



## 2020 Supplemental Budget Decision Package

**Agency:** 303 - Department of Health  
**Decision Package Code-Title:** B1 - Fund Foundational Public Hlth Svcs  
**Budget Session:** 2020 Supp  
**Budget Level:** Policy Level  
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### Agency Recommendation Summary

The local, tribal, and state governmental public health system is struggling to provide the most basic, core public health services necessary to protect and promote the health of all Washingtonians. The Washington State Department of Health requests funding to continue the phased approach to fill the state's Foundational Public Health Services gaps, starting with funding communicable disease, environmental public health and assessment services. The outcomes include reducing communicable disease and environmental health threats.

### Fiscal Summary

*Dollars in Thousands*

<b>Operating Expenditures</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
Fund 001 - 1	\$0	\$16,406	\$15,656	\$16,406
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$16,406</b>	<b>\$15,656</b>	<b>\$16,406</b>
<b>Biennial Totals</b>		<b>\$16,406</b>		<b>\$32,062</b>
<b>Staffing</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
FTEs	0.0	21.5	18.0	21.5
<b>Average Annual</b>		<b>10.8</b>		<b>19.8</b>
<b>Object of Expenditure</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
Obj. A	\$0	\$1,536	\$1,295	\$1,536
Obj. B	\$0	\$579	\$487	\$579
Obj. C	\$0	\$521	\$148	\$521
Obj. E	\$0	\$146	\$128	\$146
Obj. G	\$0	\$1	\$1	\$1
Obj. N	\$0	\$13,468	\$13,468	\$13,468

Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. T	\$0	\$155	\$129	\$155

## Package Description

### Problem Statement:

The local, tribal, and state governmental public health system is struggling to provide the most basic, core public health services necessary to adequately protect and promote the health of all Washingtonians. This makes all Washingtonians vulnerable to communicable diseases (both new and old), environmental health threats, chronic diseases (diabetes, heart disease, stroke, and cancer), and unhealthy births and childhoods. The results of a deteriorating public health system are increased health care costs, reduced productivity in our economy, and needless suffering from preventable disease and death.

People across Washington State are not getting access to core public health services because there is a lack of funding to keep up with a growing demand for these services due to increased population sizes, resurgent and new health threats, increasing costs of “doing business,” and just trying to keep up with “putting out fires” rather than focusing on prevention.

With funds received from the Legislature during the 2017-2019 biennium, an assessment was conducted to describe and quantify the local and state system’s capacity to provide core public health services, called Foundational Public Health Services (FPHS), and to identify the funding gap to fully provide the services across the state. That assessment was completed in 2018 and found:

- No FPHS program or capability is fully or significantly implemented across all health departments;
- The gaps are not uniform, and there is no consistency in gaps for the larger or small health departments, or for urban or rural health departments;
- Every health department has significant gaps; and
- The biennium funding gap to fully fund the foundational public health services is \$450 million.

As a result, the Department of Health (DOH) proposed a phased approach to addressing the funding gap, starting with a focus on communicable disease, environmental public health, and assessment services. The 2018 assessment indicated the estimated additional funds needed to fully implement this subset of services is \$295 million per biennium.

In response to DOH’s proposal, the Governor and Legislature made a first investment of \$22 million for the 2019-2021 biennium. This small infusion into the system allows us to reinforce some very limited capacity at the state and local levels, continue three innovative shared services projects, and provide match resources to maximize opportunities to draw down additional federal funds to support and transform critical public health services.

In addition to this investment, the system will require new ongoing funding to address critical gaps. Without continued investment in the governmental public health system, risks to the public include:

- 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;
- Limited response capacity for all hazard emergencies such as fires, earthquakes and floods;

- Diminished ability to prevent and respond to public health threats, including measles and hepatitis C;
- Inability to focus adequate 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 and local agencies;
- Limited ability to collect and share critical health information with the public;
- Limited ability to enact policy to protect communities and prevent adverse health outcomes;
- Reduced capacity to train staff on drug-resistant tuberculosis, foodborne outbreaks, lead poisoning, safe drinking water systems and other public health threats; and
- Diminished ability to fill critical public health positions. Open nursing positions go for months without applicants.

## Proposed Solution

In response to the public health crisis, local, state and tribal public health officials and leaders came together to propose a collaborative and comprehensive approach that culminated in a joint request for funding for all parts of the governmental public health system.

Understanding the cost to fund the entire FPHS gap of \$450 million per biennium is large, and given DOH's phased approach, this request continues the investment beyond the \$22 million in the current biennium to further close the gap with what DOH believes to be the most critical "fund first" FPHS: communicable disease and environmental health services, the capabilities that support them, and assessment services (e.g., epidemiology, community health assessments).

With the next investment, to ensure the most cost-effective and efficient service delivery, DOH proposes to build more projects that use innovative service delivery models, similar to the three pilot projects funded with the previous \$12 million, one-time funding provided by the Legislature in the 2017-2019 biennium. Funding priorities take into consideration the needs of all parts of the governmental public health system, and balance investments in enterprise-level systems with on-the-ground staffing needs. The services fall into four major categories and are listed in priority order:

**Priority 1 - Readiness and Early Response to Communicable Diseases** – Washington State has seen a resurgence of communicable diseases once thought to be controlled (hepatitis A related to a growing homeless population; measles related to lack of adequate immunization in some populations) and a continued increase in preventable diseases (sexually transmitted infections, health care-associated infections) that need increasing amounts of resources, both in the public health and health care systems, to address. The response to these diseases is the work of all parts of the governmental public health system and requires adequate resources for staffing, data infrastructure, and development of legal structures that mandate disease reporting and response.

**Priority 2 - Readiness and Early Response to Environmental Health Threats Due to Climate Change** – Traditionally, resources to address environmental health issues have been generated through fee collection. However, climate change has introduced environmental health problems for which a fee collection system does

not exist – some examples include wild fire smoke and toxic algal blooms. There is a need to build capacity across the state, particularly in small and medium sized local health jurisdictions, to have staff available to respond to these issues, as well as to develop options for fee recovery for these now-common occurrences.

**Priority 3 - Other Environmental Hazard Mitigation** – Staff resources are needed to carry out legally mandated activities (conducting a radiation baseline survey to better understand the presence of and impacts of unplanned releases of radiological material into the environment); respond to the increasing hazard of sewage, including as related to homeless camps (developing and disseminating new tools, resources, and technologies); and continuing work on identifying and treating children with elevated blood lead levels.

**Priority 4 - Other vital infrastructure and staffing to support readiness and early response to communicable disease and environmental health threats** – Infrastructure to support all of this work includes epidemiology staff, data systems, and the Public Health Lab.

More details on the activities and outcomes for each of these priorities are available in supplemental materials.

## **Additional Background**

### ***What is the governmental public health system?***

The four broad entities include:

- DOH, led by the Secretary of Health who is appointed by the Governor
- The Washington State Board of Health (SBOH), which is an independent executive branch agency and is responsible for developing public health policy and regulations;
- 35 locally governed local health jurisdictions representing 39 counties.
- Tribes of which there are 29 federally recognized and sovereign tribal nations and two urban Indian health programs.

Together, these agencies provide FPHS the public expects from its government to protect and improve the health of our communities. Government is responsible for providing a subset of the vast array of public health services communities need, and the governmental public health system works closely with other agencies and community partners to do so.

### ***What are Foundational Public Health Services?***

Foundational Public Health Services 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 primarily or solely provided by the government to everyone, everywhere in the state; 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 & Violence Prevention;
- Maternal and Child Family Health;

- Access/Linkage 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;
- Community Partnership and Development;
- Business Competencies (human resources; IT systems; quality improvement, etc.); and
- Policy Development.

### ***The 5 Guiding Principles of Public Health Transformation***

1. There is a limited statewide set of core public health services, called Foundational Public Health Services (FPHS), government is responsible for providing;
2. Core public health services are funded through dedicated revenues that are predictable, reliable and sustainable, and responsive to changes in demand and cost over time;
3. Governmental public health services are delivered in ways that maximize the efficiency and effectiveness of the overall system;
4. Governmental public health activities are tracked and performance is evaluated using evidence-based measures; and
5. Local revenue-generating options are provided to address locally-driven priorities targeted to specific community problems.

### ***What has been done already?***

During the 2017-2019 biennium, a one-time investment of \$12 million was appropriated for foundational public health services with a focus on communicable disease. The investment has allowed the public health system to:

- Conduct disease surveillance and investigations where resources were not able to keep up with the demand or to maintain services at risk of reduction or loss. In some areas, this allowed staff to promptly investigate all case reports, as mandated by law, rather than prioritize and triage which cases to investigate. Some areas became better prepared to respond to outbreaks, through training and the availability of new service delivery models that provide immediate access to experts and additional staff, improving response time and further reducing the spread of the disease;
- Begin to address backlogs in communicable disease reports to stop the spread of disease;
- Maintain and expand public health laboratory services which are essential for our communities in the tracking, reporting and monitoring of communicable diseases;
- Provide resources to support data consolidation and modernization; and
- Pilot shared service demonstration projects:
  - Tuberculosis prevention and control expertise, technical assistance, coordination and a response team to all LHJs, statewide;

- Epidemiology and community health assessment expertise to multiple LHJs in Eastern Washington; and
- Expertise and technical assistance to LHJs in making timely information available to health care providers in their communities.

### ***Why is public health selecting communicable disease, environmental public health and assessment as “fund first?”***

- This builds on the 2019-2021 biennium, ongoing investment of \$22 million that focused on these areas (where there is a funding gap of \$295 million per biennium, according to the 2018 assessment);
- Stopping and preventing the spread of disease, whether from one person to another and from the environment to people, has immediate and long-term impacts on individuals, communities, the health care system, schools, work places, business, and tourism;
- Many laws and regulations currently exist in Washington regarding public health’s role in communicable disease and environmental public health – but they are largely unfunded mandates; and
- Collecting, analyzing, sharing and using data is essential to providing individuals, communities and government with the information needed to make good health choices, collaborate and planning decision, make strategic investments, and know if the services are making a difference.

## **Assumptions and Calculations**

### **Expansion or alteration of a current program or service:**

This request continues the phased approach for foundational public health services for additional resources to further fund communicable disease services, environmental health services, and assessment (disease surveillance and epidemiology).

### **Detailed assumptions and calculations:**

See attached inventory of FPHS investments for more detailed explanations of expenditure estimates and assumptions.

### **Workforce Assumptions:**

See attached financial calculation (FNCAL).

## **Strategic and Performance Outcomes**

### **Strategic framework:**

#### **RESULTS WASHINGTON**

*Goal 1: 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 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.

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

- A responsive and viable public health system is essential for healthy and economically vital communities across Washington. 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 reduce health care expenditures for both the employee and business. Caring for sick children also impacts the productivity of the business when 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 people don't 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 who lack this ability to measure the success of this goal.
- Food Safety – Measure 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.

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

- The new service delivery models will use a new framework that allows 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 don't have adequate resources to do this critical work now. This is expected to result in increased efficiency and effectiveness in the delivery of services in the public health system.

Based on public health transformation guiding principles "Governmental public health services should be delivered in ways that maximize the efficiency and effectiveness of the overall system," workgroups of subject matter experts from local and state public health are designing new/innovative service delivery models that:

1. Apply learnings from past experiences with "shared services" and national information about cross jurisdictional sharing (CJS);
2. Apply learnings from the three shared service demonstration projects funded with a portion of the one-time 2017-2019 initial investment;

3. Use the 2016 Washington State Association of Local Public Health Officials (WSALPHO) Service Delivery Model Continuum and evaluate whether the service requires “on-the-ground” staff (e.g. engaging with communities so they prioritize health needs and plan the response; inspecting a septic system) or can be accomplished from a distance (e.g. data analysis; following up with a communicable disease client by phone; directly observed therapy for tuberculosis clients via Skype);
4. Use data on the distribution of disease or other focus of the specific service (e.g. immunization providers, schools or restaurants to be inspected);
5. Use data from the 2018 FPHS Assessment regarding gaps in capacity versus expertise and current sharing, willingness to share, and level of local expertise needed for various services;
6. Use standardized estimates of workload to determine required staffing;
7. Implement best practices uniformly statewide; and
8. Create the best possible mix of local presence/expertise and specialized subject matter expertise for the most effective, efficient, and equitable delivery of FPHS everywhere in Washington

**Performance outcomes:**

See attached inventory of FPHS investments for performance measure assumptions.

**Other Collateral Connections****Intergovernmental:**

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

This proposal supports other state agencies and initiatives:

- The Healthier Washington Initiative, as it brings public health resources and knowledge to the planning/coordination groups;
- The Washington State Health Care Authority, as it prevents and controls the spread of communicable diseases, including the work to eliminate hepatitis C in Washington State;
- The Department of Children, Youth and Families and the Office of the Superintendent of Public Instruction, as it ensures children are healthy and ready to learn; and
- The Department of Social and Health Services, as it supports behavioral and mental health planning and program implementation.

**Stakeholder response:**

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

**Legal or administrative mandates:**

This request is not driven by a legal or administrative mandate against the state.

**Changes from current law:**

This request does not require any changes to statutes or rules.



**State workforce impacts:**

This request does not impact existing collective bargaining.

**State facilities impacts:**

This request does not impact state facilities and workplace needs.

**Puget Sound recovery:**

This request is not related to Puget Sound recovery efforts.

**Reference Documents**

- Foundational Public Health Services Details.docx
- Fund Foundational Public Health Services-IT Addendum.docx
- Fund Foundational Public Health Service-FNCAL.xlsm

**IT Addendum**

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

Yes

Fund Foundational Public Health Services-IT Addendum.docx