



Agency Recommendation Summary

The Department of Health (DOH) requests funding for the continued expansion of the local, tribal, and state governmental public health system that provides the basic, core public health programs, capabilities, and infrastructure supporting all other public health services and upon which the healthcare system, community partners, businesses, schools, and others depend. Without funding, these core infrastructures would likely struggle again to provide adequate services, limiting the system's ability to respond appropriately.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	0.0	0.0	0.0	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000
Total Expenditures	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000

Decision Package Description

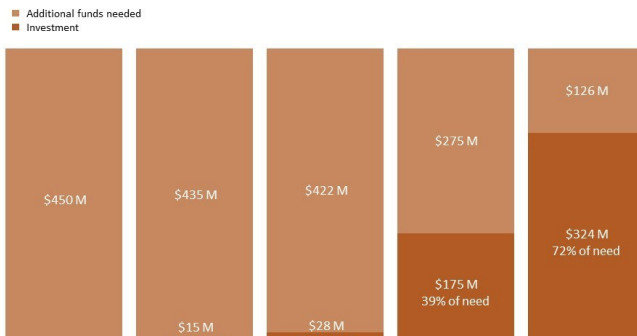
Problem:

The COVID-19 pandemic clearly illustrated that the core infrastructure of the local, tribal, and state governmental public health system was unable to adequately provide the basic, core public health services needed to address a public health emergency. This has been the case for decades, and long-term underfunding has left 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.

Through the 2021-2023 Biennial Budget, the Legislature appropriated \$175M of additional *ongoing* funding to the governmental public health system. This was a welcome investment, particularly in light of the historical nature of the short-lived, inadequate, and limited funding influxes that accompany crises (e.g., after 9/11, for pandemic influenza planning, and for COVID) and are frequently inflexible (e.g. COVID money cannot be used to support the monkeypox response). The funding has allowed the system to begin to build necessary workforce and infrastructure to provide the services necessary to ensure a healthy Washington. However, as documented in a 2018 Foundational Public Health Services Assessment, this investment only fills a portion of the \$450M gap in needed funding to address the many issues facing public health (chronic disease, gun violence, climate change, the behavioral health crisis) and to prepare for the next emergencies, as well as address inflation and a growing population. During the 2021-2023 session, the Legislature, via the four-year budget forecast, indicated the intention to make a subsequent investment of \$100M for the 23-25 biennium, and this decision package is the request for that investment.

FPHS Funding Need & Legislative Appropriation

BIENNIAL (intent for 23-25 indicated in four year budget forecast)



Relevant history

The governmental public health system in Washington State is comprised of local health jurisdictions (LHJs), DOH, the State Board of Health (SBOH), federally recognized sovereign tribal nations, and Indian health programs. Reports and legislative studies over the past 30 years have documented the system lacks adequate, stable, dedicated core funding that keeps pace with inflation to deliver core public health services equitably across the state.

These core services of the governmental public health system, called Foundational Public Health Services (FPHS), are a limited and defined set of core activities within six programs and six capabilities that must be presented everywhere in order for them to work anywhere.

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.

In 2018, the results of the Washington State Public Health Transformation Assessment were published (available [here](#)), and established the need for \$225M per year (\$450M per biennium) of additional funding for the governmental public health system to fully deliver FPHS equitably statewide. These results did not include tribal nations, who were simultaneously engage in a tribally-led process to define the FPHS framework, including costs and gaps (available [here](#)).

FPHS Funding Need
 Additional Funds Needed from State Government for Full Implementation of FPHS (Baseline)

Foundational Program or Capability	2018 Baseline* Additional Funds Needed from State Government, in millions (rounded)
Environmental Public Health	\$39 / year; \$78 / biennium
Prevention and Control of Communicable Disease & Other Notifiable Conditions	\$37 / year; \$74 / biennium
Maternal/Child/Family Health	\$16 / year; \$32 / biennium
Access/Linkage with Medical, Oral, and Behavioral Health Care Services	\$7 / year; \$14 / biennium
Chronic Disease, Injury and Violence Prevention	\$14 / year; \$28 / biennium
Vital Records	\$0
Assessment (Surveillance and Epidemiology)	\$30 / year; \$60 / biennium
Emergency Preparedness (All Hazards)	\$9 / year; \$18 / biennium
Communication	\$10 / year; \$20 / biennium
Policy Development and Support	\$8 / year; \$16 / biennium
Community Partnership Development	\$10 / year; \$20 / biennium
Business Competencies	\$45 / year; \$90 / biennium
Total	\$225 / year; \$450 / biennium

* Berk 2018, Washington State Public Health Transformation Assessment Report

In 2019, the Legislature passed Second Substitute House Bill (2SHB) 1497 (RCW 43.70.512 7 515), which codified the parts of the system and FPHS services as well as the following:

That protecting the public's health across the state as a fundamental responsibility of the state.
 That this is accomplished through the governmental public health system and the Foundational Public Health Services (FPHS) which the governmental public health system is responsible for providing in a consistent and uniform way in every community in Washington.
 These governmental public health services should be delivered in ways that maximize the efficiency and effectiveness of the overall system, make best use of the public health workforce and evolving technology, and address health equity.
 Funding for foundational public health services shall be appropriated to the office of financial management. The office of financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes pursuant to chapter [43.376](#) RCW, jointly certifies with a state association representing local health jurisdictions and the state board of health, to the office of financial management that they are in agreement on the distribution and uses of state foundational public health services funding across the public health system.

If joint certification is provided, the department shall distribute foundational public health services funding according to the agreed-upon distribution and uses. If joint certification is not provided, appropriations for this purpose shall lapse.

Proposal:

The COVID19 pandemic highlighted the importance of having stable funding for the governmental public health system to assure adequate staffing, training, and technology systems to respond to a communicable disease emergency. It also underscored the importance of the foundational capabilities in carrying out the work in ways that address inequities. Lessons learned during COVID include the importance of:

- A strong laboratory infrastructure that has capacity to communicate electronically and has adequate supplies, protective equipment and staff to identify disease quickly and respond.
- Adequate numbers of trained staff to support case investigation and contact tracing.

The ability to effectively mobilize and use incident command systems for emergencies.

The ability to communicate data transparently, in ways that the public can understand, and in ways that highlight communities most impacted.

The ability to communicate with the public in multiple languages and on multiple platforms, in culturally competent ways.

The ability to engage with multisectoral partners (healthcare, businesses, education, communities, etc.);

The ability to bring science and policy together and work with partners to anticipate the impact of policy decisions.

The current monkeypox response is giving the public health system the opportunity to revisit these lessons and highlight continuing gaps.

Via the work of the FPHS Steering Committee, governmental public health system partners will be prioritizing projects for the \$50M dollar investment being requested with this decision package before the end of 2022. The decision package will describe proposed allocations to go to all parts of the governmental public health system: tribes and tribal partners, local health jurisdictions, DOH and SBOH. Generally, it is anticipated that proposals will address:

Continuing to navigate the challenges of building the public health workforce across the system – recruitment, training, leadership development, retention (salaries, benefits), etc.

Making investments in modernized data and technology systems and the workforce to support system-wide governance models for these systems

Gaps that continue to exist in areas of FPHS that have been prioritized for funding over time (CD, Environmental Public Health, Assessment), including catching up on the work that has been displaced by the COVID and monkeypox responses

Growing investments in program areas of FPHS that have received initial funding (Maternal, Child and Family Health; Chronic Disease and Injury Prevention; Access to Clinical Care)

Growing investments to strengthen staffing and work in the areas of foundational capabilities like communications, community partnership development, policy development and support, emergency preparedness and response, and business competencies.

A continued approach of designing innovative service delivery models.

Alternative:

The work described in this proposal is uniquely the work of the governmental public health system, and state investments to support FPHS programs and capabilities are critical to address gaps and build an equitable system in a way that is flexible and can pivot to address public health issues and emergencies as they arise. Other sources of funding are frequently categorical and limited and do not allow for this. If the system does not receive this investment, gaps will remain unaddressed and the public health system will be limited in its ability to address the broad array of growing public health issues that face communities in our state. This inability will impact the state's economic health (as demonstrated by COVID) and will result in increasing healthcare delivery system costs.

Assumptions and Calculations

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

LEGISLATIVE APPROPRIATION			19-21 BIEN		21-23 BIEN		23-25 BIEN		25-27 BIEN		27-29 BIEN	
	SPY20	SPY21	SPY20	SPY21	SPY22	SPY23	SPY24	SPY25	SPY26	SPY27	SPY28	SPY29
19-21 \$28M /BIEN Ongoing			\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14
21-23 \$17M /BIEN Ongoing (SPY22 - \$63M)					\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49
21-23 \$17M /BIEN Ongoing (SPY23 - \$112M)						\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49
23-25 \$324M /BIEN Ongoing												
Promised / Four Year Budget Forecast - will know by June 2023 if this is in the "base budget" if not, a DP will need to be submitted to request it							\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
25-27 Additional DP Request TBD by Steering Committee												
TOTAL FOR SC TO ALLOCATE			\$ 14	\$ 14	\$ 63	\$ 112	\$ 162	\$ 162	\$ 162	\$ 162	\$ 162	\$ 162
			Done	Done	Done	TBD	TBD					
Funds Needed, Steering Committee Allocation & System Spending	2018 Baseline Annual Funds Needed	2018 Baseline Annual Funds Needed	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation
Environmental Public Health	\$ 39	\$ 39	\$ 0.5	\$ 0.5	\$ 17							
Communicable Disease	\$ 37	\$ 37	\$ 3.6	\$ 3.6	\$ 14							
Maternal & Child Health	\$ 16	\$ 16										
Access / Linkage to Care	\$ 7	\$ 7										
Chronic Disease & Injury Prevention	\$ 14	\$ 14										
Vital Records	\$ -	\$ -										
Assessment	\$ 30	\$ 30	\$ 1.8	\$ 1.8	\$ 9							
Emergency Preparedness	\$ 9	\$ 9			\$ 4							
Communications	\$ 10	\$ 10										
Policy	\$ 8	\$ 28										
Partnerships	\$ 10	\$ 10	\$ 0.6	\$ 0.6	\$ 2							
Business Competencies	\$ 45	\$ 45										
Funds to each LHJ to assure FPHS in their jurisdictions	\$ -	\$ -	\$ 7.5	\$ 7.5	\$ 17							
TOTAL	\$ 225	\$ 225	\$ 14	\$ 14	\$ 63							

Detailed Assumptions and Calculations:

LEGISLATIVE APPROPRIATION			19-21 BIEN		21-23 BIEN		23-25 BIEN		25-27 BIEN		27-29 BIEN	
	SPY20	SPY21	SPY20	SPY21	SPY22	SPY23	SPY24	SPY25	SPY26	SPY27	SPY28	SPY29
19-21 \$28M /BIEN Ongoing			\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14	\$ 14
21-23 \$17M /BIEN Ongoing (SPY22 - \$63M)					\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49
21-23 \$17M /BIEN Ongoing (SPY23 - \$112M)						\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49
23-25 \$324M /BIEN Ongoing												
Promised / Four Year Budget Forecast - will know by June 2023 if this is in the "base budget" if not, a DP will need to be submitted to request it							\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
25-27 Additional DP Request TBD by Steering Committee												
TOTAL FOR SC TO ALLOCATE			\$ 14	\$ 14	\$ 63	\$ 112	\$ 162	\$ 162	\$ 162	\$ 162	\$ 162	\$ 162
			Done	Done	Done	TBD	TBD					
Funds Needed, Steering Committee Allocation & System Spending	2018 Baseline Annual Funds Needed	2018 Baseline Annual Funds Needed	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation	SC Allocation
Environmental Public Health	\$ 39	\$ 39	\$ 0.5	\$ 0.5	\$ 17							
Communicable Disease	\$ 37	\$ 37	\$ 3.6	\$ 3.6	\$ 14							
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Chronic Disease & Injury Prevention	\$ 14	\$ 14										
Vital Records	\$ -	\$ -										
Assessment	\$ 30	\$ 30	\$ 1.8	\$ 1.8	\$ 9							
Emergency Preparedness	\$ 9	\$ 9			\$ 4							
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Policy	\$ 8	\$ 28										
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Business Competencies	\$ 45	\$ 45										
Funds to each LHJ to assure FPHS in their jurisdictions	\$ -	\$ -	\$ 7.5	\$ 7.5	\$ 17							
TOTAL	\$ 225	\$ 225	\$ 14	\$ 14	\$ 63							

Workforce Assumptions:

There are no assumptions at this time, to be determined.

Strategic and Performance Outcomes

Strategic Framework:

This request builds on and increases funding for governmental public health system work that intersects with all of the priorities outlined in DOH's Transformational Plan.

Health and wellness – Strengthening the foundational capabilities of communications, policy, assessment, and community and partner engagement will allow the system to deliver programs and initiatives in ways that promote resilience and close equity gaps.

Health systems and workforce transformation – FPHS investments have been and will continue to be made/grown in data and technology infrastructure, as well as scaling up and training the public health workforce to meet needs now and into the future.

Environmental health – FPHS investments have been and will continue to be made/grown in environmental health programs and capabilities, including in emerging bodies of work related to climate change and homelessness.

Emergency response and resilience – This body of work is a foundational capability and the governmental public health system plays a central role in planning, exercising, and learning from public health emergencies.

Global and One Health – FPHS investments have been and will continue to be made/grown in the components of the programs and infrastructure that support this work – laboratory and data technology, communications, and partnerships that support the programmatic work that comes together in the areas of communicable disease and environmental public health.

This request also 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 to support 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 reduce 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. Climate change and homelessness are areas of work of growing urgency, and FPHS investments have been made and will be grown in testing service delivery models that can be expanded.

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. During COVID, public health worked with multiple sectors to keep people safe. The public health system is also responsible for working with communities to respond to climate-related disasters like wildfires, flooding, or earthquakes, as well as to prepare for future emergencies. Additionally, public health uses data to highlight other safety issues, everything from falls to lead and mold in the home to gun violence, and works with communities to share information, plan solutions, and change policy as needed. It also takes into consideration the safety of those in communities who may not have homes or places of employment.

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

A goal of FPHS work is to deliver core public health services to everyone in Washington State in a way that is efficient, effective, and equitable. The governmental public health system is always considering new service delivery models to make best use of expertise and technology; these models include core team models where ideas are tested with a smaller group of partners before expanding; shared service delivery models; centers of excellence models; and others. The system funds enterprise models (digital library access, on-call services, data systems) and when available, pursues federal match dollars for data system investments. Decisions about FPHS investments are made via a transparent concurrence model that is described in law (RCW 43.70.515). The allocation and outcome of these investments by the governmental public health system are described in an annual report. A Public Health Advisory Board has recently been established to evaluate and provide recommendations about FPHS investments.

Performance Outcomes:

The FPHS Steering Committee will be making decisions through the end of 2022 about what will be funded with the \$50M per year being requested through this decision package and specific performance outcomes will be better described at that time. Outcomes will generally fall into the following categories:

- Workforce hiring and training – Number of staff hired, diversity of staff hired (demographics, position types), number of staff trained.
- Purchases that allow for data system and technology modernization.
- Process measures – Plans developed, governance structures developed, communication products created and number of platforms and languages, policies identified for change, communities engaged, cases investigated, inspections completed, data dashboards publicly displayed, inequities described, production of health improvement plans, etc.
- Goals for improved health outcomes

Equity Impacts

Community outreach and engagement:

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 of this proposal is to deliver FPHS in the most equitable, effective and efficient manner possible for the funds available giving all communities a more equitable chance for a healthy future. As learned in the COVID response, and now in the monkeypox response, the ability to deliver FPHS programs equitably relies on strengthening the foundational capabilities, and this proposal will demonstrate additional investments in the areas of community partnership development, communications, policy development, as well as into growing and training a public health workforce that better reflects the communities it serves.

Disproportional Impact Considerations:

This proposal will also expand FPHS investments into critical program work related to homelessness, climate change, chronic disease, maternal and child health, and access to healthcare, all areas where health inequities exist. In addition, new service delivery models will continue to expand 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 COVID19 response).

Target Populations or Communities:

Across the state, inequities in public health funding have been documented for decades. There are also inequities in the availability of core public health services in communities 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. COVID demonstrated that communities of color/ethnic diversity were more heavily impacted by the pandemic, and this same pattern can be seen for health issues like maternal birth outcomes and exposures to the negative impacts of climate change.

Other Collateral Connections

Puget Sound Recovery:

Not applicable.

State Workforce Impacts:

Not applicable.

Intergovernmental:

Depending on the direction from the Steering Committee, funding could be provided to tribal partners, county partners and/or community-based partners.

Stakeholder Response:

Not applicable.

State Facilities Impacts:

Not applicable.

Changes from Current Law:

Not applicable.

Legal or Administrative Mandates:

Not applicable.

Reference Documents

[Expanded FPHS FinancialCalculator_2023-25_ver24.3.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?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. N	\$50,000	\$50,000	\$100,000	\$50,000	\$50,000	\$100,000

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