



# Transforming Public Health Systems: Stories from 21st Century States

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## Introduction

In an era of public health system transformation, public health departments around the nation are adapting – or “modernizing” – to meet the growing and changing needs of their communities. To help states navigate the challenges inherent in public health system transformation, three grantee states selected by the Robert Wood Johnson Foundation (RWJF) are participating in a learning community supported by the Public Health National Center for Innovations (PHNCI). The three grantee states – Ohio, Oregon and Washington – are working to test and implement the systems transformations required to provide the foundational public health services statewide and ensure that all residents have equitable access to public health.

The new framework asserts that governmental public health can provide more efficient and effective benefits by ensuring that a common set of population-based foundational public health services – including a basic set of capabilities and programs – be present in every community.

## Adapting to a Changing Public Health Landscape in Ohio

In 2011, public health leaders in Ohio came face to face with a new reality: the state’s public health landscape was changing. The recession that had swept over the nation like a tsunami in 2008 was waning, leaving Ohio’s public health departments and agencies struggling to cope with the impact of associated serial reductions in federal, state and local government funding. Across the state, dozens of health department jobs were being eliminated, and as budgets steadily dwindled it was becoming increasingly clearer that many of those lost positions would not be coming back, even as demands for public health services expanded.

At the same time, a series of unprecedented factors were colliding to bring additional changes to Ohio’s public health agencies. The passage of the Affordable Care Act (ACA) in 2010 had brought changes in the broader health care delivery system, including a greater emphasis on prevention, care coordination, and expanded coverage for those who had previously been uninsured. Several case management, screening, and treatment support programs administered by health departments were evolving, as more Ohioans began to receive a wider range of health services through a medical home and through the state Medicaid Expansion program. As medical providers began to look outside their walls to address population health issues, catalyzed by the ACA, local health departments were assessing the expansion of their relationships with clinical medicine to meet the “Triple Aim” to improve patient care, reduce cost, and improve population health. Moreover, national standards for state and local public health departments had been introduced in 2011 through the Public Health Accreditation Board, providing new opportunities for advancing performance assessment and quality improvement. The changing landscape called upon local health departments to adopt new tools, build new relationships, and reflect on their emerging identity in working to best serve their communities. Discussions began to examine how to best position governmental public health to be recognized as the health protector and chief health strategist for communities across the state.

“What we were seeing in Ohio, and continue to see, is that our system is evolving because of financial and political pressures,” said Terry Allan, MPH, Health Commissioner at Cuyahoga County Board of Health in Greater Cleveland. “There are fewer health departments in Ohio now than there have ever been,” Allan said. “Currently there are 119 health departments across Ohio’s 88 counties. Back in the 1980s, there were about 155 local health departments in Ohio.”

The Hughes Griswold Act of 1919 established 180 health districts in Ohio across 88 counties and 62 cities. Over the past decade, voluntary mergers and a range of other collaborative arrangements have accelerated. In some cases, local health departments have chosen to merge for the purposes of providing better service, achieving improved health outcomes, and attaining greater efficiencies. However, financial challenges are fueling most of the mergers.

“We have to find ways to develop economies of scale,” Allan said, “but also to recognize that the system is changing and that, post-recession, there’s no trail of crumbs back to the way things were before the recession, back when resources were more widely available for everyone. We have to find a way to adapt.”

Demands for increasing accountability and efficiency have forced communities to reexamine service delivery with a new focus on preventing the expensive health outcomes that were driving ever higher health care costs, he added.

### **Past Meets Present**

It was in this context of unprecedented change that Ohio's quest to adapt to a changing public health landscape began in earnest. In 2011, the Association of Ohio Health Commissioners (AOHC) launched the landmark Public Health Futures Project to develop a new model for Ohio's local governmental public health system. The effort brought together AOHC members from health departments around Ohio—urban, rural, city and county—to explore the status of Ohio's local health departments, including their structure, governance, and funding, as well as to identify and assess potential models of collaboration and consolidation. The project also sought to articulate rules, policies, and standards that could impact the future of local public health, including statutory mandates, national public health department accreditation standards, and policy changes affecting health care. Identifying sustainable funding mechanisms for public health services in communities across the state was also an imperative.

Working with consultants from the Health Policy Institute of Ohio, AOHC committee members gathered local, state, and national data through a range of research methods and published their findings in the 2012 report, [Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio](#). The report spotlighted the wide array of activities that Ohio's public health agencies perform at the local level, with very limited resources. The report also contained findings and recommendations that have since been embraced and continue to steer the dialogue for transforming local public health in Ohio into an appropriately structured and funded system for the future.

One of the report's most significant recommendations was that all Ohioans, regardless of where they live, should have access to a "minimum package" of foundational public health services (FPHS) that should be used to guide future changes in funding, governance, capacity-building and quality improvement. These recommendations built on studies conducted by the Institute of Medicine (IOM) in its landmark 2012 report, *For the Public's Health: Investing in a Healthier Future*. In that national report, the IOM presented the minimum package concept as a way to define a basic set of public health services that must be made available by health departments in all jurisdictions and for which costs can be estimated.

Based on the IOM's national model, the foundational public health services identified by Ohio's Futures Committee for inclusion in their state recommendation included environmental health services, communicable disease control, epidemiology, health promotion and prevention, access to birth and death records, emergency preparedness, community engagement, and linkages to health services. This "minimum package" of foundational public health services should be provided by all local health departments in the state, the Ohio committee's report noted, either directly or by contracting with another local health department. Along with the recommendation, the committee advised that all local health departments should have access to the skills and resources, or "foundational capabilities," that are necessary to effectively support the activities required to deliver the minimum package of core services. If local health departments "are not able to provide this minimum package of core services, they should consider consolidation or some other type of cross-jurisdictional sharing" to achieve this goal, the report said.

As the Ohio team went to work on the foundational public health services, two other states, Oregon and Washington, were on parallel paths aimed at defining a minimum package of foundational public health services. As defined by Washington state, foundational public health services were those services that "must be available everywhere for the system to work anywhere."

"As Ohio was going through this process, the state of Washington was on a similar pathway, though a bit farther down the road, on beginning to identify the specific components of these foundational services and exactly what would be considered 'foundational' in order to begin costing it out," said Krista Wasowski, Medina County Health Commissioner and Co-Chair of the Futures Committee. "We later learned that Oregon, too, was thinking about this, and we were all struck by the similarities among these independent processes underway, across multiple states."

Another of the report's recommendations — that local health departments become eligible for accreditation through PHAB — also continued to gain momentum. On June 12, 2012, Ohio Gov. John Kasich authorized the establishment of a new committee — the Legislative Committee on Public Health Futures — to review the AOHC report and develop recommendations for legislative and fiscal policies for

inclusion in the 2014-2015 operating budget bill. The committee's recommendation that all local health departments in Ohio be accreditation-ready by 2020 was taken a step further by the administration and legislature to authorize the state's director of health to make accreditation a requirement by 2020. Ohio is currently the only state in the nation where PHAB accreditation is mandated and codified. Among the pathways recommended in the report for PHAB accreditation, local health departments may choose to pursue PHAB accreditation on their own, or several local health jurisdictions may form a single operating unit. Local health jurisdictions may choose to merge if the agencies and their communities determine it makes sense for them.

Right now, the Ohio team is working with several subcommittees to operationalize the foundational public health services. The committee recognizes the critical importance of quantifying the cost of providing the core services, grounded by the foundational capabilities, in proceeding with requests for additional sustainable funding to support the minimum package of local public health services. (The project background and activities of the Ohio team can be found at [www.ohiopublichealth.org](http://www.ohiopublichealth.org) under the "21<sup>st</sup> Century" tab.)

### ***A Public Health System for the Future***

Amid the current challenges and uncertainties that are inherent in change, Allan said he is grateful for the opportunity to be working with the Alexandria, Va.-based Public Health National Center for Innovations (PHNCI), and to be sharing best practices with Oregon and Washington through PHNCI's learning community. With funding from the Robert Wood Johnson Foundation, PHNCI was established by the Public Health Accreditation Board in November 2015 to identify, implement and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. Ohio, Oregon, and Washington were selected in March to receive funding to implement the transformations required to provide the foundational public health services and ensure health equity. As a grantee state, Ohio's efforts are being led by the Ohio Public Health Partnership (OPHP), a consortium that includes the Association of Ohio Health Commissioners, the Ohio Environmental Health Association, Ohio Public Health Association, Ohio Association of Boards of Health, and the Society for Public Health Education Ohio Chapter. With funding from the Robert Wood Johnson Foundation, OPHP is already working to test and implement strategies to adopt the foundational public health services statewide.

"OPHP is the ideal mechanism upon which to operationalize the Futures work in Ohio and to connect with our state and national partners," said Susan Tilgner, Franklin County Health Commissioner and the project's Principle Investigator.

"We are eager to learn from the other states, to share best practices and to utilize the services that PHNCI is providing for us," Allan adds. "The idea of convening with folks who are dealing with the same challenges and uncertainties and are willing to share experiences is very valuable."

The work that is taking place through PHNCI's learning community will continue to grow, noted Beth Bickford, Executive Director of the Association of Ohio Health Commissioners. "As we learn more about what the foundational capabilities mean to health departments around the country, and as we begin to make the case for developing a common national understanding of what these foundational capabilities are, we can then look toward a funding mechanism to support the infrastructure that we know is essential to make public health work effectively in all of our communities and states," Bickford said.

Over the next two years, OPHP, with participation from public health leaders across the state, aims to increase the opportunity for better health outcomes for all Ohioans and achieve a standardized way of collecting cost information for implementing the foundational public health services in Ohio. In addition, the project aims to identify opportunities, barriers, and solutions for implementing cross-jurisdictional sharing in Ohio, especially for smaller local health departments. Also, aiming to build a bridge between clinical medicine and public health, another goal of OPHP is to discuss the means by which local health departments and hospitals in their respective counties can synchronize their community health assessment process by 2020, which is a new state legislative requirement. The recommendation aims to help identify common priorities across Ohio on which hospitals and public health can focus.

Amid the seismic changes in Ohio, Allan remains hopeful that the so-called "modernization" effort will bring opportunities to improve the public health system as it works in a more meaningful way with hospitals and other partners to improve the collective health status of all Ohioans.

“Whatever you call it – modernization, improvement, evolution, transformation – it’s all those things,” Allan said. “Given the unprecedented changes in the system, it means that the future system can’t look exactly the way it does now. We can’t look back and think wistfully about the past, because those days are gone. We’ve heard people talk about the ‘new public health,’ and the key capacities that we need to have in place in order to be successful in the future. I think that’s really where we are at right now.”

## Modernizing the Public Health System in Oregon

For decades, Oregon's public health system has been helping Oregonians live longer and better. Built on a foundation of one state and 34 local health departments, Oregon's public health system has long protected and improved the health of Oregonians and the communities where they live, work, play and learn.

Despite a long history of successes, public health officials say the state's current economic situation is hampering governmental public health's ability to achieve a population-wide focus on prevention and wellness. Health officials point to large disparities in levels of county funding, which are resulting in limited capacity for public health services in many areas. Adding to the woes, a reliance on federal funding has for too long dictated what programs need to be provided, regardless of a community's needs. A 2014 *Future of Public Health Services* task force report found that the state investment in Oregon's public health system at that time ranked below the national median, or 46<sup>th</sup> in the nation, for per capita funding, spending just \$13.37 per person compared to a median of \$27.40.

The funding challenges come as Oregon's public health system is stretching to meet the expectations of a modern world. Rapid advances in information and communications systems, modern transportation, social media, international travel, global commerce, and climate change pose challenges of increasing complexity. Food can now travel thousands of miles before landing on the nation's kitchen tables, presenting new challenges. And diseases like Zika that once crept around the world at the pace of shipping commerce now fly around the globe at jet-fast speeds.

"Our world is changing rapidly and our health threats have really changed," said Charlie Fautin, RN, MPH, Deputy Director and Health Administrator at Benton County Health Department in Corvallis, Oregon. "We're sort of like a modern business trying to operate with computers that are running on 20-year-old operating systems, or accountants who are still using manual adding machines. We need to be responsive to a modern world. We are at a tipping point now where our internal systems are holding us back from properly addressing these challenges."

To continue to effectively and efficiently meet the needs of its communities, Oregon is in the midst of modernizing its public health system. The transformation is long overdue, Fautin said, because for decades Oregon's public health system had not really taken a close look at itself, nor had the state's lawmakers taken a close look at how the public health system is supported. Fautin said Oregon's public health system was built around health threats that existed in the middle of the 20<sup>th</sup> century, when infectious diseases were the main cause of poor health. Today, chronic diseases are more likely to make Oregonians sick.

"Obesity, diabetes, and heart disease were rare threats, and threats mostly among older people, the last time public health sort of had an overhaul in the 20<sup>th</sup> century," Fautin said. "But now we are seeing those problems in the very young. People are living a lot longer with chronic diseases and it is really costing our health system a tremendous amount of money. If we can help prevent some of those problems, we can save our medical system a lot of money and we can respond better to modern challenges."

### **The Road to Change**

In 2013, the Oregon State Legislature passed House Bill 2348, which created a task force to develop recommendations for a public health system for the future. The *Task Force on the Future of Public Health Services* brought together a committed group of state legislators, leaders of nonprofit organizations, local public health administrators, county commissioners and other public health stakeholders to study the issue and report back to the legislature. For nearly a year, the task force pored over documentation, studied data, and heard presentations from state and local public health departments, community partners, Oregon Health Policy Board members, public health organizational experts, and others. Of particular interest to the task force was a framework for a basic set of capabilities and programs that no health department can be without, and must be present in every community in order to efficiently and effectively protect everyone. The framework for this basic set of capabilities and programs, known as "foundational public health services," had originally been set forth in a 2012 Institute of Medicine Report titled *For the Public's Health: Investing in a Healthier Future*.

The task force wrapped up its work, and in September 2014 published its recommendations in a report titled *Modernizing Oregon's Public Health System*. The recommendations focused on the need to achieve sustainable and measurable improvements in population health, and further concluded that to begin to

modernize the governmental public health system, a set of core foundational public health services should be delivered throughout Oregon, at both the state and local level, as the minimum requirements for governmental public health in Oregon. The task force further charged the state health department — the Oregon Health Authority Public Health Division — to join with key partners to develop a timeline, a detailed plan, and a budget for implementing the foundational capabilities and programs throughout the state.

“What was really unique is that we ended up using the foundational public health services as our road map going forward,” said Cara Biddlecom, MPH, Interim Policy Officer at the state health department. “That was really exciting to see because we always want to do things that are evidence-based and draw on the best literature, and it was great to actually see that as such a core piece of the policy-making.”

In July 2015, Oregon’s public health leaders celebrated a watershed moment when the Oregon State Legislature passed House Bill 3100, essentially signing into law all of the task force’s recommendations. Most importantly, the bill adopted the task force’s recommendation for a core package of foundational public health services that must be available to everyone in the state wherever they live.

As a state health department employee, Biddlecom has played a role in that effort. Working closely with the Oregon Coalition of Local Health Officials and state and local public health practitioners, she has helped define each foundational capability and program down to a detailed level for state and local public health. The Oregon Health Authority Public Health Division published the definitions last year in the 162-page *Public Health Modernization Manual*. The manual defines each foundational capability and program as they apply specifically to state and local public health departments, who in turn are working closely with community members and partners to implement them.

Also this year, the state health department worked with an outside consultant to assess the degree to which state and local health departments are currently implementing the foundational capabilities and programs as they are defined in the manual. The assessment will help quantify — in terms of money and all other resources — exactly what it will take to fully implement the functions and activities required of a modernized system. The assessment’s findings are now being compiled into a written report to inform the next steps with the legislature.

“That will help us start to move into the planning stage,” Biddlecom added. “We’ve got it defined and assessed and now we will be developing our plans so that we know how we will move this work forward in the next several years.”

The implementation process is designed to be a phased-in approach that will build over time, Biddlecom said. “So between now and December 2023, we will be trying to get the whole state on board to implement the foundational public health services, and do all the work outlined in our public health modernization work.”

### ***Looking to the Future***

These days, Tricia Mortell, RD, MPH, Public Health Division Manager at Washington County Department of Health and Human Services in Hillsboro, Oregon, is focusing a good portion of her work week on public health modernization. As a member of the Oregon Coalition of Local Health Officials, she has been working with the council’s Legislative Committee to plan for the release of the assessment and the eventual funding request to the Legislature.

“Here in Oregon, we are at a very good landing place to have had the opportunity to do the thoughtful engagement of ‘what is foundational public health,’” Mortell said, “and to ask ‘what are our core deliverables? What are the activities that we have to be able to provide throughout our communities? How close are we to being able to do that, and what more would it take?’”

Like some other county health departments in Oregon, Washington County no longer provides clinical services to its residents. Instead, it now helps fund partner organizations to deliver primary care, immunizations, STD screenings, and treatment to uninsured residents. With the increased emphasis on population health, staff who have traditionally been providing direct individual services might see their jobs shifting and an increased need for training and new skill development. However, Mortell said it is

important to note that although Washington County is moving toward a stronger assurance function, most other Oregon health departments will continue to administer immunizations and other direct services.

In sharing her hopes for a future that will provide robust and sustained funding for the public health system, Mortell said she envisions a table set with an abundance of funding – enough to satisfy the public health needs of every community in Oregon.

“Right now, it feels like we have buckets that are not connected at all, and we have barely enough money in one area and nothing in the other area,” she said. “I would love to see this table where we are able to say, ‘This is what we’re needing in Washington County to get to this capacity, and here’s how we are going to put it together.’”

Mortell’s metaphorical table might never be fully attained, but without question Oregon’s public health system is poised for change. Over the next six months, regional meetings will be held for each county and region across the state to discuss the right path forward to assure foundational public health and provide the additional services each county needs.

“Where we are seeing the greatest change is that everyone is recognizing and quantifying the value of the ‘foundational capabilities,’” said Fautin, “which support, facilitate, improve and in other ways are critical for providing direct services, but which have not been adequately quantified and funded.”

Oregon recently stepped into the national spotlight for its work related to systems transformation and the foundational public health services. In March, the Robert Wood Johnson Foundation selected Oregon as one of three grantees, working with the Public Health National Center for Innovations (PHNCI) in a first-of-its-kind learning community focused on implementing the systems transformations required to provide the foundational public health services and ensure health equity. PHNCI, based in Alexandria, Va., was established in November 2015 by the Public Health Accreditation Board with funding from the Robert Wood Johnson Foundation. In its role as a national convener and strategic coordinator, PHNCI is working to identify, implement and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide.

As part of PHNCI’s first learning community, the Oregon Coalition of Local Health Officials is working with the Oregon Health Authority and local health departments to modernize the public health system through the development of a framework for the foundational public health services in Oregon, and the provision of technical assistance to health departments creating implementation plans. Public health leaders in Oregon agree that their participation in PHNCI’s learning community will provide invaluable support in their work to ensure basic public health protections critical to the health all Oregonians and future generations.

"I speak for the entire Oregon public health practice community in expressing appreciation for the opportunity to join with Washington and Ohio in PHNCI's first learning community," Fautin said. "My Oregon colleagues and our legislative partners have worked hard over the past three years to rapidly move toward a modernized system, and the support of the PHNCI partnership has been of invaluable assistance to us. From helping to adapt the foundational services model for Oregon to providing technical advice on cross-jurisdictional sharing, our PHNCI colleagues continue to be invaluable in our journey."

## Shaping Public Health's Future in Washington State

Washington state's public health system has long been recognized as a national leader in protecting and improving the health of families and communities. But public health in Washington is at a critical juncture. According to the 2010 report *An Agenda for Change*, efforts to prevent diseases have sharply declined across the state as public health funding has eroded.

The public health community in Washington is keenly aware of what must be done to ensure that all Washingtonians reach their fullest health potential, but the funding crisis is threatening the most basic public health services and the health of the public. According to public health leaders, sustainable funding is needed to support the core public health services that only governmental public health can provide.

An earlier statewide strategy to support local public health involved the use of taxes paid by motor vehicle owners. This was considered a good option because it would increase with population growth, and because it was based on the value of the vehicle, it would address inflation. But in 1999 voters rebelled against the tax, which typically required them to pay hundreds of dollars to renew their license plates. The revolt reduced the funds collected through the tax to a \$30 flat fee per vehicle. The state legislature provided alternative funding to local public health but it was only at 90 percent of the previous funding. Since that time, the dollar amount has remained level with no adjustments for inflation and population growth.

"Our public health system is approaching developing-world levels in some communities," said Barry Kling, MSPH, Administrator and Director of Environmental Health at Chelan-Douglas Health District in East Wenatchee, Wash. "Things are getting pretty rough out there. We've got communities with dying water systems and we've lost a lot of public health staff. It really is a system in crisis."

Kling is no stranger to funding woes. He began his job at Chelan-Douglas Health District in 2003 with a staff of 62 employees. By 2008, the size of his staff had dwindled to 31, and it has remained at about that level ever since.

"We literally had half the number of people working, and we still only have half. The funding has been gradually reduced year after year, or it has remained flat, while inflation occurred. We finally hit the wall – and that was before the 2008 recession," Kling said.

Concerned that the erosion of public health funding was threatening the most basic public health services, Kling joined with other public health policy leaders in 2009 to identify an agenda for moving public health forward in tough economic times.

"We kind of started as a stealth committee," Kling recalls. "It was a group of people from lots of different local health departments and the state health department, and we just started having meetings and working on this issue."

Another workgroup focusing on similar issues was later convened and eventually released a landmark report titled *An Agenda for Change: Reshaping Governmental Public Health in Washington State*. Among other recommendations, the 2010 report called for the development of a long-term strategy for predictable and appropriate levels of funding for public health.

### **Shaping Public Health's Future**

In 2012, the Public Health Improvement Partnership (PHIP), an alliance of public health experts directed by the legislature to guide and strengthen the governmental public health system in Washington state, formed a workgroup to develop a long-term strategy for predictable and appropriate funding for the state's public health system and to build upon the work of prior groups. Comprised of state and local public health practitioners, the group eventually became known as the Foundational Public Health Services Technical Workgroup. The group successfully defined a package of core public health services that people rely on government to provide and that no community should be without. These foundational public health services are similar to the concept of "a minimum package of public health services" put forward by a committee convened by the Institute of Medicine in 2012. Foundational public health services are not everything that public health does, but they do provide the foundation for the public health services needed in every community.

“It’s like building a house,” Kling said. “If you don’t have a strong foundation, you can’t build the rest of the house. The heart of the whole effort is that we have a population-based method for figuring out the foundation, or what is needed in every community for the public health system to work,” said Kling, who co-chairs the Foundational Public Health Services Technical Workgroup with Jennifer Tebaldi. For Tebaldi, one of the most gratifying aspects of co-chairing the Technical Workgroup was seeing the level of dedication and unanimity as members worked together to figure out what needed to be done to secure sustainable funding for the public health system in Washington.

“It was the first time that I can remember – and I’ve been in public health for 28 and a half years – that the public health system actually came together and defined a set of basic or core services,” said Tebaldi, who serves as Special Assistant to the Secretary at the Washington State Department of Health and was previously an Assistant Secretary. “Normally when you get a group of passionate public health people together, everybody wants their work to be within that ‘circle’ because if they aren’t in that circle, they feel their work isn’t important, which of course isn’t true.”

In determining what services would be designated as “foundational public health services,” the group set out to define a basic set of capabilities and programs that must be present in every community to efficiently and effectively protect all people in Washington. For example, governmental public health **promotes** immunizations in all communities to prevent the spread of disease. Therefore, promoting immunizations is a foundational public health service. There are many other services, though critical locally, that are not “foundational.” These are defined as “additionally important services” and are those services that do not necessarily need to be provided by governmental public health for everyone in Washington. For example, while promoting immunizations is “foundational,” actually giving the shot is defined as an additional important service.

“Immunization is important, and promoting it and making sure that we protect the vaccine supply appropriately – those are foundational services in our opinion,” Kling said. “But putting the shot in peoples’ arms— we haven’t included that as foundational because there are communities where there are lots of people who do that. Where I live, Safeway does it, all the drug stores do it. All the doctors do it. There is no particular reason that governmental public health has to do it. But a public health nurse who spent her career giving people immunization shots probably isn’t going to be too enthusiastic about the fact that that wasn’t considered a foundational public health service.”

Some maternal and child health services are also examples of “additional important services.” In most communities in Washington, family planning is readily available through the health care system, but in more than one small, rural county in Washington, the health department is the only provider of family planning services.

“There is nobody else to do it,” Tebaldi said. “So for them it is an additional important service but not something that needs to be across the state, done by governmental public health. So part of our definition, and really the way we defined ‘foundational,’ was that it needs to be something that’s primarily done by governmental public health only; it’s population-based so it’s not really individual care for people; and when you do the work, for the most part you can’t really identify a specific person who benefited from that work because we’re trying to protect everybody. When we do a restaurant inspection, we don’t know which one person didn’t get sick. We hope they all don’t get sick.”

In addition to defining the foundational public health services, the workgroup tackled another enormous task: identifying what the total cost of the governmental public health system would be just to do the foundational public health services. To advise them on the funding and implementation issues, Washington State Secretary of Health John Wiesman in 2014 established the Foundational Public Health Services Policy Workgroup. The 35-member Policy Workgroup reviewed the work of the Technical Workgroup, and in January 2015 published their recommendations in a report titled *Foundational Public Health Services: A New Vision for Washington State*. The report recommended adopting the foundational public health services framework and definitions, and called for the establishment of a dedicated account for foundational public health services funds. Also, noting that foundational public health services are needed in every community to protect the health of everyone, the report recommended that the state should have the primary responsibility for funding them.

## ***A Marathon, Not a Sprint***

Currently, the state's public health leaders are preparing to go to the Washington State Legislature in 2017 to begin the conversation for funding public health in a sustainable way and modernizing the way they do their work. But given the state's current budgetary climate — the state supreme court ruled that the state wasn't funding basic education as required in the state constitution so public education funding must be increased by several billion dollars a year— 2017 isn't going to be a year to get everything the public health system needs to fund the foundational public health services. Instead, public health leaders will ask the legislature for some initial funding that makes a down payment to fund critical gaps in foundational public health services, with the plan to return to the legislature in 2019 with a full-fledged proposal that would provide support for a sustainable foundational public health system around the state.

"We're in a marathon, not a sprint," Tebaldi said. "This is a multi-year endeavor and we need to be strategic about what we ask for."

At the state health department in Olympia, Tebaldi's colleague, Marie Flake, agrees.

"The 2017 session is the chance for us to more formally and publicly begin that dialogue with the legislature about these ideas and test their support," said Flake, who works on special projects at the Washington State Department of Health.

Whether or not any bills pass next year, Flake is quick to point to the positive benefits that have already emerged from the work to modernize the public health system in Washington. The work, and the "ask" of the legislature, is not just about money, she said.

"It is about changing, transforming, modernizing, improving, the public health system in Washington state to meet the modern world and modern needs," Flake said. "We began this by just doing our work and learning from each other as best we could, but now this is considered innovative and of national importance."

Flake is pleased that Washington state has been selected by the Robert Wood Johnson Foundation as one of three states to participate in a learning community supported by the Public Health National Center for Innovations (PHNCI). With funding from the Robert Wood Johnson Foundation, PHNCI was established by the Alexandria, Va.-based Public Health Accreditation Board in November 2015 to identify, implement and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. Washington is one of three states, along with Ohio and Oregon, selected to receive funding to implement the transformations required to provide the foundational public health services and ensure health equity.

"Being part of PHNCI's first learning community definitely brings our project, and the projects of Oregon and Ohio, into the national spotlight," Flake said. "Before, we were just doing our projects and learning from each other as best we could. Being part of PHNCI's learning community is such a huge resource. It will accelerate learning, innovation, implementation — that whole leapfrogging idea. That's the great potential of the new center on whatever topic is done. We are curious to see what happens in an innovation center and what other projects and approaches the center takes on."

Reflecting on the changes that have come about thus far, Flake is excited to be part of a movement that is bringing greater attention to the notion that the community is as important to health outcomes as medical intervention.

"In some ways, in some parts of society, people are beginning to understand more about community, the value of community, the need for community, ways to create community," Flake said. "I think that helps people understand public health in a way that says, 'it's not all just about me and my doctor and my health care.' It helps people understand that health is bigger, and how we make health happen is bigger than the health care system. I think that bodes well for public health."



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