access/Linkage to Clinical Health Care <sup>6</sup>	DOH	\$ 62.1 M		\$ 62.1 M		\$ 0.0 M		-	\$ 0.0 M	\$ 0.0 M
	LHJs	\$ 3.4 M		\$ 0.0 M		\$ 3.4 M		\$ 0.0 M	\$ 0.0 M	\$ 3.4 M
Maternal/ Child/ Family Health	DOH	\$ 13.8 M		\$ 9.0 M		\$ 4.7 M		-	\$ 0.0 M	\$ 4.7 M
	LHJs	\$ 11.4 M		\$ 9.4 M		\$ 2.0 M		\$ 2.0 M	\$ 2.1 M	\$ 6.0 M
Vital Records	DOH	\$ 3.6 M		\$ 3.6 M		\$ 0.0 M		-	\$ 0.0 M	\$ 0.0 M
	LHJs	\$ 3.5 M		\$ 4.4 M		(\$ 0.9 M)		\$ 1.2 M	\$ 0.0 M	\$ 0.3 M
Laboratory <sup>7</sup>	DOH	-		\$ 12.6 M		(\$ 12.6 M)		-	\$ 0.0 M	(\$ 12.6 M)
	LHJs	-		-		-		-	-	-
DOH Total		\$ 179.4 M		\$ 157.6 M		\$ 21.8 M		\$ 0.0 M	\$ 0.0 M	\$ 21.8 M
LHJ Total		\$ 200.8 M		\$ 141.0 M		\$ 59.8 M		\$ 13.4 M	\$ 4.8 M	\$ 78.0 M
<b>Total Statewide</b>		<b>\$ 380.2 M</b>		<b>\$ 298.5 M</b>		<b>\$ 81.6 M</b>		<b>\$ 13.4 M</b>	<b>\$ 4.8 M</b>	<b>\$ 99.9 M</b>

# National Work



**RESOLVE**



# Foundational Public Health Services (FPHS) - Phase II

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## Policy Workgroup

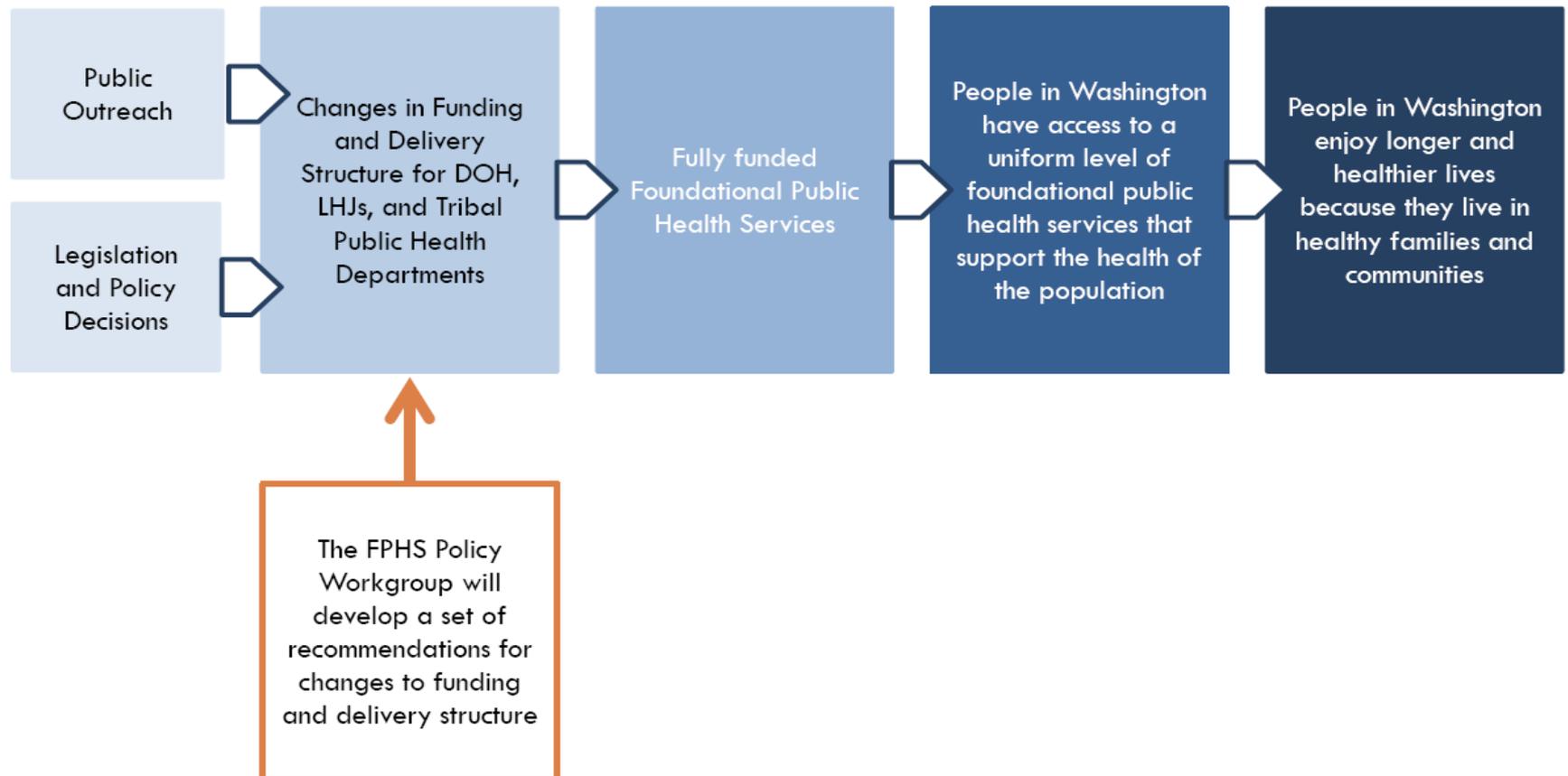
### □ April – December 2014

Charge: assure appropriate funding to provide a uniform level of FPHS statewide

- Determine the appropriate share of state and local responsibility for funding a uniform level of FPHS
- Re-prioritize or reallocated current state and local funding that is being used for **other important**/non-foundational services to FPHS
- New funding options

# Focusing the Efforts of the FPHS Policy Workgroup

## LOGIC MODEL: GOVERNMENTAL PUBLIC HEALTH IN WASHINGTON STATE



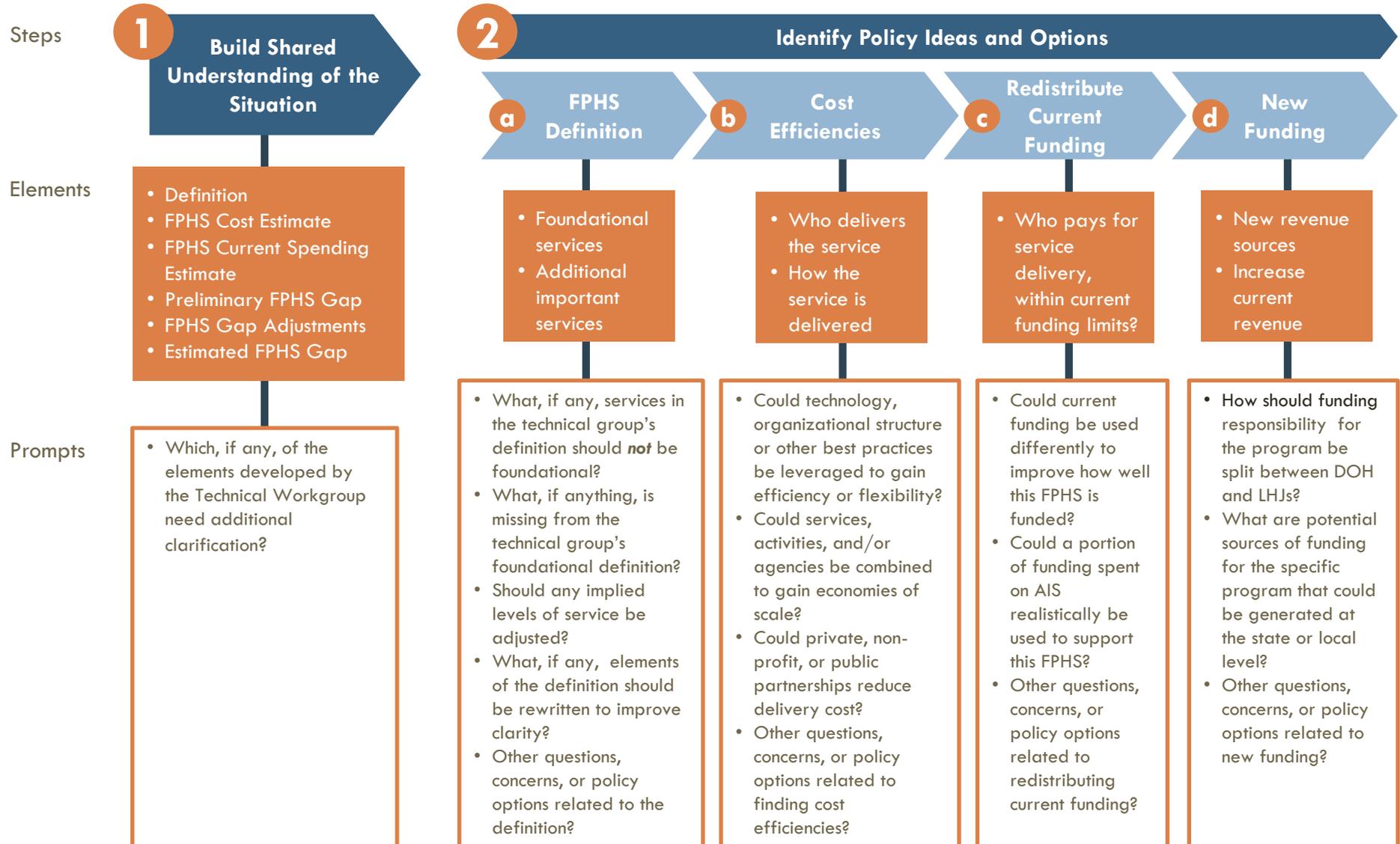
# Policy Development Process & Meeting Schedule



2014		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
POLICY WORKGROUP	Meeting 1 (4/9) Kent	Meeting 2 (5/30) Tumwater	Meeting 3 (6/25) Spokane	Meeting 4 (7/30) Olympia	Meeting 5 (8/20) Spokane	Meeting 6 (9/17) West	Meeting 7 (10/15) Wenatchee	Meeting 8 (11/14) West	Meeting 9 (12/17) West				
	1. BUILD SHARED UNDERSTANDING OF THE SITUATION												
	2. IDENTIFY POLICY IDEAS AND OPTIONS												
					3. DEVELOP EVALUATION CRITERIA & FRAMEWORK								
							4. EVALUATE POLICY OPTIONS						
								5. DEVELOP RECOMMENDED POLICY PACKAGES					
								6. COMMUNICATION AND MESSAGING: "TELL THE STORY"					
TECHNICAL WORKGROUP	Regularly scheduled work sessions to support information needs of the Policy Workgroup												



# Policy Development Process – Detail for Steps 1 & 2 of 6



## WHAT IS THE SOLUTION SPACE? Challenges and Opportunities

### POLITICAL REALITY

- Constituents perspective
- Community needs and priorities
- Changes in demographics
- Champions and opponents

### FINANCIAL REALITY

- Budget obligations
- Demands for resources
- Economic situation and forecast
- Revenue

### INSTITUTIONAL REALITY

- Authorizing environment
- Organizational capacity
- Organizational requirements
- Legal obligations
- Culture

# Creating a Vision for the Future

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- Framework and Definitions
- Funding
  - Tribal Role
  - State Role
  - Local Role
- Service Delivery

# Future Work

- Communications – develop materials for various audiences
- Advocacy – determine and implement long-term strategy
- Tribes – Full inclusion/integration of tribes into FPHS framework and long-term funding strategy
- Accountability – Develop and implement a reporting and accountability system to track that fund were used for FPHS and the impact
- Updating definitions and costs estimates – develop and implement a process for periodic updates

# Foundational Public Health Services

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## Presenters

**Barry Kling** and **Jennifer Tebaldi**

Co-Chairs, Technical Workgroup

**Todd Mielke, Marilyn Scott, John Wiesman**

Co-Chairs, Policy Workgroup

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360-236-4063

# Extra Slides

Program	Service Delivery	(1)	-	(2)	=	(3)	+	(4)	=	(5)
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# FPHS Revised Cost Estimate

Services Ranked By Cost	Total Estimated Cost of FPHS	State Dept. of Health	Local Health Jurisdictions	Funding Source	
				State DOH	LHJs
<b>Foundational Capabilities</b>	<b>75,695,000</b>	<b>27,750,000</b>	<b>47,945,000</b>	37%	63%
A. Assessment	11,345,000	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%
<b>Foundational Programs</b>	<b>304,510,000</b>	<b>151,640,000</b>	<b>152,870,000</b>	<b>50%</b>	<b>50%</b>
A. Communicable Disease Control	33,760,000	9,010,000	24,750,000	27%	73%
B. Chronic Disease and Injury Prevention	68,180,000	27,895,000	40,285,000	41%	59%
C. Environmental Public Health	104,695,000	35,205,000	69,490,000	34%	66%
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%
<b>Total Cost</b>	<b>380,205,000</b>	<b>179,390,000</b>	<b>200,815,000</b>	<b>47%</b>	<b>53%</b>

# FPHS Revised Cost Estimate by services as a % of total cost

Services Ranked By Cost	Total Estimated Cost of FPHS		State Dept. of Health		Local Health Jurisdictions	
<b>Foundational Capabilities</b>	<b>75,695,000</b>	<b>20%</b>	<b>27,750,000</b>	<b>15%</b>	<b>47,945,000</b>	<b>24%</b>
F. Business Competencies	40,265,000	11%	15,995,000	9%	24,270,000	12%
A. Assessment	11,345,000	3%	5,410,000	3%	5,935,000	3%
B. Emergency Preparedness and Response	10,825,000	3%	3,620,000	2%	7,205,000	4%
E. Community Partnership Development	4,885,000	1%	860,000	0%	4,025,000	2%
D. Policy Development and Support	4,415,000	1%	1,115,000	1%	3,300,000	2%
C. Communication	3,960,000	1%	750,000	0%	3,210,000	2%
<b>Foundational Programs</b>	<b>304,510,000</b>	<b>80%</b>	<b>151,640,000</b>	<b>85%</b>	<b>152,870,000</b>	<b>76%</b>
C. Environmental Public Health	104,695,000	28%	35,205,000	20%	69,490,000	35%
B. Chronic Disease and Injury Prevention	68,180,000	18%	27,895,000	16%	40,285,000	20%
E. Access/Linkage with Clinical Health Care	65,585,000	17%	62,145,000	35%	3,440,000	2%
A. Communicable Disease Control	33,760,000	9%	9,010,000	5%	24,750,000	12%
D. Maternal/Child/Family Health	25,175,000	7%	13,765,000	8%	11,410,000	6%
F. Vital Records	7,115,000	2%	3,620,000	2%	3,495,000	2%
<b>Total Cost</b>	<b>380,205,000</b>		<b>179,390,000</b>		<b>200,815,000</b>	