

State of Washington  
Decision Package

**FINAL**

**Agency:** 303 Department of Health  
**Decision Package Code/Title:** LH Support of Local Public Health  
**Budget Period:** 2013-15  
**Budget Level:** PL-Performance Level

**Recommendation Summary Text:**

In order to maximize public health’s impact on the overall health of all Washington communities, it is essential that the Department of Health and Local Health Jurisdictions work together as a cohesive system. This request is to provide tools and other support to assess local community health and develop local health improvement plans; align local planning into a state health improvement plan, and collaboratively develop performance measures and public health outcomes.

**Fiscal Detail**

<b>Operating Expenditures</b>			<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>Total</u></b>
	001-1	General Fund-State	0	375,000	375,000
<b>Total Cost</b>			<b>0</b>	<b>375,000</b>	<b>375,000</b>
<b>Staffing</b>			<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>Annual Avg</u></b>
	FTEs			2.0	1.0
<b>Revenue</b>					
	<b>Fund</b>	<b>Source</b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>Total</u></b>
			0	0	0
<b>Total Revenue</b>			<b>0</b>	<b>0</b>	<b>0</b>

**Package Description:**

Funding to support creating and maintaining a cohesive statewide public health system was eliminated when the legislature combined local public health funding into a single block grant. Promoting healthy, prevention-based behaviors and providing a safe environment is the core of the public health’s work. In addition to increasing the quality and number of healthy years of the population, these measures have been demonstrated to be cost-effective strategies that save money that would otherwise be spent later on health care services.

Public health services in Washington are provided through a decentralized system involving the Department of Health (DOH) and 35 different local health jurisdictions that receive local, state and federal support.

RCW 43.70.51 requires a statewide plan for improvement, including standards for public health protection and strategies for improving public health programs, including identifying performance measures to measure progress. This work is especially important in an era of health care reform and implementation of the Affordable Care Act. State and federal health care reform laws require hospitals and public health agencies to coordinate community health assessments and health improvement plans.

The Public Health Improvement Partnership is directed by the legislature (RCW 43.70.520 and 580) to guide and strengthen the public health system in Washington State. In 2012, the Partnership adopted an Agenda for Change Action Plan to guide the transformation of our public health network in addressing the continuously changing economic and health care landscape. This action plan commits us to the following three approaches:

- Strategically prioritize our work to focus on preventing communicable disease and other health threats, fostering healthy communities and environments, and partnering with the health care system to improve the health of our communities
- Ensure every resident in Washington can access a foundational set of public health services, no matter where they live
- Develop a performance management and accountability mechanism which uses activities and services, indicators and standards to measure the performance of the public health system in our state

With Foundational Public Health Services and strategic priorities now defined in the Agenda for Change, we're ready to develop and implement a statewide health improvement plan. To make these strategies a reality, we will focus on workforce development, modify business practices for maximum impact, and identify long-term, sustainable financing for programs and services in a coordinated effort.

The future work of public health agencies must include retraining their workforce so they have the skills and competencies to meet today's challenges. Recruitment, selection, and retention strategies must be implemented to address skills gaps in health equity, policy change, social media, and communications.

The Agenda for Change also calls on Washington's public health network to transform its business practices and reprioritize its work by:

- Working with policymakers to set and prioritize specific health outcomes, and establish ways to measure them.
- Streamlining performance and accountability measures on public health actions that lead to the achievement of the prioritized health outcomes.
- Committing fully to quality improvement by striving to meet state and national public health standards.
- Critically evaluating and reprioritizing our limited resources, and better defining roles and responsibilities among the overlapping government authorities and jurisdictions.
- Modernizing and sustaining capabilities to collect, analyze, and share information, that policy makers, health agencies, and the public can use to make Washington a healthier place to live.

One of the key approaches the Public Health Improvement Partnership will take on the next two years is focus on a set of strategic priorities to enhance our ability to work together with essential partners, resulting in the most impact for the investment and effort. These priorities will move the public health system toward increased consistency in business practices and will fulfill public expectations for consistent services from government across the state.

DOH proposes to provide tools and other support to assess local community health and develop local health improvement plans; align local health planning into a state health improvement plan, collaboratively developing performance measures and public health outcomes; support quality improvement across state through technical assistance, workforce development, and support for national accreditation.

## **Narrative Justification and Impact Statement:**

### ***What specific performance outcomes does the agency expect?***

A resilient and effective public health network, that is coordinated and responsive.

### **Performance Measure Detail**

#### **Activity: A008 Strengthening the Public Health System**

### ***Is this DP essential to implement a strategy identified in the agency's strategic plan?***

This package contributes to the following elements of our strategic plan:

Goal 1: People in Washington are protected from acute communicable diseases and other health threats  
Objective 3: Our partnerships and activities increase immunization rates and reduce school exemption rates

Goal 2: Policies and system in Washington support a healthy start to life and ongoing wellness for all  
Objective 1: We promote health and reduce health disparities through policy change

Goal 3: Everyone in Washington has improved access to safe, quality, and affordable health care.  
Objective 2: Public health and prevention practices are incorporated into the health care delivery systems.

### ***Does this decision package provide essential support to one of the Governor's priorities?***

Yes, this package supports Goal 4 Healthy and Safe Communities.

### ***Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?***

This package contributes to several leading indicators related to the goal topic Healthy People under Goal 4 of Results Washington. We believe a coordinated statewide public health system would rate very high under the Priorities of Government.

### ***What are the other important connections or impacts related to this proposal?***

Washington State's Public Health Performance Management Centers for Excellence (MCE) offer technical assistance, resources, and training in performance management. We emphasize public health standards and accreditation, especially through community health assessments, community health improvement plans, strategic plans, quality improvement projects and plans. Our goal is to develop sustainable local performance management capacity and to improve health outcomes.

MCE began in 2010 under the National Public Health Improvement Initiative, funded by the U.S. Centers for Disease Control and Prevention. Our three locations support local health jurisdictions, Tribal agencies, and the state Department of Health. The three locations are Spokane Regional Health District, Tacoma-Pierce County Health District and the state Department of Health (DOH).

MCE provides tailored technical assistance, resources, promising practices, training and support with the goal of developing sustainable local performance management capacity to improve public health outcomes. This request will provide resources needed for DOH to adequately support MCE.

Additionally, community health assessment (CHA) should be part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP). A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement.

The Public Health Accreditation Board's (PHAB's) national, voluntary, public health department accreditation program, requires a current (completed within the last 5 years) CHA and CHIP as two of the three prerequisites for accreditation of state and local public health agencies.

Charitable hospitals also are required by the federal Patient Protection and Affordable Care Act (ACA) to conduct community health needs assessments.

Local health jurisdictions are in the process of conducting and implementing community health assessment and improvement plans. Currently:

- 51% of Washington's local health jurisdictions have a current CHA
- 20% of Washington's local health jurisdictions have a current CHIP

During the 2012 session, the Washington state legislature passed ESHB 2341 that requires nonprofit hospitals to make community health needs assessments and community benefits implementation strategies widely available to the public. RCW 70.41.470

Hospitals in our state are also in the process of conducting community health needs assessments and plan. This request provides resources needed to provide assistance and coordination for CHA's and CHIP's statewide

### ***What alternatives were explored by the agency and why was this alternative chosen?***

Since the elimination of funding to support creating and maintaining a statewide public health system, we've explored alternative funding from federal funders, and private funders, such as the Robert Wood Johnson foundation. No federal funding for this specific purpose currently exists. Private funders sometimes offer resources for systems work such as is being proposed; however, these resources are often intended to seed development and not sustain ongoing work. We believe we are well-developed in understanding our system needs, and have a primary need for ongoing sustainable funding.

### ***What are the consequences of not funding this package?***

The consequences of not funding this request would be a fragmented statewide public health system. Given the current system needs, especially in light of health care reform, we will not be able to sustain the degree of coordination between local community health assessment and planning and state health improvement planning to appropriately position the public health system to bring value to the new health care delivery environment. Also, absent dedicated funding, we will not be able to sustain advances we've made in performance management and quality improvement, and our workforce will continue to struggle to develop the knowledge and skills necessary to deliver a public health system our communities deserve.

***What is the relationship, if any, to the state capital budget?***

None

***What changes would be required to existing statutes, rules, or contracts, in order to implement the change?***

None

***Expenditure and revenue calculations and assumptions***

Revenue:

N/A

Expenditures:

**Support for local community health assessment and planning:**

\$90,000 per year to maintain the Community Health Assessment Tool (CHAT). The CHAT provides secure web-based access to a repository containing a variety of data collections gathered and maintained by DOH. The CHAT tool permits the continuation of established periodic assessments by Local Health Jurisdictions and other healthcare professionals in DOH while enlarging the opportunities for accessing and understanding these data.

\$114,000 for 1.0 FTE and associated costs for a Health Services Consultant 4 to develop and coordinate State Health Improvement Planning and serve as state and local accreditation coordinator, assisting local health jurisdictions in seeking an acquiring national public health accreditation.

**Support for performance measurement and quality improvement:**

\$40,000 per year, contracted to WSALPHO, to develop and implement performance measures and reporting as required by the Local PH Support Block Grant

\$25,000 per year to provide matching grants to LHJs to pursue national public accreditation.

**Support for workforce development:**

\$106,000 for 1.0 FTE and associated costs for a Health Services Consultant 3 for the DOH MCE augmenting existing work to improve local public health quality improvement efforts and other training and support and \$25,000 annually to pay for the enrollment of the local public health workforce in Washington's central E-Learning system.

***Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?***

All costs and functions will be ongoing.

*For federal grants: Does this request require maintenance of effort or state match?*

N/A

*For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?*

N/A

<b><u>Object Detail</u></b>		<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>Total</u></b>
A	Salaries and Wages		147,000	147,000
B	Employee Benefits		45,000	45,000
C	Personal Service Contracts		0	0
E	Goods and Services		115,000	115,000
G	Travel			0
N	Grants		65,000	65,000
T	Intra-Agency Reimbursements		3,000	3,000
	<b>Total Objects</b>	<b>0</b>	<b>375,000</b>	<b>375,000</b>