



King County

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## Policy Paper: Public Health

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### IN BRIEF

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- ❖ As a health department in one of the fastest growing and most dynamic regions of the country, Public Health – Seattle & King County (Public Health) has an increasingly challenging responsibility to protect and promote residents' health. A decline in state and federal funds over the past decade has strained its capacity to deliver core services and has resulted in cuts to programs and staff.
- ❖ County leadership has prioritized stabilizing public health funding and has made progress on a multi-pronged strategy. However, without additional sustainable funding by 2019, the department will be in the difficult position of identifying millions of dollars in reductions to programs and services that are already straining to meet the demands of this complex and growing region.
- ❖ Public Health has a track record of delivering high quality services and conducting innovative work when adequately funded. In recent years, limited resources have undermined its ability to meet increasing health challenges including tracking, monitoring, responding to, and preventing illness, and these challenges are expected to intensify over the coming years.
- ❖ If funded by the Legislature, a new statewide funding system currently called "Foundational Public Health Services" will ensure that many important public health services are paid for by the State, freeing up local dollars to fund other local health priorities.

## OVERVIEW

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Public Health's vision is a King County where all children are born healthy and thrive; adults live long and healthy lives; and communities support and promote health for all. To drive toward this vision, Public Health provides an array of services to two million King County residents and individual health services to some of King County's most vulnerable people. These services are essential to the future health and prosperity of the county.

As a local health jurisdiction, Public Health is responsible for delivering core public health services that keep the county's communities safe and healthy, including tracking, monitoring, responding to, and preventing disease outbreaks and other health emergencies; assuring food is safe and water is clean through appropriate regulation and education; and preventing illness and promoting wellness through culturally competent community-based health programming. For more than a decade, these core public health functions have faced repeated cycles of budget reduction so that Public Health's work can no longer keep up with the current needs of this region even as the demand for disease prevention and health promotion services grows. Additionally, the complexity of providing those services is increasing.

## UNIQUE CHALLENGES AS A METRO HEALTH DEPARTMENT

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As the ninth largest health department in the country for number of residents served, Public Health faces challenges of size and complexity that are unique to a large metropolitan (Metro) health department. For example, King County:

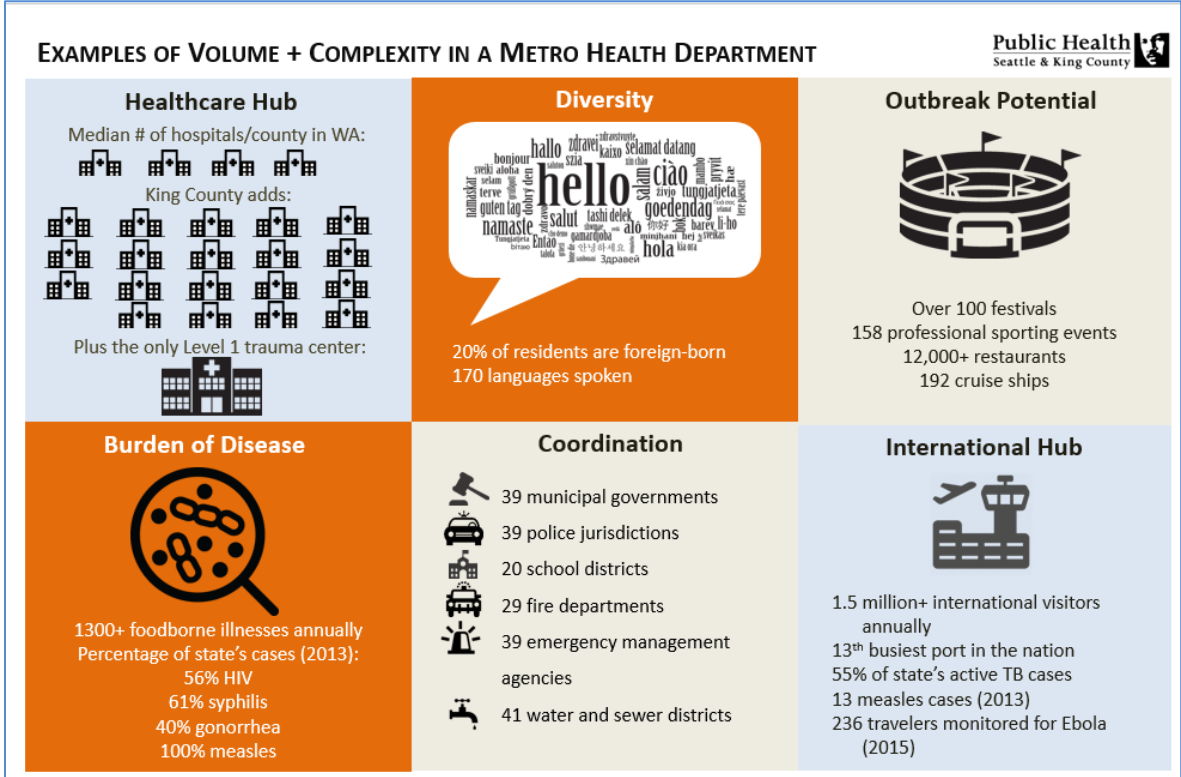
- ❖ Is a hub for international trade, business, and tourism, which means distant outbreaks and emerging infections are a plane ride away;
- ❖ Is increasingly ethnically and linguistically diverse requiring partnerships and exceptional expertise in the workforce to deliver culturally appropriate services;
- ❖ Is the 12th largest media market in the country with over 100 ethnic media outlets, most of which require linguistically and culturally appropriate information about public health issues and emergent situations;
- ❖ Faces increasing numbers of new health challenges, particularly in the communicable disease arena and in chronic disease prevention; and
- ❖ Has some of the largest health inequities between the healthiest and least healthy residents of any of its peer health departments nationally.

Furthermore, as the largest local health department in the state, Public Health has a unique role in developing and sharing "best practices" in response to critical statewide health issues and public health emergencies. For example, Public Health:

- ❖ Worked closely with the University of Washington and local hospitals to develop protocols that were later adopted by the Washington State Department of Health (WA DOH) when Washington state needed to prepare local healthcare systems and health jurisdictions for international travelers arriving from Ebola-affected areas;
- ❖ Developed a new approach to public disclosure of food borne outbreaks that WA DOH is using with other local health jurisdictions;

- ◆ Provided evidence and demonstrated a return on investment on the effectiveness of asthma home visits by community health workers;
- ◆ Is also a national and state leader when it comes to emerging new programs and policies. The King County Board of Health was among the first in the nation to adopt a menu labeling policy and was the second in the nation to vote for a secure medicine return program.

**Figure 1: Complexity in a Metro Health Department**



**Metro Health Departments** provide the foundational health services on a larger scale and in a more complex landscape requiring greater breadth and more capacity for services that cut across programs.

## HIGH QUALITY INNOVATIVE PROGRAMS WHEN FUNDED ADEQUATELY

Public Health is regarded across the state and the country as a high quality, innovative health department with world-class expertise among its highly professional workforce. Where funds permit, its people are capable of great things:

- ◆ King County has **among the best HIV viral suppression rates** in the country—the gold star measure of program effectiveness.
- ◆ Through a federal grant, King County **reduced youth obesity by 17 percent in low-income school districts** (Auburn, Highline, Kent, Northshore, Renton, Seattle and Tukwila).

- ❖ **Patient outcomes among King County’s most vulnerable residents improved** at the Navos primary-care pilot in Burien, where medical and behavioral health are integrated with the goal of keeping residents out of the criminal justice system and emergency rooms.
- ❖ Funded in past years from the Seattle Families and Education levy, the **School Based Health Centers deliver results** including decreases in absenteeism and improvements in grade point averages, higher rates of immunizations, improved asthma outcomes, and increased use of contraception.
- ❖ The Emergency Medical Services system, funded through the EMS levy, has **the best cardiac arrest survival rate in the country**, due in no small part to community support and funding that allows evidence-based treatment.
- ❖ During the 2009 **H1N1 influenza** pandemic, the department rapidly put in place a novel system to ensure vaccination for pregnant women who were at high risk for severe infection and achieved a 77 percent vaccination rate in this population.
- ❖ In 2013, Public Health investigated and reported on a hospital outbreak of **multidrug-resistant infections** associated with endoscopy that contributed to major changes in how these procedures are done nationwide.
- ❖ Deaths due to **traffic-related** causes decreased more than national and state averages as a result of work by the department’s Violence and Injury Prevention unit, which led the development of the King County Safety Traffic coalition.
- ❖ Public Health enrolled 200,000 residents in **health insurance** as part of the Affordable Care Act expansion.

## ONGOING FUNDING CHALLENGES

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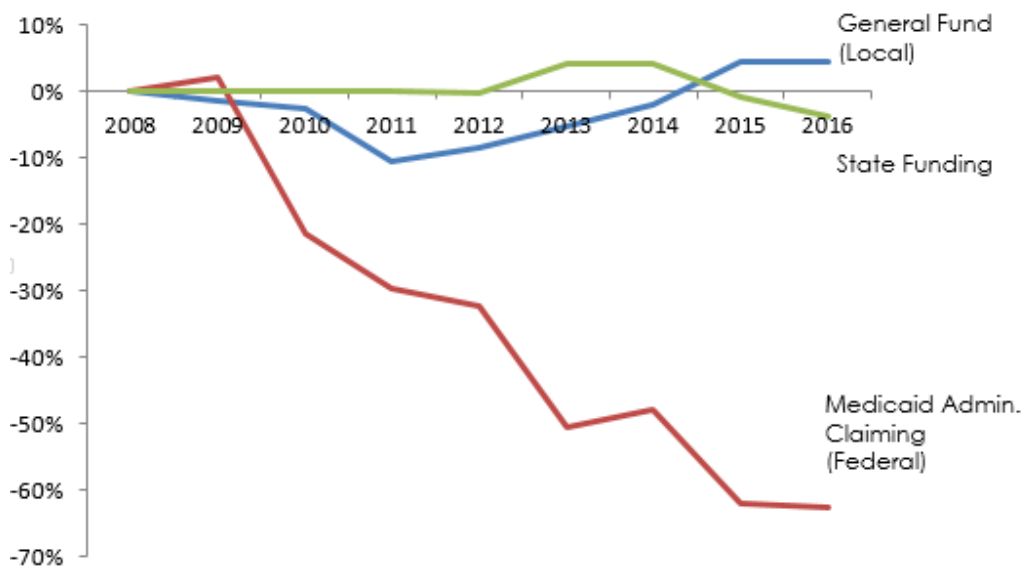
*Without additional sustainable funding by 2019, the department will be in the difficult position of identifying millions of dollars in reductions in programs that are already straining to meet the demands of this growing, dynamic region.*

Public Health’s funding comes from over a hundred different sources, with the largest tied to federal and state funding streams that include reimbursement for patient care. For more than a decade, Public Health has experienced recurring budget crises as federal and state funding has remained flat or decreased relative to inflation and population growth. This problem has created a “structural gap” where each year the gap between the cost of delivering services and the revenues intended to support them grows. The strategies to weather these crises have included reducing vital public health services, shifting some services to unpredictable grant funding, and finding other stop-gap funding to maintain some level of service. Despite these efforts, the underlying drivers of the structural gap remain and the pressure to reduce costs, find efficiencies, and/or increase revenue will continue to return year after year. Figure 2 illustrates a sharp decline in federal funding of Medicaid Administrative Claiming and flat state support to local public health. While Public Health has other dedicated revenue streams – including the Best Starts for Kids (BSK) Levy – the lack of sustained flexible funding has strained core services.

Successive cycles of budget reductions have taken their toll on the department’s ability to deliver services. Immunizations, communicable disease control, sexually transmitted disease programs, family planning, tobacco prevention, nutrition and physical activity promotion, the Medical Examiner’s Office, as well as health services for teens and families are examples of the programs that have experienced significant reductions.

In 2014, the funding imbalance reached a crisis point as the department was developing the budget for 2015-2016. Public Health proposed reductions in many crucial services, particularly those delivered directly to residents in the Public Health Centers (PHCs). While some reductions were unavoidable, emergency support from the County General Fund, local governments, community partners, and financial sacrifices by staff staved off the more dire cuts originally proposed. Even with these efforts, there is expected to be a \$3.3 million fund deficit in the department’s Public Health Fund by the end of 2016. Over the next three budget cycles (six years), Public Health is committed to resolving this deficit and returning to a positive fund balance.

**Figure 2: Federal, State, and Local Public Health Funding Flat or Declining: 2008 – 2016**



The experience in 2014 mobilized County leadership and partners to prioritize identifying a set of sustainable funding sources for Public Health. This funding would support important public health services for the region’s most vulnerable residents, restore and maintain other foundational services that protect the public’s health, and build long term partnerships and investments that prevent the conditions that most contribute to chronic disease and poor health in all communities. The successful passage of the BSK Levy was an important step forward. Among its many benefits to children and families, this levy stabilizes funding for maternal-child health programs in the Public Health Centers. A new agreement with Harborview Medical Center also provides funding for services for the shared mission populations of both organizations.

For the 2017-2018 biennium, the department’s Public Health Fund is projected to be stable enough to cover expenses and reduce the fund deficit by at least one-third. **However, for the 2019-2020 biennium, state and federal revenues are failing to keep pace with the cost of services leading to an expected revenue shortfall of \$10-\$12 million in services that protect the public’s health.**

## THE IMPACT OF INADEQUATE FUNDING ON SERVICES TO RESIDENTS

Inadequate and unpredictable funding in many of Public Health's programs means it is not always able to perform to the standards that the community expects and to which its professional staff aspire. Examples where Public Health is not able to perform to the standards the community and the profession expect due to funding challenges include:

- ❖ Infectious disease programs have reduced outreach to people who may be infected, including **hepatitis B, pertussis (whooping cough), gonorrhea, and syphilis**, while also limiting Public Health's ability to address **latent tuberculosis** affecting about 100,000 people in King County
- ❖ Staffing shortages at the **Medical Examiner's Office (MEO)** mean residents have to wait, occasionally for hours, for KCME to respond to the deaths of their loved ones.
- ❖ Public Health does not have capacity to address **gun violence, youth marijuana prevention, homelessness, tobacco use, lead poisoning**, and the **opioid epidemic** in a sustained and effective way.
- ❖ Currently, Public Health does not have ability to meaningfully promote key adult immunizations **influenza, herpes zoster, and pneumococcal disease**.
- ❖ **Human papilloma virus** is a leading cause of cervical cancer but Public Health does not have an on-going program to increase immunization rates with the cancer preventing HPV vaccine.

## RELYING ON GRANTS TO FUND CORE SERVICES

When time permits and staff are available to prepare and submit proposals, Public Health staff are extremely successful in obtaining a wide variety of competitive grants. However, relying on grants to fund core work is neither sustainable nor healthy from the perspective of organizational stability.

Overreliance on grants can be highly inefficient, requiring a cycle of hiring and then losing experienced staff. Public Health is restricted to the program priorities of the funding agencies and lacks the ability to create sustainable programs and solutions to local health priorities, particularly in the most vulnerable communities. Examples of core public health work funded through grants include:

- ❖ **Asthma** affects one in 20 children and almost one in 10 adults in King County. Public Health's award-winning program to address asthma is funded by a \$3 million Patient-Centered Outcomes Research Institute (PCORI) grant that will end July 2017. The entire asthma program will be lost if new sources of funding are not identified. Asthma is a key health issue for families in many communities.
- ❖ **Tobacco use, obesity, and poor nutrition** are leading causes of preventable, premature death. The bulk of the department's work to address these health risks relies on an \$8 million, three year (expiring in 2017) Partnerships to Improve Community Health (PICH) collaborative grant between Public Health, Seattle Children's Hospital, and the Healthy King County Coalition.
- ❖ **Hepatitis C (HCV)** is the main cause of chronic liver disease, liver failure and liver transplant. It currently kills more people in the US than HIV/AIDS. In King County, an estimated 17,600 people are infected with HCV, with over 9,600 chronically infected. Public Health's entire hepatitis C prevention program is funded by a four year, \$6 million CDC grant. Once this grant for testing and curing Hepatitis C expires, so will the program.

Other examples and mores detail of the impact of inadequate funding on disease prevention may be found at [www.kingcounty.gov/health/budget](http://www.kingcounty.gov/health/budget).

## ROUTINE BUSINESS IS INTERRUPTED BY EMERGENCY EVENTS

In just the last two years, Public Health has responded to major events that have required staff from across the department to stop performing their regular duties to focus on supporting the community-wide public health response. Examples include the international spread of Zika and Ebola viruses, tuberculosis cases in public settings, and drinking water bacterial contamination on Mercer Island. However, a smaller workforce, where many can't participate in surge events because they are funded by grants, makes emergency operations more difficult.

Through work at the state level and with partners, Public Health is seeking state funding that will provide adequate, predictable and long-term funding for core public health services. For more information on the impacts of limited funding on Public Health's ability to protect the health of the community, visit [www.kingcounty.gov/health/budget](http://www.kingcounty.gov/health/budget).

## LOOKING TO THE FUTURE: FOUNDATIONAL PUBLIC HEALTH SERVICES

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Public Health is not alone in its funding challenges: All local health jurisdictions around the state have joined together to develop a new framework—currently called Foundational Public Health Services (FPHS), as illustrated in Figure 3.

FPHS defines an essential set of public health programs and capabilities that must be available everywhere in order for public health to work anywhere. Foundational programs ensure that public health is monitoring, responding to, and preventing illness and injury, and include services in categories such as Communicable Disease and Chronic Disease Prevention. Foundational “cross cutting” capabilities that are centralized to efficiently serve units across the department include business competencies (payroll, finance, contracts, etc.), community partnerships, policy development, emergency preparedness, communications/public information, and data gathering, analysis, and assessment. Common outcomes that residents should expect from FPHS-aligned services and assurances include:

- ❖ The community is protected from mass outbreaks of communicable diseases. When there is an outbreak, it is limited and we can contain it.
- ❖ Food is safe when you eat out in a restaurant or at a food truck.
- ❖ When there is an emergency or critical event, all communities receive life-saving health messages in their language and through their trusted media source.
- ❖ Maternal and child support and services are available so babies are born healthy and can achieve their optimal health.

Public health services not included in the foundational programs or capabilities are grouped together as locally driven priorities – things that counties should decide are important to fund in their particular communities. In the case of Public Health, these locally driven priorities include Jail Health Services, the Medical Examiner's Office, and Emergency Medical Services. Public Health also provides individual care beyond Maternal Child Family Health through a network of Public Health centers and clinics. Funding for many of these local priorities is difficult as it requires the use of scarce flexible County funds from sources like the King County General Fund.



## NEXT STEPS: 2017 STATE LEGISLATIVE SESSION

The stakes for FPHS could not be higher. With years of underinvestment, the system is straining to keep pace, let alone keep ahead of the challenges that must be met if residents are to be protected from health risks and deepening health inequities avoided.

The Washington State Department of Health (DOH) and the Washington Association of Local Public Health Officials have recommended advancing state legislation during the 2017 session to align laws and funding with the Foundational Public Health Services plan.

**Figure 3: Metro Foundational Public Health Services**



- ❖ Statute changes are currently in development, adding the Foundational Public Health Services framework into state law and mandating the implementation of this model to modernize the statewide public health system and increase state funds for foundational programs.
- ❖ DOH is working with the Governor's Office and the Office of Financial Management to develop a 2017 funding request that may be included in the Governor's budget.
- ❖ The 2017 legislative session will be an important opportunity for Foundational Public Health Services and the critical funding Washington counties like King County need for core programs.

Funding for FPHS will likely be a multi-year effort with the state legislature. DOH and local public health departments are working with the Governor's office on a down payment with a focus in the areas of Communicable Disease Investigation and Response, Chronic Disease and Injury Prevention, and associated cross-cutting capabilities including data assessment, policy development, preparedness, and communications/public information.



## A CRITICAL TIME FOR THE PUBLIC'S HEALTH

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If new funds are not secured in time for the 2019-2020 biennial budget, King County will need to make very difficult choices about which services it prioritizes. As it is, the current under-investment in public health contributes to the reality that the current generation is likely to live shorter, less healthy lives than their parents. Not only is health for all an important shared value, the future prosperity of King County relies on all of its communities and populations to be as healthy as they possibly can be. In King County, further cuts would likely disproportionately impact the most vulnerable – people of color, low income people, immigrants, and other priority populations, undermining collective efforts to improve equity and social justice in the county. Legislative action is needed in 2017 to secure funding that will shore up the current system and provide the foundation for a new era of public health success.