

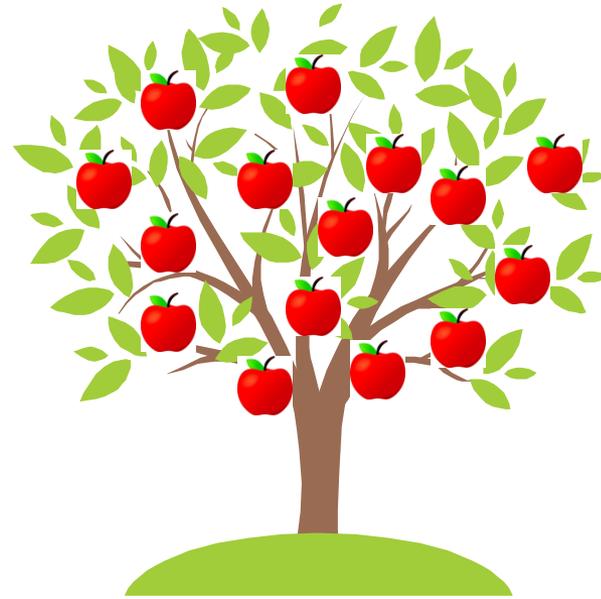
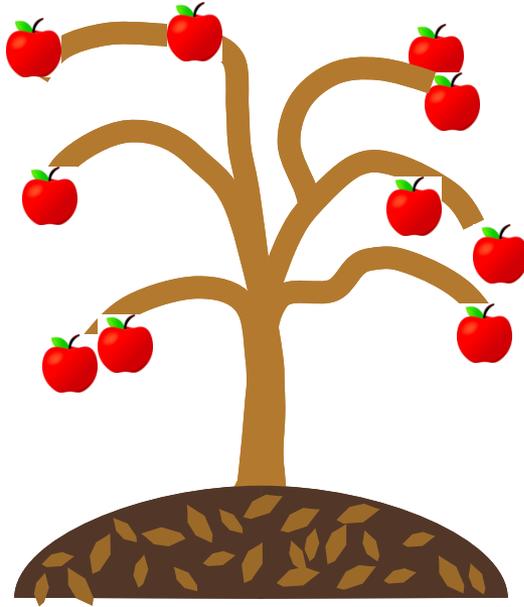
A LONG TERM STRATEGY FOR FUNDING FOUNDATIONAL PUBLIC HEALTH SERVICES STATEWIDE

John Wiesman, Secretary of Health, Washington State
Marilyn Scott, Vice Chairperson, Upper Skagit Indian Tribe

January 20, 2015 – NPAIHB Quarterly Meeting

The Problem

1



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

National – Recommendations from IOM Report 2012 For the Public's Health: Investing in a Healthier Future

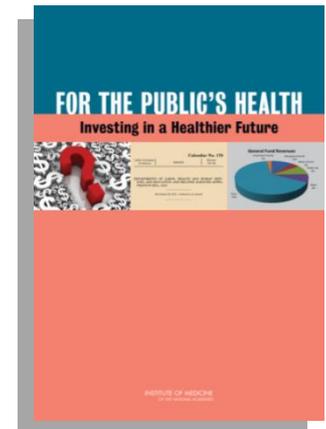
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Congress should

- Double the current federal appropriation for public health
- Authorize a dedicated stable, and long-term financing structure

HHS should

- Set life expectance targets, establish data systems for a permanent health-adjusted life expectancy target
- Establish a specific per capita health expenditure target to be achieved by 2030
- Enable greater state and local flexibility in the use of grant funds



National – Recommendations from IOM Report 2012 For the Public's Health: Investing in a Healthier Future

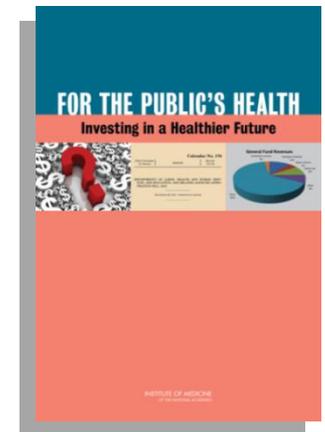
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An expert panel should

- Determine the components and cost of the minimum package
- Develop a model chart of accounts for use by public health at all levels

PH should

- Endorse a minimum package of public health services
- Work with partners to develop adequate clinical care capacity in communities
- State and local public health funding that is currently used to pay for clinical care should be reallocated by state and local governments to population-based prevention and health promotion activities conducted by public health departments



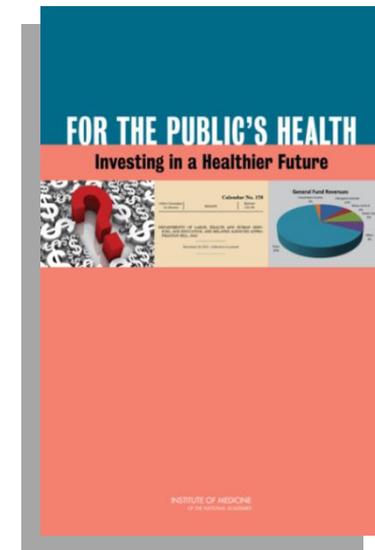
National – IOM Report Follow-Up

For the Public's Health: Investing in a Healthier Future

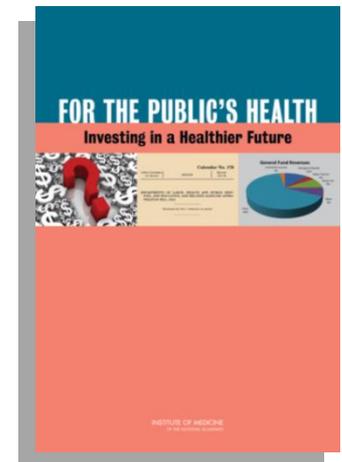
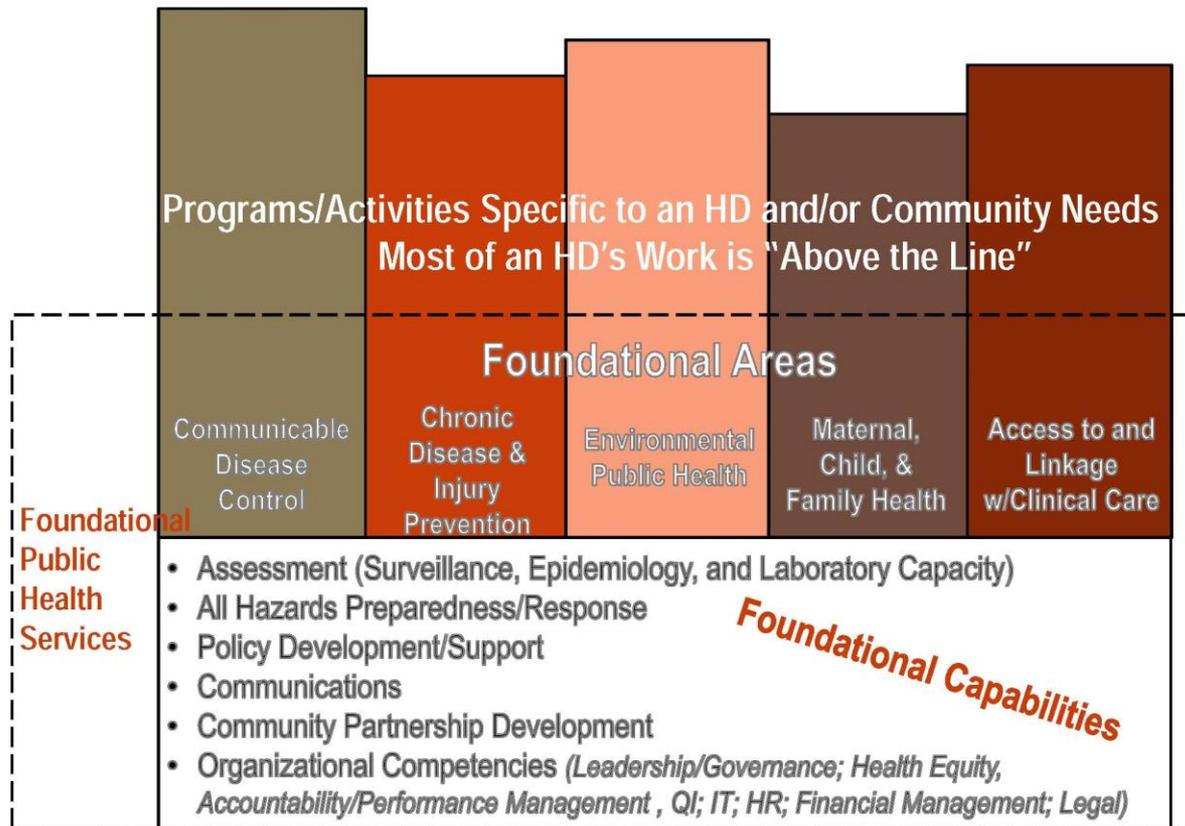
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National Workgroups 2013-2015

- Define a minimum package of public health services
- Estimate the cost of a minimum package of public health services
- Develop a chart of accounts for use by public health at all levels
- Discussion of Federal role in funding a minimum package of public health service



National – Draft Framework 2014



Washington State

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Reshape Public Health 2009-2010

PHIP Agenda for Change 2011-2012

PHIP Agenda for Change Action Plan 2012

PHIP Foundational Public Health Services 2013-2014

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 assure 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 combating infectious disease, a new set of preventable diseases has emerged. Although Washingtonians are living longer, they are still dying early from preventable causes, often following 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**
SUMMARY
2012



TABLE OF CONTENTS

- 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

Co-Chairs: Greg Grossenfelder, John Wietman
Members: Susan Allen, Inna Brewster, Corita Caruso, Dennis Dennis, Joe Finkbonner, David Fleming, Karen Jensen, Barry King, Mary Louker, Ian McDonough, Patrick O'Connell, Lisa Palmer, David Busch, Julie Van Buren, Mary Weidt
DOR Staff: Allison Meas, Hans Pflue

**Public Health
Improvement Plan
2012**





PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

**Foundational
Public Health Services**
A New Vision for Washington State
January 15, 2013



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

Tribal Participants

Steve Kutz, AIHC / Cowlitz
Sheryl Lowe, AIHC
Joe Finkbonner, NPAIHB

Tribal Participants

Jan Olmstead, AIHC
Joe Finkbonner, NPAIHB

Tribal Participants

Marilyn Scott, Upper Skagit
Andrew Shogren, Quileute
Barbara Juarez, NWIHB
Jan Olmstead, AIHC
Victoria Warren-Mears, NPAIHB

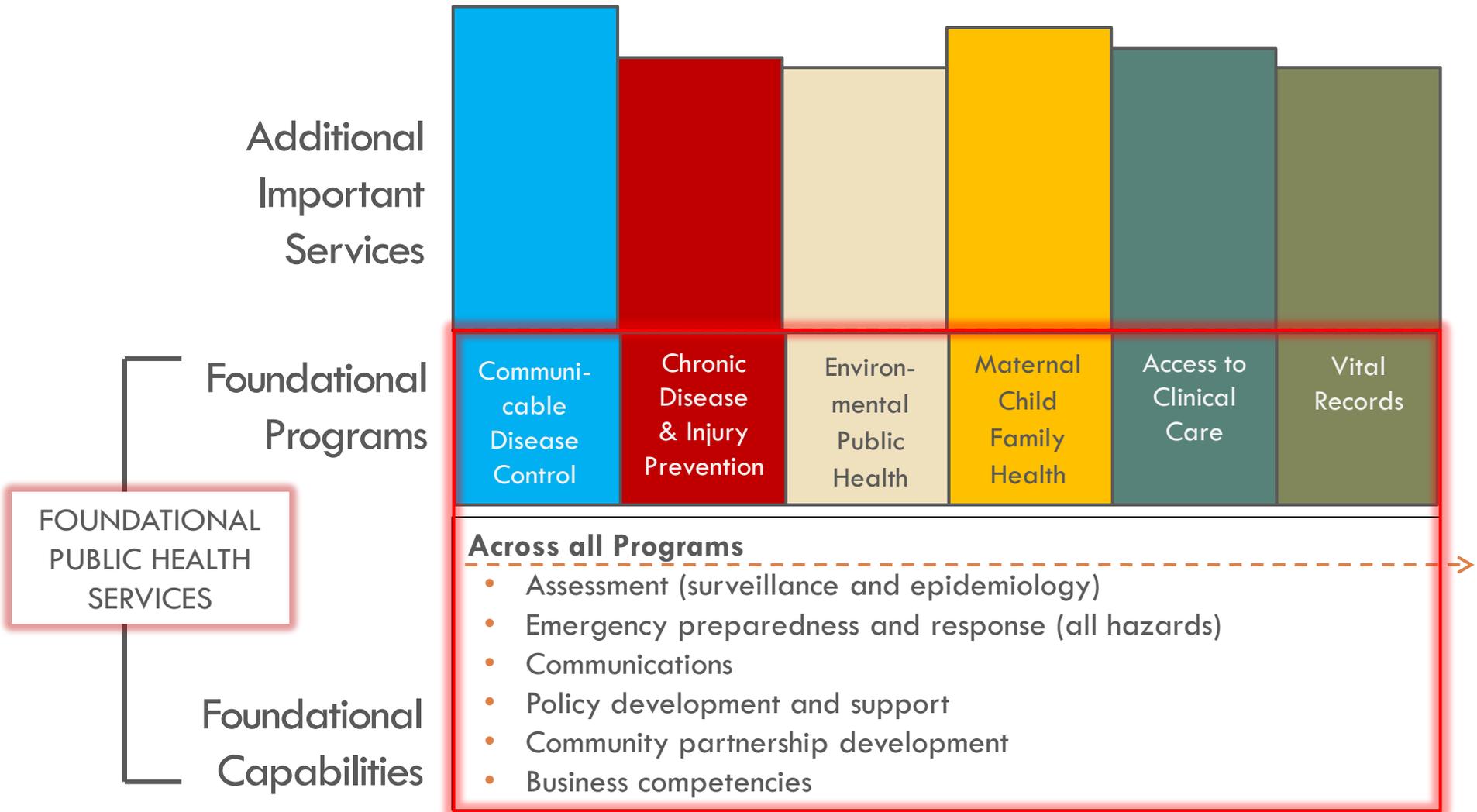
Washington State

Foundational Public Health Services (FPHS) 2013-2014

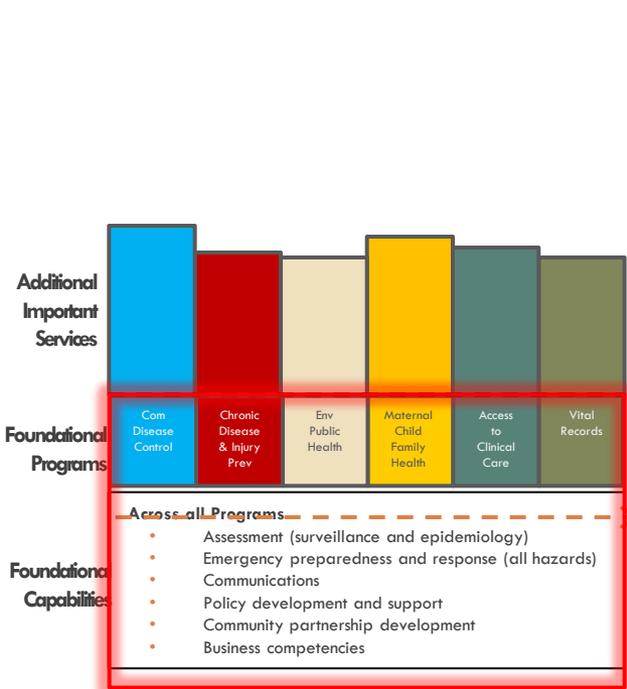
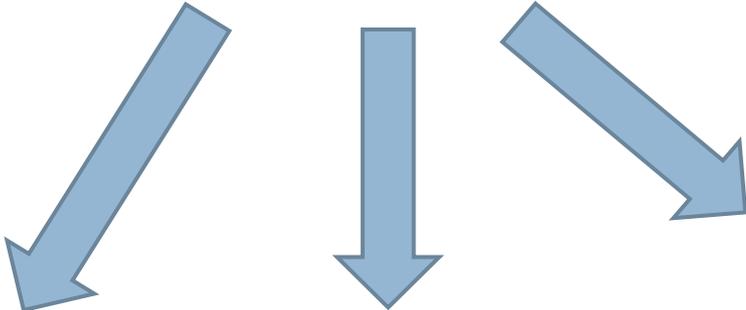
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- Changed the Terminology
 - ~~Minimum Package of~~ Foundational Public Health Services (FPHS)
- Defined what they are
- Estimated the cost
 - Of delivering them
 - What is currently spent on them
 - Identified the funding gap
- Recommended a funding model

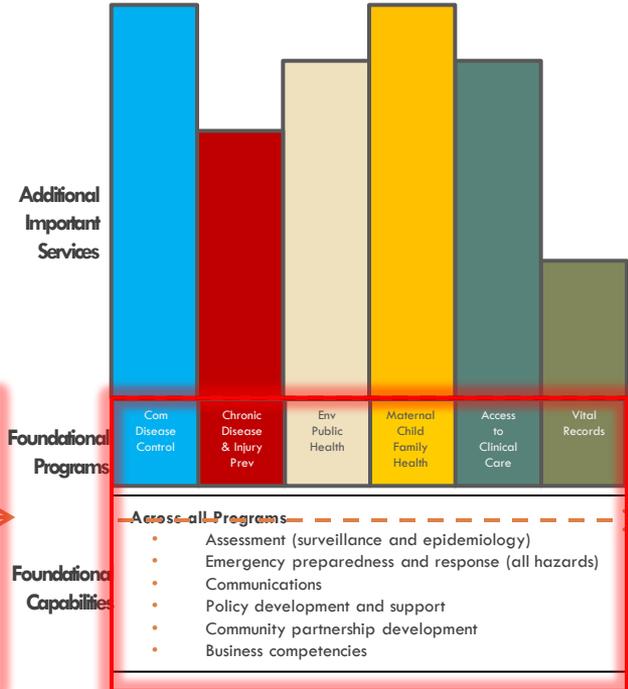
Washington State - FPHS Framework & Definitions



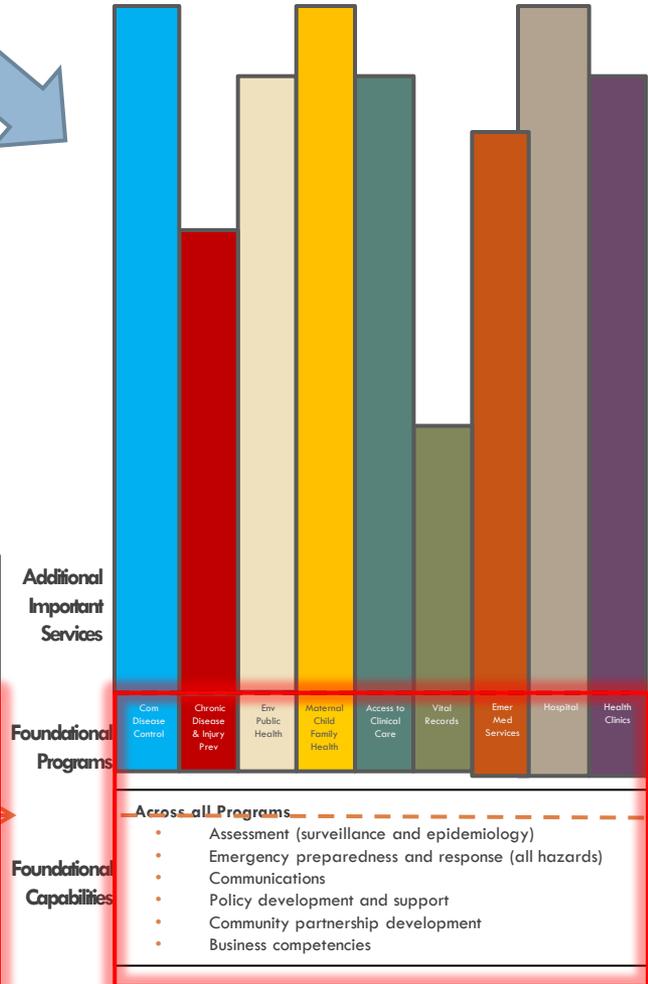
Health Departments Do More Than the FPHS



FOUNDATIONAL PUBLIC HEALTH SERVICES



FOUNDATIONAL PUBLIC HEALTH SERVICES



FOUNDATIONAL PUBLIC HEALTH SERVICES

Washington State – Conclusions & Recommendations (Dec. 2014)

10

- Conclusions: \$100M gap / shortfall in funding FPHS
- Recommendations
 - ▣ State should fund FPHS with a statutorily-directed revenues placed in a dedicated account
 - ▣ Allocations should be determined between state and local stakeholder
 - ▣ Develop an accountability structure
 - ▣ Local spending on AIS should be incentivized

Washington State – Conclusions & Recommendations (Dec. 2014)

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- Recommendations (continued)
 - ▣ Tribal public health, with support from the Department of Health, should convene a process to define how the *Foundational Public Health Services* funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people in Washington

Washington State – Next Steps 2015-2016

- Develop communication materials
- Develop the allocation model and accountability structure
- Identify public health services that should be using a shared deliver system
- Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions, gather and analyze current spending, and develop an estimate for future costs for delivery of these services.
- Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

Extra Slides

FPHS Policy Workgroup Scoping Tool

DRAFT 8/19/2014

GOVERNMENTAL PUBLIC HEALTH SERVICES IN WASHINGTON STATE

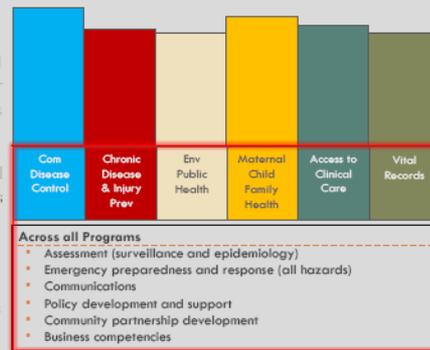
Provided by Tribal Public Health Departments, Department of Health, and Local Health Jurisdictions.

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

Program	Service Delivery	(1)	-	(2)	=	(3)	+	(4)	=	(5)
		FPHS Cost Estimate	FPHS Current Spending Estimate	FPHS Gap	FPHS Gap Adjustments	(a) Exclude LHI Spending Above Estimates	(b) Exclude Uncertain Revenue	Estimated FPHS Gap		
Foundational Capabilities	DOH	\$ 27.8 M		\$ 26.2 M		\$ 1.6 M	-	\$ 0.0 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 ⁶	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 ⁷	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
LHI Total		\$ 200.8 M		\$ 141.0 M		\$ 59.8 M	\$ 13.4 M	\$ 4.8 M		\$ 78.0 M
Total Statewide		\$ 380.2 M		\$ 298.5 M		\$ 81.6 M	\$ 13.4 M	\$ 4.8 M		\$ 99.9 M

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
Foundational Capabilities	75,695,000	27,750,000	47,945,000	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%
Foundational Programs	304,510,000	151,640,000	152,870,000	50%	50%
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%
Total Cost	380,205,000	179,390,000	200,815,000	47%	53%

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	
Foundational Capabilities	75,695,000	20%	27,750,000	15%	47,945,000	24%
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%
Foundational Programs	304,510,000	80%	151,640,000	85%	152,870,000	76%
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%
Total Cost	380,205,000		179,390,000		200,815,000	