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Presenter Affiliations: WA State Dept of Health

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Meeting: Public Health PBRN DACS Methods Development Workshop
Sponsor Organization: National Coordinating Center for PHSSR and PH PBRN
Date: September 27, 2013
Location: Lexington, Kentucky

FOUNDATIONAL PUBLIC HEALTH SERVICES:
Washington State's Development Efforts

Martin Mueller, Director
Public Health Systems Development, WA Dept of Health

AOHC 2013 Fall Conference | Sept 2013

OUTLINE

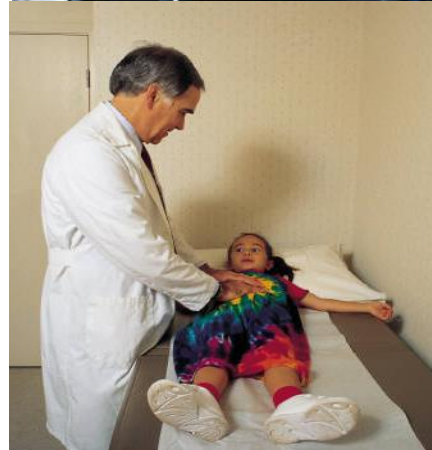
- Public health in Washington State
- Defining Foundational Public Health Services
- Developing a cost model for Foundational Public Health Services
- Where we go from here

PUBLIC HEALTH IN WASHINGTON STATE

- Decentralized - county government has primacy for health and safety
- Counties governed by 3 elected county commissioners who determine how to structure local public health
  - Department of County Government – stand-alone public health agency or combined health and human services
  - Special Purpose District – single county or multi-county
- Washington's 39 counties are served by 35 local health agencies

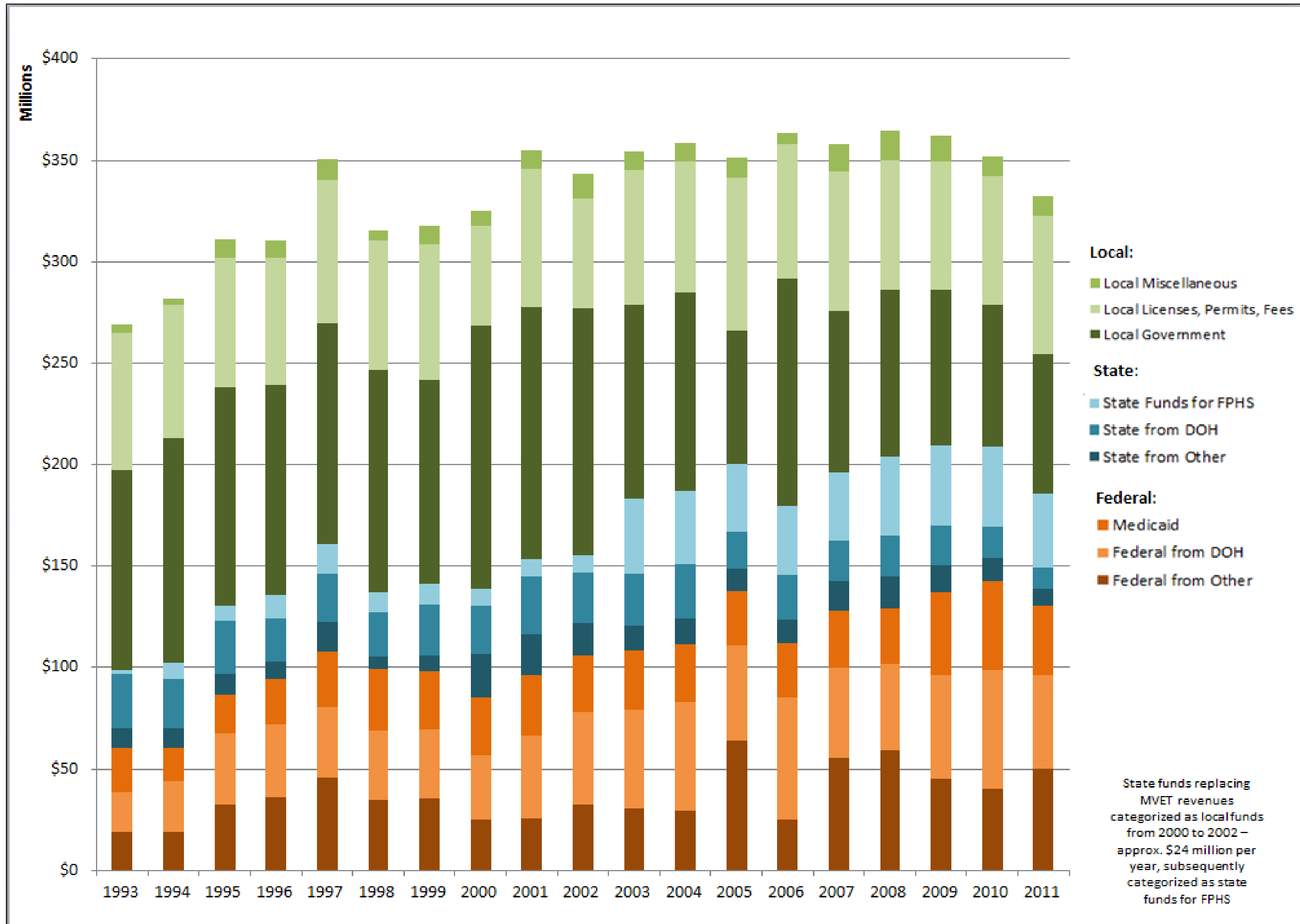
PUBLIC HEALTH IN WASHINGTON STATE

- Chronic under-funding of public health
- Acute state and local budget reductions
- Vulnerability of a pool of state dollars for core support of local public health services
- Proposed elimination of these resource in legislative session after session



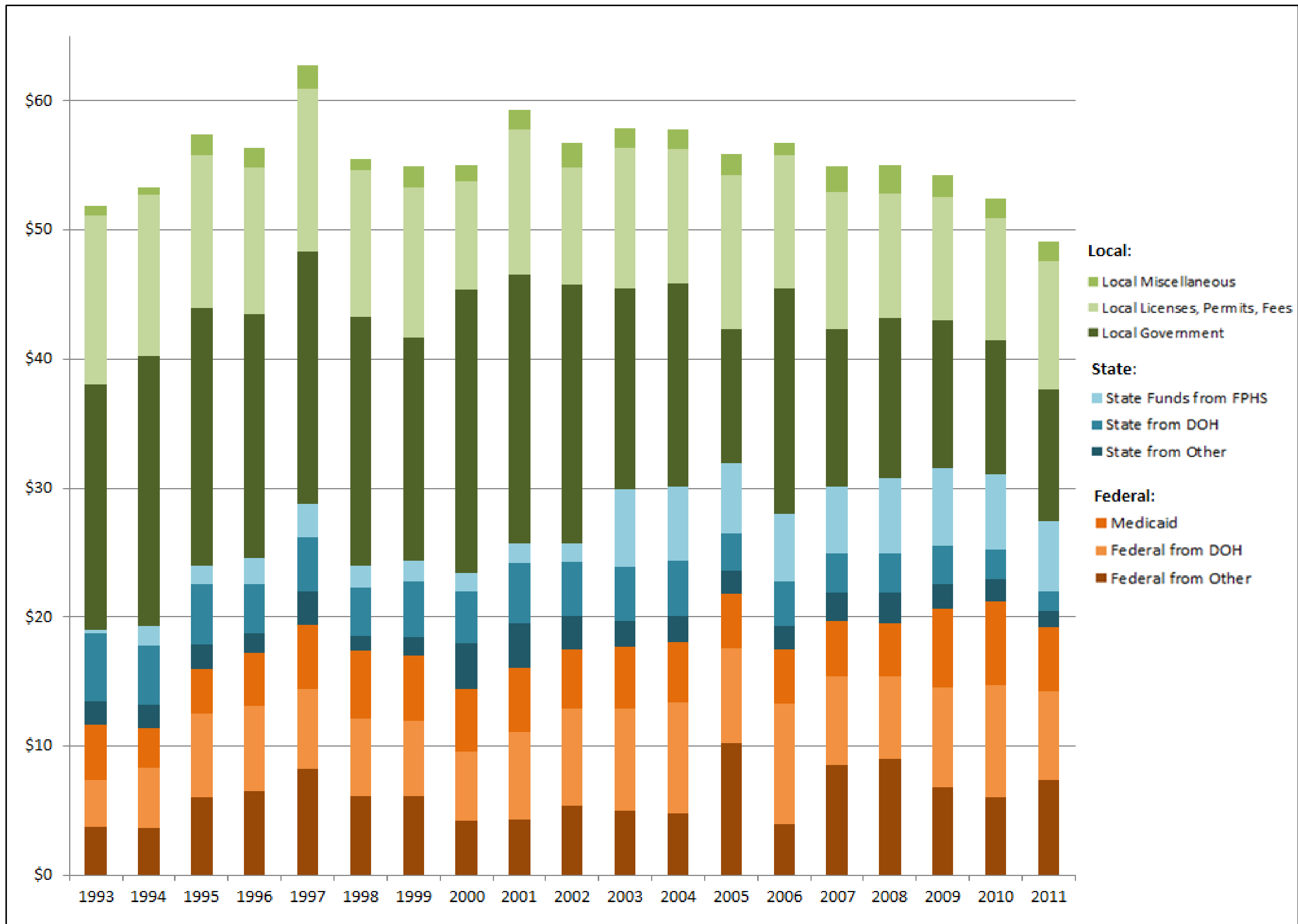
TOTAL EXPENDITURE BY DETAILED FUNDING SOURCE

WA LOCAL HEALTH AGENCIES 1993 – 2011 *(inflation adjusted, 2010 dollars)*

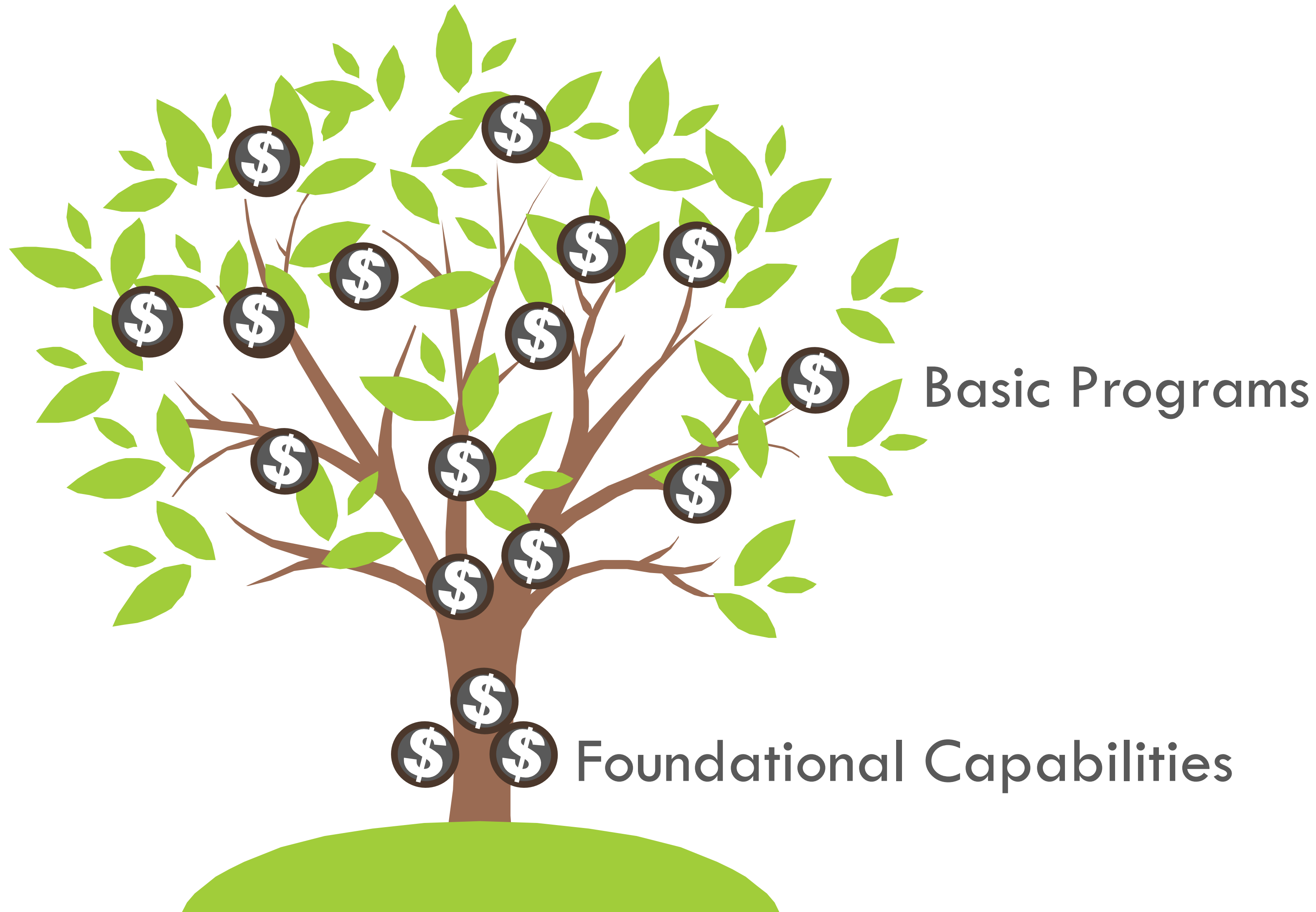


PER CAPITA EXPENDITURE BY DETAILED FUNDING SOURCE

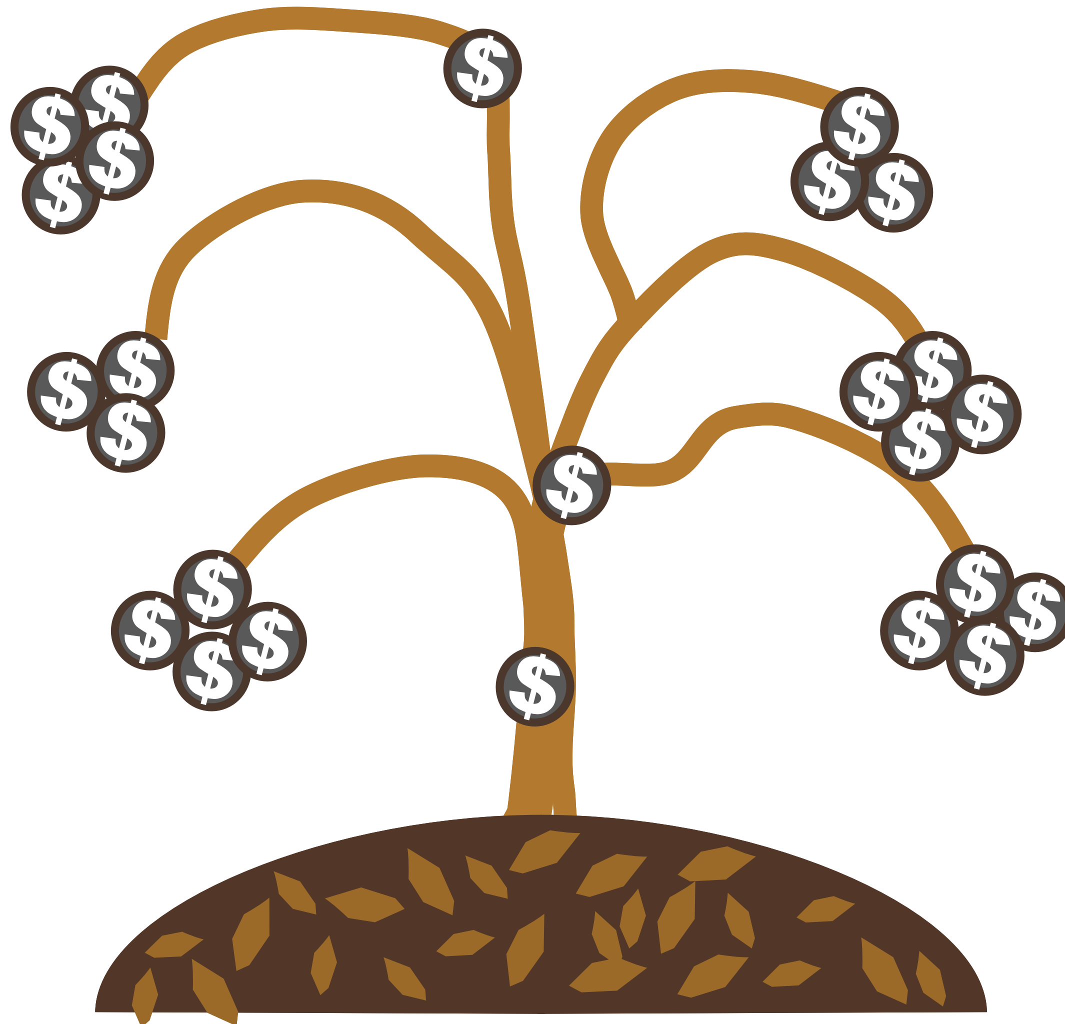
WA LOCAL HEALTH AGENCIES 1993 – 2011 *(inflation adjusted, 2010 dollars)*



IDEAL PUBLIC HEALTH DEPARTMENT



ACTUAL PUBLIC HEALTH DEPARTMENT



ADDITIONAL CONTEXT FOR OUR WORK

- Through our Public Health Improvement Partnership, we have strong state/local partnerships and engaged stakeholders
- Influence of public health standards
  - Washington State standards
  - Public Health Accreditation Board standards
- Urgency regarding stabilizing public health funding

TIMELINE – A QUICK OVERVIEW

2009 - Reshaping Governmental Public Health Workgroup

2010 - Published: *An Agenda for Change*

2011 - Public Health Improvement Partnership 'commissions' an Agenda for Change Workgroup

2012 - Published: *Agenda for Change Action Plan Summary*

2012 - Partnership adopts *Agenda for Change Action Plan* as the Public Health Improvement Plan, which includes ongoing work on Foundational Public Health Services

'AGENDA' INCORPORATED INTO PHIP 2011-2012

Public Health Improvement Partnership (PHIP)

PARTNERSHIP

Co-Chairs: Secretary of Health; LHJ Director

- State Board of Health
- Department of Health
- WA State Association of Local PH Officials
- Local Health Agencies
- Local Boards of Health
- Tribal Nations
- American Indian Health Commission
- DHHS Region X

EX OFFICIO MEMBERS

- WA Health Foundation
- UW/NW Center for PH Practice
- WA State PH Association
- Individuals/organizations with expertise in IT, communications, workforce development, finance, legislative policy

ACTIVITIES & SERVICES

INDICATORS

STANDARDS

AGENDA FOR CHANGE

Communicable Disease & Other Health Threats

Healthy Communities & Environments

Partnering with the Healthcare System

Ver 1. Funding Core Services
Ver 2. Minimum Package of Public Health Services
Ver 3. FPHS

June 2012

FOUNDATIONAL PUBLIC HEALTH SERVICES SUBGROUP *(January 2012 - present)*

OUR GOAL

Long-term strategy for predictable and appropriate levels of funding

- How much funding is enough?
- Funding of what?
- What must be everywhere for the system to work anywhere?

FOUNDATIONAL PUBLIC HEALTH SERVICES SUBGROUP *(January 2012 - present)*

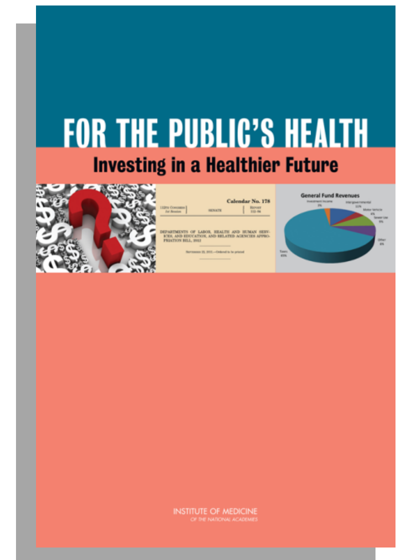
OUR PLAN

- Conduct a literature review/environmental scan – what's happening elsewhere?
- Define Foundational Public Health Services (both capabilities and programs); identify examples of other important programs
- Develop a cost model for Foundational Public Health Services
- Ensure work can be sustained in face of major transitions
- Identify and address key funding and policy questions and implications
- Prepare and pursue a proposal to fund Foundational Public Health Services

IOM RECOMMENDATIONS FOR A MINIMUM PACKAGE

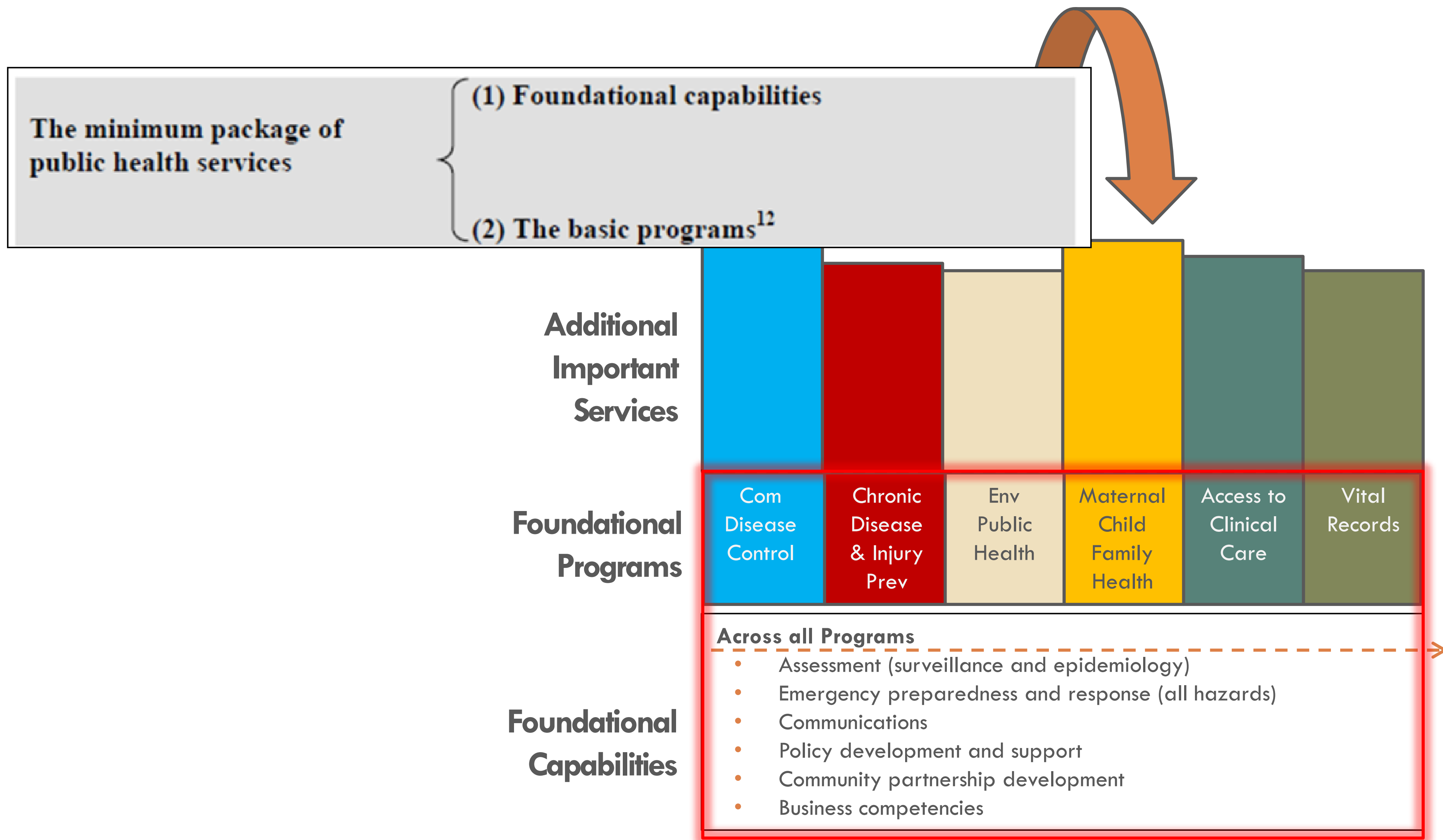
- All levels of government should endorse the need for a minimum package of public health services that includes foundational capabilities and an array of basic programs that no health department should be without stakeholders

- Stakeholder process to determine elements of the minimum package, made up of foundational capabilities and basic programs

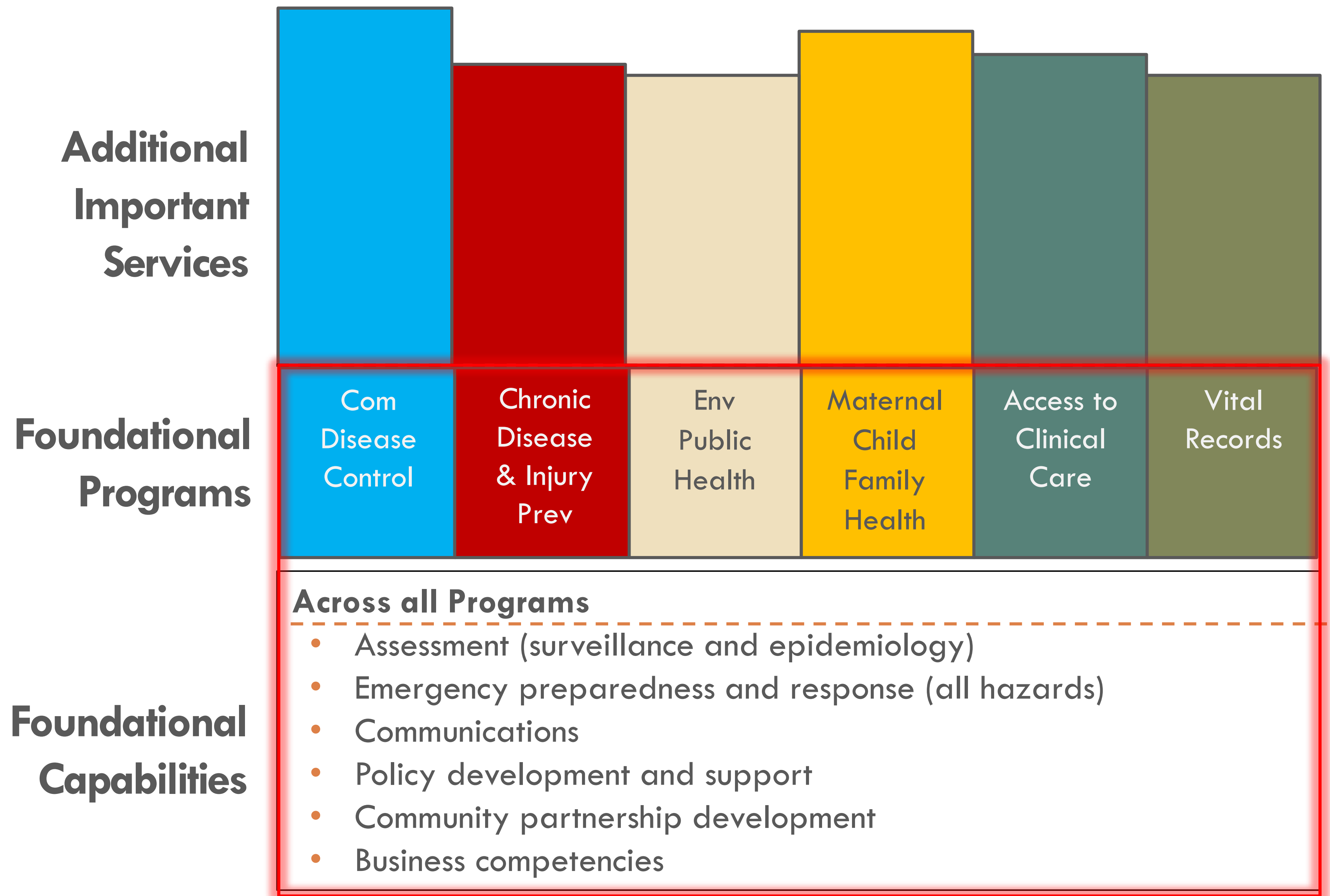


The minimum package of public health services {
- **(1) Foundational capabilities**
- **(2) The basic programs**[12]

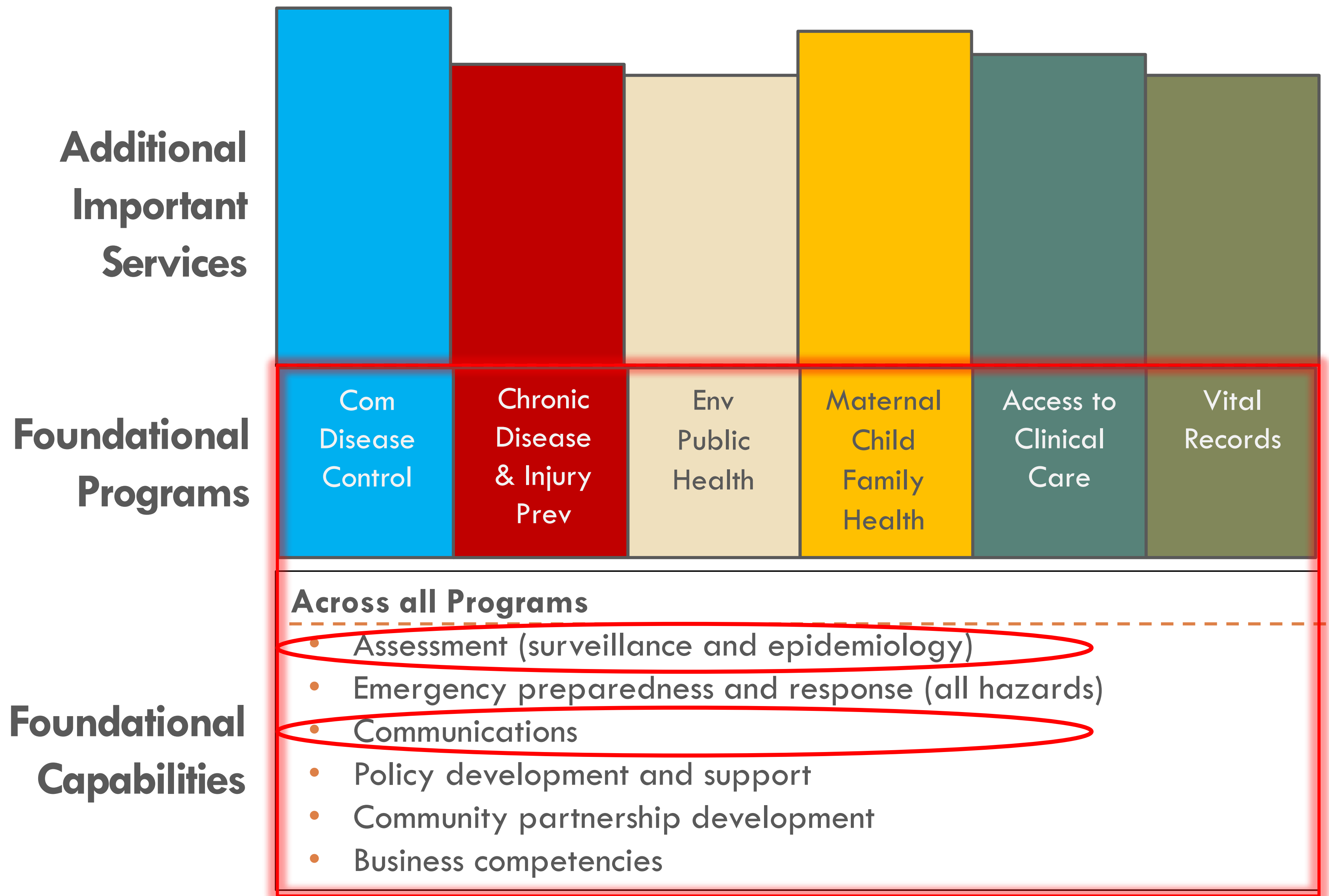
FROM MINIMUM PACKAGE TO FOUNDATIONAL SERVICES



FRAMEWORK FOR THE FOUNDATIONAL SERVICES



FRAMEWORK FOR THE FOUNDATIONAL SERVICES

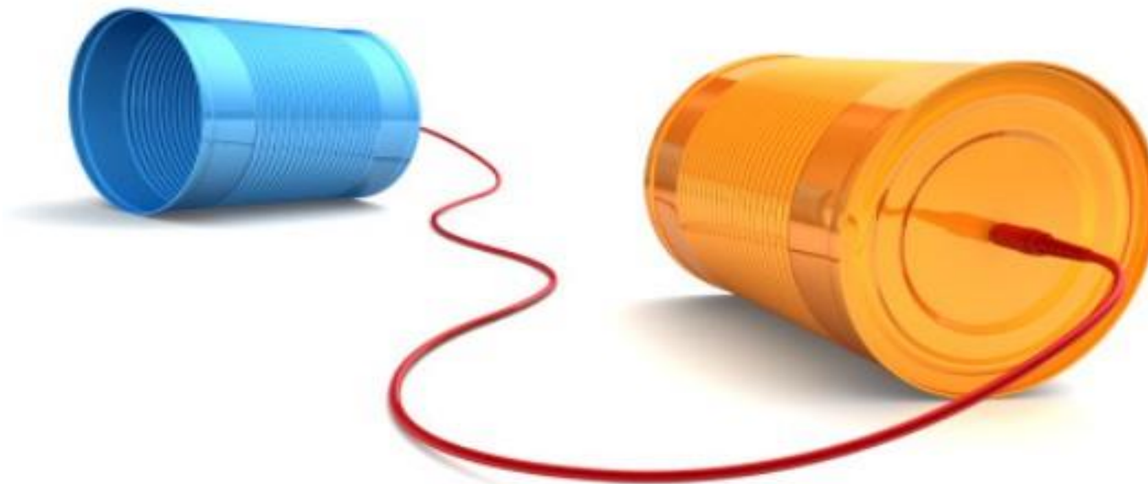


FOUNDATIONAL CAPABILITY - ASSESSMENT

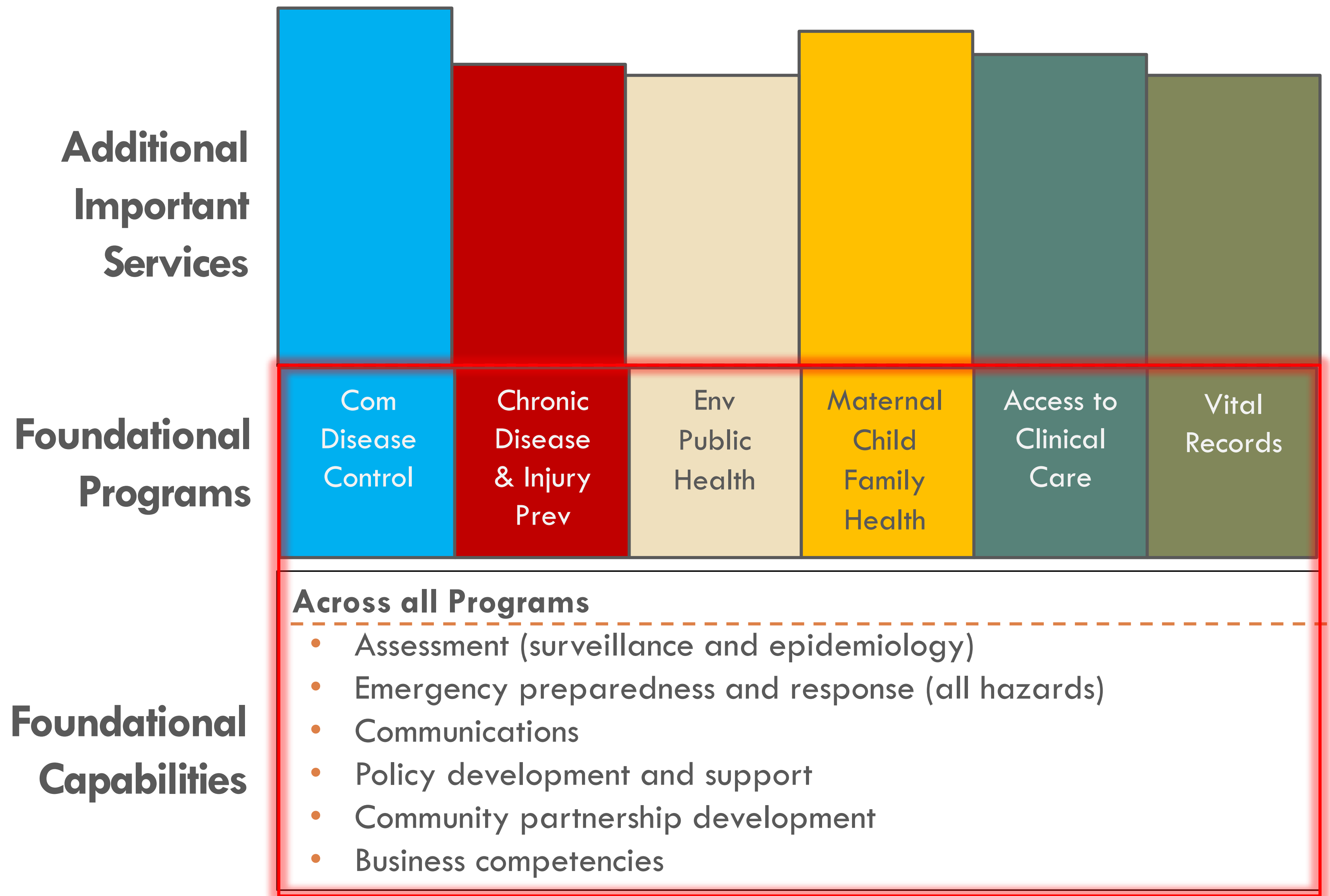
- Ability to collect, access, and analyze data from 8 specific information sources, such as:
  - Census data
  - Vital statistics
  - Notifiable condition registry
  - Behavioral risk factor surveillance survey
  - Key community health indicators
- Ability to prioritize and respond to data requests and to translate data into basic information and reports that are valid, statistically accurate, and readable
- Ability to conduct a basic community health assessment and identify health priorities arising from that assessment

FOUNDATIONAL CAPABILITY - COMMUNICATIONS

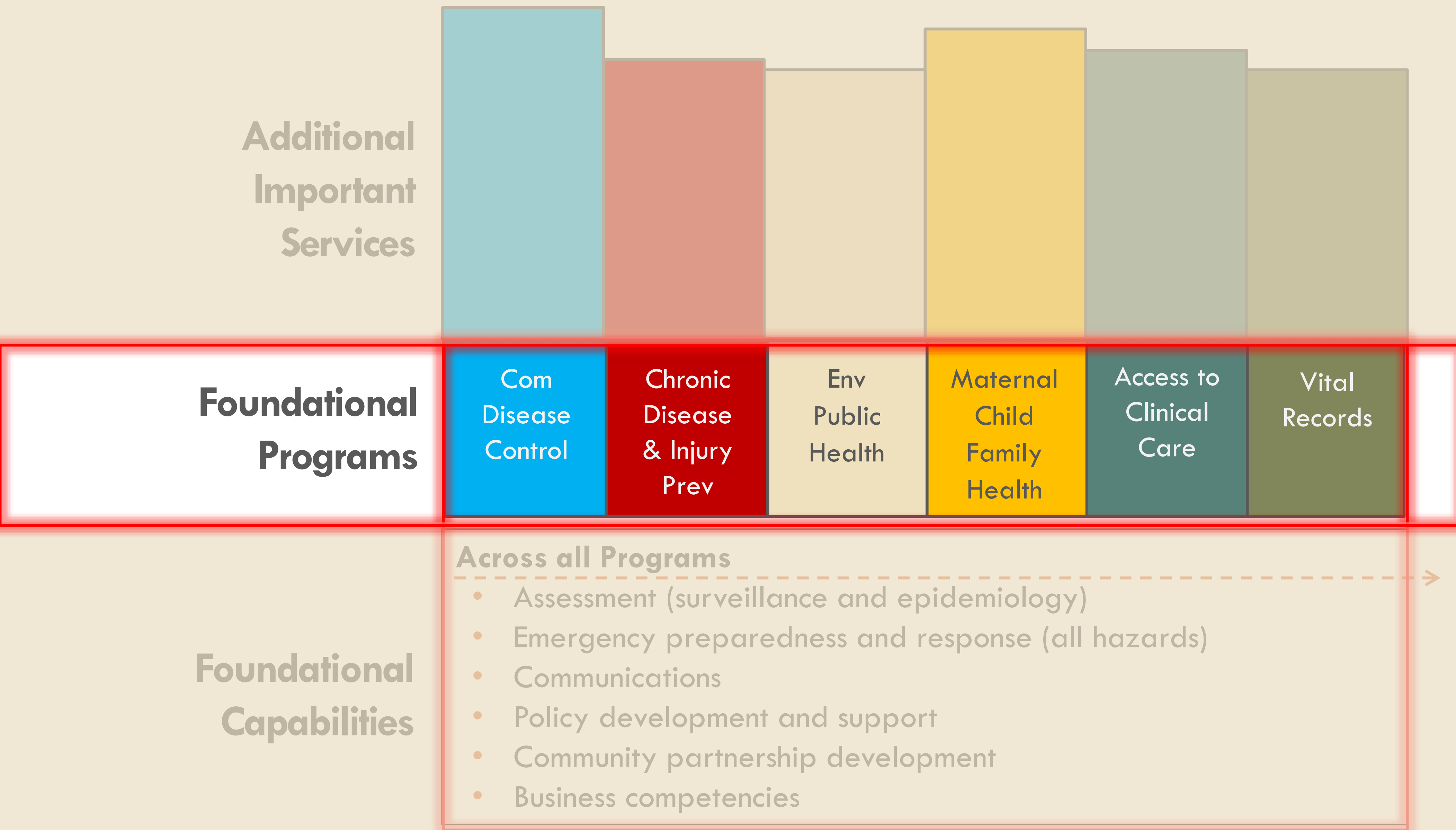
- Ability to write a press release, conduct a press conference, and maintain ongoing relations with media
- Ability to develop communications strategies to increase visibility of specific public health issues
- Ability to communicate basic health risks to target audiences



FRAMEWORK FOR THE FOUNDATIONAL SERVICES



FRAMEWORK FOR THE FOUNDATIONAL SERVICES



FOUNDATIONAL PUBLIC HEALTH SERVICES

COMMON ELEMENTS OF FOUNDATIONAL SERVICES

- Provide timely, locally relevant and accurate [program] information to the community, including strategies to improve [program] outcomes
- Identify local [program] community assets, develop and implement prioritized plans, and advocate and seek funding for high priority policy initiatives
- Coordinate and integrate other categorically-funded [programs]

EXAMPLES OF FOUNDATIONAL SERVICES

COMMUNICABLE DISEASE

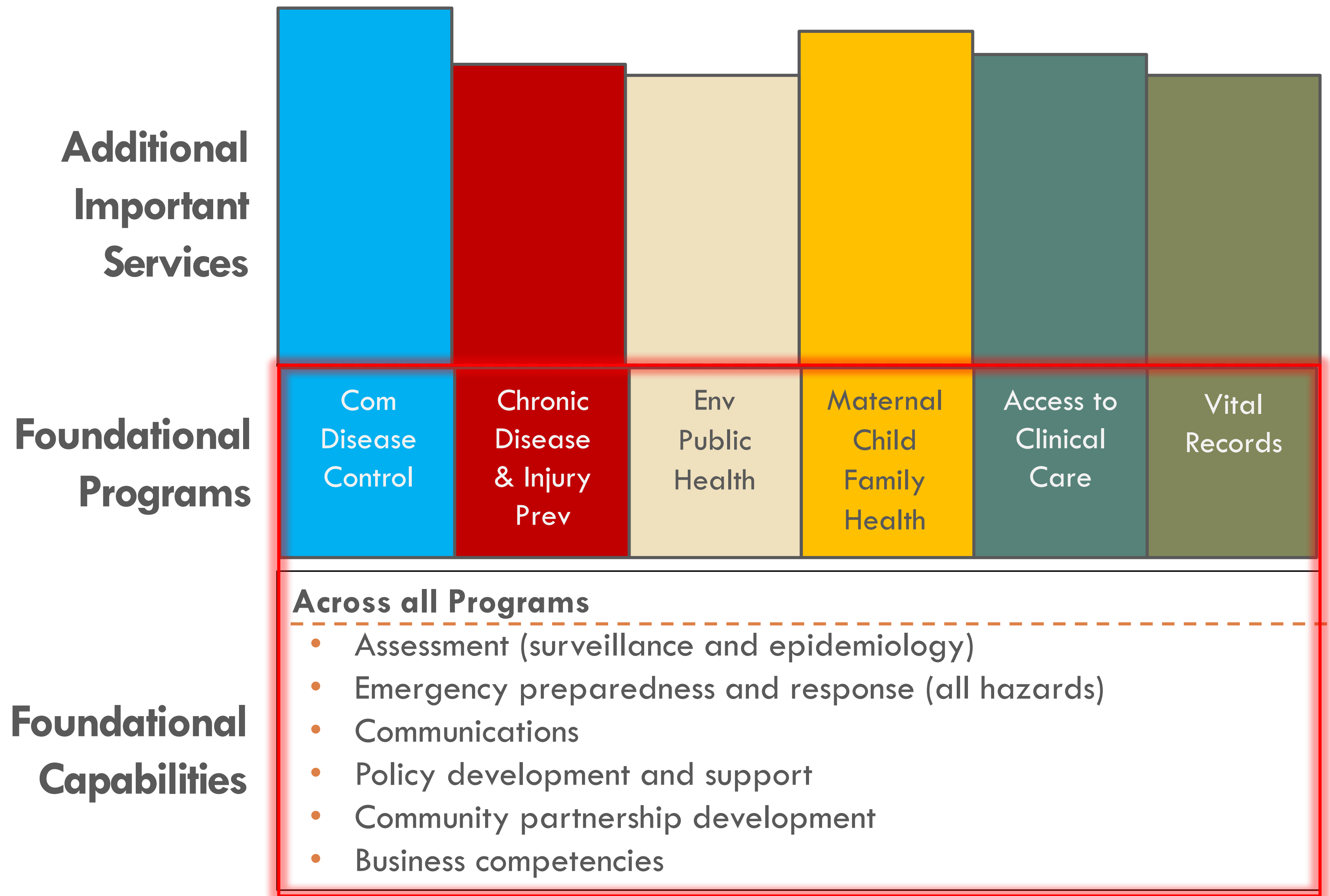
- Provide timely, locally relevant and accurate CD information to the community…
- Identify local community CD assets, develop and prioritize plans…
- Coordinate and integrate other categorically-funded programs…

EXAMPLES OF FOUNDATIONAL SERVICES

COMMUNICABLE DISEASE

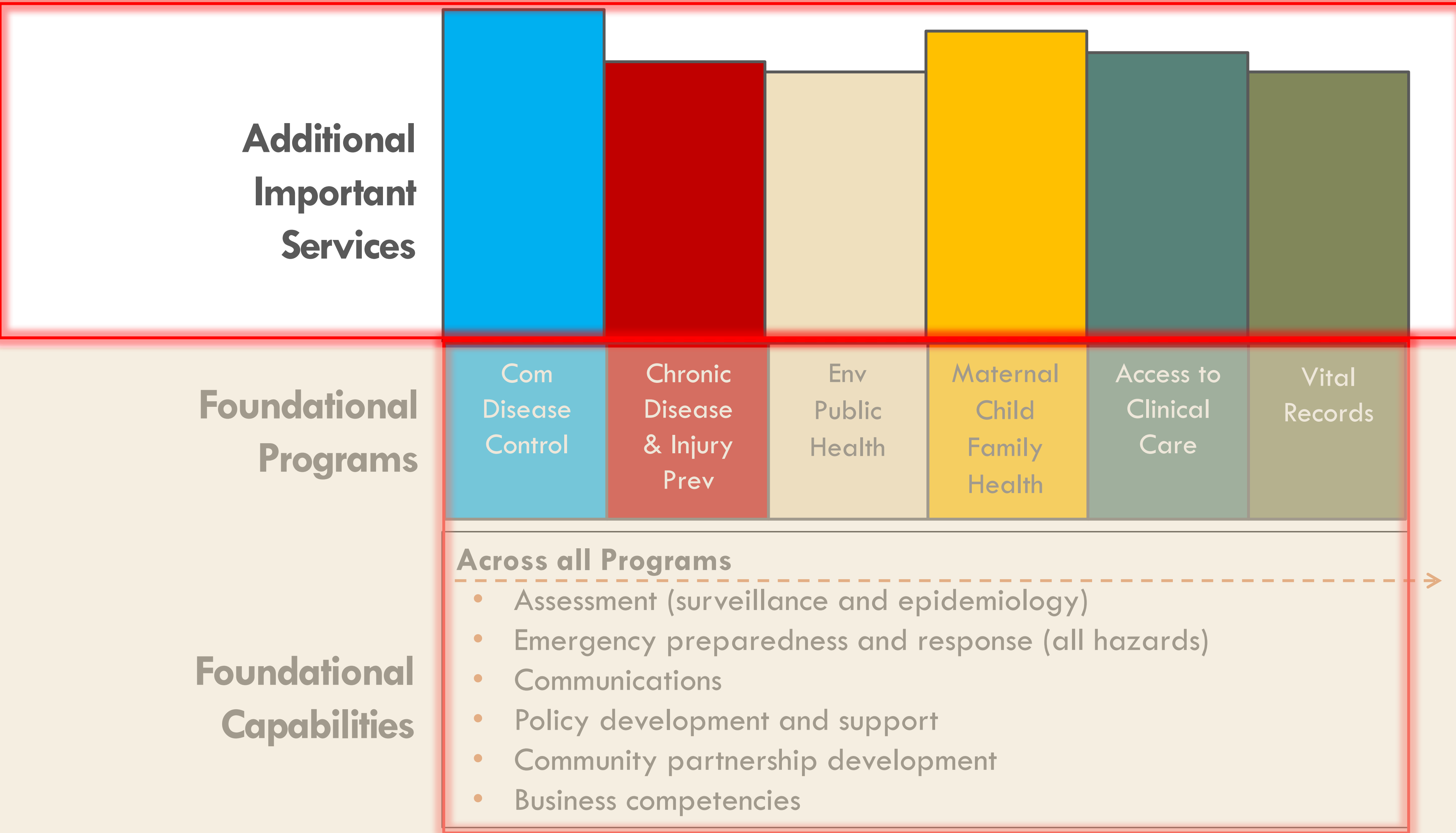
- Provide timely, locally relevant and accurate CD information to the community…
- Identify local community CD assets, develop and prioritize plans…
- Coordinate and integrate other categorically-funded programs…
- Receive notifiable disease reports, conduct disease investigations, and identify and respond to disease outbreaks in accordance with state and national guidelines
- Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines
- Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to CDC guidelines

FRAMEWORK FOR THE FOUNDATIONAL SERVICES

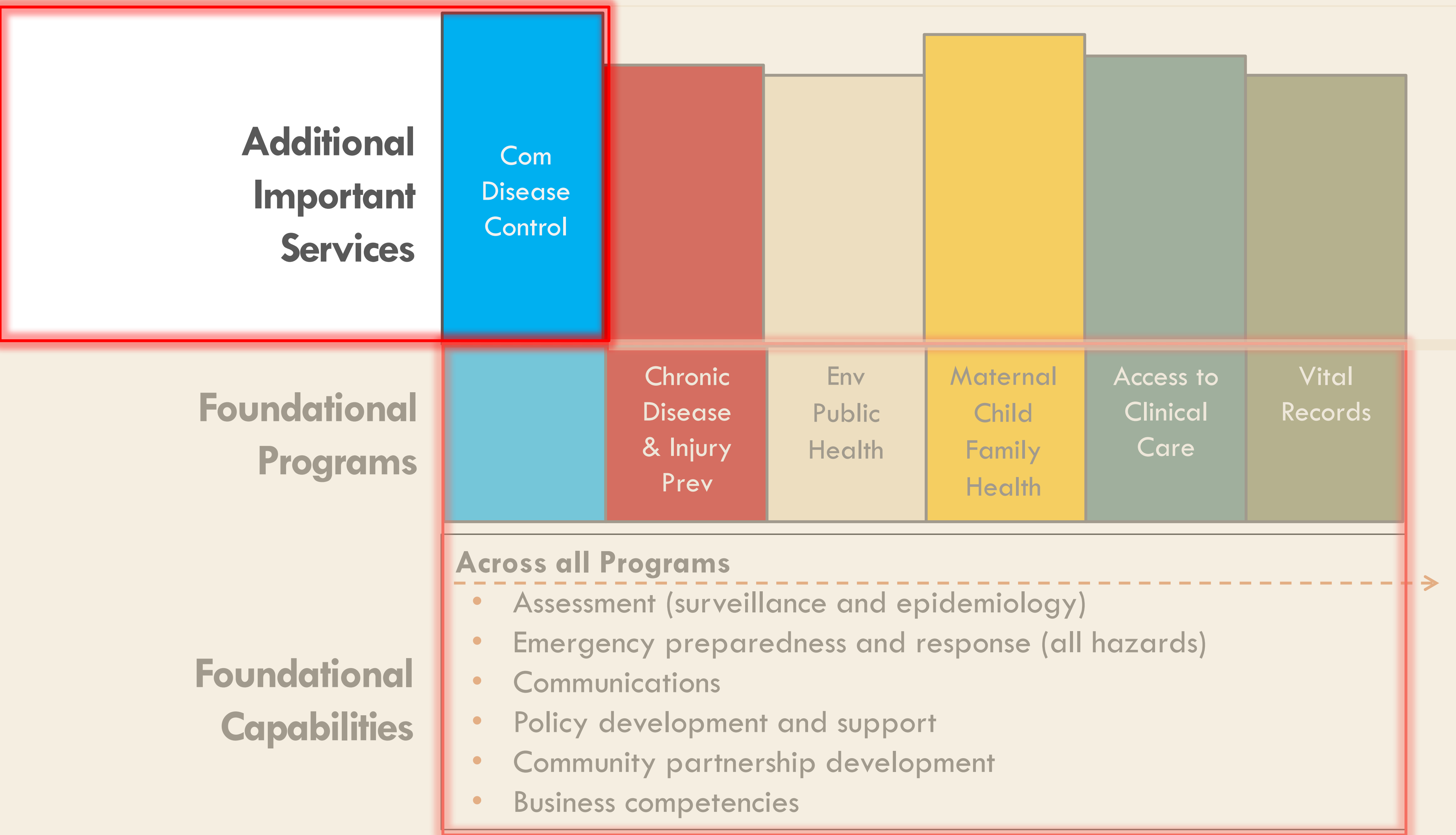


FOUNDATIONAL PUBLIC HEALTH SERVICES

FRAMEWORK FOR THE FOUNDATIONAL SERVICES



FRAMEWORK FOR THE FOUNDATIONAL SERVICES



EXAMPLES OF ADDITIONAL IMPORTANT PUBLIC HEALTH PROGRAMS

COMMUNICABLE DISEASE CONTROL

- Federal and state HIV prevention and clinical services in accordance with state and federal regulations for these programs (e.g. Ryan White)
- Treatment of latent tuberculosis infection
- Partnership notification services for chlamydia infections
- Other examples
  - WIC
  - Clinical care services
  - Breast and cervical cancer programs
  - Nurse Family Partnership
  - Community Transformation Grant
  - Public health research activities

EXAMPLES OF ADDITIONAL IMPORTANT PUBLIC HEALTH PROGRAMS

ADDITIONAL AND IMPORTANT

- Definitions provide examples of services that may be provided depending on local needs and priorities and/or availability of funding
- Specific identification of services deemed 'not foundational'

KEY POINT

- We want to draw a clear line between what is 'foundational' and what is 'additional' and 'important'

HEALTHY DEPARTMENTS DO MORE THAN THE FOUNDATIONAL SERVICES

Additional Important Services

Foundational Programs

Com Disease Control
Chronic Disease & Injury Prev
Env Public Health
Maternal Child Family Health
Access to Clinical Care
Vital Records

Foundational Capabilities

Across all Programs
- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

FOUNDATIONAL PUBLIC HEALTH SERVICES

Additional Important Services

Foundational Programs

Com Disease Control
Chronic Disease & Injury Prev
Env Public Health
Maternal Child Family Health
Access to Clinical Care
Vital Records

Foundational Capabilities

Across all Programs
- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

FOUNDATIONAL PUBLIC HEALTH SERVICES

Additional Important Services

Foundational Programs

Com Disease Control
Chronic Disease & Injury Prev
Env Public Health
Maternal Child Family Health
Access to Clinical Care
Vital Records
Emer Med Services
Hospital
Health Clinics

Foundational Capabilities

Across all Programs
- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

FOUNDATIONAL PUBLIC HEALTH SERVICES

BUILDING A COST MODEL

KEY CONCEPTS

- Embrace categorical funding (or at least recognize it isn't going to go away)
- Focus on what needs to be present everywhere for the system to work anywhere (This is NOT the 10 essential services)
- Brutally force specificity (must be able to cost activity)
- Acknowledge and then compartmentalize fee-based mandatory programs
- Be agnostic on who delivers the service (enable sharing of services or regionalization)

BUILDING A COST MODEL

GENERAL APPROACH

- Establish a model that allows for further exploration of options for increasing funding and reducing costs
- We are not building a Swiss watch… but we need enough precision to inform the funding/cost discussion
- Basis for costing: Foundational Public Health Services
  - Detailed definitions for 'capabilities'
  - Detailed definitions for 'programs'
  - Common 'assumptions' for each definition element
- To the extend possible, identification of the current fund sources (local, state, federal, fee, etc.)

BUILDING A COST MODEL

METHOD

- Selected 8 local health agencies: big/small; east/west; rural/urban; above average on 'standards' quality indicator
- Identified cost drivers – primarily population, but also disease rates
- Piloted with 2 local health agencies and the state agency; refined data collection process; improved definitions and documented assumptions
- Model is based on estimates: what would it take for you to deliver the defined service; NOT what you are doing right now
- Data received from all 8 local health agencies, plus one volunteer local health jurisdiction and the State Department of Health

BUILDING A COST MODEL

METHOD

- Identified common definitions of indirect and overhead – this has proven troublesome
- Conducted work sessions to review the model with key stakeholders in March, April, May and June
- Facilitated technical and policy discussions – refine model structure based on these discussions
- Completed draft cost model June 30, 2013
- Use cost model to develop funding proposal

COST MODEL DRAFT OUTPUT

Exhibit 4
Estimated Statewide Foundational Costs by Service

Services Ranked By Cost	Total Estimated Cost of FPHS		State Dept. of Health		Local Health Jurisdictions	
Foundational Capabilities	75,700,000	23%	27,750,000	17%	47,945,000	29%
F. Business Competencies	40,265,000	12%	15,995,000	10%	24,270,000	15%
A. Assessment	11,350,000	3%	5,410,000	3%	5,935,000	4%
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	1%	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	252,290,000	77%	134,890,000	83%	117,405,000	71%
C. Environmental Public Health	95,800,000	29%	33,760,000	21%	62,045,000	38%
E. Access/Linkage with Clinical Health Care	65,585,000	20%	62,145,000	38%	3,440,000	2%
A. Communicable Disease Control	33,760,000	10%	9,010,000	6%	24,750,000	15%
D. Maternal/Child/Family Health	25,175,000	8%	13,765,000	8%	11,410,000	7%
B. Chronic Disease and Injury Prevention	24,855,000	8%	12,590,000	8%	12,265,000	7%
F. Vital Records	7,115,000	2%	3,620,000	2%	3,495,000	2%
Total Cost	327,990,000		162,640,000		165,350,000	

Source: DOH, 2013; Participating LHJs, 2013; and BERK, 2013.

COST MODEL DRAFT OUTPUT

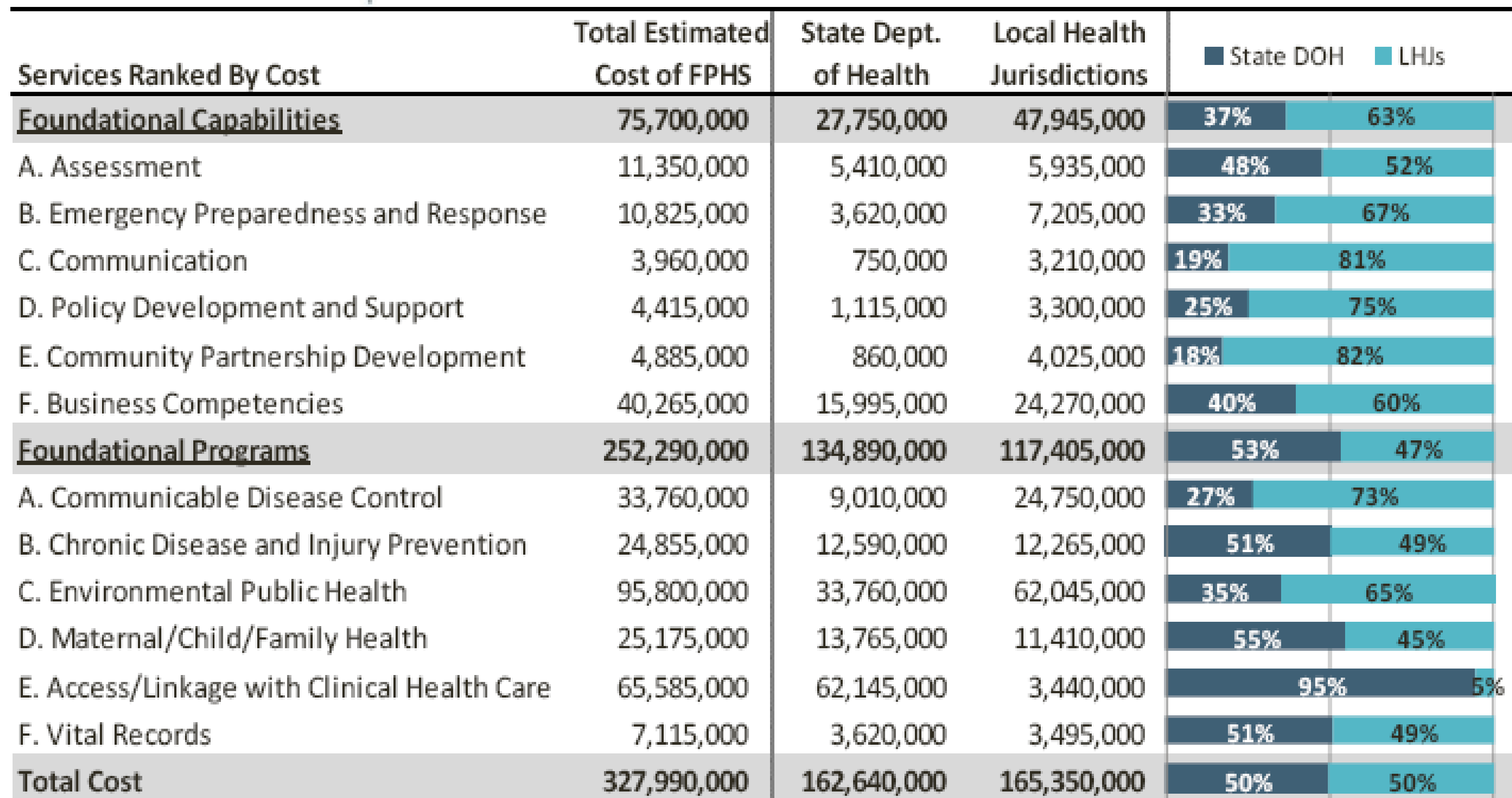


Exhibit 3
Estimated Cost of Providing Foundational Public Health Services Statewide

Services Ranked By Cost	Total Estimated Cost of FPHS	State Dept. of Health	Local Health Jurisdictions	State DOH	LHJs
Foundational Capabilities	75,700,000	27,750,000	47,945,000	37%	63%
A. Assessment	11,350,000	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	252,290,000	134,890,000	117,405,000	53%	47%
A. Communicable Disease Control	33,760,000	9,010,000	24,750,000	27%	73%
B. Chronic Disease and Injury Prevention	24,855,000	12,590,000	12,265,000	51%	49%
C. Environmental Public Health	95,800,000	33,760,000	62,045,000	35%	65%
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	327,990,000	162,640,000	165,350,000	50%	50%

Source: DOH, 2013; Participating LHJs, 2013; and BERK, 2013.

BUILDING A COST MODEL

IMPLICATIONS SO FAR…

- Variability in interpreting and applying the definitions impacts overall costs
- Definitional challenges for indirect and overhead; implications for foundational capabilities, especially business competencies
- Significant cost differences between like-sized local health agencies; can we account for this variability to refine the model?
- Fixed versus incremental costs for small local health agencies; can/should the model account for this?
- Emerging messaging challenges

NEXT STEPS: SUSTAINING OUR WORK THROUGH THE PUBLIC HEALTH IMPROVEMENT PLAN

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 illnesses 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.

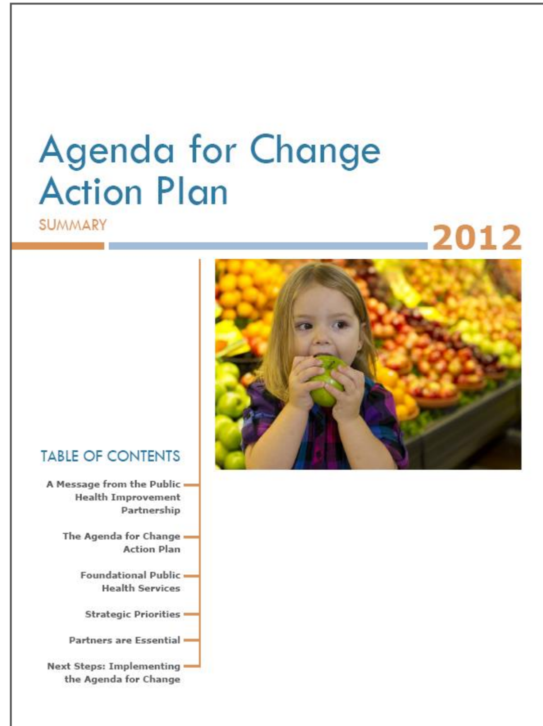
Reshaping Governmental Public Health in Washington State

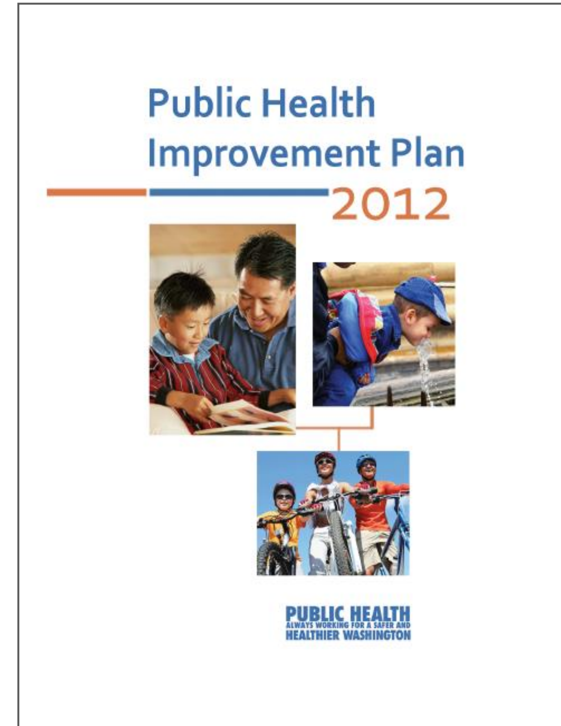
Co-Chairs
Gregg Grunenfelder
John Wiesman

Members
Susan Allan
Joan Brewster
Carlos Carreon
Dennis Dennis
Joe Finkbonner
David Fleming
Karen Jensen
Barry Kling
Mary Looker
Joel McCullough
Patrick O'Carroll
Jane Palmer
David Swink
Jude Van Buren
Mary Wendt

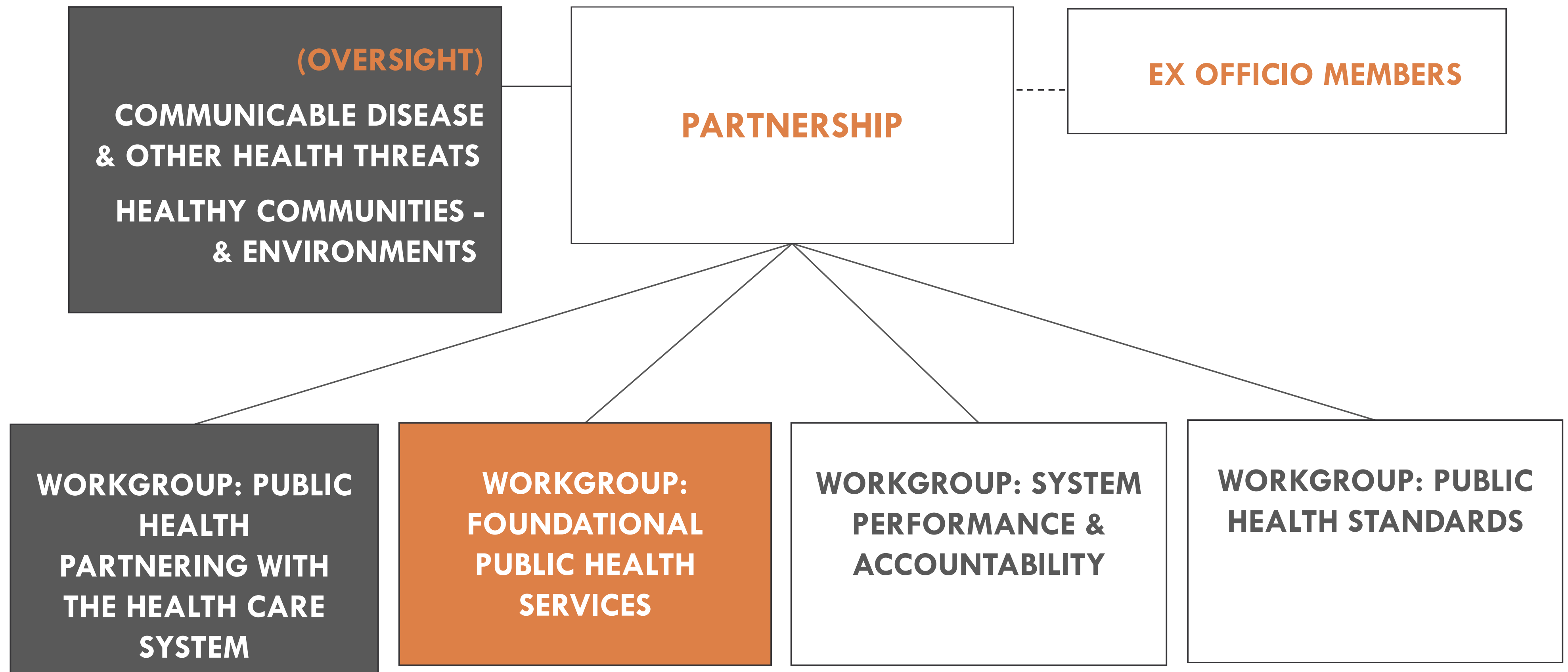
DOH Staff
Allene Mares
Marie Flake

Reshaping Governmental Public Health in Washington State
An Agenda for Change, October 2010 Version
Page 1 of 5





2013 PHIP ORGANIZATIONAL STRUCTURE



MOVING FORWARD

COST MODEL

- Roll-out descriptive analysis of the model, refine as necessary based on feedback
- Add in more local health agencies' cost data (RWJF Delivery and Costs Study)

FISCAL AND POLICY ISSUES

- Using model to help define Foundational Public Health Services 'ask'
- Performance and accountability—return on investment and relationship to standards/accreditation
- Foundational Public Health Services as a subset of total current public health system costs
- Using model to inform system delivery structure
- Aligning Washington Chart of Accounts to Foundational Public Health Services
- Engage the political process to achieve the goal

THANK YOU

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON