Foundational Public Health Services (FPHS) was appropriated $12 million dollars in the 2017-2019 State Operating Budget. Of this, $1 million was dedicated to service delivery demonstration projects that focus on innovation and transformation of the governmental public health system. The Washington State Association of Local Public Health Officials (WSALPHO) ran a competitive grant process resulting in the selection of three demonstration projects developed by partnerships among LHJs to provide FPHS in a new way.

This summary describes the results of a 2018 formative evaluation examining implementation, early results, and lessons learned thus far from the implementing agencies. Through document review and interviews with the demonstration project participants nine months into implementation, we summarize themes about the benefits and limitations of new service delivery models, lessons about how to share services well, and perspectives on the future of new service delivery models for FPHS.

This full evaluation report documents each service delivery demonstration project as a case study and a companion document uses FPHS Assessment data to understand other programs or capabilities with potential for new service delivery models.
THE DEMONSTRATION PROJECTS

The three demonstration projects were selected from among seven applications that collectively represented nearly all LHJs in Washington State. All three test new approaches to delivering services relying on partnership among agencies, primarily related to Prevention and Control of Communicable Disease and Other Notifiable Conditions and Assessment (Surveillance and Epidemiology).

Statewide TB Resource Center.
Lead: Public Health - Seattle & King County.

Provides epidemiology and community health information available to health care providers in their communities.

Shared Epidemiology Services.
Lead: Spokane Regional Health District

Provides epidemiology and community health assessment expertise to multiple LHJs in Eastern Washington.

CROSS-CASE THEMES

FACTORS UNDERLYING SUCCESS

- Set-aside time and resources. The competitive grant opportunity and set-aside resources created a structure for intentionally designing and planning new service delivery models. This grant-funded dedicated time to plan and collaborate helped design more effective and efficient solutions, without added costs to agencies.
- Trust among participating LHJs. Trust was key to getting projects up and running and to taking the risk necessary to try different approaches. Interviewees cited many factors that built trust, including in-person interactions, existing relationships or history working together, shared goals and understanding of the need for the service, and recognition of each agency’s strengths and needs.
- Specialization. Across all three service delivery demonstration projects, each agency brought to the partnership something different and crucial for a working FPWS service. Mutual recognition of these comparative advantages enabled productive collaboration.
- Local presence. Interviewees in the projects emphasized the importance of maintaining local presence in the community and positioning the local LHJ as the primary resource for any community and the face of governmental public health. Staff at Lead LHJs commonly described their role as “customer service,” on “extension of staff,” or “behind the scenes” technical support for partner LHJs accordingly.

COMMON CHALLENGES TO NEW SERVICE DELIVERY MODELS

The service delivery demonstration projects faced common challenges including staff turnover, high opportunity costs of participation for partner agencies, managing appetite for risk and change, and funding ramp up.

- Staff turnover. Trust and relationship building are crucial aspects of initiating, implementing, and sustaining a transformation. Staff turnover hinders this process. At the same time, transitions underscore how new service delivery models can provide more stability in the future. This is crucial given current trends facing public health including an aging workforce, workforce being absorbed in other sectors, and changing needs of a new workforce. Public health can be more resilient to these shifts if services are provided in a more harmonized and distributed manner.
- Participation costs. Smaller agencies face high opportunity costs of participation. Staff who hold multiple responsibilities are constantly making trade-offs to participate.
- Communicating value. Communicating the long-term value of shifting to a service delivery model with local health board members and other stakeholders was a challenge for some partner LHJs. There can be perceptions of a risk of being accountable for a service, without control over that service. A related risk is diminishing the value of local contexts and needs over time and “cookie cutter approaches.”
- Ramp up time. Some agencies in the service delivery demonstration projects were unable to begin work on the new services until funds were released in December 2017. Project implementation was contingent on re-organization of existing duties and/or hiring in all cases, efforts that take significant ramp up time.

CHARACTERISTICS OF SERVICES THAT ARE GOOD CANDIDATES FOR SHARING

The case studies point to characteristics of services that are well-suited for sharing. When these characteristics are more universally applied as criteria, several more examples of candidates for sharing can be found among the FPWS.

- Infrequent or sporadic need for services that cost a significant amount of money. For example, surge disease investigations as demonstrated in the TB service delivery demonstration project, and periodic community health assessments.
- Expensive or rare skill set or expertise that is easily transferred or deployed in a time of need and/or does not need to live locally (can be provided from a distance). This is illustrated in the TB service delivery demonstration project regarding data, epi, and assessment services.
- Services with significant up-front capital and resource investment. For example, services such as higher-quality labs for TB and online resource development require relatively costly up-front investment in technology.
- Services with little marginal cost to increased participation and/or expanding a service to additional agencies. For example, TB ECHO (a video conferencing platform) can serve more people at very low marginal costs.
- Services that are or can be delivered “virtually.” All the cases demonstrated ways online and virtual platforms can be leveraged for information sharing, data collection, and case review with experts and among colleagues.