



Department of Health
2025-27 Regular Budget Session
Policy Level - FP - Foundational Public Health

Agency Recommendation Summary

Foundational Public Health Services (FPHS) are core services which the governmental public health system is responsible for providing in a consistent and uniform way in every community in Washington. Washington state has made funding public health a priority by creation of the Public Health Services Account. Additional funding will more equitably fund Tribal nations, preserve existing FPHS investments, and expand existing FPHS capacity among state, local, and Tribal partners.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Staffing						
FTEs	0.0	0.0	0.0	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	\$22,500	\$22,500	\$45,000	\$22,500	\$22,500	\$45,000
Total Expenditures	\$22,500	\$22,500	\$45,000	\$22,500	\$22,500	\$45,000

Decision Package Description

Problem Statement:

The Foundational Public Health Services (FPHS) Steering Committee is seeking \$22,500,000 per fiscal year in ongoing GFS funding. This allocation will:

- Ensure Tribes receive 10% of the total FPHS budget
- Sustain existing FPHS that are currently providing community protection, education, and mobilization around public health issues
- Expand additional FPHS within high-need focus areas like communicable disease, environmental public health, prevention, emergency preparedness, and data systems.

\$12.1M/FY ongoing is requested to bring Tribal governments' budgets to 10% of the overall FPHS budget without harming other sectors of the system.

In 2022, the National Indian Health Board passed [resolution 22-10](#) in support for implementation of a department-wide ten percent set aside within the U.S. Department of Health and Human Services in an effort to advance Tribal health equity. This resolution calls on agencies under HHS to set aside more resources so that Tribes can work to [build equitable health outcomes](#) for their people and bridge the gap created by historical and intergenerational trauma.

Increasing funds to Tribes to 10% has already started in Washington state for some funding. For the next CDC Public Health Emergency Preparedness grant cycle, [DOH increased the Public Health Emergency Preparedness Tribal allocation from 4.24% to 10%](#) of the total Washington CDC PHEP award, as of July 1, 2024. This increase will be evenly distributed to each Tribe.

During the fall of 2023, at the annual Centennial Accord meeting between the Tribes and the Governor, Tribal leaders asked the Governor and leadership of the Agencies to review the 2023 National Indian Health Board Report to CMS on Health Equity in Indian Country Report and work to address the “elements of the devastating legacy of colonization include:

- Undercutting of Tribal sovereignty and disempowering of Tribal governments
- Structural racism and the conceptualization of AI/AN as a “race”
- Disconnection of AI/ANs from community, identity, and culture
- Distrust and broken relationships between Tribal nations and federal and state governments
- Erasure of AI/AN peoples, identities, and histories
- Disparities in opportunities, like education, jobs, and health care

- Devaluing of Indigenous ways of knowing.

The FPHS Steering Committee recognizes the racism, chronic underfunding, and historical trauma faced by Tribal communities resulting in preventable inequities in health outcomes. RCW 43.70.512 also directs Public Health to address health equity through FPHS. As such, the FPHS Steering committee supports a ten percent set aside of FPHS funds as a step towards Tribal funding equity and in continued support of Tribal sovereignty and self-determination in working towards equitable health outcomes for their communities through Tribal FPHS implementation. This will provide \$416K for each of the 29 sovereign Tribal governments to address health inequities and expand service levels across a variety of pressing health concerns needed in their communities.

- American Indians and Alaska Natives in Washington State have a life expectancy that is 8.26 years lower than that of White Washingtonians (DOH Community Health Assessment Tool, 2020).
- In Washington, American Indians, and Alaska Natives have the lowest life expectancy, highest infant mortality and highest rates of colorectal cancer and suicide compared to other races (Washington State Health Assessment, 2018).
- Across the majority of health indicators, American Indians and Alaska Natives are reported to experience worse health than other racial and ethnic groups (Washington State Health Assessment, 2018).
- Currently the Tribes receive 3.58% of the FPHS budget.

\$7.1M/FY ongoing is requested to maintain existing efforts.

The demand for public health services continues to grow which leads to an increased workload across all sectors of the FPHS system. In addition, the cost of providing services has increased and additional funding is needed to maintain existing service levels with community programs/services, and educational/outreach efforts.

- As recruitment and retention for the public health workforce is increasingly challenging across the state (competition with private sector, significant proportion of retirements, burnout from pandemic response, etc.) additional funding would help preserve the current staff who have been hired and trained to provide FPHS programs and services.
- For example, rural LHJs and some Tribal Health Jurisdictions face unique recruitment challenges due to infrastructure and resource limitations for community residents and reduced housing availability.
- Additionally, private healthcare agencies often provide a much larger salary (in some cases 50% more for nursing staff).
- The [2021 Public Health Workforce Interests and Needs Survey \(PH WINS\)](#) found that 44% of state and local public health employees are considering leaving their organization in the next five years.
- Additional FPHS funds would better position agencies to retain current employees by supporting training and professional development opportunities, promoting business innovations such as remote work (new to rural areas), and focusing on building strong community connection and relationships that are leveraged to promote public health practice.
- Language access planning has expanded, varying by community. For example, state agencies are now required to provide critical materials in 37 languages.

The public expects governmental public health services to lead and/or respond to disease threats and complex social services such as homelessness and climate change, which often results in existing programming or services being stretched to accommodate evolving or emerging community needs, while simultaneously fulfilling state, local, and federal mandates.

- As the landscape that public health operates within becomes more complex and technology infrastructure needs increase, this has required public health agencies to shift from hiring “generalists” to hiring staff who have more specialty skills to ensure services and programs are delivered and supported adequately.
- Increased funding would sustain and enhance the ability for agencies to respond to the expectation that programs and services expand and/or become more complex, and assure that mandated services are also implemented fully and consistently.

\$3.3M/FY ongoing is requested to address other public health activities that cannot be delivered without additional funding.

The governmental public health system currently has 70% of its estimated need to fully implement core public health services across the state.

There are many areas of work that remain under-resourced in addition to emerging and evolving areas of practice. The FPHS Steering Committee will assess past FPHS investment proposals and new emerging needs across sectors to collaboratively allocate these funds. 10% of this request will be set aside for Tribal governments.

- As technology becomes increasingly complex and leverages new technologies into practice, such as AI, expenses for hiring expertise and expanded technology services have risen.
- Emerging public health threats continue to surface including emerging/persistent disease threats (for examples: h5N1, TB, pertussis, etc.) and environmental threats (heat events, PFAS, etc.).
- Community-centered work is critical to the success of Foundational Public Health Services. While some existing FPHS investments have health equity embedded in their work, more work needs to be done to ensure the public health system addresses health equity and resources communities that experience health inequities, so that everyone can thrive.
- Expectations for community-based and participatory models of engagement, including community compensation, requires developing new models that take additional public health staff time and funding.
- Public health continues to have opportunities as trusted community leaders to leverage the governmental public health system and convene community partners, leading informed conversations and decision-making around the health and wellness of the community.
- Since 2020, the State Board of Health has experienced a significant increase in demand for changes to statewide rules on policy issues such as disease prevention, reporting and surveillance, newborn screening, Tuberculosis, notifiable conditions and environmental health and safety in facilities. Assuring statewide health and safety requirements keep pace with technology while maintaining public health protections requires significant community and partner engagement, as well as administrative, policy development, and communications capacity.
- In 2018, the Washington State Public Health Transformation Assessment ([available here](#)) established the need for an additional \$225 million per year (\$450 million per biennium) for the governmental public health system to fully deliver FPHS equitably across the state. While the public health system is grateful for the \$324M investment in FPHS, we have yet to meet our 2018 need, which is higher due to increased demands, cost of service delivery and accounting for Tribal public health needs (Tribes were not included in the 2018 Assessment, but were simultaneously engaged in a Tribally-led process to define the TFPHS framework, including costs and gaps ([2020 Tribal FPHS Assessment](#))).

Please see the addendum for relevant FPHS history and additional context to this request.

Proposed Solution:

This request builds on the past several biennia's joint decision package request developed by the governmental public health system, beginning in 2017, and continuing through the 2023-2025 biennium.

10% to Tribes:

With the current funding, Tribes have been working to build their public health infrastructure. This new funding request would increase funding to Tribes so they can continue to invest in public health staff and infrastructure, improve access to care, develop community partnerships, build/strengthen public health communications, and invest in leadership development. The Tribes are also interested in expanding public health services to their youth, expanding medical and behavioral health integrations, and working to provide culturally competent public health outreach and education for their communities.

Maintenance:

Current FPHS investments have begun to strengthen capacity in critical public health areas including communicable disease investigation, environmental health policy and prevention and community health. Additional funding to maintain existing infrastructure is needed to preserve current levels of service across the FPHS system in all sectors, particularly among programs where communities expect public health to implement.

Additionally, demand for services and expansion of public health practice is increasing in new areas such as climate change, behavioral health, and healthcare reform. As other public health funding streams are reducing or are volatile in their predictability, there is a risk of existing positions being more dependent on FPHS funding. Maintenance funding would assure that existing staff and their bodies of work continue despite other funding sources ending. This is particularly critical for rural jurisdictions that have reduced capacity depth and often greater demands on their staff and services.

Maintenance funding also allows public health positions to remain competitive in salary offerings to keep positions desirable and to preserve or promote recruitment and retention. Rural jurisdictions, which can be subject to recruitment challenges, particularly benefit from maintenance funding for recruiting and staff development of their workforce. Maintenance funding in this request allows a 4.4% increase to existing investments.

Specific examples of FPHS investments that would be preserved:

- Continuing to navigate the challenges of building the public health workforce across the system – recruitment, training, leadership development, retention (salaries, benefits), etc.
- Ongoing integration of emergency preparedness and response into programmatic areas such as environmental public health and disease investigation
- Capacity gains in communication and public information, policy development and partnerships, and modernized business practices
- Stabilizing services that were reduced from past budget cuts such as STI programs, food safety efforts, and child health coalitions.

New Funding:

The additional system funding request focused on expanding FPHS investments would make new investments into FPHS focus areas where capacity has been strengthened. Generally, it is anticipated that new FPHS investments will address:

- Investments in modernized data and technology systems, data sharing and access to data, and the workforce to support system-wide governance models for these systems
- Policy development, including expanding staff support for health impact reviews and public health rulemaking
- Modernizing operations to keep pace with changes in technology, community engagement needs, and demands to modernize foundational public health and safety rules
- Gaps that continue to exist in areas of FPHS that have been prioritized for funding over time (CD, Environmental Public Health, Assessment), including addressing emerging/persistent disease threats (for example: h5N1, TB, pertussis, etc.)
- Expanding 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 and the Public Health Lab)
- Expanding investments 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 and implementing innovative service delivery models including those that focus on intensive services towards the highest burden of disease, sharing of resources and capacity across jurisdictional lines, emphasizing workforce development to assure access to expertise today and into the future, centralizing capital-intensive investments, and devoting resources to every jurisdiction for a sustainable local presence everywhere in Washington.
- Deepening FPHS evaluation, fiscal monitoring and accountability, and legislative reporting
- Investments in equity staff to promote meaningful community engagement.

Expected Outcomes:

Results of funding from the [State Fiscal Year 2023 Annual Report](#) and preliminary results from the Tribal Foundational Public Health Services 2023-2024 Report:

Service Sharing

- There has been an increase over time in the number of shared FPHS services, and there is willingness across the system for more sharing of services where appropriate.

Equity and Community Partnership

- One Tribe shared they were planning to improve their outreach and education efforts to the community so that they are more aware and understanding of the public health services available to them. The Tribe hopes this will also enhance their understanding of what the community's needs are and where gaps exist.
- Many efforts are being made within the public health system to improve equity, including assessing where inequities are in collaboration with community; authentic partnership building; and developing culturally and linguistically appropriate communication materials.
- It is important for Tribes to have representation on local boards of health to ensure they are aware of current public health issues in the county, and then be able to address those issues from their point of view. FPHS and AIHC have given Tribes that opportunity for engagement with LHJs.

Infrastructure

- This statewide investment provides the infrastructure needed to continue existing services for many public health agencies, especially those that have faced staffing and/or funding shortages.
- Over half of agencies also discussed changes in expertise related to data collection or management. Some conducted assessments of needs for the whole community or for specific populations in their communities, some built out data dashboards, and some adopted new technology to assist them with data management. Several mentioned that FPHS funds allowed them to complete more robust Community Health Assessments, or that due to lack of funding in the past, they had not been able to regularly conduct CHAs; FPHS allowed them to do so. They worked with new technologies to make data more available to the community.
- One Tribe mentioned a huge benefit was the ability to purchase air quality monitors to understand the air quality in their specific buildings, including in children's classrooms. Without the FPHS funding, they would not have been able to make those purchases or perform air quality assessments. Since they are looking at other funding sources to support climate change action, this gave them important data from which to start.

Sovereignty and Self-Determination

- Overall, there was consensus that the funding mechanism of FPHS provided the needed flexibility for Tribes to exercise true sovereignty and self-determination in developing and implementing their public health projects.
- One Tribe remarked FPHS gave them a lot of latitude to determine and implement what works well for their specific community. This is important because each Tribe has their own unique cultural traditions, values, and priorities that shape how they view and practice public health. In addition, they felt that the requirement of a Tribal resolution showing Tribal council's support of the FPHS plan also reinforced the exercise of Tribal sovereignty.
- Another Tribe shared they felt the flexibility of FPHS allowed them to perform a "self-examination" in which they were able to assess their internal strengths and identify any areas of improvement. The structure of FPHS funding has allowed Tribes to work across all areas related to health, rather than being restricted to one department, for example.

Capacity Building and Expertise

- As investments have been made in FPHS, there has been an increase in capacity across the governmental public health system. Some investment has now been made in all the FPHS programs and capabilities resulting in incremental availability increases as shown.
- FPHS funding has provided the flexibility for agencies to innovate and be nimble in order to provide the types of services most needed in their communities as well as be adaptable to new and emerging threats.
- The state Public Health Lab has continued to support Tribes and local health jurisdictions in identifying highly pathogenic diseases, including recently with highly pathogenic influenza. This is particularly helpful in supporting timely responses to meet community needs.

- The impact of the COVID-19 pandemic on the ability for public health agencies to engage in foundational work greatly reduced the ability for agency staff to work on anything else as they faced the pandemic response for nearly three years. It is a testament to the dedication of public health staff and the importance of foundational funding that any progress was made in increasing the availability of FPHS across the system during one of the biggest public health emergencies that has faced the governmental public health system.
- Agencies reported many changes in capacity, expertise, and structure of how FPHS funds were delivered in their jurisdictions over the past fiscal year, as well as changes for how FPHS funds were available to the community. The most frequently mentioned change was in staffing – almost all agencies reported making changes related to staffing, including hiring/recruitment activities, expanding staff capacity, training staff, and working on staff retention. New staff were hired across a range of programs and brought new expertise to organizations to help fill gaps and expand programing. Hiring new staff, along with solidifying organizational processes and dedicating time and funds to train staff, increased capacity for over half of agencies.
- Aggregate Findings Table 1 shows the scoring chart for the level of implementation for each foundational program and capability across all Tribes/UIHPs. It was adapted from the Public Health Accreditation Board’s assessment of public health systems tool. As described in the Methods section previously, participants were asked to score their capacity and expertise in each area according to a 5-point scale. Average scores were calculated by average capacity and expertise scores across all functions that were included in each area. They are presented for the baseline (done in 2020) and pre-post assessment groups (conducted this year) and aggregate average scores (average between baseline and pre-post scores) across each group. This allows for comparison within the sample as well as insight into the overall state of FPHS.

Table 1: Level of Implementation Scoring Chart

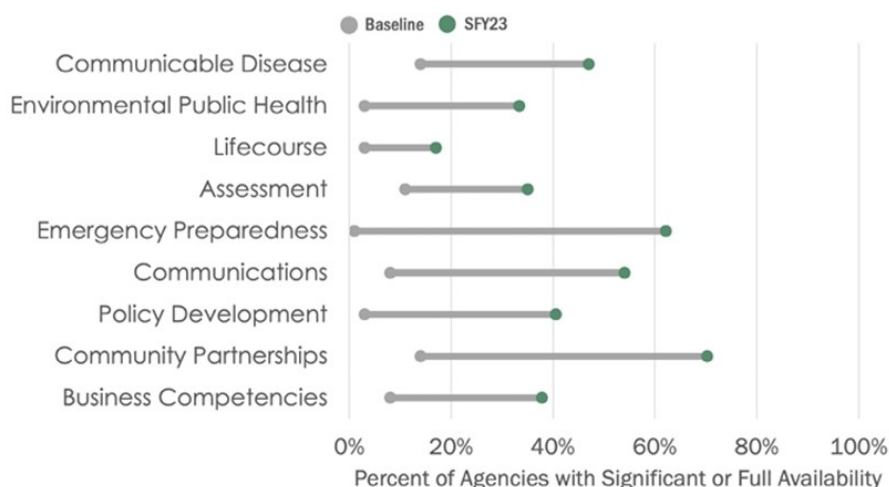
Not implemented	Limited	Partial	Significant	Fully Implemented
-----------------	---------	---------	-------------	-------------------

Table 2: Level of Implementation for TFPHS

	Aggregate	Pre-post	Baseline
Assessment and Epidemiology	3.2	3.4	3.0
Emergency Preparedness and Response	2.9	3.1	2.8
Policy and Planning	3.5	3.6	3.3
Communications	3.5	3.9	3.2
Community Partnership Development	3.5	3.5	3.6
Leadership Competencies	3.8	3.9	3.7
Communicable Disease Control	4.0	4.3	3.7
Prevention and Health Promotion	3.9	3.9	3.9
Environmental Public Health	3.2	3.3	3.1
Clinical Preventive Services	3.6	3.9	3.4
Maternal and Child Health	3.5	3.6	3.3

As of SFY23, investments have been made in all FPHS program and capability areas, although at 50% of the total funding need identified in 2018. Figure 1 displays the change in the percent of agencies with significant and full availability of FPHS from baseline to SFY23 at the Foundational Program and Capability level. There has been progress made in all areas, with more progress made the longer an area has been invested in.

Figure 1: FPHS availability at area/capability level, baseline to SFY23



Alternatives:

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.

The FPHS Steering Committee could reallocate funds within the existing FPHS budget, but this would reinforce the instability and unpredictability of public health infrastructure by signaling that program investments can change at any time – the very counter objective to FPHS. Existing FPHS funding has been allocated to specific program areas and services, many of which have never been consistently available to communities. Reallocating funds would result in these programs and services being defunded, eliminating any momentum prior years' FPHS investments have achieved. An example of this is the funding to support Community Health Assessments (CHA) that all LHJs receive. In FY23, approximately five LHJs were able to publish their first CHA to help engage with their communities and inform the direction of future public health programming in their counties. Furthermore, preliminary results from the 2024 WSALPHO Workforce Survey indicate that FPHS funds have enabled LHJs to add over 350 staff positions to support public health programming and services since 2022. Reallocation of funds would result in layoffs at each part of the governmental public health system and would likely result in agencies relying on term-limited, outside contractors supporting programming in areas where they might not live or work. Reallocation would also not address the root problem of insufficient funding to the governmental public health system and would only move inequities between sectors and/or programs/services available to the residents of WA. It also would likely cause schisms within the system that has worked hard to maintain trust and collaboration as core enterprise values.

With no additional FPHS funding, there is a risk of reduced service levels as the costs of providing services continue to increase and demand for services increases. Without additional funding, the FPHS system will be limited in their ability to respond to new demands for public health services and will be limited in its ability to address funding equity.

Additional funding is needed to ensure the state doesn't lose ground on the gains made with current investments, to ensure the economic health of the state is maintained (as demonstrated by COVID-19) and ensure there is not a preventable increase in healthcare system delivery costs.

Scaling Options:

After reviewing different options for scaling, a decrease in this funding request will diminish the governmental public health system's ability to stabilize existing FPHS investments, harm efforts to build funding equity for Tribes, and degrade public health's ability to respond to new and emerging public health threats.

Assumptions and Calculations

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

The current FY2023-25 FPHS budget is \$324,230,000. This request of \$45,000,000 will increase the budget to \$369,230,000 (\$184,615,000/FY) for 2025-27 biennium and ongoing.

- \$24,154,500 (\$12M/FY) for Tribal governments at 10% of PFHS budget (expansion and maintain)
- \$14,266,120 (\$7.1/FY) to maintain existing efforts across the entire system (maintain)
- \$6,579,500 (\$3.3M/FY) for expanding FPHS efforts and services (expansion)

Detailed Assumptions and Calculations:

Contracts: \$22,500,000 per fiscal year ongoing

The Department of Health will pass on these funds mostly via contracts for amounts allocated by the FPHS Steering Committee across the system. Some of these costs may not go out as contracts for amounts allocated to DOH and State Board of Health but those amounts will not be known until the concurrence budget from the FPHS Steering Committee allocates such funds to those sectors.

\$324,230,000 Current FPHS Budget

\$14,266,120 estimate indicated by the sectors needed to maintain existing efforts (shown in blue in the table below)

\$24,154,500 for 10% for Tribes (shown in green in the table below)

\$6,579,380 is the balance of \$45M the FPHS Steering Committee approved to request funding for and to be used for expansion. (Shown in orange in the table below)

SECTOR	BASE \$	DP REQUEST	NEW BUDGET	PERCENT
DOH	\$83,412,000	\$3,670,128	\$87,082,128	23.58%
LHJ	\$222,688,000	\$9,798,272	\$232,486,272	62.97%
Tribes	\$11,600,000	\$25,323,000*	\$36,923,000	10.00%
SBOH	\$2,370,000	\$104,280	\$2,474,280	0.72%
Tribal Orgs	\$1,860,000	\$81,840	\$1,941,840	0.53%
WSALPHO	\$2,300,000		\$2,401,200	0.65%
New investments to be allocated**	\$0	\$5,921,280	To be allocated out	13.16%
TOTAL	\$324,230,000	\$45,000,000	\$369,230,000	100%

*The \$25,323,000 reflects the 10% of existing and new FPHS funds to Tribes and the maintenance funds for Tribes.

** This is for non-tribal allocation by the FPHS Steering Committee for expansion efforts. The committee uses a concurrence budget approach to determine how to best allocate funds.

Workforce Assumptions:

Workforce Assumptions are determined by the Steering Committee allocations to the various sectors.

Historical Funding:

See “Historical Funding” tab in “Assumptions and Calculations Workbook” and DecisionPackage_25-27 Addendum

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** - 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** - 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** - 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** - 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 the COVID-19 pandemic, 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** - 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:

Agencies receiving FPHS funding are required to submit annual reports describing how they invested the dollars they received, their level of capacity and expertise for delivery of FPHS, and their level of current sharing in the delivery of services and interest in sharing in the delivery of services in the future. Currently, two FPHS reports are conducted separately for Tribes and non-Tribal system partners.

Guiding questions

There are essential questions guiding the FPHS SFY23 annual report analysis (Tribal FPHS report used questions 1-4, system-wide FPHS report used questions 5-6):

1. What evidence is there that a project has started and is sustained?
2. How do Tribal governments and the Urban Indian Health Programs (UIHPs) define, prioritize, implement, and measure the outcomes of their project plan?
3. In what ways is the project enhancing public health capacity and expertise for Tribes and UIHPs?
4. What are the lessons learned and challenges faced in doing this work?
5. How available are FPHS across the governmental public health system?
6. How has the availability of FPHS across the governmental public health system changed as the state has invested in FPHS? (comparing SFY23 over time)

In the baseline assessment and each annual report, agencies are asked to self-assess their capacity and expertise for Foundational Programs and Capabilities. Tribes, LHJs, SBOH, and DOH rate their capacity and expertise for seven foundational program areas and eight foundational capabilities. Capacity and expertise scores are combined to create an estimate of the availability of FPHS in each jurisdiction. Availability is then categorized and color coded.

Qualitative and Quantitative Measures

In addition to availability of services (expertise and capacity), the reports also measure qualitative and quantitative measures such as (note: there are slight differences between the Tribal FPHS report and non-Tribal FPHS report, so some guiding measures may be included or not included for each report):

- How the system spent FPHS funds by FPHS area and by agency type
- The level of current sharing (defined as receiving services from another agency) in the delivery of FPH services
- The level of interest to provide FPH services to or receive FPH services from other agencies in the future
- Themes and important narratives related to changes in the delivery of and access to FPH services during SFY23
- Themes and important narratives related to the response to COVID-19
- Themes and important narratives related to innovative practices during SFY23
- Themes and important narratives related to addressing equity during SFY23
- Changes over time in indicators for CD disease case investigation and immunization rates
- Two focus groups along with qualitative questions for the Tribal FPHS Report were assembled to understand Tribes' and UIHPs' progress toward implementing their TFPHS project, identify key elements of their work, and identify remaining support needs.

- Are these evaluations telling the full story of FPHS investments?

Additional outcomes expected through evaluation of qualitative questions:

- 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
- Partnerships formed and supported using FPHS funding

Process measures:

Plans developed, Tribal public health codes developed, community health assessments, public health accreditation, governance structures developed, communication products created in a 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.

Equity Impacts

Community Outreach and Engagement:

This funding request was co-created by the State Board of Health, Local Health Jurisdictions, Tribes and the State Department of Health. Each governmental public health system partner worked collaboratively to identify funding needs and gaps while considering the resources required for the system to effectively serve their respective communities.

As outlined in RCW 43.70.515, decisions regarding FPHS investments are made through a transparent concurrence model. This process ensures that all four sectors of the governmental public health system are consulted and in agreement on the distribution and use of FPHS funding. The FPHS Steering Committee, composed of representatives from across the system, serves as the decision-making body for the FPHS enterprise and was actively engaged in developing and revising this proposal. Input from the diverse perspectives of the Steering Committee largely influenced the overall direction and structure of the proposal. For instance, all FPHS allocations need to be operational to be effective; feedback from smaller local health jurisdictions and Tribes informed the Steering Committee's decision to ensure that FPHS funds provide at least one full-time staff for each agency or Tribe.

Finally, in accordance with RWC 43.70.512, FPHS funds must address health equity. To support this, a Technical Workgroup focused on integrating equity practices into FPHS operations and investments has been established.

Disproportional Impact Considerations:

This funding request by the State Board of Health, Local Health Jurisdictions, Tribes and the State Department of Health considers what is collectively needed for each system sector and agency to deliver FPHS effectively and efficiently in the community they serve. According to the RWC 43.70.512, FPHS delivery must address health equity, and each individual agency that receives FPHS funds is responsible for ensuring this. Equipped with data from the enterprise's annual evaluation, the FPHS system continually strives to identify and address gaps in services and outcomes to better serve marginalized populations.

Target Communities and Populations:

First, providing additional resources to Tribes will aid them in beginning to address equitable health outcomes for American Indians and Alaska Natives. It is important for the State of Washington to proactively allocate resources to Tribes to address the increasing health inequities and declining life expectancy of American Indians and Alaska Natives. American Indian/Alaska Native life expectancy is currently 8.26 years lower than that of the White population in Washington. Some of the leading diseases and causes of death among AI/AN are heart disease, cancer, unintentional injuries (accidents), diabetes, and stroke. American Indians/Alaska Natives also have a high prevalence and risk factors for mental health and suicide, unintentional injuries, obesity, substance use, sudden infant death syndrome (SIDS), teenage pregnancy, diabetes, liver disease, and hepatitis (Office of Minority Health, 2022).

Second, examples of how these investments allow under-resourced agencies and program areas to invest in capacity and expertise, "rise up" in their implementation, and deliver performance levels benefiting residents, visitors, and the entire public health system in Washington State

include:

- Policy Development – New FPHS policy investments have increased public health’s ability to center equity in policy planning, review existing policies and assess their impact on public health and inform policy development. For example, recent legislation around STI prevention and prevention tools like child fatality review teams have been grassroots efforts from FPHS investments to grow policy and program staff.
- Assessment – Support the development of jurisdiction-wide assessments and health improvement plans via increased engagement with priority populations.
- Elevated childhood blood lead levels within priority populations – improved outreach and investigations in culturally appropriate ways for priority populations most at risk for childhood lead exposure.
- Communications – Improved language access services and document translation, including ASL and Spanish language interpretation during public meetings at the State Board of Health, and assisting new businesses and homeowners with navigating permitting processes at local health jurisdictions (for example: onsite sewage, drinking water, septic repairs, food service, etc.)
- Increased focus on health equity in public health investments, including: Ensuring that rule development is reflective of the needs of community members; Developing Tribal engagement plans centering Tribal sovereignty; and Increasing community engagement

Developing a health equity Technical Workgroup focused on integrating equity practices into FPHS operations and investments.

Community Inputs and Incorporation:

FPHS investments have increased capacity in community-facing program areas. Governmental public health has a responsibility to maintain community relationships and build back public trust that was fractured during the pandemic. This is particularly critical for communities of color, communities with higher health disparities, and other vulnerable communities more impacted from the economic, health, and social effects of the pandemic. Current work centered in health equity is critical to maintaining relationships, and addressing health disparities and systemic racism in both access and outcomes that continue to be perpetuated across the state.

New investments that would be supported by additional FPHS funding go through a collaborative and rigorous development process. This spirit of co-creation and collaboration has ensured that new ideas – from any part of the governmental public health system – have the ability to be considered for funding. Additionally, the FPHS enterprise has supported the re-centering of health equity as a core value and framework for FPHS investments through a Technical Workgroup comprised of system partners. This recentering ensures that equity and the impact on addressing health disparities remain core focus areas for new proposals.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not Applicable

Puget Sound Recovery:

Not Applicable

State Workforce Impacts:

Not Applicable

Intergovernmental:

This decision package would increase tribal budget allocation of FPHS to 10%.

Depending on funding levels and FPHS Steering Committee allocations out, it will also impact Local Health Jurisdictions, State Board of Health, and the Department.

Stakeholder Impacts:

Not Applicable

State Facilities Impacts:

Not Applicable

Changes from Current Law:

Not Applicable

Legal or Administrative Mandates:

Not Applicable

Governor's Salmon Strategy:

Not Applicable

Reference Documents

[Assumptions and Calculations_Foundational Public Health.xlsx](#)

[DecisionPackage_25-27 Addendum.docx](#)

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
	2026	2027	2025-27	2028	2029	2027-29
Obj. C	\$22,500	\$22,500	\$45,000	\$22,500	\$22,500	\$45,000

Agency Contact Information

Kristin Bettridge
(360) 236-4126
kristin.bettridge@doh.wa.gov