



Foundational Public Health Services

The Problem

Washington's governmental public health system has a critical and unique public safety role that is focused on protecting and improving the health of families and communities. Protecting the public's health is a fundamental responsibility of the state (RCW 43.70.512).

After a century of effectively preventing illness and increasing the length and quality of life in Washington communities, the public health system has become woefully inadequate and is now unable to meet its basic responsibilities to protect the health and safety of people in Washington State. A responsive and viable governmental public health system is essential for healthy and economically vital communities across Washington.

The Solution

The solution is to rebuild, transform and fund a 21st century public health system in Washington by:

1. Adopting a limited statewide set of core public health services, called Foundational Public Health Services (FPHS)
2. Funding FPHS primarily through state funds and fees that are predictable, sustainable and responsive to changes in both demand and cost
3. Providing local revenue generating options so local communities can address local public health priorities, also known as Additional Important Services (AIS)
4. Delivering FPHS in ways that maximize efficiency and effectiveness and are standardized, measured, tracked and evaluated

Allene Mares, Special Assistant to the Secretary of Health
Public Health Transformation
Washington State Department of Health
360.236.4023 | January 2018 | www.doh.wa.gov/fphs

Foundational Public Health Services:

- Are a limited set of core public health services – like collecting and sharing community health data to identify problems and investigating communicable diseases before they become epidemics
- Must be available in every community in order to protect all people in Washington
- Are services that only government provides
- Aren't everything public health does

Progress: An Initial Investment

In the 2017-2019 state budget, the legislature appropriated an initial investment of \$12 million one-time funding. While this is not sufficient to fully rebuild and transform public health for the 21st century, the initial investment is being used to strengthen communicable disease (CD) activities across the state.

At the local level, \$9 million is being invested in each of the 35 Local Health Jurisdictions (LHJs) to shore up critical CD control and \$1 million is funding three shared service demonstration projects to test new service delivery models for increased effectiveness and efficiency. Projects include providing:

- Tuberculosis prevention and control expertise, technical assistance, coordination and a response team to all LHJs, statewide
- Epidemiology and community health assessment expertise to multiple LHJs in Eastern Washington
- Expertise and technical assistance to LHJs in making timely information available to health care providers in their communities

At the state level, \$2 million is invested at the Department of Health (DOH) in implementing strategies to control the spread of CD and other strategies and include:

- Staffing for microbiology and radiation testing at the state lab
- Information technology staff for system consolidation and modernization
- Health impact review staff at the State Board of Health
- Conducting a statewide FPHS assessment

Impact of the investments are being measured in the following areas:

1. Childhood immunization rates – one of the most effective and efficient way to prevent disease
2. Hepatitis C case reporting and follow-up and partner notification for people who may have been exposed to sexually transmitted disease – to reduce long-term and costly impacts of these conditions and prevent the spread of disease to others

The Work Ahead

The initial one-time investment from the legislature, is not sufficient to address all of the items in the budget proviso including:

- Fully enhanced CD prevention activities
- Enhanced work in chronic diseases or injury prevention
- Root cause analysis of adverse events in health care facilities
- Comprehensive Hepatitis C follow-up
- Enhanced work on health inequities

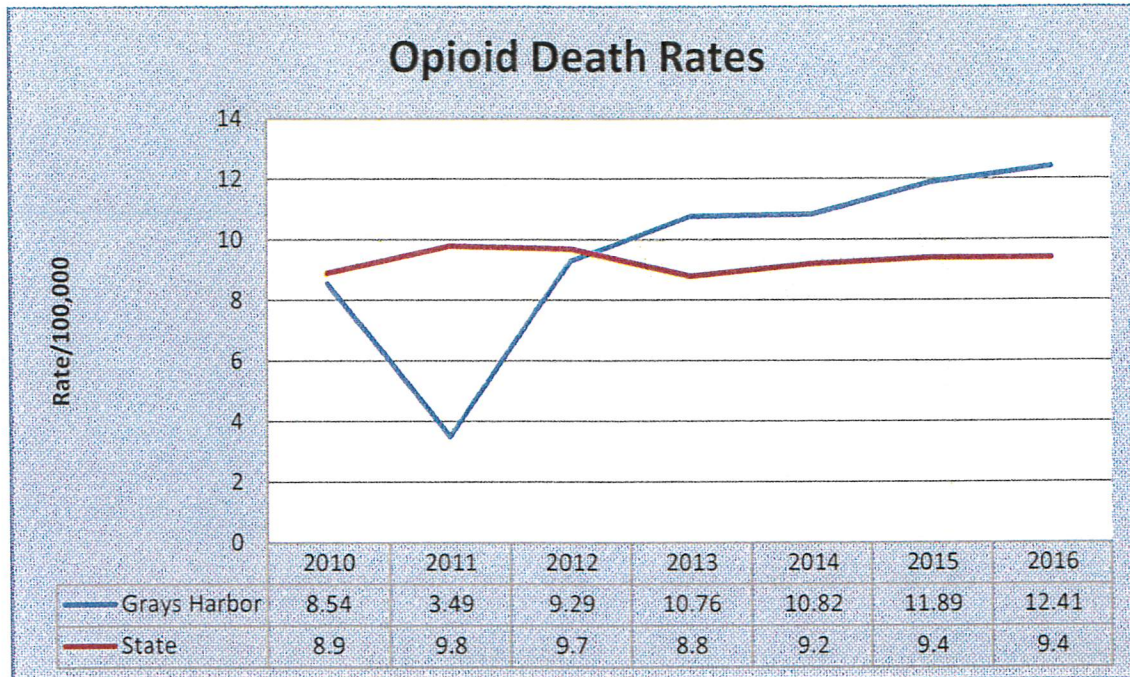
Recommendations to the Legislature

- Continue the initial investment and build on it to fully fund FPHS
- Provide local revenue generating options so local communities can fund additional local priorities

WA-PDO Grant

Priority = Prevent Deaths from Overdose

Public Health response to increase capacity in community to respond to opioid overdoses to save lives...so that they can recover and lead productive lives



Partners in Distribution:

- Harbor Calvary Chapel
- Out & Proud Coalition
- Chaplains on the Harbor

Agencies Trained:

- Connections (P-Cap home visiting program)
- Public Health Nurses/Home visiting supervisor/Diversion
- Revival Grays Harbor
- A First Place*
- Quinault Tribe Tx Staff

- Lifeline Connections*

Law Enforcement Agencies:

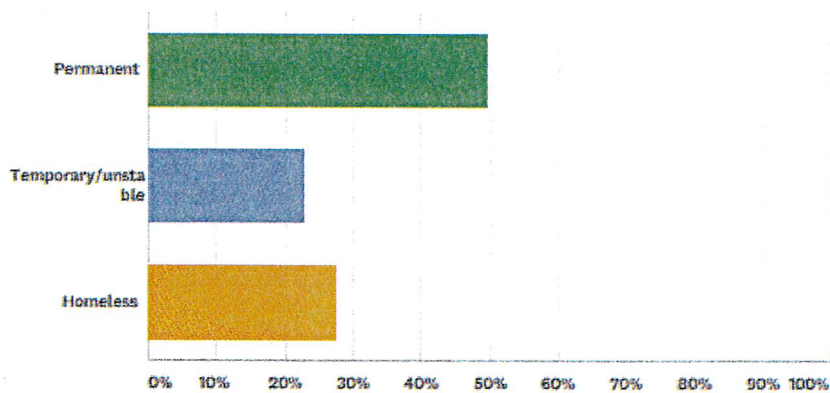
- GH Sherriff Department
- Montesano Police Department
- Westport Police Department
- Shoalwater Bay Tribal Police
- Pacific County Sheriff Department

Baseline Survey – Grays Harbor (April – December 2017)

ANSWER CHOICES	RESPONSES	
Syringe exchange	82.97%	268
Drug treatment	1.86%	6
Other social service	3.72%	12
Criminal justice	0.00%	0
Health department (not SEP)	0.93%	3
Other (please specify)	10.53%	34
TOTAL		323

Q10 How would you describe your current housing status?

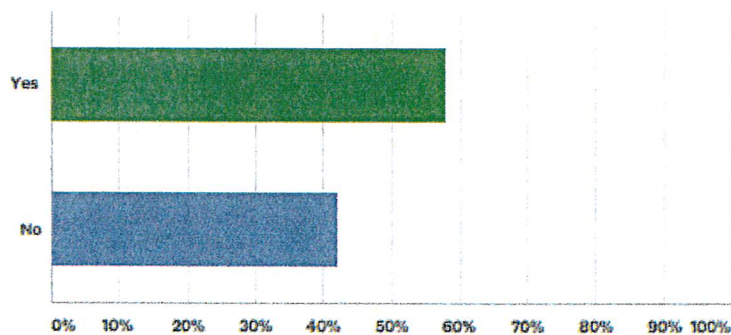
Answered: 319 Skipped: 6



ANSWER CHOICES	RESPONSES	
Permanent	49.53%	158
Temporary/unstable	22.88%	73
Homeless	27.59%	88
TOTAL		319

Q12 Do you currently use opioids?

Answered: 324 Skipped: 1

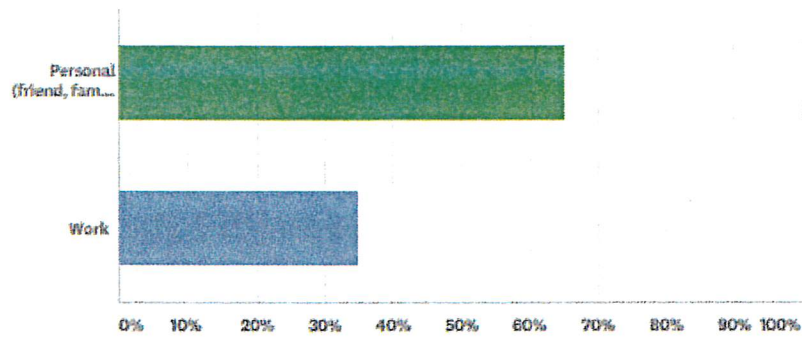


ANSWER CHOICES	RESPONSES	
Yes	58.02%	188
No	41.98%	136
TOTAL		324

Q17 Main reason for getting naloxone

Answered: 135 Skipped: 190

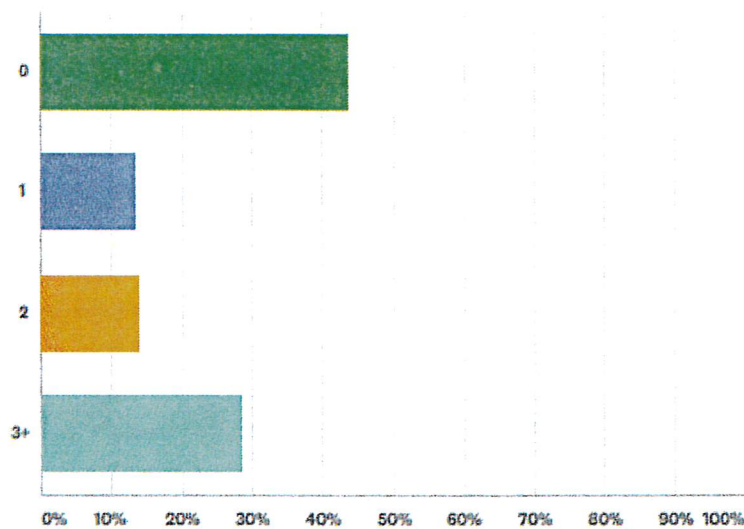
People who don't use opioids



ANSWER CHOICES	RESPONSES	
Personal (friend, family member at risk)	65.19%	88
Work	34.81%	47
TOTAL		135

Q19 In the last 12 months, how many times have you seen someone else overdose on opioids?

Answered: 313 Skipped: 12



ANSWER CHOICES	RESPONSES	
0	43.77%	137
1	13.42%	42
2	14.06%	44
3+	28.75%	90
TOTAL		313

****70% of recipients had never previously received overdose response training**

Re-fill Summary

342 kits distributed

- 134 (39%) were used in an overdose
 - 911 called = 48%
 - Person woke up before police, fire or ambulance arrived = 69%
 - Doses administered: 1=46%; 2=52%; 3=2%

Q23 How were interactions with fire/ambulance crew?

Answered: 61 Skipped: 281

ANSWER CHOICES	RESPONSES	
Positive	85%	52
Mixed	5%	3
Negative	5%	3
Don't know	5%	3
Negative (please describe why):	0%	0
TOTAL		61

Q25 How were interactions with police?

Answered: 32 Skipped: 310

ANSWER CHOICES	RESPONSES	
Positive	75%	24
Mixed	19%	6
Negative	3%	1
Don't know	3%	1
TOTAL		32

Total kits distributed in Grays Harbor in 2017 = 665

Next Steps

- Continue increasing partner capacity to respond to overdose, ↓ stigma
- Finalize Strategic Plan
 - Help prevent inappropriate prescribing and reduce opioid misuse and abuse; treat individuals with OUD and link to support services; intervene in overdoses to prevent death; and use data to monitor morbidity and mortality as well as evaluate interventions.