

Washington

PHNCI FPHS 21st CENTURY LEARNING COMMUNITY CASE STUDY EXECUTIVE SUMMARY



Public Health Players in Washington

State Health Authority:
Washington Department of Health (DOH)

35 local health departments (LHDs)

State Association for City and County Health Officials:
Washington State Association of Local Public Health Officials (WSALPHO)

29 Federally-recognized Tribal Nations

State Board of Health (SBOH)

Context of Foundational Public Health Services (FPHS) Public Health System Transformation

Increasing demand for public health services and reduced funding for core public health services, plus wide funding variation across Washington, led to inadequate infrastructure that was often not apparent until the public health system could not carry out a service that the public expects as a basic public health activity.

In 2010 and 2012, public health workgroups in Washington called for a long-term strategy for predictable and appropriate levels of public health funding in the state. They also addressed the question of “funding for what,” and defined a package of core public health services that the governmental public health system is responsible for providing and that no community should be without. The workgroup defined the **governmental public health system** as local health departments (LHDs), the Department of Health (DOH), the State Board of Health (SBOH), and Tribal Nations.

In 2014, a policy workgroup concluded that state government should be the primary funder for FPFS that are without a dedicated fee revenue or federal grant, and that local government funds should be re-directed to local public health priorities and additional important services (AIS), and estimated the “additional funds needed” from state government to fully implement the FPFS framework statewide. Since 2015, there has also been a Tribally-led process to define public health for sovereign tribal nations.

RWJF Project Objectives

The Robert Wood Johnson Foundation (RWJF) provided grant funding and support through the 21st Century Learning Community. Washington’s objective through the RWJF project was to advance the development and implementation of a comprehensive FPFS framework in Washington, and to inform the framework nationally.

What Happened

Washington received \$250,000 in RWJF grant funding over two years to support committee work, technical assistance, report writing, a communications campaign, planning for the FPFS cost assessment, and service delivery demonstration projects. The funding was supplemented with funds from WSALPHO, DOH, and an initial legislative investment.

Communications campaign. Starting in 2016, the Public Health is Essential campaign (www.publichealthisessential.org) was developed, to raise awareness about public health and the funding crisis with the general public.

Defining Governmental Public Health Roles and FPFS Cost Estimates. Washington’s FPFS framework defines the specific services, within

each of six program areas, that only government provides, and the six cross-cutting capabilities that must be present to support these services, and it defines the role of governmental public health. To determine the degree to which FPHS are currently implemented, state and local public health leaders conducted an assessment, estimated the costs of fully implementing FPHS statewide, and identified services that might lend themselves to consideration for new service delivery models.

Legislative Investment and Funding Allocation.

In 2017, the DOH made a \$60 million biennium budget request on behalf of the governmental public health system. The outcome was a \$12 million one-time initial investment in FPHS during a tough budget climate: Of \$10 million to LHDs, \$1 million was allocated by public health leaders to shared service delivery demonstration projects.

Service Delivery Models. A continuum of governmental service delivery models was developed. In 2017–2019, three shared service demonstration projects will test new service delivery models to increase access to expertise everywhere and increase the quality, consistency, and quantity of services provided with the funds available. Demonstration projects include:

- Establishing a tuberculosis response team to support all 35 LHDs;
- Providing epidemiology services to surrounding counties to assist with communicable disease and community assessment work; and
- Developing tailored provider resource websites for working with healthcare providers.

Population Health. Part of the FPHS work included partnering with the nine Accountable Communities of Health (ACHs) to demonstrate the value of public health and FPHS to the healthcare system.

Outcomes and Impacts of RWJF Grant Funded Work

- **Increased awareness** about public health and FPHS by the public, elected officials, colleagues, and partners.
- **Common language and definitions** of core services.
- Increased use of **FPHS framework for decision-making**.

Challenges Encountered

- **System change is difficult.** Public health system transformation is an iterative process and there is no clear starting place in the middle of existing service delivery when so much needs to be done.
- **There are tensions** between efficiently arriving at an answer and involving a broader group of stakeholders.
- **It was difficult to find a champion in the state legislature and communicate efforts with local elected officials and community partners.** Having state-level engagement and a legislative champion can help generate and maintain support for new funding.

Lessons Learned

- **Be strategic in legislative approaches.** Because this work is about transformation and not just funding, state and local public health leaders promoted a policy bill to codify the FPHS framework in law.
- **It is essential to develop a shared understanding of why public health matters** with key legislative stakeholders.
- **Language matters.** Washington moved from “public health modernization” to “public health transformation” because stakeholders felt “modernize” implied the system was outdated rather than underfunded.
- **Learn from others and build off their work.** Being able to reference Oregon and Ohio’s public health transformation work was helpful.

Next Steps

Results from the Washington FPHS cost assessment and the evaluation of the service delivery demonstration projects will be used to develop the transformation plan and legislative approach. This plan will report to the legislature on the initial \$12 million investment in FPHS. It will also include recommendations on how to proceed with transforming the public health system and fully implementing FPHS statewide in a phased, multi-biennia approach.