



WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING AS THE HEALTH BOARD

10:30 a.m. Tuesday, February 5, 2019
Council Chambers, 311 Grand Avenue

A G E N D A

<u>Meeting Topics</u>	<u>Pages</u>	<u>Time</u>
1. Public Session	no ppr	10:30 -10:40
2. Director/Health Officer Report	no ppr	10:40 -10:55
3. Public Health Advisory Board (PHAB) Update	no ppr	10:55 -11:05
4. 2019 Health Board Policy Agenda	1 - 7	11:05 - 11:40
5. Foundational Public Health Services Funding	8 - 13	11:40 - noon



HEALTH BOARD Discussion Form

February 5, 2019

AGENDA ITEM #4: **2019 Health Board Policy Agenda**

PRESENTER: *Rachel, Astrid*

BOARD ACTION: ☒ Action Item Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

On January 9, 2019, the Public Health Advisory Board met to discuss policy priorities for 2019. After discussion, the group proposed the following three issues and approaches for Health Board consideration and adoption:

1. Early Child Development:

- a. Develop a resolution which formalizes the County's commitment to young children and families in Whatcom County. The resolution would:
 - i. *Incorporate priorities established by the multi-sector Generations Forward Children's Collaborative, including development of sustainable financing mechanisms for child and family services and supports*
 - ii. *Encourage development of ongoing public-private partnerships*
 - iii. *Prioritize actions and investments that help close early childhood opportunity gaps associated with race, ethnicity, income, and family adversity*
 - iv. *Include accountability processes and measurements to track progress*

2. Housing/Homelessness

- a. Request that the Whatcom County Housing Advisory Committee bring forward policy recommendations for Health Board consideration
 - i. *Ensure focus on increasing housing stability for families with young children, and expanding the overall availability of quality affordable housing options throughout the county*

3. Foundational Public Health Services

- a. *Develop a resolution supporting legislative action to increase state funding for Foundational Public Health Services during the 2019 Legislative session*
- b. *Contact state legislators to advocate for FPHS policy and funding bills*

BOARD ROLE / ACTION REQUESTED

- Review and discuss PHAB recommendations
- Adopt policy priorities

- Task PHAB and Health Department staff with further development of policy agenda specifics.

ATTACHMENT(S)

- Video Link to Think Babies™ Campaign
(https://www.youtube.com/watch?v=RBcltw_DFKs&feature=youtu.be)
- Brain Matters Brief for Policymakers
- Generations Forward Report

Brain Matters

Research into how the brain develops is shaping early childhood policies and programs.

BY ROBYN LIPKOWITZ AND
JULIE POPPE

A simple marshmallow test can tell us a lot about brain development. The test goes like this: An adult seats a young child at a table with one marshmallow on a plate and says, “Sit here with the marshmallow for a few minutes, and when I return I will bring another marshmallow and you can have both to eat.”

Each child is observed using a variety of cute and inventive strategies to cope with the command. Some children smell the marshmallow, many hold it, a few dance in their chairs and some just eat it. The older the child, the greater variety of strategies he or she demonstrates to resist the temptation.

What does this test tell us? According to neuroscientists, the marshmallow test illustrates how well-developed a child’s self-control is—one of a set of “executive function” skills that include the ability to focus, filter distractions, remember and use information, plan ahead, adjust, resist temptation, delay gratification and persevere for long-term goals.

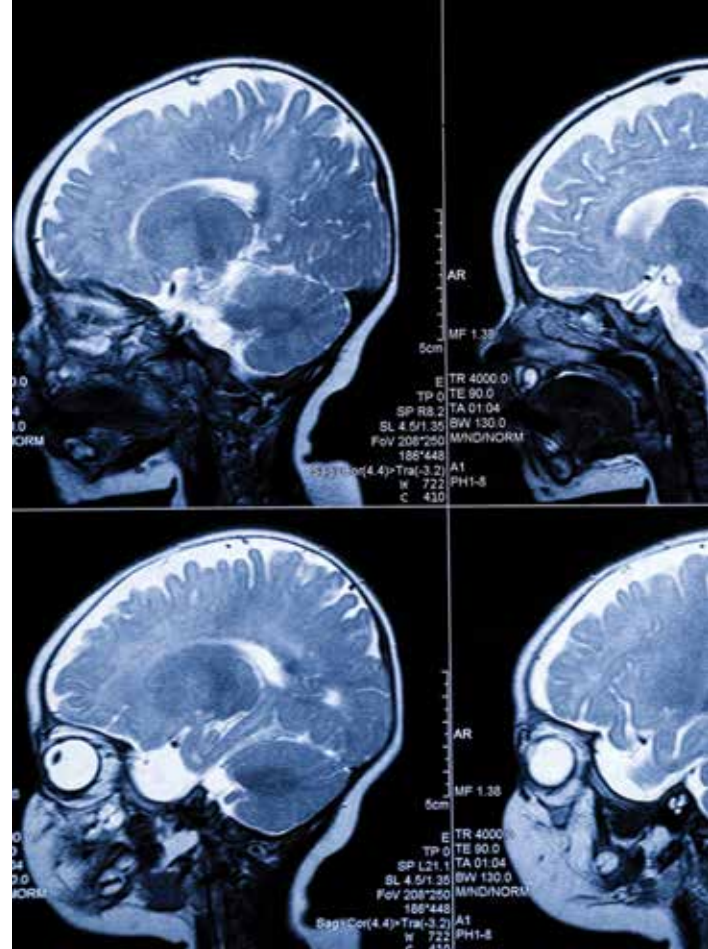
“Having executive function in the brain is like having an air traffic control system at a busy airport to manage the arrivals and departures of dozens of planes on multiple runways,” is how the Center on the Developing Child at Harvard University describes it.

Research into how the brain develops has produced new evidence that these skills are “essential for school achievement, for preparation and adaptability of our future workforce, and for avoiding a wide range of population health problems,” according to a 2012 report by the Harvard center. A growing body of research indicates that the more developed these skills are, the more likely the child is able to process what he or she reads, writes or computes, and thus succeed at school.

In fact, these skills are a greater predictor for school achievement than “a child’s IQ score or social class,” says Deb Leong, a child researcher and retired professor of psychology at Metropolitan State University of Denver.

Increasing evidence of what works and how much money can be saved in the long term, coupled with this recent neuroscience research on how the brain develops, have combined to capture the attention of policymakers around the country.

State lawmakers are beginning to ask how this new knowledge can (or even if it should) influence policy decisions in early childhood development, spurring a growing interest in programs



such as high-quality child care, pre-kindergarten and home visiting.

The Developing Brain

Scientists have discovered that the most rapid period of brain development occurs in the first few years of life. During this time the basic architecture of our brain is being constructed through an ongoing process that begins at birth and continues into adulthood.

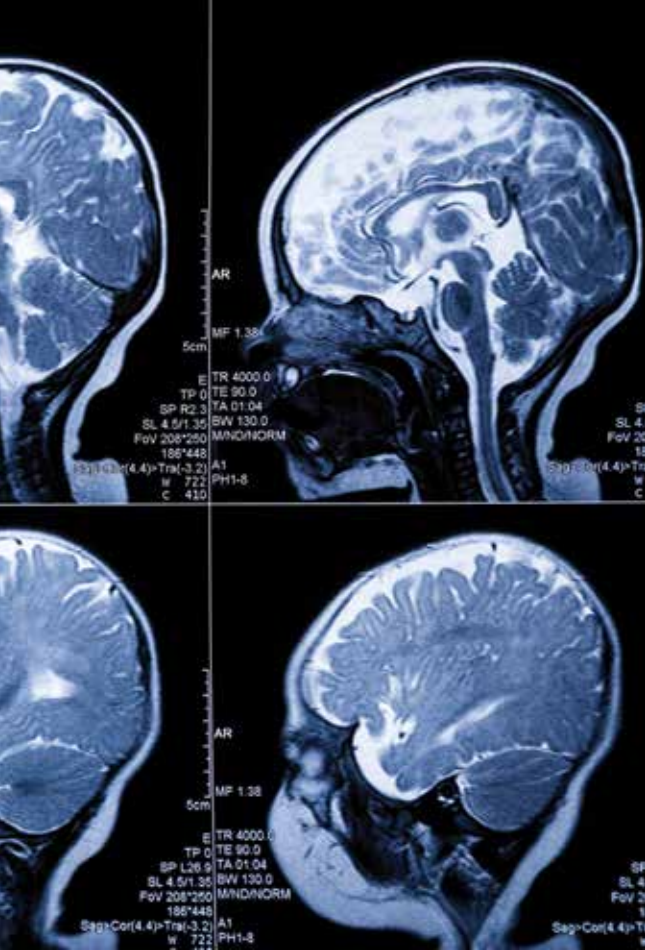
To illustrate what is meant by brain architecture, think in terms of building a house. First the foundation is laid, then the basic frame goes up, followed by more complicated electrical wiring and plumbing. The construction goes from the basic to the complex. But it begins with the foundation; if it is unsteady, the entire structure is weak. The same goes for the brain.

According to Jack P. Shonkoff, director of Harvard’s Center on the Developing Child, the quality of the foundation built in early childhood, whether it is strong or fragile, affects future development, health, learning and economic success. With a strong foundation, babies move easily through more and more complex learning stages. And “although it’s never too late to learn new skills since the brain never stops developing, it’s just harder and less effective to build on a weak foundation than it is to get development right the first time,” says Shonkoff.

From birth, babies’ brains require responsive and caring relationships with adults in nurturing, stimulating environments. The type and quality of interactions a child has—from the earliest years of life—with his or her parents and other caregivers is one of the most important factors in building the brain’s foundation.

Scientists call these “serve and return” interactions. Like a game of tennis, babies “serve” opportunities to interact through

Robyn Lipkowitz directs NCSL’s Early Care and Education project. Julie Poppe tracks early childhood issues for NCSL.



facial expressions and eye contact, coos and babbling. For healthy development, parents and caregivers “return” the serve with words, songs, facial expressions, any number of things. For many, these back-and-forth exchanges come naturally. But what science has confirmed is that they are not only natural, but critical to forming the connections between brain cells and across areas of the brain needed for building sturdy brain architecture.

These nurturing relationships buffer children from the affects of stress. Without these interactions, children’s brains are at risk of developing without a strong foundation. Normal stress is an inextricable part of life, even for young children, and learning how to cope with minor adversity is important for healthy development. But if the stress results from serious adversity such as abuse, neglect, parental mental illness or chronic poverty and continues for long periods of time, without supportive adult relationships, it can be toxic to young children’s developing brains.

This kind of extreme stress can disrupt the development of brain circuits that control emotions and executive functions and increase the risk for learning difficulties, behavior problems and stress-related diseases that can last into adulthood. On the other hand, when adults have strong executive function skills, they are better able to avoid family chaos, cope with adversity, and make needed adjustments.

But just as children are not born knowing how to read and write, neither are they born with fully developed executive function skills. These skills are built over time through modeling and practice, starting in infancy and building throughout childhood and well into adulthood.

How Does Executive Function Affect Behavior?

If nurtured, the brain develops all-important “executive function skills,” which include the ability to focus, filter distractions, self-regulate, plan ahead, adjust to changes, control impulsivity, resist temptation, delay gratification, and remember, organize and use information. These skills are essential in several areas of life by helping children and adults to:

School—remember and follow complicated instructions, avoid distractions and control rash responses.

Behavior—develop teamwork, leadership, decision-making and critical thinking skills.

Health—make good choices about nutrition and exercise, resist the pressure to engage in risky behavior and be conscious of others, including their children’s safety.

Employment—acquire good organizational and problem-solving skills and adjust to changes in circumstances.

Source: *The Center on the Developing Child at Harvard University. “In Brief: Executive Function Skills for Life and Learning,” Feb. 2011*

Practical Application

Washington has taken the lead in incorporating brain science and the importance of executive function into its policies. The Washington Legislature, the governor and state agency department heads are now using a “science-based” perspective and approach when legislating or adopting early learning policies and laws. Guidelines were changed to incorporate the importance of promoting the development of executive function and self-regulatory skills in very young learners.

For example, some of the guidelines look specifically at how turn-taking games and certain kinds of directions given from early childhood teachers can encourage children to develop self-control mechanisms.

Washington also developed an online training program as part of its professional development requirements for early childhood teachers that includes an explanation of the brain’s executive function and describes the effects of trauma on child development. The online videos show preschool teachers in classrooms demonstrating the kinds of lessons that help develop self-regulation skills.

In addition, the Washington Health Care Authority incorporated executive function information into training materials for managed-care organizations that serve Medicaid patients. And to lessen the stress on families, the state’s Department of Social and Health Services has shifted to a greater focus on helping welfare families find a viable way out of poverty.

“We needed to recognize the damage toxic stress can have on children,” says Washington Representative Ruth Kagi (D), chair of the Early Learning and Human Services Committee. “We pay dearly when children are not ready to learn.”

Washington is also one of 17 states with a federal waiver to test innovative child welfare programs. Washington’s waiver allows the use of an alternative response to families

Levels of Stress

Toxic

Prolonged activation of stress response systems in the absence of protective relationships

Tolerable

Serious, temporary stress responses, buffered by supportive relationships

Positive

Brief increases in heart rate, mild elevations in stress hormone levels

Source: *The Center on the Developing Child at Harvard University*



Representative
Ruth Kagi (D)
Washington

at-risk of entering the child welfare system. Instead of having to follow a strict protocol when responding to reports of child abuse or neglect, the new procedures allow child protective services to respond more appropriately depending on the specific circumstances of each family.

Families determined to be at a low risk for child abuse or neglect, for example, are allowed to keep their children with them at home, but are offered alternatives to a traditional child welfare investigation such as treatment for drug or alcohol abuse.

“As our state legislature focuses on school readiness and achievement, plus workforce development, it is important that we consider what science tells us about how children’s brains develop,” says Kagi. She sponsored legislation in 2011 that put together a planning group that included the governor, state legislative leaders and agency directors to focus on policies and investments that would lessen the effects of harmful childhood experiences.

Legislative Interest Grows

Other states are beginning to follow Washington’s lead, acknowledging the sensitivity of early brain development and the harm that toxic stress can have on children’s development.

In 2010, Vermont lawmakers established the Building Bright Futures Council to act as an early childhood advisory body and promote policies based on research from the Center on the Developing Child.

Hawaii passed legislation that cites scientific research to support intensive home visiting services for at-risk families and hospital-based screening and assessments. And last year, Texas lawmakers as well created a home visiting program to help children at risk for abuse and neglect and other family difficulties. The program sends trained workers regularly to homes to provide support, guidance and training in good parenting skills, among other things.

Minnesota lawmakers considered reforms last year to the state’s Family Investment Program and the child care assistance program. The proposed changes were based on research that brain development during the first five years of life is critically important and that traumatic experiences can harm the way a child’s brain develops.

And most recently, Wisconsin lawmakers passed a joint resolution to

“We know that children do not begin learning when they enter kindergarten—it really starts at birth.”

—WASHINGTON SENATOR STEVE LITZOW (R)

Early Childhood Brain Development

By the Numbers

700

The number of new neural connections made every second during the first few years of life

18 months

Age when disparities in vocabulary first appear in children; differences correlate with parents’ educational level and income.

90% – 100%

Chance of developmental delays in children with at least six toxic stresses, such as poverty, maltreatment, single parent, mental illness of caregiver, etc.

\$4 – \$9

The range of savings for every dollar invested in early childhood programs for low-income families

Source: *The Center on the Developing Child at Harvard University*

“This scientific evidence has transformed both the conversation and the players around early learning.”

—WASHINGTON REPRESENTATIVE RUTH KAGI (D)

base future policy decisions on the research findings of early childhood brain development and the effect of toxic stress on child development.

Investing in What Works

Improving the lives of children can also save states money down the road. Several rigorous studies have found that high quality early childhood programs for low-income families have the potential to produce long-term savings by reducing the demands for special education services and welfare benefits, preventing future criminal behavior and increasing future incomes. All this can amount to savings ranging from as low as \$4 to a high of \$9 for every \$1 invested.

Nobel Laureate James Heckman, professor of economics at the University of Chicago, stresses that nurturing, positive early development is as important to children’s futures as is a good education. He claims that investing early in children’s lives increases productivity and personal incomes, improves health, supports greater upward mobility and reduces social costs.

All this brain development “science provides hard data to help shape the decisions we make in Olympia,” says Washington Senator Steve Litzow (R), chairman of the Early Learning & K-12 Education Committee.

“We know that children do not begin learning when they enter kindergarten—it really starts at birth. If we want students to be successful in school, they need to be engaged and actively learning at an early age,” he says.

The ability to develop executive function skills is dependent on healthy brain development and the presence of caring responsive adults. How well children learn depends on their ability to pay attention, follow directions and manage their impulses.

“The longer a child can resist the marshmallow, the greater chance he or she has at succeeding in school, and leading a healthy, happy, successful life,” says Representative Kagi.

“And that is good for us all.”



Senator Steve
Litzow (R)
Washington

SL ONLINE

For more information on how brain research is driving early childhood policies, go to www.ncsl.org/magazine.

Generations Forward:

Envisioning a Future Where All Whatcom County Children Thrive

Future Search Conference

October 10-12, 2017

Sponsored by the Opportunity Council and Whatcom County Health Department with funding support from Whatcom Community Foundation and Chuckanut Health Foundation

Purpose and Scope

The purpose of the conference was to envision the best possible future to support the optimal health and well-being of young children and their families in Whatcom County. The conference brought together a diverse group of individuals committed to young children and their families for 3 days to discover the values, purposes, and projects they hold in common.

Conference participants included 74 community stakeholders (20+ parents), 2 facilitators and 2 support staff. The meeting was held at the Bellingham Cruise Terminal.

How it Came to Be

The Opportunity Council and Whatcom County Health Department convened a conference planning committee formed with stakeholders representing parents, educators, social services, the medical community, and community-based organizations. The committee met over a six month period to plan the conference and ensure a diverse group of participants from nine sectors including: Parents and Caregivers, Early Learning, K-12 Schools, Behavioral Health and Safety Supports, Health Care, Private Sector and Funders, Policy and Government, Family Support and Basic Needs. Community funders and sponsors provided resources to support conference facilitation, food, facility, parent stipends and child care vouchers.

The Future Search Process

A Future Search Conference is a task-focused planning effort. The process relies on the knowledge and experience of the individuals who have daily involvement in, can influence, or are affected by the conference topic, rather than "outside experts". The process focuses participants on identifying future aspirations and determining what they are ready and willing to do individually and collectively. By the end of the event, participants develop a set of strategic goals and actions they can begin to implement to work toward their shared vision.

"The well-being of our children is a barometer for the future. In one short generation, they will be the parents, workers, volunteers, leaders, and change-makers determining the social and economic vitality of Washington State. If we want a better future for all of us, we need better results for kids now."

State of Washington's Kids 2016

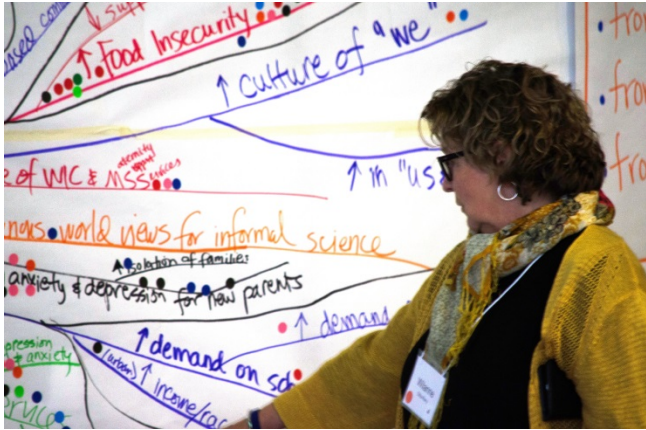
Over the last decade, there has been a growing awareness of the importance of early childhood. In Whatcom County, community leaders have prioritized a focus on young children and families as part of the Whatcom County Community Health Improvement process, recognizing that investing in our youngest children from the start is the most effective approach to improve health, reduce disparities, and advance health equity. Organizations, community leaders and individuals in Whatcom County have heard the call to action to invest in young children and have responded.

In October 2017, the Whatcom County Health Department released a data report of key child, family, and community indicators to provide a backdrop to the Generations Forward conference. The full report can be found on the [Whatcom County Health Department website](#). Here is a sample of the indicators found in the report:

- **Life expectancy at birth** varies considerably by local census track.
- Nearly 44% of Whatcom County families with children under 5 lived **below 200% of the federal poverty level** in 2014.
- 30% of the 2015 births in Whatcom County were to **single mothers**. Differences between dual-income and single-income families contribute significantly to the growth in income inequality.
- Young children under age 5 are more **racially and ethnically diverse** than the population of Whatcom County as a whole.
- Whatcom County lower-income kindergartners are less likely to demonstrate **social-emotional readiness** than their peers.
- The rate of **child abuse and neglect** has been consistently higher in Whatcom County than in Washington State for at least 10 years.
- Whatcom County is considered a **child care desert**, with child care slots available for only 4 out of 10 children.
- More than 56.6% of renters in Whatcom County spend more than 30% of their **income on housing** vs. 28.8% of owner-occupied households.

Major Trends Affecting Families and Children in Whatcom County

As part of the Future Search process, participants developed a mind map, illustrating the internal and external trends shaping the future of families with young children in Whatcom County. After mapping the trends, participants used a dot ranking method to identify major trends affecting Whatcom County families. The trends below are listed in order of interest to the participants:



- Decrease in **child care** availability
- Growing **mental health needs**/ inadequate mental health services
- Increased **demand on school districts**, including demand for social and emotional supports
- Increase in **housing need**/decrease in affordable housing
- Increase in **cultural diversity**
- Increase in **opioid abuse**, disrupting families
- Increase in number of **children with special health care needs**
- Increase in **food insecurity**
- Increased focus on building family **resilience**

Commitments to Action Based on Common Ground

Following group presentations which dramatized an ideal future for Whatcom County families and children, participants discussed themes common to all the presentations. They then formed action groups around the themes that were of greatest interest to them and that they could collectively agree to support. The action teams created the following statements of commitment to action:

We commit to:

- **honoring** and **supporting** all families in Whatcom County with equal opportunity through building on cultural strengths, celebrating diversity, and working across generations
- **intentionally building** neighborhood/community capacity and resilience through place-based gathering to celebrate, heal, and grow thriving individuals, families, neighborhoods, and communities
- **developing** coordinated support, mentoring, and education for parents, families, and guardians in order to strengthen and foster safer, more stable and more nurturing relationships with growing children in Whatcom County
- **improving** access and reducing barriers to family-centered services in centralized physical and virtual cooperation
- **pursuing** an integrated healthcare system, including prevention, wellness, specialty care, and behavioral healthcare, that is affordable, accessible and provides care that families need when they need it
- **responding** to the widespread need within Whatcom County for affordable, quality child care services and early learning programs
- **removing** barriers and **creating** opportunities for families to achieve upward economic mobility and stability with support through a gradual transition out of services and benefits
- **advocating** for initiatives that increase safe, affordable, low-barrier, non-segregated family housing opportunities that are integrated into all neighborhoods and communities throughout Whatcom County
- **investing** in every Whatcom County child and family through reliable efficient financing that people understand

Next Steps

Conference participants will continue to convene collectively and in smaller action groups, inviting new participants to join who are interested in taking action on improving the well-being of Whatcom children and families. The next meeting is **December 6 from 1:00 to 3:30 p.m.** in Fox Hall at the Hampton Inn located at 3985 Bennett Drive, Bellingham, WA. For information contact: Allison Williams, awilliams@whatcomcounty.us, 360-778-6145



HEALTH BOARD Discussion Form

February 5, 2019

AGENDA ITEM #5: Resolution Supporting Funding for Core Public Health Services

PRESENTER: Regina Delahunt

BOARD ACTION: ☒ Action Item ☐ Discussion ☐ FYI - Only

SIGNIFICANT POINTS

Providing public health services is a shared state and local responsibility. Some public health services are so critical that they must be provided to every resident of Washington State. Other public health needs may be unique to certain regions of our state, so each community determines and implements local priorities. The foundational public health services model ensures all residents can depend on a core set of services which only governmental public health can provide.



FOUNDATIONAL PUBLIC HEALTH IN WASHINGTON STATE

Ensuring all residents can depend on a core set of services which only governmental public health can provide.



PROGRAMS

A basic set of programs that are accessible in every community across the state.



CAPABILITIES

Capabilities & infrastructure to support foundational programming.



MEETING LOCAL NEEDS

In addition to these core programs and capabilities, there are other services implemented to meet community-driven needs.

Our public health system has agreed on a set of core services that the state should financially support so that every community in Washington has equal access to public health protections. Public Health received a one-time payment of \$12 million in the 2017 biennium. Whatcom



Whatcom County
HEALTH
Department

County was able to add one Communicable Disease Public Health Nurse with the funding received. A statewide assessment completed in 2018 estimates that statewide approximately \$450 million is needed to adequately support core services. The Governor included \$22 million in his 2019 biennial budget (see attached FPHS Fact Sheet).

The Washington State Association of Local Public Health Officials (WSALPHO), the tribes and public health partners are asking the legislature to allow us to rebuild our system by providing a payment of \$100 million in the 2019 state biennium budget:

- \$20M/biennium for maintenance of 2017 biennial funding (including the \$12 million initial investment) and tribal FPHS work
- The remaining \$80M would be used as follows:
 - Communicable Disease - \$40M/biennium
 - Environmental Health - \$28M/biennium
 - Assessment - \$12M/biennium

Rebuilding and refocusing our public health services means we can better monitor and coordinate emergency response -- keeping our communities safe, reducing costs for taxpayers, and protecting our local economy. Disease epidemics and outbreaks have become more complex and are taking longer to investigate. Our state population is expected to grow by another two million residents by 2025, placing additional stress on an already over taxed public health system. These complex threats and budget cuts have made it harder for the public health system to protect and serve Washington's families and communities.

Local boards of health from around the state are being asked to pledge their support to the effort by adopting resolutions requesting the state legislature to provide this critical core funding during this legislative session.

BOARD ROLE / ACTION REQUESTED

- *Adopt Resolution*
- *Send letters along with the resolution to State legislators voicing support for additional public health funding.*

ATTACHMENT

- *Resolution: Washington State Legislature Support of Funding for Core Public Health Services*
- *FPHS Fact Sheet*

PROPOSED BY: _____

INTRODUCED: _____

RESOLUTION NO. _____

WASHINGTON STATE LEGISLATURE SUPPORT OF
FUNDING FOR CORE PUBLIC HEALTH SERVICES

WHEREAS, the public health system in Washington provides the foundation for the larger health care framework, working to prevent illness and disease while supporting the work of community partners; and

WHEREAS, tracking, responding to, and preventing costly food and water contamination and disease outbreaks is essential to protecting the public's health; and

WHEREAS, state and local public health officials, together with local leaders, have identified an agreed-upon set of core public health services that should be available for every Washingtonian; and

WHEREAS, after a century of increasing life expectancies, today these gains are threatened by new and more complex diseases, continued tobacco use and preventable chronic diseases, putting today's children at risk of becoming the first generation to have shorter life expectancies than their parents; and

WHEREAS, the public's well-being is also threatened by public health's inability to meet its basic responsibility to provide these core services due to changes in its funding structure, complex and new diseases, and growing populations; and

WHEREAS, the motor vehicle excise tax was repealed in 2000, leaving the public health system without an adequate and sustainable funding source; and

WHEREAS, Washington state's population has grown by more than one million residents since 2000, and is expected to grow by another two million residents by 2025; and

WHEREAS, Washington state spends less on public health protection (\$38.08 per person) than other states like Idaho (\$54.35 per person) and Wyoming (\$89.75 per person); and

WHEREAS, Whatcom County Health Department resources have been stretched over the last several years making it difficult to quickly respond to an ever increasing number of disease outbreaks of norovirus, influenza, E.coli, measles, mumps, whooping cough and varicella.

WHEREAS, Whatcom County's newly expanded substance abuse treatment options already exceed capacity, and the County lacks the additional resources needed to make short and long term system improvement to help stem the tide of the opiate epidemic in our community.

WHEREAS, over the last four years, state, local, and Tribal public health leaders have developed a plan to modernize the state's public health system, ensuring core services are available everywhere and designating others that can be effectively and efficiently shared between health jurisdictions; and

WHEREAS, without securing ongoing, stable, and dedicated funding for core public health services, our communities are left unprepared for emergencies like hazardous air from wildfires, and vulnerable to the spread of communicable diseases like mumps and whooping cough; and

WHEREAS, rebuilding and refocusing our public health services means we can better monitor and coordinate emergency responses – keeping our families and communities safe, reducing costs for taxpayers, and protecting our local economy.

NOW, THEREFORE, BE IT RESOLVED, the Whatcom County Board of Health calls on the Washington state legislature to recognize that public health is essential and provide the critical down-payment to support core services in all communities and allow public health to rebuild its statewide system with added efficiency.

APPROVED this ____ day of February, 2019.

ATTEST:

WHATCOM COUNTY HEALTH BOARD
WHATCOM COUNTY, WASHINGTON

Dana Brown-Davis, Clerk of the Council

Rud Browne, Health Board Chair

APPROVED AS TO FORM:

(Name), Civil Deputy Prosecutor

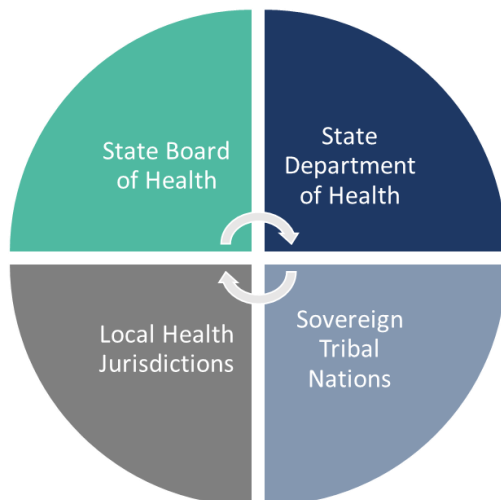
Foundational Public Health Services (FPHS)

House: Z-0126.6

Senate: Z-0281.3

Foundational Public Health Services (FPHS) are services uniquely provided by government and on which the public depends for healthy and economically vital communities. In 2018, the Department of Health, State Board of Health, local health jurisdictions, Sovereign Tribal Nations and Indian health programs completed an assessment that produced an estimate of what the state would need to provide to fully fund foundational public health services as they are delivered today. That estimate is \$450 million/biennium.

Governmental Public Health System



When looking at the gap for a subset of Foundational Public Health Services that includes critical work in communicable disease control, environmental public



Foundational Public Health Services

Healthy. Vital. Everyone. Everywhere.

health, the cross-cutting capabilities that support them, and assessment, the estimate comes to \$296 million/biennium. Examples of services potentially covered by these dollars include:

- Innovative approaches to service delivery like the Washington State Tuberculosis Collaborative Network and other models that make best use of limited public health resources and workforce.
- Keeping kids safe by working with providers to test more at-risk kids for lead exposure, and partnering with other state and local agencies to find and replace any fixtures leaching lead into school drinking water.
- Helping growing counties across the state keep up with communicable disease cases by streamlining disease investigations and improving follow-up times.

Foundational Public Health Services received an allocation of \$22 million/biennium in the Governor's budget for 2019-2021.

Kelly Cooper

Director
Policy & Legislative Relations
Washington State Department of Health
kelly.cooper@doh.wa.gov | 360-688-0857

Maria Courogen

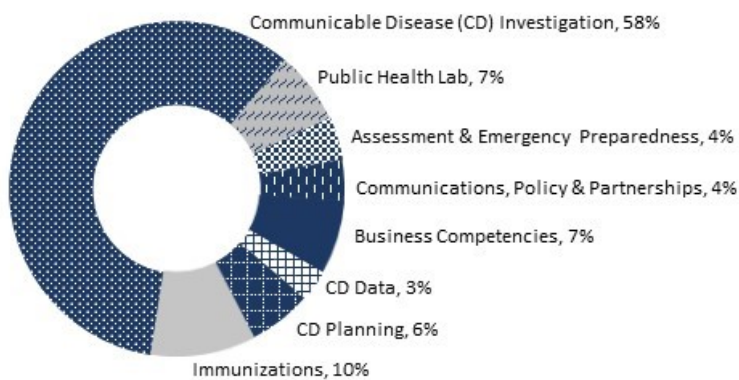
Special Assistant
Systems Transformation
Washington State Department of Health
maria.courogen@doh.wa.gov | 360-236-4017

Initial Investment

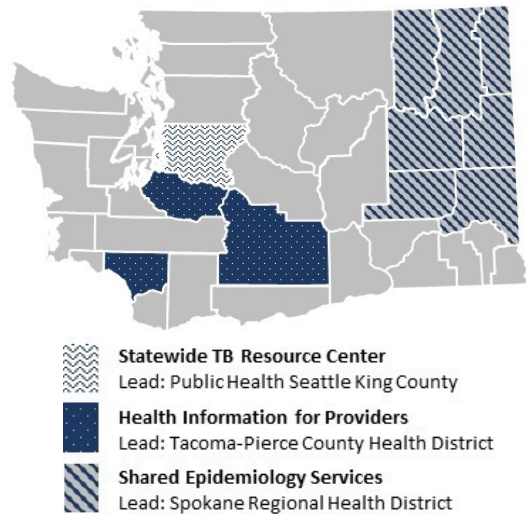
An initial one-time investment of \$12 million was awarded in the 2017 Biennium Budget and allocated to the governmental public health system. Local health jurisdictions (LHJs) are using their \$10 million allocation to fund three shared pilot service projects (\$1 million) and reinforce their local needs in communicable disease investigation, surveillance, and control (\$9 million). With the remaining \$2 million, the Department of Health funded the FPHS assessment and is supporting data systems and infrastructure at the State Public Health Lab to strengthen communicable disease control activities. Also, the State Board of Health is completing additional Health Impact Reviews. A one-time investment of \$3 million was also awarded to Public Health- Seattle and King County to do communicable disease work.

\$12 Million Initial Investment

Spending Detail Year 1 (\$6 Million)



Piloted Share Service Projects



Transforming Over Time

Transforming and adequately resourcing Washington State's governmental public health system will take continued investment over time. The 2019-2021 dollars will build on the initial one-time investment of \$15 million/biennium, and it is recommended that dollars received in 2019-2021 are included in the base budget of the Department of Health, with additional funds added in subsequent biennia to address other areas of need (maternal and child health, chronic disease and injury prevention, access to care).