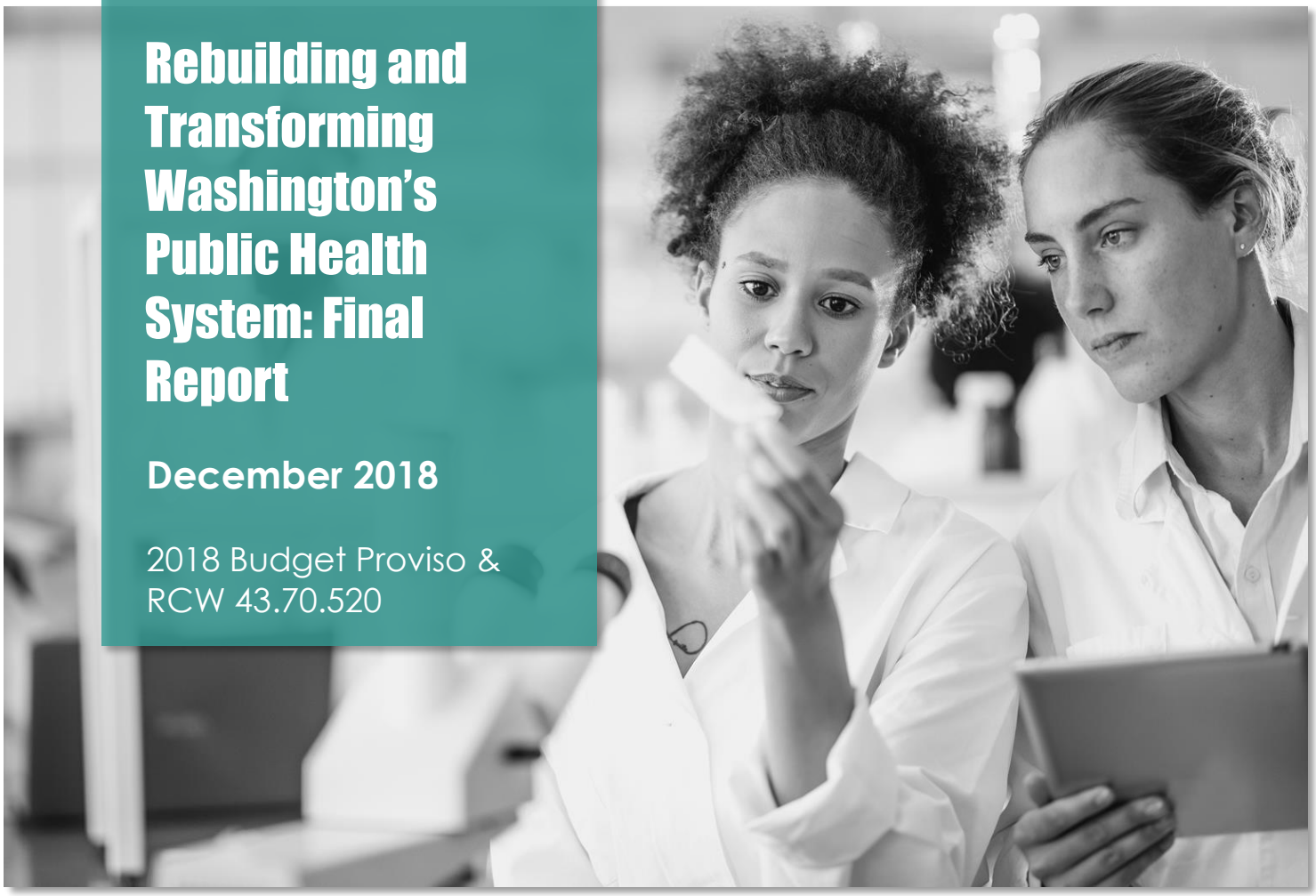
Report to the Legislature

Rebuilding and Transforming Washington's Public Health System: Final Report

December 2018

2018 Budget Proviso &
RCW 43.70.520



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Foundational Public Health Services

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2018 Budget Proviso Chapter 1, Laws of 2017 Sec.219(4)(a)

(4)(a) $5,000,000 of the general fund—state appropriation for fiscal year 2018 and $5,000,000 of the general fund—state appropriation for fiscal year 2019 are provided solely for the department to support the local health jurisdictions to improve their ability to address

(i) communicable disease monitoring and prevention and

(ii) chronic disease and injury prevention.

The department and representatives of local health jurisdictions must work together to arrive at a mutually acceptable allocation and distribution of funds and to determine the best accountability measures to ensure efficient and effective use of funds, emphasizing the use of shared services.

4 (b) By December 31, 2017, the department shall provide a preliminary report, and by November 30, 2018, a final report, to the appropriate committees of the legislature regarding:

- *(i) The allocation of funding, as provided in this subsection, to the local health jurisdictions;*
- *(ii) Steps taken by the local health jurisdictions that received funding to improve communicable disease monitoring and prevention and chronic disease and injury prevention;*
- *(iii) An assessment of the effectiveness of the steps taken by local health jurisdictions and the criteria measured; and*
- *(iv) Any recommendations for future models for service delivery to address communicable and chronic diseases.*

Contents

Executive Summary

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

Over the last decade, the governmental public health system has eroded and is now in crisis. Demands for services have outstripped the capacity to respond. There is no guarantee that public health agencies can respond to current and future threats and provide the services the public relies on, such as safe drinking water and communicable disease control. This places our communities at unacceptable risk.

Recognizing this, the legislature made a one-time initial investment of $12 million in the governmental public health system in 2017-2019 to support Foundational Public Health Services (FPHS). FPHS are a defined, basic set of capabilities and programs that must be present in every community to protect all people in Washington. Because of this investment which focused on communicable disease control and prevention, public health made measurable progress. This report describes how public health:

- Investigated more cases of communicable disease, preventing additional people from being infected and becoming sick.
- Worked with health care providers, parents, and schools to promote fully immunizing children, our most effective strategy for preventing disease outbreaks and helping to keep kids in school and able to learn.
- Conducted community health assessments to identify and address health priorities.
- Tested three new service delivery models.
- Executed a statewide FPHS Assessment to determine the current state of the governmental public health system and create a plan to transform the system to better serve all communities in Washington.

While progress was made, results from the FPHS Assessment indicate that a larger gap must be filled for the governmental public health system to protect the health of people across the state. The 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.

Introduction

Purpose of this Report

This is a status report on the work underway to transform Washington State's governmental public health system.

In addition, it satisfies the following mandates:

- Final report to the legislature on the 2017-2019 one-time initial investment in foundational public health services per 2018 Public Proviso Chapter 1, Laws of 2017 Sec. 219 (4)(a)
- Public Health Improvement Plan per RCW 43.70.520

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, and federal level, and partners, such as healthcare systems and community-based organizations. To move the needle on important heath issues, the public's health depends on all of these partners.

Vision

A responsive and viable governmental public health system that supports healthy and economically vital communities across Washington.

Background

The Problem

Over the last century, Washington's public health system has been effective in preventing illness and premature death and increasing the length and quality of life for our residents. The role of public health is to interrupt the transmission of diseases and to protect the public's health.

Without adequate resources, the ability to respond quickly is compromised. This allows disease to spread to more people and across communities resulting in unnecessary suffering, lost productivity, and weaker communities.

When there is capacity, the public health system has a proven track record. Great progress was made in reducing HIV infections and the possibility of ending AIDS is in view.

But today there is not capacity to prevent or respond to many disease threats. The public health system is in crisis and that jeopardizes the health and safety of people in Washington. Why is there a crisis?

- Preventable disease has changed.
- Demand for public health services has never been greater.
- Funding for core public health services has eroded over the past decade.

The Solution

To reduce risk to the public, the solution is to rebuild, transform and fund a 21st century public health system. This means we:

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, 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.

Report on the 2017 – 2019 Initial Investment

In the 2017-2019 state budget, the legislature appropriated a one-time initial investment of $12 million to state and local public health to deliver Foundational Public Health Services (FPHS) – services uniquely provided by government and on which the public depends for healthy and economically vital communities. These funds are a start to rebuilding, transforming, and fully funding foundational public health services statewide.

Communicable diseases, from tuberculosis to measles, present serious and immediate threats to our communities and impact families, schools, employers, and the healthcare delivery system. Consequently, the initial investment focused on strengthening communicable disease prevention and control and the cross-cutting capabilities that support this program. The 2018 FPHS Assessment (see page 13) estimates that $74 million per biennia is needed to fund this work. Governmental public health provides the following communicable disease prevention and control services:

Provide timely, statewide, locally relevant, and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.

Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, **develop and implement a prioritized control plan** addressing communicable diseases and other notifiable conditions, and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.

Promote immunization through evidence-based strategies and collaboration with schools, health care providers, and other community partners to increase immunization rates.

Ensure disease surveillance, investigation, and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.

Ensure availability of **public health laboratory services** for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.

When additional important services are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well **coordinated with foundational services.**

Cross-cutting capabilities that support this work include assessment, emergency preparedness and response, communication, policy, partnership development, and basic business competencies including information technology, financial management, facilities and operations, human resources, leadership, legal, accountability, and quality improvement and assurance.

Allocation

The legislature directed $10 million to LHJs and $2 million to DOH.

Of the $10 million for LHJs, $1 million (10%) is being used to test new service delivery models for increased effectiveness and efficiency in communicable disease control. The remaining $9 million (90%) is being distributed to the 35 LHJs to so that every community can shore up local communicable disease and cross-cutting capabilities capacity.

At the state level, $2 million was invested in system wide efforts that help to support the whole public health system and benefit all parts of the state including the public health laboratory, technology and data systems, and Health Impact Reviews conducted by the State Board of Health. Resources also supported implementation of the FPHS Assessment. Detailed allocation information is included in Appendix A.

Accountability, Impact and Results

Learning from and building on past efforts, public health is improving its ability to obtain and use data that are comparable across the many separate agencies that make up the governmental public health system. Capacity is increasing to evaluate the status of the system, and the impact of changes on the system, such as changes in funding or the use of new service delivery models. This system-level information can be used to take a comprehensive approach to planning and policy development to guide ongoing transformation efforts.

For the 2017-2019 Initial Investment, system wide accountability includes financial, qualitative, and quantitative data to track the funds and gauge impact.

Tracking the Funds (Financial Data)

During State Fiscal Year (SFY) 18 (July 1, 2017 – June 30, 2018), $6 million was used across the public health system for communicable disease prevention and control in the following areas (See also Exhibit 1).

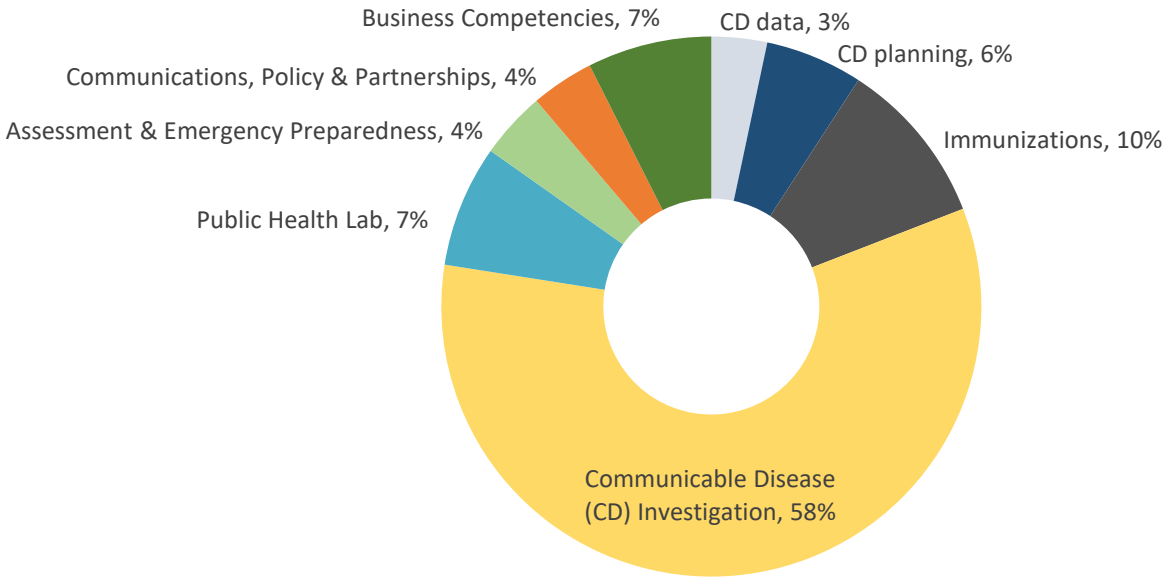
Communicable Disease Prevention and Control

- 58% Disease investigation
- 10% Promote immunizations
- 7% Public health lab
- 6% Prioritized communicable disease prevention and control plans
- 3% Communicable disease data and information

Cross-Cutting Capabilities

- 7% Business Competencies including information technology, financial management, facilities and operations, human resources, leadership, legal, accountability, quality improvement and assurance
- 4% Assessment & Emergency Preparedness
- 4% Communication, Policy, Partnership

Exhibit 1. SFY 18 Initial Investment Spending



Source: Department of Health, 2018.

How the Funds Were Used (Qualitative Data)

This section provides qualitative examples of the type of communicable disease and cross-cutting capabilities work that was supported across the system by these funds.

Demonstration Projects to Test New Service Delivery Models

The initial investment provided funds to test new ways to deliver FPHS. 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. A formative evaluation is underway to document these cases in a common framework. The initial evaluation report will be completed in November and available at www.doh.wa.gov/fphsresources.

The goal of these demonstration projects is to investigate the benefits and identify learnings and improvements that can be made to scale up and advance the use of such models.

- **Public Health – Seattle & King County** established a tuberculosis response team to serve all 35 LHJs and provide expertise on prevention and control, technical assistance, and coordination statewide.
- **Spokane Regional Health District** provides disease investigation services for surrounding LHJs in Eastern Washington, increasing the percentage of cases that receive follow-up and thus preventing others from getting sick. They also provide these LHJs with assistance in community health assessment that helps local communities understand and use information to prioritize, plan, fundraise, implement, and evaluate local health initiatives that support healthy and economically vital communities.
- **Tacoma-Pierce County Health District** is developing tailored Provider Resources websites for LHJs, customized to the LHJs' unique provider and community needs, to provide timely information to healthcare providers in their communities.

Communicable Disease Control and Prevention

In this section, each activity in the Communicable Disease Control and Prevention definition is complemented with a sample of qualitative survey data to describe how funds are being implemented to support the FPHS program.

Provide timely, statewide, locally relevant, and accurate information statewide and to communities on prevention and control of communicable disease.

> *"We used data to focus food safety efforts at the most likely areas to contribute to food borne illness at the over 1,300 establishments under permit within the jurisdiction. Continued review and evaluation of this data will give BFHD additional basis for quality improvement throughout the food safety program."* (Benton-Franklin)

Identify statewide and local community assets for the control of communicable diseases, **develop and implement a prioritized control plan** addressing communicable diseases and other and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases.

> *"We began the framework for a partnership with Cowlitz County school districts and daycare/childcare centers to create Outbreak Response Tools and Plans for vaccine-preventable illnesses such as Measles. We partnered with Tacoma-Pierce County Health Department to create an online Provider Resources Website." (Cowlitz)*

> *"These funds set the foundation for fully implementing our prioritized control plan that includes attempting to follow up on 100% of reported cases. This matters to the public because these form the basis for the prevention of the spread of*

disease and the network needed to link individuals with medical homes as they seek treatment. The skills and processes developed through these FPHS funds are needed to respond to unusual or emergent infectious conditions, should they appear in our county". (Kitsap)

Promote immunization through evidence-based strategies and collaboration with schools, health care providers, and other community partners to increase immunization rates.

"…We met with all immunization providers in the county to review provider-specific immunization rates and identify strategies for immunization rate improvement in each practice. We met with two of four local school districts to review two-year trends in district immunization data, review school district exclusion policies. We presented policy messages to school boards which resulted in one board developing a policy to exclude students after 30 days of immunization non-compliance. We provided technical assistance to all four school district's to merge district immunization data into the IIS School Module." (San Juan)

"We were able to conduct greater outreach efforts and improve the rate of toddlers who completed the recommended series of immunizations by 13% between June 2017 and June 2018 from 54% to 61%." (Spokane)

Ensure disease surveillance, investigation and control for communicable disease in accordance with local, state, and federal mandates and guidelines.

"FPHS funds supported a 1.0 FTE Communicable Disease Nurse. Communicable Disease Surveillance and Response staff are available 24/7 for emergent Public Health/CD consultations and response. They initiated policy and procedures in response to the mumps outbreak (89 cases) and informed providers of disease control measures during the outbreak and for 45 pertussis cases; shared with community providers through health officer alerts; staff educated healthcare providers at 2 clinics and the local military clinic regarding diagnosis and treatment of STDs; staff received and responded to 2,796 notifiable condition reports in 2017." (Snohomish)

"Along with other CD work, the funds were used to develop and implement hepatitis control plan and investigate cases of acute hepatitis. They paid for response to Hepatitis C outbreak at a local hospital involving notification of 2,800 patients and the identification of 12 cases of hepatitis C linked to the outbreak. We hired an additional 1 FTE Disease Intervention Specialist to follow up on all new cases of gonorrhea." (Tacoma-Pierce)

Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.

> *"Funds were used to fill critical staffing gaps in food safety, outbreak response and environmental testing at the state public health lab and purchase needed equipment. Funds were also used to hire lab scientists in the radiation program to conduct chemical and radiochemical analyses." (DOH)*

Assessment (Surveillance and Epidemiology)

In this section, each activity defining Assessment is complemented with survey data to describe FPHS implementation.

Build and maintain electronic information systems. Collect, analyze, use and interpret data. Conduct comprehensive community (or state) health assessments and identify health priorities arising from that assessment including analysis of health disparities and the social determinants of health, to guide public health planning and decision making at the state, regional, and local level.

> *"We have conducted a Community Health Assessment and are working with our partners on a Community Health Improvement Plan. We didn't have this capacity before."* (Walla Walla)

Emergency Preparedness (All Hazards)

In this section, each activity defining Emergency Preparedness is complemented with survey data to describe FPHS implementation.

Develop emergency response plans, train staff, and exercise response plans. Lead public health and medical (ESF8) and coordinate with public and private sector partners using incident command system to respond to emergencies; communicate with diverse communities to promote resilience in advance of disasters and protect public health during and following disasters.

> *"Garfield County Health District spent 14% of FPHS allocated funding on emergency preparedness. Attending regional meetings monthly gives us the benefit of working together with other counties for consistency of knowledge of resources available, action plans, and procedures. We completed research and collaboration with other health departments while updating our local Continuation of Operations Plan within emergency preparedness. Our smaller LJHs work together to use their small staffs in an efficient and effective easy by collaborating delivery. We are reliant on each other to support each other in a crisis and our medical distribution hub shows how valuable it is to have collaboration between us." (Garfield)*

Communication, Community Partnership Development and Policy Development

In this section, each activity defining Communication, Community Partnership Development, and Policy Development is complemented with survey data to describe FPHS implementation.

Develop and implement communication strategies and maintain ongoing relations with media. Create and maintain relationship with diverse partners, describe the governmental role, and coordinate with partners to improve community health. Develop and work with partners to enact public health policies that are evidence-based or if innovative/promising that include evaluation plans.

> *"Columbia County Health Department has increased collaboration with community healthcare leaders. Additional resources have been spent on community assessment, healthcare integration, community health worker activities, collaboration within community on community services, and building an integrated, stable, and sustainable healthcare system in our rural community. Promoting the Department as a leader and health strategist has broadened the community of healthcare in our counties. Monthly meetings with healthcare community members working together to identify gaps and provide assessments to improve the health of our community is very valuable. Additional funding dollars have been procured within the community to provide additional needed healthcare needs locally." (Columbia)*

> *"Increasing the capacity for Health Impact Reviews (HIRs) resulted in completion of 12 during FY2018, nearly double the 7 completed during FY2016 (the last short legislative session). This will help ensure that health and health equity are considered during policy and budget decision making. During the interim, the 0.6 FTE increased needed research and policy development capacity for the Board and Council. For example, the Legislature passed SB 6219, The Reproductive Health Parity Act in 2018, which charged the Governor's Interagency Council on Health Disparities with conducting an analysis of disparities in access to reproductive health care. The 0.6 FTE worked on this analysis, which included talking with over 80 key informants and reviewing almost 300 research articles to make recommendations to the Legislature to improve access to reproductive health care in Washington State." (SBOH)*

Business Competencies

> "*We invested funding in informatics upgrades. Our PBX phone system was upgraded to a VOIP system. We also upgraded three computers serving staff in Communicable Disease and Assessment areas. This upgrade has improved efficiency and effectiveness and assured communications/connectivity with web-based systems being implemented by DOH." (Lincoln)*

> *"We implemented an after-action briefing process that produced a quality improvement plan for the Tuberculosis Program and Isolation and Quarantine Process. We plan to use the process for future quality improvement activities across the Division. Public Impact: provides a more effective response to contain and mitigate the disease and lessen the probability of disease transmission."* (Thurston)

Impact (Quantitative Data)

The results reported here are for SFY 2018 (July 1, 2017 – June 30, 2018). It is worth noting that:

- The 2017-2019 budget was passed and signed into law in the last days of June 2017.
- State and local public health worked together rapidly after that to finalize the focus, accountability, allocation, and contracts for the funds, making them available for use in September 2017.
- Funding and FPHS activities were implemented in the final quarter of the fiscal year for LHJs.

Each of these factors added to the ramp-up time for implementation and delaying impacts. With known funding levels, focus, accountability and staff already hired and on-boarded/trained, the impacts in SFY 2019 will likely improve.

Public health is measuring the impacts of investments in two areas:

1. **Childhood immunization rates to prevent disease.**

When comparing the baseline period (January – June 2017) to the first comparison period (January – June 2018) for childhood immunization rates, **the percent of children who have completed the standard series of recommended vaccination improved 4% for toddlers and 2% for school-aged children.**

2. **Disease investigation timeliness to reduce disease's long-term and costly impacts and prevent its spread to others.**

To monitor potential impacts of the 2017-2019 initial investment, data for three specific conditions (hepatitis C, syphilis, and gonorrhea) were compared before the funds were available and after. These three conditions occur frequently and thus changes in the amount of resource and staffing available for disease investigations should make noticeable differences in the data. In much of the state, the same staff that investigate these three conditions also investigate most or all other communicable diseases that occur less frequently or sporadically.

For this reason, these conditions are considered indicators of the overall statewide capacity for investigating disease.

When comparing the baseline time period (January – June 2017) to the first comparison time period (January – June 2018), **the public health system investigated 625 more gonorrhea cases and assured that 582 more of those interviewed gonorrhea cases were on appropriate treatment than in the baseline time period. This represents a 30% and 34% increase respectively, in the amount of work completed by public health and the number of people served after the funds were provided**. These data are further supported by information in the annual report showing that LHJs increased staff hours, addressed back-logs of cases, and increased the speed at which they started and completed investigations.

See Appendix B: Accountability Plan for more detail on what is being measured and data tables.

Results

The 2017-2019 one-time initial investment is making a difference and is a start to rebuild and transform the governmental public health system. The funds go to the most critical needs to control and prevent communicable disease and the cross-cutting capabilities that support it. Advancements and improvements are occurring across the system and the state – in rural communities and urban centers. Early data on impacts indicate positive effects on the public's health.

2018 FPHS Assessment

The 2018 FPHS Assessment was the first attempt to collect data from DOH, SBOH, and all 35 LHJs to inform public health leaders in designing and implementing a transformed public health system. Tribal nations were not included in this assessment because they are engaged in their own tribally-driven process to define FPHS delivery framework, including their costs and gaps. The Assessment aimed to:

- Understand current statewide implementation and spending on FPHS.
- Estimate the state and local costs to fully provide FPHS statewide using the existing state and local public health system structure.

While the Assessment represents a single point in time and order of magnitude cost estimates, the findings are useful for planning and policy development and provide a baseline of the current situation.

Findings

- The governmental public health system is already transforming and implementing many FPHS, but with wide variation statewide.

- No foundational program or capability is fully or significantly implemented across all responding agencies. There are gaps across the system in all agencies. These gaps are not uniform, nor do they appear in the same places in every organization. There are also gaps in organizations of all sizes.
- Of the estimated $1.2 billion per biennia cost for full implementation of foundational programs and capabilities using the existing state and local public health system structure, two-thirds ($736 million per biennia) of the funds are already available and in use from user fees, state and local government, and federal grants. The additional funds needed from state government to fully fund FPHS statewide using the existing state and local public health system structure is $450 million per biennia.
- LHJs report significant sharing of current services and a willingness to share services for many FPHS. There is an opportunity to expand existing service delivery models or develop new ones.

The full 2018 FPHS Assessment Report, *Washington State Public Health Transformation Assessment Report, For State and Local Public Agencies (September 2018)*, is available at: www.doh.wa.gov/fphsresources.

Recommendations for Future Service Delivery Models

In the past, either the state or each local jurisdiction provided public health services. Expecting every jurisdiction to provide a full suite of foundational services is not feasible, practical, or necessary. Some agencies have small populations and tax bases to support them. The old way did not maximize public health workforce (both local expertise and specialized expertise) and did not equitably provide foundational public health services everywhere in Washington.

Public health leaders now evaluate foundational service on a continuum. New technology, shared services (an agency provides the service for others), tiered, hub and spoke, Centers of Excellence, or other models and modern business practices are just a sample of the strategies under development. The goal is to become a more coordinated system, providing services in the most efficient and effective manner, using the best mix of local knowledge and specialized knowledge and equipment so that all people have equitable access to services, no matter where they live.

Using initial investment dollars, new service delivery models are being tested and evaluated. Looking ahead, the demonstration projects will potentially be scaled up, and other service delivery models may be designed and piloted.

Public Health Transformation: Sustaining and Building Momentum

The governmental public health system made good use of the initial one-time investment of $12 million in the communicable disease prevention and control services that only government provides. This report demonstrates that it is possible to direct resources to foundational public health programs and capabilities and track spending. It also shows progress in thinking about new ways of doing business as system partners continue to test innovative service delivery models that make best use of limited dollars. While the initial investment has allowed health departments to serve more people, in a timely way, the ability to see improvements in outcome measures will remain limited. The gaps in resourcing the governmental health system continue to be significant.

System partners have learned that it is important to take a balanced approach to the work. These lessons have guided thinking for the work ahead, recognizing that:

- Work must be strengthened in the areas of foundational programs **AND** foundational capabilities. It is not as effective to identify an outbreak of a communicable disease if there is no ability to communicate successfully about it with the community and health care partners.
- We must develop innovative service delivery models that make best use of resources and expertise **AND** reinforce capacity across all parts of the system.
- The governmental public health system must have the ability to be quickly responsive to emergencies **AND** cultivate more long-term, deliberate approaches to prevention.

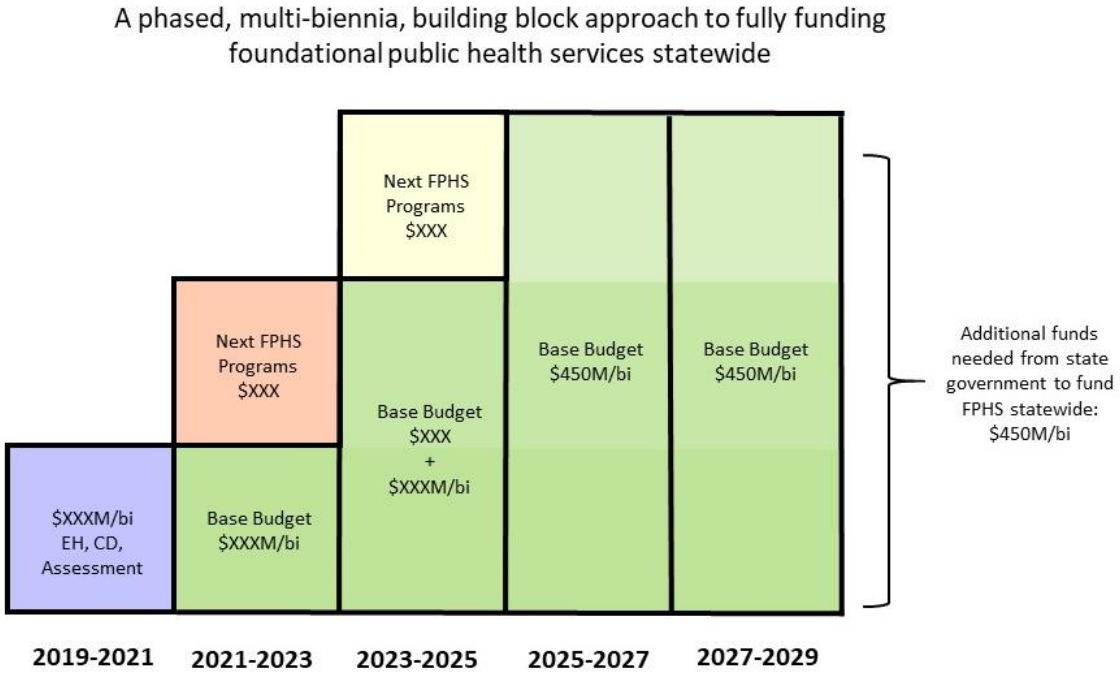
The work associated with the initial investment has been important, in terms of better serving the residents of Washington State as well as guiding thinking for what a transformed system looks like. The investment has also created the opportunity for individuals in different parts of the governmental public health system to work more closely together, improving communications and increasing trust. These strengthened relationships are critical to support a transforming public health system and were pivotal to our ability to create an integrated decision package for consideration during the 2019 legislative session.

Public Health Transformation: A Phased, Multi-biennial Approach

The next step in transforming the governmental public health system is to continue and build on the initial $12 million initial investment to reduce risks to the public and fully fund foundational services everywhere in Washington. Communities, including individuals and families, schools, business, first responders, the healthcare and behavioral health system, and others depend on these services.

The FPHS Assessment indicates that approximately $450 million/biennium is needed from state government to fully implement FPHS. Funding and implementation of all of this at once is not reasonable from the standpoint of funds available in the state budget, ability of the governmental public health system to absorb this amount of funding, and availability of a prepared public health workforce. Instead, a phased, multi-biennial approach to fully funding and transforming the public health system is in process. The approach includes requesting funds for a subset of FPHS programs and capabilities in the 2019-2021 biennial budget. These funds would become part of DOH's baseline budget. In subsequent biennia, requests will be made to fund other subsets of FPHS and add these funds to the DOH baseline budget, repeating the process in a building block fashion until full funding is achieved (see Exhibit 2).

Exhibit 2. Phased Ask - Building the Foundation



Phase 1: 2019-2021

The 2019-2021 budget request is for $295 million per biennium to fund FPHS programs and capabilities in communicable disease, environmental public health, assessment, and the other capabilities that support this work. These programs and capabilities were chosen for the following reasons:

- There are many laws and regulations that currently exist in Washington regarding the role of governmental public health in these areas and the mandates are largely unfunded;
- It makes sense to build on the 2017-2019 initial one-time investment of $12 million to state and local public health and the additional $3 million to Public Health – Seattle & King County

for communicable disease prevention and control, to take advantage of capacity already built;

- Stopping and preventing the spread of communicable disease and preventing and mitigating the impacts of the environment on health has both immediate and long-term impacts on individuals, communities, the healthcare system, schools, work places, business, and tourism;
- Collecting, analyzing, sharing, and using data is essential to providing individuals, partners, and communities with the information they need to make good health choices and help health systems and policy makers know if services delivered by the public health and health care delivery systems are making a difference.

To make best use of public health resources and to take advantage of learnings from the initial investment, the budget request includes funding for innovative service delivery models and for reinforcement of capacity. Proposed new service delivery models build on the demonstration projects funded through the initial investment and are designed to distribute public health capacity and expertise in new ways so that people in areas with limited public health resources have access to public health services. These models consider the necessity of "local presence" via staff located in communities, ability to utilize technology, data on the distribution of disease, and standardization of workload to FTE and best practices. They strive to create the best combination of local presence/local expertise and broad availability of specialized subject matter expertise.

This integrated decision package, the first for FPHS, includes budget requests for all components of the public health system, including Tribes. Tribes are leading a culturally appropriate process to identify Tribal Foundation Public Health Services, including funding gaps and available revenues. For this decision package, $1.2 million is requested for Tribes to support (a) the Tribal Epidemiology Centers (Urban Indian Health Institute and the Northwest Tribal Epidemiology Center) for disease surveillance and assistance to Indian tribes, tribal organizations, and urban Indian communities to promote public health and (b) partnership development via the American Indian Health Commission (AIHC), to coordinate tribal engagement with the other components of the governmental public health system in the areas of policy development for emergency preparedness response and communicable disease control.

Policy Bill

In addition to a budget request for 2019-2021, the FPHS Steering Committee is putting forward a bill to support transformation by enacting policy that defines the components of the governmental public health system, governmental public health services, the responsibility of state government to resource these services, and the parties to be involved in allocation of governmental public health resources.

The Risks of Not Funding Public Health Transformation

The governmental public health system will continue to face unpredictable disease outbreaks and environmental disasters, federal funding uncertainty, and limited local resources to support public health. Without new funding to address critical gaps, the public risks:

- Continued program and service cuts, impacting response time and ability to work proactively. It takes longer to investigate – and stop – outbreaks of foodborne illness because of increased complexity of the diseases and program cuts. Diminished ability to prevent and respond to public health threats, including measles and Hepatitis C. All of which leads to more people getting sick.
- Limited response capacity for all hazard emergencies such as fires, earthquakes, and floods.
- Decreased attention on improving immunization rates of children and adults putting communities at risk for the spread of diseases like whooping cough, measles, and influenza.
- Decreased partnership opportunities with school districts (including safety inspections), nonprofits, the health care delivery system, and local agencies.
- Limited ability to collect and share critical health information.
- Limited ability to enact policy to protect communities and prevent adverse health outcomes.
- Reduced capacity to train staff on drug resistant TB, foodborne outbreaks, lead poisoning, safe drinking water systems, and other public health threats.
- Diminished ability to fill critical public health positions.

Conclusion/Summary

The local, tribal, and state governmental public health system is failing to provide the basic public health services necessary to protect and promote the health of all Washingtonians. This leaves everyone in Washington vulnerable to communicable diseases (both new and old), environmental health threats, chronic diseases (diabetes, heart disease, stroke, and cancer), and unhealthy births and childhoods. A deteriorating public health system means increased health care costs, reduced economic productivity, and needless suffering from preventable disease and death.

To achieve the vision of a ***responsive and viable governmental public health system*** that is essential for healthy and economically vital communities across Washington, funding is needed. Public health funding has not kept up with the growing demand for public health services due to population growth, resurgent and new health threats, and the increasing cost of doing business. In addition to funding, rebuilding and transforming our governmental public health system is also essential.

This report demonstrates that public health leaders are working together to stabilize and transform the governmental public health system. They have made progress with the legislature's initial one-time investment of $12 million to protect more people from communicable disease. However, the FPHS Assessment indicates a much larger gap in the funding needed to build a comprehensive governmental public health system. More than one-time funding is needed from the state legislature to build a system to protect our residents and communities from current and future public health threats. The public health system recommends adding public health funding into the base budget for DOH, taking a multi-biennial approach to building up the components of the system, and continuing to develop new service delivery models while also reinforcing capacity.

Appendices

Appendix A: Allocations for 2017-2019 Initial Investment

Local Health Jurisdictions

LHJ	Population, Estimate, 2016	Base Allocation	Base PLUS	Total Allocation
Garfield	2,247	$42,000	$0	$42,000
Columbia	3,938	$42,000	$0	$42,000
Wahkiakum	4,139	$42,000	$0	$42,000
Lincoln	10,350	$42,000	$0	$42,000
Skamania	11,510	$42,000	$0	$42,000
San Juan	16,339	$42,000	$0	$42,000
Adams	19,238	$42,000	$0	$42,000
Pacific	21,249	$42,000	$0	$42,000
Klickitat	21,301	$42,000	$0	$42,000
Asotin	22,306	$42,000	$0	$42,000
Jefferson	31,139	$42,000	$0	$42,000
Okanogan	41,554	$42,000	$0	$42,000
Kittitas	44,866	$42,000	$0	$42,000
Whitman	48,851	$42,000	$0	$42,000
Walla Walla	60,340	$42,000	$0	$42,000
Mason	62,198	$42,000	$0	$42,000
NE Tri-County	65,528	$42,000	$0	$42,000
Grays Harbor	71,628	$42,000	$0	$42,000
Clallam	74,570	$42,000	$0	$42,000
Lewis	77,066	$42,000	$1,147	$43,147
Island	82,636	$42,000	$4,238	$46,238
Grant	93,546	$42,000	$10,293	$52,293
Cowlitz	105,160	$42,000	$16,739	$58,739
Chelan Douglas	117,665	$42,000	$23,679	$65,679
Skagit	123,681	$42,000	$27,018	$69,018
Whatcom	216,800	$42,000	$78,699	$120,699
Yakima	249,636	$42,000	$96,923	$138,923
Kitsap	264,811	$42,000	$105,345	$147,345
Thurston	275,222	$42,000	$111,123	$153,123
Benton Franklin	283,846	$42,000	$115,910	$157,910
Clark	467,018	$42,000	$217,570	$259,570
Spokane	499,072	$42,000	$235,360	$277,360
Snohomish	787,620	$42,000	$395,504	$437,504
Tacoma-Pierce	861,312	$42,000	$436,403	$478,403
Seattle-King	2,149,970	$42,000	$1,151,608	$1,193,608
TOTAL	**7,288,352**	**$1,470,000**	**$3,027,559**	**$4,497,559**

Demonstration Projects

The LHJs also invested $1 million in three demonstration projects to pilot different shared service delivery models.

- $507,802 for the biennium to Public Health Seattle King County to establish a networked TB response team for all 35 local health jurisdictions (LHJs) in Washington that provides onsite support and use on-demand video conferencing to interface with LHJs across the state.
- $424,538 for the biennium to Spokane Regional Health District to provide trained epidemiologist support and dedicate data and assessment capacity for are wide epidemiological events.
- $67,660 for the biennium to Tacoma Pierce County Health District to develop and maintain tailored Provider Resources Websites for interested LHJs, customized to the partner LHJs' unique provider and community needs.

Department of Health and State Board of Health

At the state level, $2 million was invested in system wide efforts that benefit all parts of the state including:

- Health impact reviews conducted by the State Board of Health
- Public health lab staff and equipment for microbiology and radiation testing
- Information technology system consolidation and modernization

Appendix B: Accountability Plan

2017-2019 FPHS Initial Investment ($12M/biennium) | Tracking the Funds & Measuring the Impact

The overall approach for tracking the funds and measuring their impact includes qualitative, qualitative and financial data.

- **Qualitative Data** – Each agency that receives funds will complete a work plan indicating how they intend to use the funds and at the end of each SFY a brief report on how they were actually used.
- **Quantitative Data** – Monitoring of 7 selected processes and some outcome measures that reflect the work of the governmental public health system in communicable disease prevention and control.
- **Financial Data** – State Budgeting, Accounting and Reporting System (BARS) data that DOH collects from LHJs annually for the preceding calendar year will be used to track how the funds were expended.

Assumptions

1. The first audience for the tracking the funds, measuring the impact and evaluating the demonstration projects is public health leaders so that we can learn about our system and use data in planning for the future. The second audience is elected officials and their staff, both at the state and local level.

We are interested in the overall impact of the $12M/biennium investment – in additional to LHJs, this includes DOH, SBOH and the Shared Service Demonstration Projects.

The impact measures should be a part of the Shared Service Demonstration Project evaluation and vice versa.

Quantitative Measures

1. Percentage of children (19-35 months) who have completed the standard series of recommended vaccinations.

Percent of 4- 6-year-olds who have completed the standard series of recommended vaccinations.

Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.

Percent of new positive Hepatitis C case reports with completed investigations.

2. Percent of Gonorrhea cases investigated.
3. Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment with two different antibiotics as recommended by the CDC 2015 STD treatment guidelines).
4. Percent of newly diagnosed syphilis cases that receive partner services interview.

Data Source – DOH program will provide data and analysis

- Immunizations
- Hepatitis C
- STD (Syphilis / GC)

Unit of Measure – Numbers & Rates

- Statewide
- Each LHJ
- Groups of LHJs
    - Four LHJs receiving additional Epi support from the Shared Service Demonstration Project
    - Fifteen LHJs that indicated they would spend some or all their funds to improve immunization rates.
- Each ACH

Measurement Timeframe

Measures	Baseline Period	Data Available	Comparison 1 Period	Data Available
Immunizations	6/1/17	2/1/18	6/1/18	8/1/18
Communicable Disease / STD	Jan – June 2017	2/1/18	Jan-June 2018	8/1/18

Stopping the spread of disease by promoting immunization – one of the most cost-effective strategies to prevent the spread of vaccine preventable disease.

Immunizations Measures

	WA		
	Baseline	Comparison	Change
Immunization coverage among 19-35-month-olds	60%	65%	4%
immunization coverage among 4-6-year olds	45%	47%	2%

Caveats: The baseline data was pulled 8 months after the time period of interest vs. 3 months after for the comparison period. It is possible that when more complete data is available on the comparison period, the percent change may be greater than reported at this time.
Data Source: Immunization Information System (IIS)

Stopping the spread of disease through disease investigation and interrupting transmission of disease

	Baseline Cases	Comparison Cases	Change in Case Count	Baseline Cases with an Interview	Comparison Cases with an interview	Change in cases with an interview	Baseline Interviewed case with appropriate treatment	Comparison Interviewed case with appropriate treatment	Change in interviewed cases with appropriate treatment
GC	4462	5535	1073	2084	2709	625	1707	2289	582
Syphilis	858	907	49	607	662	55	NA	NA	NA

STD Data Caveats: Comparison data is preliminary. When more data is available, the percent change may be greater. Since data are only representing 6-month time periods, case counts will be much smaller than reported annual counts. STD rates are increasing, so an increase in the amount of work completed (ex: number of cases interviewed) will not necessarily represent an equivalent increase in the proportion of cases in which this work is completed.
STD Data Source: Public Health Issue Management System – Sexually Transmitted Diseases (PHIMS-STD)

Appendix C: Foundational Public Health Services Framework

Definitions from Functional Definitions Manual, November 2017

Foundational Capabilities

A. *Assessment (Surveillance and Epidemiology).*

The functional definition of this foundational capability includes:

Ability to collect sufficient, statewide and community level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. Foundational data include (but are not limited to):

- Behavioral Risk Factor Surveillance System (BRFSS),
- Healthy Youth Survey (HYS), and
- Vital statistics.
- Foundational information systems include:
- Washington Disease Reporting System (WDRS),
- Washington Electronic Lab Reporting System (WELRS), and
- Selected clinical data systems (e.g. Comprehensive Hospital Abstract Reporting System [CHARS] and Community Health Assessment Tool [CHAT]).

Ability to access, analyze, use and interpret data, including:

- U.S. Census,
- Vital Statistics,
- Notifiable condition data,
- Selected clinical data sets including Comprehensive Hospital Abstract Reporting System (CHARS),
- Behavioral Risk Factor Surveillance System (BRFSS),
- Healthy Youth Survey (HYS),
- Basic community and environmental health indicators, and
- Financial data.

Ability to conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health.

B. Emergency Preparedness (All Hazards).

The functional definition of this foundational capability includes:

Ability to develop emergency response plans for natural and man-made public health hazards; train public health staff for emergency response roles and routinely exercise response plans.

Ability to lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state.

1. Ability to activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system.

Ability to communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters.

C. Communication.

The functional definition of this foundational capability includes:

Ability to engage and maintain ongoing relations with local and statewide media.

Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Standards, to increase visibility of public health issues. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served.

D. Policy Development and Support.

The functional definition of this foundational capability includes:

Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans.

Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative or promising and include evaluation plans) and that address the social determinants of health and health equity.

Ability to utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment.

E. Community Partnership Development.

The functional definition of this foundational capability includes:

Ability to create and maintain relationships with diverse partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations, and local, state and federal government agencies and leaders.

Ability to select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

F. Business Competencies.

The functional definition of this foundational capability includes:

Leadership Capabilities. Ability to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the public face of governmental public health in the community.

Accountability and Quality Assurance Capabilities. Ability to uphold business standards and accountability in accordance with local, state and federal laws, regulations and policies and to align work with national and Public Health Accreditation Standards.

Quality Improvement Capabilities. Ability to evaluate programs and continuously improve processes.

Information Technology Capabilities. Ability to develop, maintain and access electronic health information to support operations and analyze health data. Ability to support, maintain and use communication technology.

Human Resources Capabilities. Ability to develop and maintain a competent workforce, including recruitment, retention and succession planning functions; training; and performance review and accountability.

Fiscal Management, Contract and Procurement Capabilities. Ability to comply with federal, state, and local standards and policies.

Facilities and Operations. Ability to procure, maintain, and manage safe facilities and efficient operations.

Legal Capabilities. Ability to access and appropriately use legal services in planning and implementing public health initiatives.

Foundational Programs

G. Prevention and Control of Communicable Disease and Other Notifiable Conditions.

The functional definition of this foundational program includes:

Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.

Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions.

Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.

Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.

Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.

When additional important services are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services.

H. Chronic Disease, Injury and Violence Prevention.

The functional definition of this foundational program includes:

Provide timely, state and locally relevant and accurate information statewide and to communities on chronic disease (including behavioral health), injury and violence prevention.

Identify state and local chronic disease (including behavioral health), injury and violence prevention community assets; develop and implement a prioritized prevention plan and seek resources and advocate for high priority policy initiatives to reduce statewide and community rates of chronic disease, injury and violence.

When additional important services are delivered regarding chronic disease, injury, and violence prevention, assure that they are well coordinated with foundational services.

I. Environmental Public Health.

The functional definition of this foundational program includes:

Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures.

Identify statewide and local community environmental public health assets and partners and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources, and advocate for high priority policy initiatives.

Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, recreational water, drinking water and liquid waste and solid waste systems in accordance with local, state, and federal laws and regulations.

Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions and other public health threats related to environmental hazards.

Protect the population from unnecessary radiation exposure in accordance with local, state, and federal laws and regulations.

Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes

When additional important services are delivered regarding environmental public health, assure that they are well coordinated with foundational services.

J. Maternal/Child/Family Health.

The functional definition of this foundational program includes:

Provide timely, statewide and locally relevant and accurate information statewide and to communities on emerging and ongoing maternal, child and family health trends, taking into account the importance of childhood adversity and health inequities.

Identify local maternal, child and family health community assets, develop a prioritized prevention plan using life course expertise and an understanding of health inequities, seek resources and advocate for high priority policy initiatives.

Assure mandated newborn screening done by the state public health lab to test every infant born in Washington to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health. (state function only)

When additional important services are delivered regarding maternal, child, and family health, assure that they are well coordinated with foundational services.

K. Access/Linkage with Medical, Oral and Behavioral Health Care Services.

The functional definition of this foundational program includes:

Provide accurate timely, statewide, and locally relevant information statewide and to communities on the medical, oral and behavioral health care system.

Participate actively in local, regional, and state level collaborative efforts regarding medical, oral and behavioral systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health.

Improve patient safety through inspection and licensing of health care facilities and licensing, monitoring and discipline of health care providers. (State function only)

When additional important services are delivered regarding medical, oral and behavioral health, assure that they are well coordinated with foundational services.

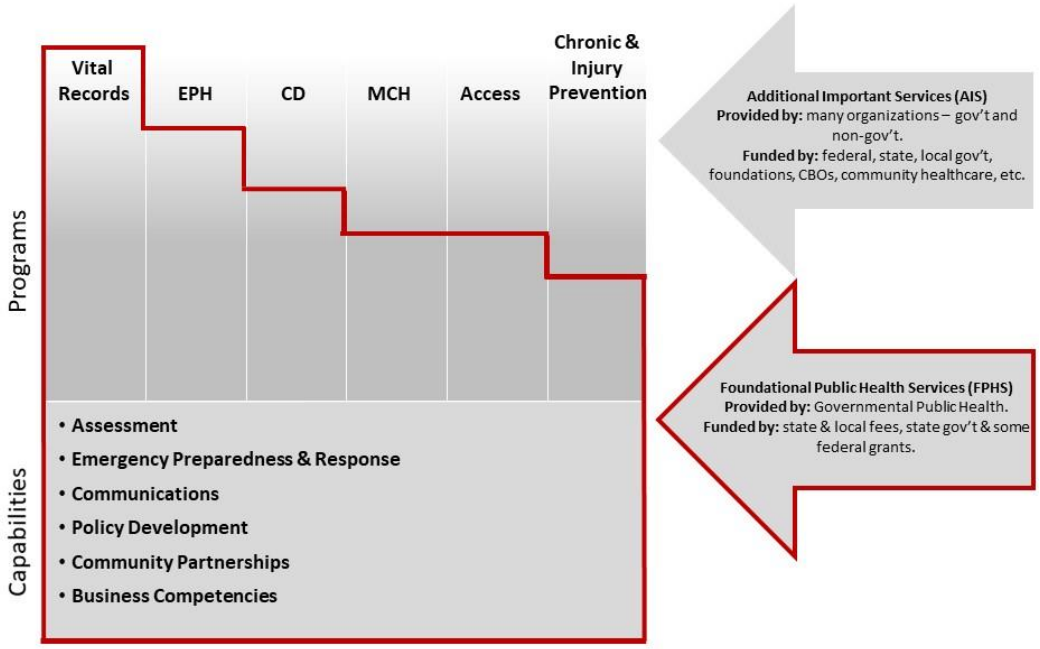
L. Vital Records.

The functional definition of this foundational program includes:

In compliance with state law and in concert with local, state, and national groups, assure a system of vital records. (State function only)

Provide certified birth and death certificates in compliance with state law and rule.

Exhibit 3. Foundational Public Health Services



Definitions

Foundational Public Health Services — Population-based, prevention-oriented services that only/primarily government provides everywhere, in order for the system to function anywhere. Full definition at www.doh.wa.gov/fphsresources

Governmental Public Health System — State Department of Health (DOH), State Board of Health (SBOH), Local Health Jurisdictions (LHJs), Tribal Health and other programs.

Appendix D: Public Health Funding – Past Efforts and What's Different Now

For decades, efforts by public health professionals and elected officials at the state and local level to ensure that the public health system fully meets its responsibilities have consistently identified the same issues:

- A lack of core funding to support foundational public health services everywhere in the state that are the responsibility of government;
- The need for stable core funding that tracks with changes in the cost of delivering services, population and the nature of disease, over time;
- Wide variation in public health spending across the state, leaving many communities at increased risk.

Over the years, various committees and reports have repeatedly reached similar conclusions and reiterated these issues, for example:

- **2004** – Public health developed a cost model to estimate the cost of delivering public health services in compliance with public health standards**.** Key findings included:
  - A $400 million per year gap for LHJs and a $150 million per year gap for DOH.
- **2005-2006** – The legislature passed EHCR 4410 that created the **Joint Select Committee (JSC) on Public Health Funding.** In 2006, at the request of the JSC, public health developed the report *Creating a Stronger Public Health System: Statewide Priorities for Action* that identified spending priorities for additional new funds to the local/state public health system at different annual funding levels of $200 million per year, $100 million per year, and $50 million per year. Top two priorities included: communicable disease and chronic disease prevention.
- **2006** – Public health developed two white papers *Financing Local Public Health in Washington State: Challenges & Choices* and *Financing Public Health in Seattle-King County* that explored the public health funding structure and adequacy. Key findings included:
  - Wide variation in spending and public health services across the state.
  - A $400 million per year funding need for LHJs.
- **2006** – The **Joint Legislative Audit and Review Committee (JLARC)** completed a review of Washington's public health system. Key findings included:
  - Washington's public health system is funded through a complex mix of federal, state and local funds, including permits and user fees. Many of the state and federal funds may only be used for specific programs or services.

- State and local public health agencies currently are not meeting the minimum standards, and officials from these agencies do not expect to be able to do so without an investment of additional resources.
- Wide variation in public health expenditures (both in total and per person) and in local jurisdictions' ability to meet the minimum public health standards.

- **2007** – The *Blue Ribbon Commission on Health Care Cost and Access Report* stated that "a strong public health system, with its statewide focus on prevention and health promotion, can keep us all healthier, reducing the need and demand for costly medical treatment. This allows available treatment dollars to be spread further" and recommended:
  - Invest in public health funding strategies that are accountable for improved health outcomes, based on the recommendations of the Joint Select Committee on Public Health Financing.
- In 2007 the legislature passed E2SSB 5930 which directed public health defined priorities and implemented performance reporting for new funding and the legislature appropriated new funds to LHJs in the amount of:
  - $20 million per biennium in the 2007-2009 budget
  - Reduced by 20% to $16 million per biennium in the 2009-2011 budget
  - Reduced again in the 2011-2013 budget to $10 million per biennium for a total 50% reduction from the original appropriation.

There was good intent and some action, but little progress was made in funding a responsive and viable governmental public health system.

What's Different Now?

In 2010, concern that the erosion of public health funding was at a crisis point, and threatening the most critical public health services, led to the formation of the Reshaping Government Public Health Workgroup which published *An Agenda for Change, October 2010.* The Agenda for Change posited that to address the dual challenges being faced by governmental public health in Washington, changes in the demands on the system and severe restrictions in capacity to respond to those demands, the entire governmental public health system needed to be reimagined.

In 2012, a workgroup made up of state and local governmental public health leaders was formed to develop a long-term strategy to ensure the effectiveness and sustainability of the governmental public health system. Building on the work of the 2012 Institute of Medicine report, *For the Public's Health: Investing in a Healthier Future,* the workgroup identified a "minimum package of services" needed everywhere to support population health anywhere and went on to develop the Foundational Public Health Services (FPHS) as the framework for Washington's reimagined governmental public health system.

Working collaboratively and methodically to develop and implement the FPHS framework, public health leaders, elected officials, and key partners have:

1. Defined the governmental public health system.

Defined the core services and specific activities of the governmental public health system.

Rigorously estimated the cost, current spending and additional funds needed to fully fund these core services of the governmental public health system using the existing state and local public health system structure.

Recommended clear funding roles for state and local government

Explored, tested and continue to develop new service delivery models to maximize the efficiency and effectiveness of the overall system.

Tracked new funding and evaluate the performance of the system.

Meanwhile, tribal public health, with support from the Department of Health, has been engaged in a tribally-lead process to define how the FPHS funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people in Washington.

This work has led to greater focus in describing the core work of government, the cost and identifying clear funding roles. Contrast the 2004 estimate of $550 million per year in additional funds need to support LHJS and DOH with the current 2018 estimate of $225 million per year of additional funds needed for the state and local portion of the governmental public health system to deliver the core services of government.

In 2017 the legislature made a one-time initial investment of $12 million per biennia in state and local public health for foundational public health services in communicable disease control and prevention. In 2019, public health leaders, elected officials and partners will be continuing the long-term, phased, multi-biennia approach to fully funding and implementing FPHS statewide and use the results from the initial investment and the 2018 FPHS Assessment in seeking $296 million per biennia, the full funding needed for state and local public health to deliver foundational public health services in communicable disease control and prevention, environmental public health, community health assessment and the foundational capabilities that support this work and initial funding for tribes.

> *"Most decision makers agree that public health is a basic responsibility of government. The Revised Code of Washington (RCW) declares that "the social and economic vitality of the state depends on a healthy and productive population" and charges government with the "life and health of the people," granting authority and responsibility for organizing public health services1. The public expects Washington's public health network to work with health care providers, tribes, communities, and others to do what it can to improve health and reduce costs.*

Like public safety (fire, police), public utilities (power, water), and other public infrastructure (roads, sewers), there is a foundational level of public health services that must exist everywhere for services to work anywhere. This foundation – the Foundational Public Health Services (FPHS) – is a subset of all public health services.

FPHS includes foundational programs and supporting capabilities that (1) must be available to all people in Washington and (2) meet one or more of the following criteria:

Services for which governmental public health is the only or primary provider of the service, statewide. Population-based services (versus individual services) that are focused on prevention.

Services that are mandated by federal or state laws."

(Foundational Public Health Services: A New Vision for Washington State, January 2015)

This work is documented in the following reports:

Public Health Improvement Plan, 2010

Public Health Improvement Plan, 2012

Foundational Public Health Services Preliminary Cost Estimation, September 2013

Foundational Public Health Services Final Technical Report, September 2014

Foundational Public Health Services, A New Vision for Washington State, January 2015

A Plan to Rebuild and Modernize Washington's Public Health System, December 2016

Rebuilding and Transforming Washington's Public Health System: Preliminary Report, December 2017

Washington State Public Health Transformation Assessment Report for State and Local Public Health, September 2018

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Washington State Department of
Health