Department of Health

2021-23 Regular Budget Session

Policy Level - P3 - Fund Foundational Public Hlth Svcs

Agency Recommendation Summary

The Department of Health (DOH) requests sufficient funding for the local, tribal, and state governmental public health system to provide the most basic, core public health services necessary to adequately protect the health of all Washingtonians. This request proposes a phased approach to fill the existing foundational service gaps in communicable disease, assessment (disease surveillance and epidemiology), environmental public health prevention, and emergency response. A component of this request is related to Puget Sound Action Agenda Implementation.

Fiscal Summary

Fiscal Summary *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	133.8	133.8	**133.8**	133.8	133.8	**133.8**
Operating Expenditures						
Fund 001 - 1	$142,570	$142,570	**$285,140**	$142,570	$142,570	**$285,140**
Total Expenditures	**$142,570**	**$142,570**	**$285,140**	**$142,570**	**$142,570**	**$285,140**

Decision Package Description

Problem

The core infrastructure of the local, tribal, and state public health system has been crumbling for over two decades, rendering the system unable to respond appropriately to the everyday and less frequent threats to the public's health. The problem has been well studied by the executive and legislative branches in this state, but the solution was not well-funded. Stable and ongoing financial support for foundational public health services has not kept up with growing demand due to increased populations, resurgent and new health threats, and inflationary pressures. As a result, the state often finds itself spending money responding to public health crises rather than preventing them. As the COVID-19 pandemic has clearly illustrated, the local, tribal, and state governmental public health system struggles to provide the most basic, core public health services. This makes all Washingtonians vulnerable to a wide array of public health concerns such as communicable diseases, environmental health threats, preventable chronic diseases (i.e. diabetes, heart disease, stroke, cancer, etc.), and avoidable unhealthy births and childhoods. The results of a deteriorating public health system are increased, avoidable and unjust health disparities in our communities of color and people living in poverty, increased healthcare costs, reduced productivity in the state's economy, and needless suffering from preventable disease and death.

Background

The governmental public health system in Washington State is comprised of 35 local health jurisdictions (LHJs), DOH, the State Board of Health (SBOH), 29 sovereign tribal governments, and two urban Indian health programs. Reports and legislative studies over the past 30 years have documented the system lacks dedicated core funding to deliver core public health services and is inequitably funded by a confusing array of sources.

Small, brief infusions of funds were made over the past decade by federal and state governments (e.g. after 9/11 and for pandemic influenza planning), but these funding "bursts" were short-lived, inadequate and limited to specific and urgent needs at that moment. A good example of these types of mercurial funding sources is the disjointed, haphazard, and ultimately... temporal infusions of various federal funding for COVID-19 response and economic recovery.

In 2019, the legislature passed Second Substitute House Bill (2SHB) 1497. This bill defined the governmental public health system, the limited set of core public health services delivered by this system, and the states' responsibility to use this system to protect the public's health. With the funds authorized by legislature, a baseline assessment was conducted to identify the local and state system's capacity to provide those services and to identify the funding gaps to fully provide the services across the state. Tribal nations were not included in this initial assessment process because they were simultaneously engaged in their own separate process to define FPHS delivery framework, including their costs and gaps.

The results of the FPHS baseline assessment (Washington State Public Health Transformation Assessment Report)– published in 2018 – provided significant information on the level of implementation (both capacity and expertise), sharing of service delivery (current and willingness to share) and estimated costs (total cost to implement, current spending, and additional funds needed from state government). Some of the key findings included:

- FPHS are not significantly implemented across all health departments;
- Every health department has significant gaps;
- The gaps in FPHS are not uniform; there is no consistency in gaps for the large or small health departments; there is no consistency in urban or rural health departments; and
- The biennial funding gap to fully fund FPHS is $450 million ($225 million annually).

Description of Foundational Public Health Services

Foundational Public Health Services (FPHS) are a limited and defined set of core activities within six programs and six capabilities that must be present everywhere in Washington in order for them to work anywhere. FPHS are services that are primarily or only provided by government, are necessary everywhere, are population-based services (versus individual services) focused on prevention and, in many cases, are mandated by federal or state laws.

Foundational Programs include:

- Communicable Disease Control;
- Environmental Public Health Services;
- Chronic Disease and Injury Prevention;
- Maternal and Child Family Health;
- Access to Clinical Care; and
- Vital records (birth and death certificates).

Foundational Capabilities include:

- Assessment (disease surveillance and epidemiology);
- Emergency Preparedness and Response (all hazards);
- Communications;
- Policy Development and Support;
- Community Partnership Development; and
- Business Competencies.

The Role of the Foundational Public Health Services Steering Committee

Local, tribal and state public health officials and leaders have been working together through a FPHS Steering Committee to propose a collaborative and comprehensive approach that has culminated in this joint budget request which represents the entirety of the governmental public health system. The committee uses a systems approach to develop each funding request and to allocate resources that are appropriated.

There are six objectives that guide the activities of the Foundational Public Health Services Steering Committee:

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 DOH, to define how Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, SBOH, and LHJs can work together to serve all people in Washington; and
6. Allocate resources through a collaborative process between state, local, and tribal governmental public health system partners.

The Role of Foundational Public Health Services in State's COVID-19 Response

The COVID-19 pandemic highlighted the role of FPHS in controlling the spread of communicable disease. Some examples of these core services that require ongoing stable funding to assure adequate staffing, training and technology systems are in place to prevent, reduce and respond to public health emergencies include:

- Conducting disease surveillance through data collection and analysis;
- Conducting disease investigation through case investigation and contact tracing;
- Arranging, staffing and supporting isolation and quarantine facilities and care coordination to help people comply with isolation and quarantine whether at home or in a facility;
- Sustaining laboratory systems that include electronic communication of lab requests and result, laboratory equipment, supplies, protective equipment and staff;
- Engaging with community and coordinating among partners;
- Communicating with the public in culturally competent ways they can relate to (e.g. multiple languages and in mediums/platforms that reach people in ways they get their other information today);
- Evaluating and communicating the science to inform policy decisions; and
- Effectively mobilizing and using incident command systems

This request seeks funding for these critical services that remain unfunded in communicable disease, assessment (e.g., epidemiology, community health assessments), environmental health, and the crosscutting capabilities that support them. This proposal includes investments in infrastructure, reinforcing capacity, new service delivery models and tribes. This proposal request $285 million for the 2021-2023 biennium.

Additional Background

During the 2019-2021 biennium, $28 million was appropriated to FPHS with a focus on communicable disease, assessment (epidemiology and surveillance) and environmental health. The investment has made some critical improvements that positioned the system to respond to COVID-19 better than would have been the case without these funds. Some examples include:

Infrastructure

- FPHS funds invested to modernize data systems provided the required state matching to draw an additional $3.4 million in federal funds. Ongoing work includes: planning and design of a modernized, modular, flexible data system integrated across diseases and health issues and establishing the environment in Cloud to house data and data systems, including elements such as firewalls, switches, circuits, etc;
- Developed and implemented new modules in the Washington Disease Reporting System (WDRS) for outbreaks and Hepatitis C. The outbreak module was instrumental in allowing Washington to immediately begin collecting needed data for the COVID-19 response. And now data on Hepatitis C cases, investigations and linkage to care are available electronically allowing public health leaders to focus resources and prioritize efforts; and
- Purchased laboratory equipment and supplies for Hepatitis C serology testing. True to the intent of investing in "core" services, this same equipment have also been critical in increasing capacity for COVID-19 testing.

New Service Delivery Models

- Sharing expertise – Regional Epidemiologist in Central Washington to serve Okanogan, Chelan, Douglas, and Grant counties; and
- Investing in outcomes using a "burden of disease" model for Hepatitis C

Reinforcing Capacity

- Increased disease investigation staff and training which led to not only more cases of STDs, syphilis, measles, pertussis, etc. were investigated in a timely fashion, but also more staff were available to be redirected to the COVID-19 response and COVID-19 case

investigation and contact tracing;
- Updated outbreak response plans; and
- Increased partnerships with schools and other community group and use of health data in community planning and action.

Tribal Organizations

- Developed a common set of definitions for Tribal FPHS (TFPHS) programs and core capabilities;
- Developed a cross-walk of the TFPHS definitions with the non-tribal FPHS definitions; and
- Implemented an assessment of TFPHS core programs and capabilities.

For American Indian/Alaska Native (AI/AN) people living off reservations in Washington:

- Implemented a needs/asset assessment for prevention, control and management of communicable disease in Washington's urban tribal communities, which included a report that details the impact of sexually transmitted diseases and HIV on the AI/AN population in Washington, with county-level data where available;
- During disease outbreaks or disease investigations, worked closely with the governmental public health system to ensure proper protocols are followed for the collection of data, analysis of data, and dissemination of information, and assured that the process is respectful and confidential according to indigenous protocols. Developed and established protocols for disease investigation and control for AI/AN in Washington based on the guidance, consultation, and advice of AI/AN TFPHS community partners. Facilitated the dissemination of information on prevention and control measures for communicable diseases and outbreaks in urban tribal communities; and
- Participated in emergency preparedness events and exercises conducted by TFPHS governmental partners and made recommendations to the Tribal FPHS workgroup based on the needs/asset assessment for the prevention, control, and management of communicable diseases in Washington's urban tribal communities.

For the 29 federally-recognized tribes in Washington and the AI/AN people served by tribal clinics in Washington:

- Convened Washington tribes to share their experiences, policies created, inventory control, etc.;
- Coordinated reporting of tribal public health data needs from tribal health clinics;
- Surveyed Indian Health Service and Tribal Clinics in Washington to identify assets for prevention and control of communicable disease as well as contacts for cross-jurisdictional reporting of communicable disease and needed technical assistance; and
- Ensured disease surveillance, investigation and control, including a linkage corrected baseline report card of communicable diseases for Washington, such as influenza and vaccine preventable diseases, Hepatitis C, and HIV/AIDS/sexually transmitted infections. Provided staff upon request to assist tribes with outbreak investigations.

Also of note, the American Indian Health Commission (AIHC) received a letter from the Centers for Disease Control & Prevention thanking them for related work on tribal legal preparedness and response to the COVID-19 pandemic. They found the model plans, polices, codes and resolution developed by AIHC to be the most relevant and practical resources and are sharing them across the country.

The Focus of the Next Phase of Foundational Public Health: Communicable Disease, Environmental Public Health, and Assessment

Funding communicable disease, environmental public health and assessment is necessary to build on the funding provided in the past biennia and reinforces the capacity that has been built: modernizing data systems, ongoing maintenance of the systems and staff system training, retaining surveillance staff (i.e. disease investigators, epidemiologists) who can address other urgent public health issues like outbreaks in hepatitis C, hepatitis A, and tuberculosis, as well as the opioid epidemic.

Controlling and preventing the spread of public health threats – whether from one person to another or from the environment to people – has an immediate and long-term impact on individuals, communities, the healthcare system, schools, workplaces, businesses, and tourism. As the COVID-19 pandemic has shown, accurate and immediately accessible data are paramount in combating such threats. Collecting, analyzing,

interpreting, sharing and using data are essential to providing individuals and communities the information they need to make good health choices and help public health professionals and policy makers in decision making and to monitor the impact of those decisions.

Looking back at the state's response to the COVID-19 pandemic, it is clear Washington State was – as was much of the world - unprepared for a public health crisis of this magnitude. It is also clear how this lack of preparedness contributed to some of the detrimental health and economic effects for individuals and their communities. Similar to how society prioritizes funding for first responder emergency services such as police and fire stations – with up-to-date equipment and highly trained staff ready to respond at a moment's notice – the state should also prioritize a prepared, well-supplied, and highly trained governmental public health system; it is too late to create such a system during the chaos of a public health crisis.

Other Temporary Funding Opportunities and Continuing Funding Gaps

DOH has begun using some of the recent federal funding to help with key steps to modernize data systems and support some foundational public health activities in its response to COVID-19. However, these funding streams are short term; most of these federal funding sources end in the middle of the 2021-23 biennium. In addition, DOH is precluded from using these funds on foundational public health activities that do not pertain to the immediate COVID-19 crisis.

Without additional, ongoing state funding to pick up where the federal COVID funds end and to address continuing critical gaps, a variety of public health vulnerabilities will continue to exist:

- The modernization of disease surveillance systems will be left unfinished. The time and effort invested thus far would be wasted, and decision makers and the public will experience delays in receiving vital information. Without data modernization, all LHJs, healthcare systems, policy makers, media, the public and the state will have delayed access to data, vastly reduced ability to maintain data systems and leverage technological advances to meet increasing public health data and information needs;
- The disease investigation staff hired and trained with COVID-19 funding will be let go before COVID-19 wanes and before they can be reoriented to use their skills to address other communicable diseases like hepatitis C, hepatitis A, tuberculosis, measles, influenza, and food-borne outbreaks;
- The growing backlog of disease investigations for non-COVID-19 conditions will be left unaddressed, leading to increased disease;
- The under funding of programs and services will negatively impact response time and the ability to work proactively. It will take longer to investigate – and stop – outbreaks and respond to hazard emergencies such as wildfires, earthquakes and floods;
- The inadequate attention on improving immunization rates of children and adults will put communities at risk for the spread of communicable diseases;
- The existing partnership opportunities with school districts (including safety inspections), nonprofits and local agencies will decrease; and
- The limited ability to collect and share critical health information will continue.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This request builds on the request DOH made in the 2019-21 biennium FPHS decision package, which originally sought $296 million. It seeks funding for the work which remains unfunded after the $28 million appropriated by legislature in the 2020 supplemental budget. This additional funding will be invested in the areas of communicable disease, environmental health, and assessment (disease surveillance and epidemiology.

This request takes into consideration changes since submission of the 2019-21 decision package such as:

- State and federal COVID-19 funds and when they expire;
- Progress on modernizing data systems;
- Changing data needs and technology;
- Newly hired staff as a result of the COVID-19 response;
- Increasing demand for services from the public; and
- Mounting backlog of critical, non-COVID-19, FPHS work that is essential for the health and safety of Washingtonians.

Detailed Assumptions and Calculations:

Based on the FPHS baseline assessment, the original 2019-21 biennium request started with what the public health system believed to be the most critical FPHS: communicable disease and environmental health services, the capabilities that support them, and assessment services (e.g., epidemiology, community health assessments). That request for additional biennial funds needed to fully implement this subset of services was $295 million, displayed in the table below:

2019-21 Request by FPHS Category	Funds Requested
Communicable Disease	$86.5 million
Assessment (Surveillance & Epidemiology)	$71.4 million
Environmental Health	$95.9 million
Cross Cutting Capabilities	$41.0 million
Tribal	$1.2 million
Grand Total	**$296.0 million**

Only $28 million of the requested $296 million was appropriated in the 2019-21 biennium.

As aforementioned, since that 2019-21 biennium estimate of $296 million, this request reassessed the costs based on new information, new demands, and new funding sources. This request estimates the resulting funding gap for the 2021-23 biennium to be $285 million.

2021-23 Request by FPHS Category	Funds Requested
Communicable Disease	$63.1 million
Assessment (Surveillance & Epidemiology)	$79.8 million
Environmental Health	$96.1 million
Cross Cutting Capabilities	$30.8 million
Emergency Preparedness	$15.3 million
Grand Total	**$285.1 million**

2021-23 Request by Type of Investment		Funds Requested
Reinforcing Capacity	Each LHJ to provide FPHS in their jurisidictions	$57.7 million
Infrastructure	Provide FPHS statewide	$86.6 million
New Service Delivery Models	Provide FPHS in multiple jurisdictions; address specific	$134.9 million
Tribes	Continue to develop/deliver FPHS for tribes	$5.9 million
Grand Total		**$285.1 million**

A detailed inventory of the specific FPHS investments is provided in the support document titled, "2021-23 PL-P3 Fund Foundational Public Hlth Svcs - Investments".

Workforce Assumptions:

This proposal includes funding to support staff within LHJs, tribes and DOH. The total number of staff requested for DOH is 134.6 FTE in fiscal years 2022 and 2023. More details on the staff requested is provided in the support document titled, "2021-23 PL-P3 Fund Foundational Public Hlth Svcs - Investments".

How is your proposal impacting equity in the state?

Across the state, inequities in public health funding have been documented for decades. There are also inequities in the core public health services that are available across the state. This puts many communities at higher risk of communicable disease, environmental health threats, preventable chronic diseases, and avoidable unhealthy births and childhoods. Assuring that communities across Washington have equitable access to the foundational public health services is one of the drivers behind the design, funding request, and implementation of FPHS.

One of the important objectives this proposal is the increased heath equity and the promotion of positive health outcomes for all people in Washington. The identification of core services that must exist everywhere and the collaboration as a public health system to seek funding and allocate resources promotes equity. New service delivery models are expanding access to expertise and technology that were once inaccessible to many communities (e.g. nine rural eastern Washington counties now have access to epidemiology services that has been indispensable during

the COVID-19 response). Some of the new models employ the principle of equity rather than equality, in focusing resources where there is the greatest need (e.g. focus investments in proportion to the number of cases; using a "burden of disease" model for investing in outcomes).

Strategic and Performance Outcomes

Strategic Framework:

This request intersects with all of the goal areas within the Governor's Results Washington:

Goal 1: World Class Education: Access & Success – Providing every Washingtonian a world-class education that prepares him or her for a healthy and productive life, including success in a job or career, in the community and as a lifelong learner.

Children need to be healthy in order to learn. Preventing diseases through immunization and safe food practices are two examples of the impact of the public health system in ensuring that children are ready to learn. In addition, lead testing to make sure water is safe to drink and homes and schools are safe from contamination is an important public health strategy. The pandemic has further illustrated the need to prevent, track and minimize the spread of disease among students, teachers and staff and planning for maintaining a safe environment for all.

Goal 2: Prosperous Economy: Business Vitality – Washington is a great place to grow your business

The pandemic has clearly portrayed the essential need for and value of a viable public health system economic vitality. The public health system monitors and responds to communicable disease outbreaks and works to prevent chronic disease. The health of employees directly impacts the place where they work – employees that call in sick due to preventable illnesses impact the productivity of the business. Keeping employees healthy helps reduces healthcare expenditures for both the employee and business. Caring for sick children also impacts the productivity of business when workers/parents need to take time off to care for them.

Goal 3: Sustainable energy & a clean environment – Keep our land, water and air clean

The public health system is responsible for ensuring water is safe to drink and regulates all public drinking water systems in the state to ensure that people do not get sick.

Goal 4: Healthy & Safe Communities – Safe People– Help keep people safe in their homes, on their jobs and in their communities

The public health system is responsible for monitoring and responding to communicable disease outbreaks. The ability to achieve this goal is dependent on the capacity and expertise across the state to respond to illness reports and take appropriate actions to control the spread of disease.

An investment in communicable disease prevention and control and environmental public health will provide the capacity to communities that lack this ability to to achieve this goal. 2.2: Decrease incidents of food-borne illnesses by five percent from the 2012 baseline by 2020. The ability to achieve this goal is dependent on the public health system's capacity to respond to illness reports and take appropriate actions to control the spread of disease. This investment also provides resources to promote immunizations and address goal 1.2 under Health People – Increase the percent of children (19 to 35 months) receiving all recommended vaccinations.

Goal 5: Efficient, effective and accountability government - Transparency and Accountability – I know how my money is being spent.

The new service delivery models are testing and using a new framework that will allow multiple jurisdictions to share staff and services without the need for someone to be physically present in every location to provide the FPHS. These will be targeted towards providing capacity and expertise for tribal nations and LHJs that do not have adequate resources to do this critical work now. This is resulting in increased efficiency, effectiveness and equity in the delivery of services in the public health system.

Performance Outcomes:

The FPHS accountability system is designed to provide policy level information across the entire governmental public health system. It tracks progress toward full funding and implementation of FPHS statewide and the impact of that progress, including:

- Funding – Funds appropriated compared to funds needed and how the appropriated funds are invested;
- Implementation – Changes in capacity and capability over time;
- Impact – Changes in selected indicators over time. Disease investigation of three specific conditions (hepatitis C, gonorrhea, syphilis) were selected as indicators because these conditions occur frequently and thus changes in the resources available for disease investigations should be observable 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 disease investigation. The sooner disease investigation is completed, the sooner disease transmission is interrupted, the slower the spread of disease, and fewer people get sick. This reduces the long-term and costly consequences of disease for individuals, families, businesses, communities and the state. Indicators in use currently for FPHS investments include:
    - Percentage of children (19 to 35 months) who have completed the standard series of recommended vaccinations;
    - Percent of four to six 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;
    - Number/Percent of gonorrhea cases investigated;
    - Number/Percent of gonorrhea cases investigated that are receiving dual treatment (treatment for both gonorrhea and chlamydia at the same time); and
    - Number/Percent of newly diagnosed syphilis cases that receive partner services interview.

Other Collateral Connections

State Workforce Impacts:

Not applicable

Intergovernmental:

This proposal will provide capacity to address critical public health problems in communities with inadequate resources.

Composed by the Foundational Public Health Steering Committee - a collaboration of leaders from local health districts, tribal governments, the Washington State Board of Health, and DOH - this proposal supports the Healthier Washington initiative and brings public health resources and knowledge to the planning/coordination groups. It also supports the work of the Department of Children, Youth and Families and the Office of the Superintendent of Public Instruction to ensure children are healthy and ready to learn. It supports the work of the Washington State Health Care Authority in preventing and controlling communicable diseases. It also supports the Department of Social and Health Services in behavioral and mental health planning and program implementation.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Puget Sound Recovery:

One of the environmental health investments proposed in this request - Sewage Response - supports Puget Sound recovery. DOH has informed the Puget Sound Partnership of this component.

LHJs implement on-site sewage programs through the authority of the Local Health Officers. The performance of this work and mandate has positioned Local Health Officers and staff to become experts on the subject, programs, additional on-site training, and standardization of educational materials and new tools and resources to address emerging issues and new sewage technologies.

Legal or Administrative Mandates:

Not applicable

Stakeholder Response:

All citizens of Washington are affected by this proposal. However, the primary stakeholders directly affected by this proposal are government entities and non-governmental community based organizations. The department has received broad support from these stakeholders as this proposal represents a significant investment in these entities and their respective missions.

Reference Documents

2021-23 PL-P3 Fund Foundational Public Hlth Svcs - Investments.pdf

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	$7,500	$7,500	**$15,000**	$7,500	$7,500	**$15,000**
Obj. B	$2,625	$2,625	**$5,250**	$2,625	$2,625	**$5,250**
Obj. E	$129,809	$129,809	**$259,618**	$129,809	$129,809	**$259,618**
Obj. T	$2,636	$2,636	**$5,272**	$2,636	$2,636	**$5,272**

Agency Contact Information

Janice Baumgardt
(360) 236-4504
janice.baumgardt@doh.wa.gov