

PHNCI FPHS 21st Century Learning Community Case Study: Washington

Final Report | June 15, 2018

Key Takeaways

- Washington was facing a **lack of core public health funding** leading to an inability to protect the health and safety of its population. Public health leaders set out to advance the development and implementation of a comprehensive statewide foundational public health services (FPHS) framework.
- Washington built its efforts on a long history of state and local public health leaders working together. A key aspect of Washington's FPHS work was **defining the governmental public health system** as the Department of Health (DOH), local health departments (LHDs), Tribes, and the State Board of Health (SBOH); defining the services uniquely provided by the governmental public health system; and defining funding roles.
- Receiving the Robert Wood Johnson Foundation (RWJF) grant and having the **flexibility** to spend most of the funds during the first year was critical to Washington's success.
- In 2017, in response to a \$60 million budget ask, the state legislature allocated a one-time initial investment of **\$12 million** over the biennium: \$10 million to LHDs for critical communicable disease control with emphasis on shared services and \$2 million to the DOH for statewide efforts. Of the \$10 million for LHDs, WSALPHO and local public health leaders made the bold decision to allocate \$1 million of it to fund shared service delivery demonstration projects.
- Through three **service delivery demonstration projects**, public health leaders hope to test new service delivery models to increase access to expertise everywhere in the state and increase the quality, consistency, and quantity of services that are delivered with the funds available.

Public health players in Washington:

- State health authority:
Washington Department of Health (DOH)
 - Washington has **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)
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Context of FPHS Public Health System Transformation Work

Washington is facing the following public health challenges:

- **Changing nature of preventable disease:** Global travel and trade have led to higher exposures to new diseases, and those diseases spread more quickly. Old diseases such as measles and mumps are returning, and there are new cases of tuberculosis resistant to multiple drugs.
- **Increasing demand for public health services:** An increasing number of Washington residents are suffering from chronic diseases. Washington faces increases in adult and childhood obesity rates, an opioid addiction epidemic crisis, and tobacco use is the most preventable cause of death in the state. With a 12% population growth between 2006 and 2016, along with LHD staffing cuts up to 50%, service demands exceed capacity.
- **Reduced funding for core public health services:** Consistent reductions in state and county budgets over the years have led to increased dependence on categorical grants and fees to fund the public health system. Categorical grants, fees, and dedicated funds can fund specific programs and services, but they do not support core public health services. Local funding has decreased significantly, dropping 12.4% in per capita spending from 2005 to 2014 in real dollars.¹

These challenges plus wide funding variation across the state lead to inadequate infrastructure that may not be apparent until the public health system cannot provide a service that the public expects as a basic public health activity.

How Public Health System Transformation Started

Washington State has a history of state and local public health departments working well together. The FPHS work arose out of a need for stable public health funding, particularly after programs were significantly cut during the 2008 recession.

In 2010, a workgroup published *An Agenda for Change*, which, among other recommendations, called for a long-term strategy for predictable and appropriate levels of public health funding.² In 2012, a workgroup 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. This work drew from the concept described in the Institute of Medicine’s 2012 Report, *For the Public’s Health: Investing in a Healthier Future*, and the work coming out of the Public Health Leadership Forum around that time. The workgroup defined the **governmental public health system** as local health departments (LHDs), the Department of Health (DOH), State Board of Health (SBOH), and Tribal Nations. The funding gap to fully implement FPHS statewide was initially estimated in 2013 at \$100 million per year.

In 2014, a policy workgroup of local and tribal elected officials; state government; local, tribal, and state public health agencies; and statewide associations came together to determine who should pay for

¹ A Plan to Rebuild and Modernize Washington’s Public Health System, December 2016.

<https://www.doh.wa.gov/Portals/1/Documents/1200/FPHS-PublicHealthModernizationPlan2016.pdf>

² An Agenda for Change, October 2010. <https://www.doh.wa.gov/Portals/1/Documents/1200/A4C-Agenda.pdf>

foundational services. They concluded that the state government should be the primary funder for FPHS 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).

This conclusion represented a shift in funding responsibilities and clarification of expected funding roles. With this re-definition of responsibilities in mind, the 2013 cost estimate was updated to 2016 dollars, SBOH costs were added, and fee revenue and local government funds that are currently used to support FPHS were removed, to estimate the “additional funds needed” from state government to fully implement the FPHS framework statewide. The resulting estimate was \$156-172 million per year.

Since 2015, there has also been a Tribally-led process to define public health for sovereign tribal nations, which are part of the governmental public health system. 2017 was spent learning more about the National Indian Health Board’s Public Health Profile Survey and data set, other aspects of tribal public health, and preparing to hold regional meetings with tribes in the following year.

RWJF Project Objectives

The Robert Wood Johnson Foundation (RWJF) provided grant funding and support through the 21st Century Learning Community to advance these public health transformation efforts. Washington’s objective through the RWJF project was to advance the development and implementation of a comprehensive FPHS framework in Washington, and to inform the framework nationally. The vision of public health leaders was to create a modern and sustainably-funded governmental public health system encompassing Tribal Nations, LHDs, DOH, and SBOH that functions and is valued as an essential and fully funded component of a transformed healthcare system and key asset for communities in creating a culture of health.

Washington applied for the RWJF grant with the following objectives and deliverables:

PROPOSED PROJECT OBJECTIVES	PROPOSED PROJECT DELIVERABLES
<ul style="list-style-type: none"> ▪ Advance the development and implementation of a comprehensive FPHS framework in Washington; determine how to align FPHS framework with Public Health Advisory Board standards and accreditation process. ▪ Demonstrate how implementation of a comprehensive FPHS framework informs the development of a more comprehensive and collaborative public health system. ▪ Demonstrate the value of public health and comprehensive FPHS framework to the health care system and health reform. Coordinate with existing health transformation efforts, such as Healthier Washington, to ensure that public health reforms align with state and national healthcare reform. ▪ Demonstrate how implementation of a comprehensive FPHS framework can impact improving a health determinant or a health status outcome. ▪ Assist PHNCI in achieving its goals. Capture best practices, measure progress, and communicate results. 	<ul style="list-style-type: none"> ▪ Refined definitions and updated cost estimates and funding need for FPHS. ▪ Service delivery options for FPHS. ▪ Funding allocation models for FPHS. ▪ Accountability system for FPHS. ▪ A comprehensive FPHS framework that integrates the elements listed above. ▪ Communication plan and products for FPHS. ▪ Description of the value FPHS brings to a transforming health system. ▪ Examples of how FPHS contributes to improving determinants of health and health status outcomes. ▪ Participation in national dialogues and efforts.

What Happened

Washington received **\$250,000** in RWJF grant funding over two years. This funding was primarily used during the first year and was supplemented with non-grant funds.

FIRST YEAR OF GRANT (2016-17)	SECOND YEAR OF GRANT (2017-18)
<ul style="list-style-type: none">▪ 21st Century Public Health Grant/RWJF: \$225,000 to consultants to support committee work, technical assistance, report writing, planning for FPHS Assessment in the first 15 months of grant period.▪ WSALPHO: \$50,000 toward communication campaign – The majority of this campaign was paid with other funds, but the televised town hall events (English and Spanish) were paid for with grant funds.▪ DOH (2016): \$50,000 to consultants to support the Technical Workgroup.	<ul style="list-style-type: none">▪ 21st Century Public Health Grant/RWJF: \$25,000 to consultants to evaluate the shared service demonstration projects▪ DOH (January – June 2017): \$70,000 to consultants to support committee work, technical assistance, development of functional definitions manual, and report writing.▪ DOH/Initial investment from Legislature (July 2017 – December 2018): \$330,000 to consultants to support committee work, technical assistance, administer and analyze the statewide FPHS assessment and report writing.

Defining Governmental Public Health Roles and FPHS Cost Estimates

In Washington State, most health departments do not provide direct clinical/medical services. A few continue to provide traditional public health clinic services like administering immunizations, STD testing and treatment, or providing family planning exams and methods. In most cases, community-based organizations, community hospitals, and other organizations provide these services.

Washington had been moving toward thinking of the governmental public health system holistically, rather than as individual agencies. A key part of Washington’s FPHS process was to define the role of governmental public health. Washington’s FPHS 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. Together, these are the core public health services that must exist everywhere for the services to work anywhere.

The role of governmental public health is to act as a community strategist with a focus on the foundational services of data, planning, and working with partners to develop and implement prioritized plans, seek resources, and advocate for high priority policy initiatives. As an example, promoting immunizations is considered “foundational” while giving the shot is defined as an “additional important service” because it can be provided by a doctor at the drug store or community-based organization.

In 2018, state and local public health leaders worked with a consultant to conduct a comprehensive FPHS assessment to determine the degree to which FPHS are currently implemented, estimate the costs of fully implementing FPHS statewide and identify services that might lend themselves to consideration for new service delivery models.

Legislative Investment

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 this \$12 million for the biennium:

- **\$2 million** is being invested at the state level to implement statewide strategies to control the spread of communicable disease and other strategies;
- **\$9 million** is being invested in the 35 LHDs to shore up critical communicable disease control and related capabilities;
- **\$1 million** is funding three service delivery demonstration projects to test new models for increased effectiveness and efficiency. These projects were selected from seven proposals and began in December 2017, going through June 2019. The evaluation launched in 2018.

Service Delivery Models

In 2016, a sub-committee of local public health leaders worked with a consultant to develop a continuum of governmental service delivery models. Specific foundational public health services can be considered in light of the continuum to determine the best fit from highly decentralized to highly centralized, presenting possibilities for innovation and development of new service delivery models. In 2017-2019, three shared service demonstration projects are funded by \$1 million of the \$12 million legislative investment. These projects will test new service delivery models related to assessment and communicable disease to see what lessons can be learned.

- **Public Health Seattle King County** is establishing a tuberculosis response team for all 35 LHDs to provide expertise on prevention and control, technical assistance, and coordination to all LHDs statewide.
- **Spokane Regional Health District** is providing epidemiology services to surrounding counties in Eastern Washington to assist with communicable disease and community assessment work.
- **Tacoma-Pierce County Health District** is developing tailored Provider Resources websites for LHDs, customized to the LHDs' unique provider and community needs, to provide timely information to health care providers in their communities.

A goal of these projects is to 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. The evaluation will document these cases in a common framework to investigate the benefits and drawbacks of the new service delivery models.

Progress toward Deliverables

Washington has made important progress toward each of its project deliverables.

PROPOSED DELIVERABLES	ACTUAL EFFORTS & ACCOMPLISHMENTS
<ul style="list-style-type: none"> Refined definitions and updated cost estimates and funding need for FPHS. 	<ul style="list-style-type: none"> Published the <i>2016 Plan to Rebuild and Modernize Washington's Public Health System</i> report (report to the legislature), the 2017 FPHS Functional Definitions Manual, and the 2017 <i>Rebuilding and Transforming Washington's Public Health System: Preliminary Report</i> (report to the legislature). The 2018 Assessment Report (forthcoming in summer 2018) will provide further updates to the cost estimate using a comprehensive data set that includes estimates for all LHDs, DOH, and SBOH.
<ul style="list-style-type: none"> Service delivery options for FPHS. 	<ul style="list-style-type: none"> Created the Continuum Concept in 2016 and funded three service delivery demonstration projects in 2017, which will be evaluated in 2018.
<ul style="list-style-type: none"> Funding allocation models for FPHS. 	<ul style="list-style-type: none"> Allocated the legislature's one-time initial investment of \$12 million, but more work is needed.
<ul style="list-style-type: none"> Accountability system for FPHS. 	<ul style="list-style-type: none"> Developed an accountability process for the one-time initial investment, but more work is needed.
<ul style="list-style-type: none"> A comprehensive FPHS framework that integrates the elements listed above. 	<ul style="list-style-type: none"> FPHS framework is in place for the one-time initial investment from the legislature, but more work is needed.
<ul style="list-style-type: none"> Communication plan and products for FPHS. 	<ul style="list-style-type: none"> The Public Health is Essential campaign was developed and implemented starting in 2016 and is ongoing.
<ul style="list-style-type: none"> Description of the value FPHS brings to a transforming health system. 	<ul style="list-style-type: none"> Developed initial descriptions and continues to hold dialogue with partners.
<ul style="list-style-type: none"> Examples of how FPHS contributes to improving determinants of health and health status outcomes. 	<ul style="list-style-type: none"> Developed initial descriptions, but more work is needed. The shared services demonstration projects are producing Community Health Assessments and Community Health Improvement Plans that will allow local communities to focus on this.

Population Health

One of Washington's project goals was to demonstrate how implementing a comprehensive FPHS framework could impact improving a determinant of health or a health status outcome. Washington has nine Accountable Communities of Health (ACH), which bring together leaders from multiple health sectors; support local health improvement plans; support local and statewide initiatives such as Medicaid Transformation; and align resources to improve health and wellness. Each region is pursuing Medicaid transformation through health systems capacity building, care delivery redesign, prevention and health promotion, and increased use of value-based payment models that reward providers for quality of care.

Part of Washington's FPHS work included partnering with the ACHs to demonstrate the value of public health and FPHS to the health care system. When they are supported by a governmental public health system that provides the foundational capabilities and programs, ACHs can better organize, use data and best practices, coordinate, and work together effectively to maximize collective impact to achieve improvements in social determinants of health, population health, and create a culture of health.

Outcomes and Impacts of RWJF Grant Funded Work

Increased awareness. This work has increased understanding about public health and FPHS by the public, elected officials, colleagues, and partners.

Common language and definitions of core services. Having clear definitions and a shared vocabulary has facilitated communication and advanced efforts to think about the unique role of governmental public health and how it interfaces with community partners, what value it brings and how it supports their success. The work has led to important dialogue around the role of the chief/community health strategist and how to develop consensus among partners about what these roles mean.

Increased use of FPHS framework for decision-making. FPHS has been used in agency budget decisions, program changes, and with partners such as the ACH and health system and community partners.

Governmental public health funding. The legislature's \$12 million initial investment for FPHS focused on communicable disease improvements, measuring the impact and testing new service delivery models for efficiency and effectiveness.

Communications campaign. The Public Health is Essential campaign (www.publichealthisessential.org) was developed, which includes a website, social media materials, and televised town hall meetings. The campaign first conducted focus groups to identify the public health services that people value most, and language and images to convey the message about these services and that public health is essential in their daily lives. The town halls helped to stir interest and raise awareness about public health and the funding crisis within the general public.

Challenges, Lessons Learned, and Next Steps

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. Most human beings are resistant to change by nature and this is about significant change to the status quo.
- **There are tensions between efficiently arriving at an answer and involving a broader group of stakeholders.** There are many questions and challenges over control and decision making: who gets to make decisions, who owns those decisions, and why, especially in a home-rule state. Who gets to decide what in a decentralized system?
- **It was difficult to find a champion in the state legislature and communicate efforts with local elected officials and community partners.** The nine Accountable Communities of Health are sponsored by another state agency, which raises the question of why the legislature should fund

both. Having state-level engagement and a legislative champion can help generate and maintain support for new funding. It is important to have a critical mass of local leaders who are on board with the idea of public health transformation.

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. This had the added benefit of providing opportunities to speak at public hearings on the bill and continue to inform and dialogue with legislators and their staff about these ideas.
- **It is essential to develop a shared understanding of why public health matters with key legislative stakeholders.** Funding will not come unless the legislators understand what they are buying and how it will improve outcomes.
- **Language matters.** Washington moved from “public health modernization” to “public health transformation” because connotations around the word “modernization” were distracting stakeholders from supporting the process as they 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 in the process of developing the state’s own framework.

Next Steps

- **Use data for planning.** While conducting the FPHS assessment and awaiting the results, state and local public health leaders used the report and data from the Oregon FPHS assessment to become familiar with the data displays and concepts presented and to practice making policy and strategy choices, with the intention of swapping in Washington data when available and refine decisions. Results from the impact measures and the evaluation of the service delivery demonstration projects will also be used to develop the transformation plan and legislative approach.
- **Develop a public health transformation plan.** This plan will report to the legislature on the initial \$12 million investment in FPHS including how the funds were spent, what was bought, outputs, impact, results of the shared service demonstration projects, and the results of the comprehensive FPHS assessment. It will also include recommendations from state and local public health leaders, based on data and the experience with the initial investment, on how to proceed with transforming the public health system and fully implementing FPHS statewide in a phased, multi-biennia approach.
- **Develop strategies for moving the plan forward.** State and local public health leaders will develop and implement strategies, both legislative and non-legislative policy actions, to continually advance the transformation plan and transform the public health system in Washington.

National Implications of Work Completed

Washington continues to promote the link between accreditation and foundational capabilities, and will continue to explore a systems approach to accreditation. In the future, public health leaders hope to coordinate with the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO) on this work and facilitate the movement toward a common framework, a set of definitions, the role of the chief/community health strategist, and clear funding roles for the governmental public health system. Creating clear definitions and roles can help health care and community partners know what to expect and how to work together with public health to address determinants of health.

Washington's objectives include sharing information and working with other states and national groups to help those ideas evolve into a proposal for a clearly defined and adequately funded governmental public health system across the country. State and local public health leaders also plan to coordinate with existing health transformation efforts to ensure that public health reforms align with state and national healthcare reforms.

Sources

- 21st Century Public Health Grant Washington State: Project Summary, March 2, 2018
- 21st Century Grantee 6-Month Progress Reporting Washington, March 1, 2017- September 30, 2017
- Department of Health, *A Plan to Rebuild and Modernize Washington's Public Health System Report*, December 2016. <https://www.doh.wa.gov/Portals/1/Documents/1200/FPHS-PublicHealthModernizationPlan2016.pdf>
- Department of Health, 2017-2019 Budget Request. https://www.doh.wa.gov/Portals/1/Documents/9220/B1_FPHSModernizationLHJFunding.pdf
- Department of Health, *An Agenda for Change*, October 2010. <https://www.doh.wa.gov/Portals/1/Documents/1200/A4C-Agenda.pdf>
- Department of Health, *Foundational Public Health Services: A New Vision for Washington State*, January 2015. <https://www.doh.wa.gov/Portals/1/Documents/1200/FPHSp-Report2015.pdf>
- Department of Health, *Foundational Public Health Services: A New Vision for Washington State (Summary)*, April 2016
- Department of Health, *Foundational Public Health Services Functional Definitions Manual*, 2017. <https://www.doh.wa.gov/Portals/1/Documents/1200/WA%20FPHS%20Functional%20Definitions%20Manual%2011-17.pdf>
- Department of Health, *Rebuilding and Transforming Washington's Public Health System: Preliminary Report*, December 2017. <https://www.doh.wa.gov/Portals/1/Documents/1200/FPHS-2017Report.pdf>
- RWJF Grant Full Proposal Narrative: WSALPHO FPHS Phase 3
- PHNCI Learning Community Meeting Agendas: November 10-11, 2016; October 12-13, 2017; April 11-12, 2017
- PHNCI, *Transforming Public Health Systems: Stories from 21st Century: Part 1*, September 2016
- PHNCI, *Transforming Public Health Systems: Stories from 21st Century: Part 2*, January 2018
- WSALPHO Annual Narrative Report, Year 1 of 2 Year Award, February 28, 2017