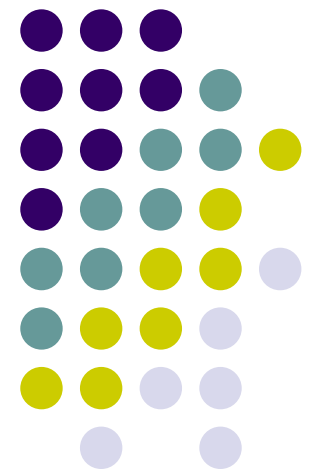


# Joint Select Committee on Public Health Finance

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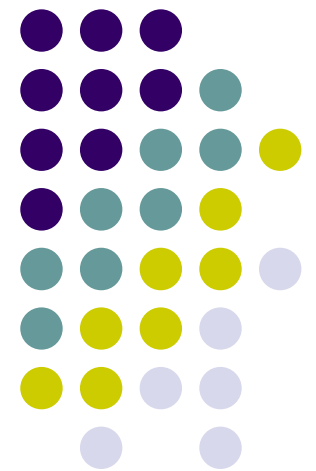
Draft Conclusions and  
Recommendations

June 20, 2006



# DRAFT CONCLUSIONS

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# Draft Conclusions

1. Delivery, governance, and funding of local public health services must continue to be a joint responsibility addressed in close and cooperative partnership between state and local government. Neither level of government has the resources, funding, knowledge, or expertise to accomplish the work alone.



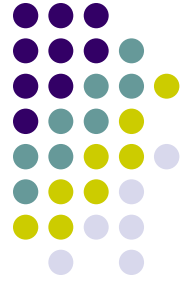
# Draft Conclusions

2. Events in the 21st century have changed the face of public health. These include the 9/11 attacks, bioterrorism, rapidly and newly emerging communicable diseases like SARS, multiple-antibiotic resistant tuberculosis, avian flu, and more. Threats are often more global, jeopardizing the health of tens of thousands of citizens in a short time frame.



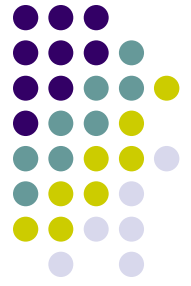
# Draft Conclusions

3. Other non-communicable, population-based diseases such as obesity are emerging as “epidemics”. If left untreated, these conditions may shorten the lives of future generations while incurring unsustainable increases in healthcare costs.



# Draft Conclusions

4. There is a need for substantial additional investment in local public health services, particularly in the areas of:
  - a. communicable disease prevention and response;
  - b. preparedness for and response to the public health emergencies that might emerge from pandemic disease, earthquake, flood, or terrorism;
  - c. prevention and management of chronic diseases and disabilities;



# Draft Conclusions

- d. promotion of healthy development in young children and mothers; and
- e. assessment of local health conditions, risks, and trends, and evaluation of the effectiveness of intervention efforts.

Strengthening communicable disease prevention and response infrastructure has been clearly and strongly identified by all stakeholders as the highest and most urgent priority statewide.



# Draft Conclusions

5. The Joint Select Committee on Public Health Finance required a statewide assessment of current state and local public health functions, as well as deficiencies and gaps, and a prioritization of the relative importance of those gaps.





# Draft Conclusions

In response, The Statewide Priorities for Action was developed by the Washington State Association of Local Public Health Officials, with assistance from the Washington State Department of Health and the Washington State Board of Health, representing a thoughtful, deliberative, and promising blueprint for effectively distributing additional resources in order to create a stronger public health system.



# Draft Conclusions

The Task Force acknowledges the Priorities for Action as a consensus statement that describes needed activities to address gaps in the existing services that public health provides, prioritizes those activities, and quantifies the costs of the activities. This is not an endorsement of the specific findings.



# Draft Conclusions

6. Differences in local tax bases, statutory limitations on local revenue growth, and the large and growing demand that law enforcement and criminal justice costs place on county resources are some of the historic reasons that have resulted in an unacceptable differential in the level of services delivered from one jurisdiction to another, and in the extent of per capita funding expended in each jurisdiction.

# Draft Conclusions



Additionally, this has resulted in stagnation or reduction in local funding over time.



# Draft Conclusions

7. Some services are so essential to the state's public health without regard to jurisdictional boundaries that it is essential and appropriate that the state help to ensure that a certain minimal level of infrastructure be present consistently and uniformly throughout the state. This is an appropriate role for the state given the expanded and changed need for public health.



# Draft Conclusions

8. In addition, representatives of local governments also recognize the importance and need for improved public health services in the current environment. Local jurisdictions must play a role in providing some of the additional funding resources to avoid recurrence or exacerbation of current disparities in funding and service availability across jurisdictions.

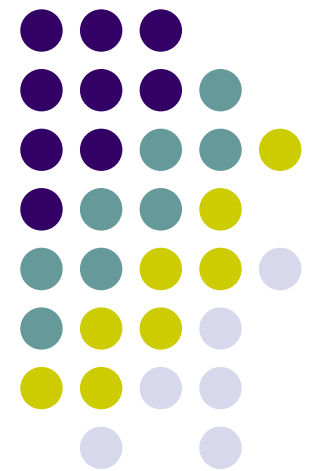


# Draft Conclusions

9. The lack of a stable and dedicated source of funding has been detrimental to maintenance of a strong statewide system that protects the public health.

# DRAFT RECOMMENDATIONS

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# Draft Recommendations

1. State and local governments provide additional funding to address unmet needs of the current system, both with regard to disparities in service availability, delivery and local funding, and with regard to augmenting the system to make it stronger.
  - a. In providing additional funding, the state must create a stable and dedicated source of state funds from which an additional investment in public health derive.

# Draft Recommendations



- b. Local health jurisdictions must maintain at least their current level of financial support for public health, adjusted for inflation.
- c. There must also be provision made for additional local taxing authority to allow local public health jurisdictions to raise revenue for public health services.



# Draft Recommendations

2. In determining the appropriate use of state funding, the following objectives should be of paramount importance:
  - a. Disparities in the availability of core services from one local health jurisdiction to another should be minimized; and
  - b. Local health jurisdictions should have equivalent ability to protect the health of their residents.



# Draft Recommendations

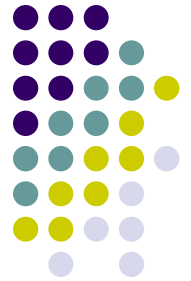
3. To guide policymakers in providing funding for new investments, the following criteria should be utilized in making funding choices:
  - a. The activity or service has implications across local health jurisdictions – either regionally or statewide.
  - b. The activity or service is essential for addressing health disparities among state populations, including geographic disparities.

# Draft Recommendations

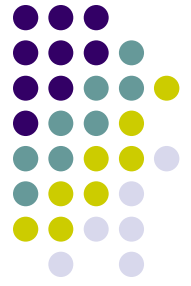


- c. The investment will achieve a fundamental public health infrastructure improvement, affecting a number of service areas and/or most LHJ's.
- d. The added investment will significantly contribute to averting a health threat to a significant portion of the community.
- e. The added investment will significantly improve public health outcomes, based on existing evidence.
- f. A significant portion of the community will benefit directly or indirectly from the investment.

# Draft Recommendations



- g. The added investment will expand the capacity of LHJ's to fulfill existing mandates.
- h. Added investment avoids future costs.
- i. Funding purchases service(s) that fulfills a primary role of public health that is not being addressed by any other organization or agency.



# Draft Recommendations

4. Any additional investment of state resources must be accompanied by the requirement that:
  - a. Policymakers, in conjunction with state and local public health officials, clearly define the essential core of public health services that must be available in every area of the state within current levels of state and local funding, and increased levels of state support.
  - b. Standard outcome measures be established and used to track the impact of and to plan improvements in those core services.



# Draft Recommendations

5. An initial target for increased state investment in local public health would be \$ \_\_\_\_\_ million per year. This level would:
  - a. fill about \_\_\_\_\_% of the gap public health officials have identified as needed to assure a fully effective local public health system;
  - b. be sufficient to address \_\_\_\_\_% of the activities state and local health officials have identified as highest priorities for creating a stronger public health system, and \_\_\_\_\_% of those identified as falling into the second of the four priority tiers;





# Draft Recommendations

- c. represent a \_\_\_\_\_% increase in the current level of federal, state, and local investment in local public health, thus allowing for a substantial, but strategic and effective, expansion in current efforts;
- d. represent a \_\_\_\_\_% of current state funding for local delivery of public health services; and
- e. result in a \_\_\_/\_\_\_ split between state and local funding of the non-federal share of local public health delivery efforts.



# Draft Recommendations

6. To provide the most effective means of financing additional and adequate state investments for local delivery of public health services, the Governor and Legislature should consider a combination of several options both at the state and local level. These include:



# Draft Recommendations

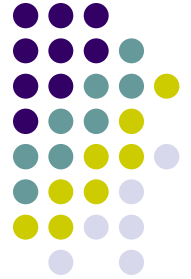
- a. Reallocation of existing resources through reduction or elimination of existing state programs that are deemed to be of lesser priority than public health, and, at the local level, the development of a strategic efficiency plan to identify ways to deliver services more efficiently through multi-jurisdictional or regional efforts ;
- b. Maximization of the flexibility of existing funding sources at both the state and local levels, and elimination of categorical funding where possible;
- c. Dedication of new state revenues that become available due to economic growth;



# Draft Recommendations

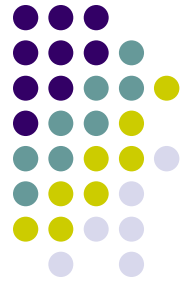
- d. Dedication of state and local revenues that result from elimination of tax preferences that are not performing their intended purpose;
- e. Utilization of new state revenue measures, as necessary, including for consideration:
  - i. Additional cigarette, tobacco, and liquor taxes or surtaxes;
  - ii. Expansion of the sales and use tax base to items or services that are adverse to good health or otherwise discourage health behaviors;
  - iii. Surtaxes on utility services that are environmental in nature;

# Draft Recommendations



- iv. Expansion of the public utility tax to services that promote sedentary activity;
- v. use of a small portion of the excess state property tax capacity.

# Draft Recommendations



- f. Requirement for local funding role through:
  - i. Authorization of several new optional taxes, with the requirement that proceeds from any enacted tax be dedicated for public health purposes, with councilmanic authority considered; accompanied by:
  - ii. An incentive that a greater proportion of state funds be distributed based on a local matching requirement or upon a demonstration of local public health effort evidenced by percentage of budget devoted to public health, but allowing exceptions where sales and property tax bases are distressed.