GOVERNMENTAL PUBLIC HEALTH SYSTEM
Washington’s governmental public health system is comprised of:

- Washington State Department of Health (DOH)
- State Board of Health (SBOH)
- 35 local health jurisdictions (LHJs) – represented in this work by the Washington State Association of Local Public Health Officials (WSALPHO)
- 29 sovereign tribal governments and two urban Indian health programs – represented in this work by the American Indian Health Commission (AIHC)

The broader public health system is larger and includes other government organizations at the local, state, federal and tribal level, and partners, such as healthcare systems and community-based organizations / non-governmental organization. To move the needle on important health issues, the public’s health depends on all of these partners.

VISION
A responsive and viable governmental public health system is essential for healthy and economically vital communities across Washington.

GOAL
Full funding and implementation of FPHS, statewide.

OBJECTIVES
1. Adopt a limited statewide set of core public health services, called Foundational Public Health Services (FPHS). FPHS are a defined, basic set of capabilities and programs that the government is responsible for providing and must be present in every community to efficiently and effectively protect all people in Washington.
2. Fund FPHS primarily through state funds and fees that are predictable, sustainable and responsive to changes in both demand and cost.
3. Provide and use local revenue-generating options to address local public health priorities.
4. Deliver FPHS in ways that maximize efficiency and effectiveness and are standardized, measured, tracked, and evaluated.
5. Complete a tribally-lead process, with support from the Department of Health, 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, the State Board of Health, and local health jurisdictions can work together to serve all people in Washington.
6. Allocate resources through a collaborative process between state, local, and tribal governmental public health system partners.
Results from the FPHS Assessment indicate that additional funds needed from state government to fully fund FPHS statewide is $450 million per biennia. Based on this need, and lessons from the initial investment, recommendations include the following:

- Take a phased, multi-biennial approach to fully fund FPHS, and build the funding into the base budget for DOH. It is difficult to build a system on one-time funding.
- For the 2019-2021 investment, build on success by focusing on communicable disease control and prevention and add environmental public health, assessment, and its associated supporting capabilities.
- Scale up existing innovative service delivery models and create new ones, while balancing innovation with the need to reinforce capacity.

NOTE: The content above is from the 2018 Report to the Legislature titled: Rebuilding and Transforming Washington’s Public Health System: Final Report.

STEERING COMMITTEE (SC) CHARGE
The charge of the FPHS Steering Committee (SC) is to lead public health system transformation in Washington State. The SC includes representation from the four parts of the governmental public health system and works on behalf of these partners in guiding this transformation. The SC oversees and is informed and supported by its subcommittees. The SC makes policy and funding decisions with the aim of transforming the governmental public health system to equitably deliver FPHS statewide to protect and improve the health of all people in Washington.

STEERING COMMITTEE CO-CHAIR RESPONSIBILITIES
There is a co-chair from each of the four governmental public health partners. Each co-chair is asked to:

1. Participate in monthly pre-Steering Committee meeting calls to: a) provide input on the Steering Committee meeting agendas; and b) troubleshoot potential conflicts or disagreements to ensure collaborative and productive dialogue at Steering Committee meetings
2. Provide brief opening comments at the beginning of the Steering Committee meetings to help set the stage for the meeting.
3. Serve as the point-of-contact for constituents from their sector of governmental public health system partners as needed in between Steering Committee meetings.

STEERING COMMITTEE MEMBER RESPONSIBILITIES
There are SC members from each of the four governmental public health partners appointed to the SC by each partner group. Each SC member is asked to:

4. Attend Steering Committee meetings prepared to constructively contribute to discussions, share ideas, and listen to others. This also includes reviewing and providing comments on draft materials in-between meetings when requested.
5. Communicate the vision of public health transformation and share progress towards the vision with external stakeholders. Communicate clearly and openly among SC members and with partners.
6. Provide insight unique from her/his professional role and personal experience while keeping the system goals in mind.
7. Develop and share processes for seeking feedback from agencies that Steering Committee members represent, or work on behalf of, or other partners and key stakeholders to inform SC decision making.
8. Provide constructive feedback to the project management team on the process and progress.
STEERING COMMITTEE OPERATING PRINCIPLES

1. SC members actively participate in meeting discussions.
2. SC members’ time is valued. Respect will be shown for members by having a facilitator skilled at balancing pre-set agenda time with allowance for organic, relevant topic discussion.
3. The Steering Committee will operate by consensus.
4. SC decisions will follow the opportunity for expression of perspectives from each of the four sectors in the governmental public health system.
5. The SC will strive for unity in its decisions.
6. The SC support staff will prepare an initial meeting summary immediately following each meeting (by the following morning). It will include decisions made, follow up actions, and a list of participating members. Summaries will be shared broadly through WSALPHO, AIHC, SBOH and DOH.

SC meetings are safe places to ask questions for clarity and to help members build a cross-sector understanding of the entire governmental public health system.

PROJECT MANAGEMENT TEAM (PMT)

The PMT includes members from each of the four governmental public health partners appointed by each partner group. The role of the PMT is to coordinate the day-to-day work of all parts of the FPHS effort. PMT members provide support to all committees by planning and sequencing the work; designing meeting agendas; developing supporting materials for meetings and other uses; facilitating meetings and communication; tracking and coordinating the work flow.

STEERING COMMITTEE (SC) MEMBERS

Dave Windom, WSALPHO – Co-Chair
Maria Courogen, DOH – Co-Chair
Michelle Davis, SBOH – Co-Chair
Steve Kutz, AIHC – Co-Chair

Aren Sparck, AIHC
Amy Ferris, DOH
Andre Fresco, WSALPHO
Andrew Shogren, AIHC
Astrid Newell, WSALPHO
Charlene Nelson, AIHC
Cheryl Rasar, AIHC
Chris Bischoff, WSALPHO
Clark Halverson, DOH
Dennis Worsham, WSALPHO
Eric Johnson, WSAC
Jaime Bodden, WSALPHO
Jeff Ketchel, WSALPHO
Kelly Cooper, DOH

Keith Grellner, SBOH
Patty Hayes, WSALPHO
Scott Lindquist, DOH
Theresa Adkinson, WSALPHO
Vicki Lowe, AIHC

PROJECT MANAGEMENT TEAM (PMT) MEMBERS

Jaime Bodden, WSALPHO
Maria, Courogen, DOH, Executive Sponsor
Marie Flake, DOH
Patty Hayes, WSALPHO
Tamara Fulwyler, DOH Tribal Relations Director

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