

21st Century Public Health Transformation

WASHINGTON

Washington is in the Pacific Northwest region of the United States and has a population of 7.6 million people. The Washington State Department of Health is an independent agency and has a decentralized relationship with local health departments in the state. Washington envisions a responsive and viable governmental public health system is essential for healthy and economically vital communities across the state. To achieve this vision, the goal is full funding and implementation of [Foundational Public Health Services](#) (FPHS) statewide using a long-term, building block approach. The governmental public health system consists of local health jurisdictions (LHJs), the State Board of Health (SBOH), the Washington State Department of Health (DOH), and Sovereign Tribal Nations and Indian Health Programs.

Transformation Approach

The impetus of this work was a lack of core funding for public health. Funding in the state was unpredictable and inequitable, and infrastructure was unable to meet the demand for public health services. These challenges resulted in a need to modernize how the state did its work. The solutions to these problems included taking a systems approach; defining a set of core services provided by the governmental public health; defining clear funding roles; modernizing how services are delivered; and establishing a long-term, phased, multi-biennia, building block approach to fully fund and implement the FPHS. Washington state's transformation approach and efforts to rebuild an adequate and responsive public health system will be accomplished through implementation of a set of statewide core public health services. Meanwhile, to communicate the risks of an inadequate and underfunded public health system, Washington developed a campaign titled Public Health is Essential, outlining the risks of a growing population to a weak public health system, identifying what was at stake, and how making public health an essential part of the state would mitigate the challenges the state will face in the future.

Transformation & Equity Activities

A reiteration of the challenges Washington faced due to a lack of funding for core public health services is necessary for understanding the state's transformation undertaking, and the state's efforts to advance the development and implementation of a comprehensive statewide FPHS framework that would help define the governmental public health system, define the services that should be provided by the system, and define funding roles as a way to prevent unstable funding in the future. As a result of the recommendations that came out of the 2010 workgroup An Agenda for Change, a 2012 workgroup that addressed the question of "Funding for What," and from a 2014 policy workgroup made up of officials identifying funding gaps for fully implementing the FPHS, it was concluded that the state government should be the primary funder for the FPHS. Furthermore, policy workgroup officials also determined that local government funds should be redirected to local public health priorities and additional important services (AIS), as a way to ensure predictable, appropriate, and sustainable funding across the state in the future.

FPHS objectives to date include:

- Adopt a limited statewide set of core public health services called FPHS, which 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.
- Fund FPHS primarily through state funds and fees that are predictable, sustainable, and responsive to changes in both demand and cost.
- Provide and use local revenue-generating options to address local public health priorities.

- Deliver FPHS in ways that maximize efficiency and effectiveness and are standardized, measured, tracked, and evaluated.
- Complete a tribally-led process, with support from the DOH, to define how the FPHS funding and delivery framework will apply to tribal public health, and how tribal public health, the DOH, the SBOH, and LHJs can work together to serve all people in Washington.
- Allocate resources through a collaborative process between state, local, and tribal governmental public health system partners.

With a history of state and local public health departments working well together in the state, public health leaders continued working towards transformation and full implementation of the FPHS in the state through:

- Grant funding of \$250,000 from the Robert Wood Johnson Foundation and support through the 21st Century Learning Community (21C) that would be spread over two years from 2016 to 2018.
- Further development of functional definitions and defining governmental public health roles and establishing what services are considered “foundational,” such as promoting immunizations, against the services that are considered “additional important services,” such as giving a shot which can be provided by a doctor at a drug store or a community-based organization.
- In 2018, public health leaders worked with a consultant to conduct a comprehensive estimate and costing to assess current degree and levels of implementation of the FPHS, and to estimate costs for fully implementing the FPHS and to identify services that could support development of new service delivery models.

A 2018 baseline assessment revealed that an additional \$450M per biennium is needed to fully implement the FPHS in Washington.

In 2019, the governmental public health system, foundational public health services, the State’s role, and shared decision-making process for allocations were codified in state law (RCW [43.70.512](#) & [43.70.515](#)).

In 2021, [Engrossed Second Substitute House Bill 1152](#) was passed to diversify local boards of health to include more voices from the scientific community and community members to address equity as a part of its transformation process. It also established a Public Health Advisory Board (**PHAB**) at the state level which is tasked with advising and making recommendations to and monitoring the performance of the governmental public health system. The PHAB started meeting in 2022 and is interested in issues related to equity. The FPHS Steering Committee and the PHAB will be embarking on conversations about how equity is reflected in FPHS definitions, how is it represented in the FPHS framework, and how it is measured. There will also be increased attention on the foundational capabilities that are the vehicle for addressing equity – how data are disaggregated, interpreted and presented; how communities are engaged; how policies are created that reverse inequities; and how a diverse workforce is hired and trained.

Learnings & Next Steps

The state will continue to use the results from the cost assessment tool to transform its public health system, and to fully implement the FPHS statewide using a phased, multi-biennia approach. Legislative investment and funding allocation to date includes:

- 2017-2019 - requested \$60M for communicable disease; appropriated \$15M one-time funding.
- 2019-2021 - requested \$296M for communicable disease, environmental health, assessment, and a portion of the cross-cutting capabilities; appropriated \$28M per biennium ongoing.
- 2021-2023 - requested \$285M for communicable disease, environmental health, assessment, and a portion of the cross-cutting capabilities; appropriated a total of \$175M and in the subsequent biennium promised a total of \$324M (72% of the need), ongoing.

Initial transformation activities resulted in many learnings that will be used to continue transformation across the state, including:

- **Developing a shared understanding of why public health matters with key legislative stakeholders.**

- **Being strategic and intentional in legislative approaches.** Washington perceives transformation work as being about more than just funding, but also about finding innovative ways to strengthen the system and deliver services.
- **Learn from others and build off their work.**

As a member of 21C, Washington state understands the value in working with and learning from other states:

- Washington plans to continue to use data for planning, looking at measures of organizational and system expertise and capacity, outputs, and changes in health outcomes.
- With its additional investments, Washington will broaden the scope of work funded with FPHS dollars to include maternal and child health, access to care, and chronic disease, as well as augment work in the Foundational Capabilities.
- Washington will also focus on telling stories to a variety of audiences about the importance of a strong governmental public health system, building on lessons learned from COVID-19.
- Washington plans to continue to work with other states on the best ways to embrace equity in FPHS work and to measure outputs, outcomes, and impacts of investments in governmental public health, including in the areas of the foundational capabilities.

Recommendations & Call to Action

Recommendation: Always hang onto the systems perspective. Help people to understand your systems approach by showing up together when you talk to others about it, especially those who are skeptical that you can come together as a system (like legislators).

Key Takeaway: Systems transformation work happens over years. Expand the tent of the people involved so it can take root and continue to grow over time, even as the individuals doing the work come and go. If possible, codify the work in ways that give it both staying power and flexibility.

"Tribes have been working with Washington State for a number of years on better ways to collaborate in times of public health emergency. These efforts have paid off as we continue to respond to the current COVID pandemic. The transformation work that we're doing through Foundational Public Health Services presents an important opportunity for Tribes to work together and with system partners so that Tribal members can receive the same level of public health services as those available in their surrounding counties. We all live in this world together and we know that public health issues do not respect jurisdictional or geopolitical boundaries. "

Steve Kutz, BSN, MPH, Chairperson, American Indian Health Commission of Washington State