FOUNDATIONAL PUBLIC HEALTH SERVICES

POLICY WORKGROUP MEETING 8 SUMMARY NOTES

The eighth Foundational Public Health Services (FPHS) policy work group meeting took place on November 14th, 2014 from 9:30am to 3:30pm at the Museum of Flight in Tukwila, WA.

The meeting objective was to finalize the major statements that constitute the vision for FPHS in the State of Washington.

WELCOME

John Wiesman welcomed all policy work group members to the eighth Foundational Public Health Services (FPHS) policy work group meeting. He stressed the importance of the meeting as a time to make decisions. Fauna reviewed the meeting purpose and agenda – a discussion on the audience and outcomes of the final report, discussion on FPHS statements, determine support of FPHS group, and discussion.

ROUNDTABLE

Fauna Larkin asked the work group members to share their thoughts on the process so far.

Work group commented positively that for many of them the process had been fine, they appreciated the calls between meetings, and appreciated being part of the process. Work group members provided suggestions in proceeded forward that included discussing how to present the FPHS framework and vison to the legislature and getting buy in from stakeholders.

Work group members suggested a few things to keep in mind - organizations and the legislator have to deal with many competing issues, it would be important to get cities involved in the process as well as counties, and the awareness of public health around the Ebola Outbreak has provided a good place to discuss issues of communicable disease and emergency management. Some work group members suggested that there were problems with how FPHS is being presented in the folio, and felt that the process had been rushed at some points.

PROCESS AND FINAL DOCUMENT

Fauna presented a PowerPoint presentation on the audience and purpose of final product, as well as the timeline and process, and work group members provided feedback. The feedback included the following.

Audience: The group was divided as to who the audience for the final product should be. Some felt that a broad audience that included the general public would be best, while others felt that the public should have access to the information, but the document should be clearly targeted to policy makers.

Timeline and process: it is important to have stakeholder engagement and more communication; it is important to not wait until 2015 to begin engagement; this is one piece of a 2-3 year of communication strategy, which will include many pieces.

2015 Legislative Session: the strategy should include defense and offense; key sound bites should be developed now. Aim for philosophical buy in from the legislator; the idea that public health is so fundamental that it should be available to every person in Washington.

2016 Legislative Session: Increase buy in from the legislator; increase the flexibility of current available funding.

Overall: this is an ongoing process edited over time; there are more public health organizations than the ones in this policy work group; the branding aspect of FPHS is very important; it is important to save the current funding for public health.

FPHS STATEMENTS

Fauna asked work group members to participate in a spectrum of agreement dot exercise, where each work group member would place dot stickers where he or she supported different FPHS statements through a range of five different choices. The choices included the following - DD: Strongly do not support; D: Do not support; N: Neutral; S: Support; SS: Strongly Support.

1. Washington should adopt the FPHS framework and definitions (while acknowledging definitions may be refined in the future).

DD: O	D: O	N: O	S: 0	**SS: 17**

2. The state should fund all FPHS that are not either (1) funded by dedicated federal grants or (2) paid for by locally-collected fees.

DD: 1	D: 0	N: 0	S: 4	**SS: 12**

3. State funding for FPHS should be funded with statutorily-directed revenues placed into a dedicated FPHS account.

DD: 0	D: 0	N: 0	S: 7	**SS: 10**

4. DOH and WSALPHO should collaboratively develop and agree upon a FPHS account funding allocation and distribution model. Funding for LHJs should be allocated directly from the account to LHJs.

DD: 0	D: 0	N: 3	**S: 7**	**SS: 8**

5. DOH and WSALPHO should collaboratively develop and agree upon an accountability structure to align with the framework.

DD: 0	D: 0	N: 2	**S: 11**	SS: 5

Overall discussion about the FPHS statements included identifying tribal concerns, highlighting their yet to be determined role in FPHS fund allocation and accountability discussions, and acknowledgement that there is a need to gather more data with tribes and engage in a process with them to identify their roles in funding and delivering FPHS. There was also a suggestion to delete the word "distribution" in statement 4 above.

AIS STATEMENTS

Fauna asked work group members to participate in a spectrum of agreement dot exercise, where each work group member would place dot stickers where he or she supported different AIS statements through a range of five different choices. The choices included the following - DD: Strongly do not support; D: Do not support; N: Neutral; S: Support; SS: Strongly Support.

A. I am afraid that the state legislature will shift funds or restrict funds that are currently spent on AIS to FPHS, resulting in decreasing funding for AIS.

DD: 1.5	D: 1.5	N: 3	**S: 11**	SS: 2

B. I am afraid that local jurisdictions (counties and cities) will reduce funding for public health if FPHS is funded by the state, resulting in decreasing funding for AIS.

DD: 0	D: 6	N: 3	**S: 8**	SS: 3

C. I am afraid that including directive statements (e.g. "the state should…" or "locals should…") about funding for AIS will reduce the chances that FPHS gets funding from the legislature.

DD: 3	**D: 12**	N: 2	S: 0	SS: 0

D. I am willing to exclude AIS from our final recommendations in order to focus the legislature on FPHS.

DD: 1	**D: 14**	N: 1	S: 2	SS: 1

E. I believe that addressing AIS in our final product is outside the charter and charge of this group.

DD: 7	**D: 10**	N: 3	S: 0	SS: 0

F. I believe that by not addressing AIS directly in the final product we risk losing funding for it.

DD: 0	D: 2	N: 3	**S: 10**	SS: 5

Emmy McConnell from BER K presented on AIS funding sources. She explained that approximately 70% of AIS funding is federal categorical or fee spending; 20% is flexible state general fund and dedicated state funding; and 10% is flexible local government contributions. Therefore, only 10% of AIS money could be moved. 90% of AIS cannot be redirected.

A work group member pointed out that even with flexible dollars, the local dollars are leveraged to meet federal grants; therefore, are they really flexible dollars? Additionally, John pointed out that some of the DOH money is going to the community – not LHJS, which would be reflected in the LHJ numbers, but to other community-based organizations.

Work group members identified certain issues with the policy work group's approach to AIS: some want to recommend maintaining or increasing current funding for AIS while others did not want to ask for AIS funds in the group's recommendations.

A work group member asked, "Are we willing to sacrifice FPHS to continue with AIS?" He pointed out that hard choices had to be made. It was important to mention AIS, and say fund it at the same level. Another work group member pointed out that there should be a discussion about the statement – this group recommends that AIS funding should be maintained at the state and local level. Fauna pointed out that this disagreement is about something that is impossible for the policy work group to know regarding how much of the funding is at risk. Another work group member pointed out that the whole focus of this group is FPHS, which is where the focus should be. AIS is additional, it should be mentioned in the document, but it should not be as equal as AIS.

A policy work group member pointed out that as an elected official, he is required to fund Tuberculosis programs at $250,000, but his County funds the program at $2.8 million. Just because a county is required to provide a baseline does not necessarily mean the County will not provide additional funds.

A work group member explained that the biggest non FPHS topics are HIV/ AIDS and family planning that have big advocacy groups. A work group member pointed out that the political atmosphere of each county changes with every election. One county will not do the same thing in two years. The proposed changes should be based on statutes and per capita amounts.

A policy work group member stated, "We are all conflicted because all of these services are critically important. None are without risk. We get AIS funding that is placed on a foundation that is not there. I cannot keep getting categorical funding without a stronger foundation."

ADDITIONAL STATEMENT EXERCISE

Fauna asked work group to participate in another spectrum of agreement dot exercise. The three statements were:

1. Current state and local funding for AIS should be maintained

DD: 1	D: 2	N: 2	**S: 6**	SS: 4

2. There should be mechanisms in place to assure that local government maintains current support and encourages increased support for local public health or AIS.

DD: 0	D: 3	N: 1.5	**S: 6.5**	SS: 4

3. The state should continue to fund the LHJs for AIS. For locals to gain access to those funds, they must continue to spend what they are currently spending. Locals have to have the revenue tools available to maintain or increase funding.

DD: 1	D: 4.5	N: 0.5	**S: 7**	SS: 3

Overall comments included John saying the following, "we are asking the state to do a lot, and the as the Secretary of Health, I am happy to advocate for that. But, I need locals to say, I am there with you."

Due to the need for more discussion, Todd suggested it was not necessary to shut this topic off prematurely. This policy work group could roll over one more meeting to do more outreach to figure out the best language. The majority of work group members agreed, and responded that they would rather be right than fast.

Discussion of what to call AIS

Fauna stated that it seemed that most people did not like Important Public Health Services (IPHS), and people seem fairly happy with AIS - even though there is some discussion about AIS having a local reflection. Work group members suggested it is important to have a clear distinction between FPHS and AIS. Another work group member suggested it was not good for this group to determine the final name of AIS, but it was good to go with AIS now and plan to change it in the future.

ROUNDTABLE

Work group members contributed the following points during the closing roundtable. Regarding the process, they are excited to see the final product; happy to build on public health interests, and they thanked the DOH staff for working so hard. Members also commented that are a lot of public health issues in the news and it is a good opportunity to discuss the importance of public health. One work group offered this statement, "You don't want to build a house on a faulty foundation."

John brought up the importance of finding new funding mechanisms. He also stated, "I asked at the beginning of this that people stick with the process, and I am blown away that we have this representation at the table. It speaks volumes to the State of Washington, the leaders we have, and role we have played nationally in public health.

NEXT STEPS

- Next FPHS policy work group meeting will be on December 17th, 2014 from 9:30am – 3:30pm at the Museum of Flight in Tukwila, WA.
- There will be an additional FPHS work group meeting in January 2015.
- There will be an editing meeting scheduled for work group members that are interested in working closely with the language of the final document.