WISCONSIN DEPARTMENT of HEALTH SERVICES

DPH Costing and Capacity Assessment

P-03615 (05/2024)

Overview

Methods: Between May 2023 and April 2024, the Wisconsin Division of Public Health (DPH) undertook a "costing and capacity assessment" to identify what we currently spend on foundational public health services (FPHS) and what additional resources would be needed to fully provide them. This process included: (1) identifying actual time worked for all staff in DPH in calendar year 2022, and what that time was spent doing (in FPHS terms); (2) identifying all expenditures for calendar year 2022, and how those dollars were spent (in FPHS terms); and (3) identifying what staff and financial resources would be needed to move from where we are now to "full implementation" of FPHS. An overview of FPHS is provided on the last page of this packet as a reference. Because 2022 involved COVID-19 funding and work effort, we have controlled for expenses that were specifically for COVID-19 activities and funded by non-renewable COVID-19 funding. This facilitates a better assessment of our resources when federal COVID funding will no longer be available. This document provides an initial overview of results.*

***Note on the Bureau of Aging and Disability Resources**: The inclusion of the Bureau of Aging and Disability Resources (BADR) as part of DPH is unique nationally. This is an asset in terms of the similarities between the work that BADR does with vulnerable populations and the work that other DPH bureaus and offices do, as well as what DPH learns from BADR's unique approach to statewide policy and advocacy work. This work is critical, as BADR serves some of our most vulnerable residents—the elderly, people with disabilities, their caregivers, and families. That said, as it relates to this assessment, because the national FPHS model doesn't accommodate this type of work in a way that makes sense for our state, and because Wisconsin local public health agencies did not include the comparable local work in their assessments (for many agencies, local aging and disability resource centers and aging units are housed separately from public health), we have analyzed BADR's needs separately from the rest of the Division. Strategic conversations related to the needs of aging populations and those with disabilities will continue to be a priority for overall public health system transformation efforts.

DPH current state data: staff effort towards FPHS

*Per note above, BADR data was analyzed separately.

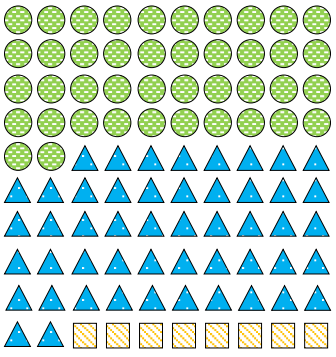
Key — Foundational Capabilities | Foundational Areas | Community-specific Services

569.9 FTE
worked in DPH during 2022. 74% were "regular" full-time or part-time staff; 26% were contractors.

92%
of all staff time worked went towards FPHS (see figure 1).

Figure 1. DPH staff time in 2022 (including regular staff and contractors).

Among DPH staff and contractors in 2022, 92% of work time was spent on FPHS, including 42% on Foundational Capabilities and 50% on Foundational Areas. The remaining 8% of work time was spent on Community-specific Services.



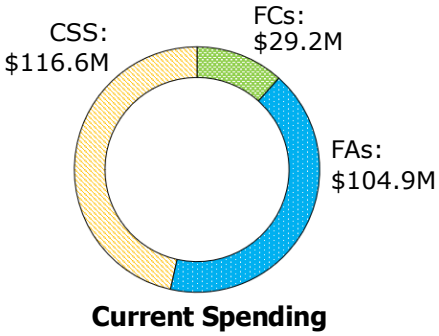
DPH spending: comparing current and ideal states

*Per overview on page 1, BADR data was analyzed separately.

Key Foundational Capabilities (FC) | Foundational Areas (FAs) | Community-specific Services (CSS)

Figure 2. All DPH spending in 2022 (all expenses, including salaries, benefits, contracts, and other non-staff expenses).

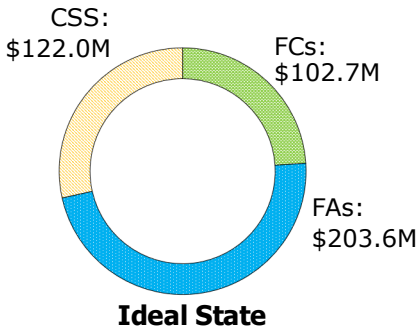
For DPH spending in 2022, 53% was spent on FPHS, including 11% on Foundational Capabilities and 42% on Foundational Areas. The remaining 47% was spent on Community-specific Services.



Current Spending

Figure 3. Projected DPH spending for full implementation of FPHS annually (includes all expenses).

If DPH had all resources needed to fully implement FPHS, 72% would be spent on FPHS, including 24% on Foundational Capabilities and 48% on Foundational Areas. The remaining 28% would be spent on Community-specific Services.



Ideal State

DPH spending: FPHS full implementation gap by category

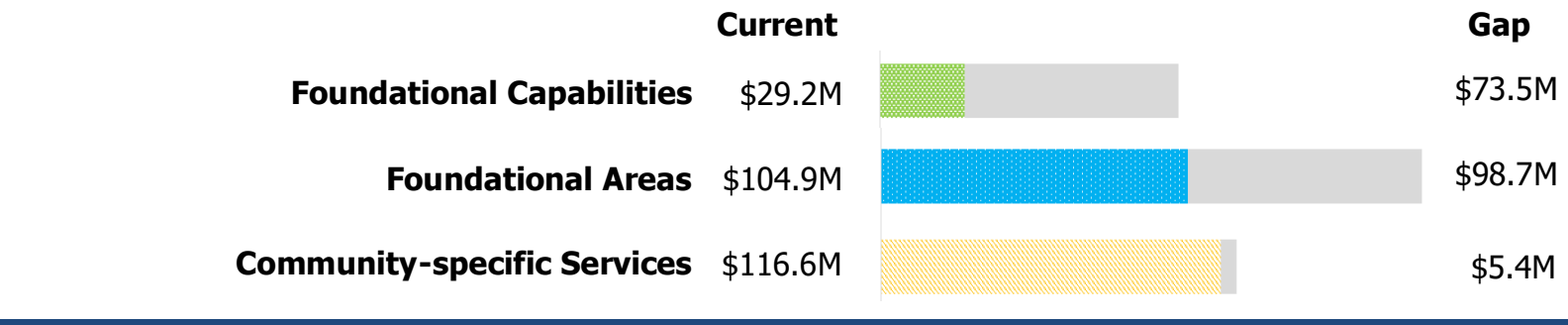
*Per overview on page 1, BADR data was analyzed separately.

Category	Annual full implementation costs	Current spending	Annual gap^	% funding would need to increase
Foundational Capabilities	**$102,686,645**	**$29,164,804**	**$73,521,841**	**252%**
Assessment & Surveillance	$39,263,381	$9,861,362	$29,402,019	298%
Community Partnership Development	$4,689,800	$824,487	$3,865,313	469%
Equity	$4,797,375	$1,305,087	$3,492,288	268%
Organizational Competencies	$16,986,244	$4,710,001	$12,276,243	261%
Policy Development & Support	$6,559,313	$1,470,470	$5,088,843	346%
Accountability & Performance Management	$2,124,165	$212,898	$1,911,267	898%
Emergency Preparedness & Response	$25,194,174	$9,990,583	$15,203,591	152%
Communications	$3,072,193	$789,916	$2,282,277	289%
Foundational Areas	**$203,630,330**	**$104,888,747**	**$98,741,583**	**94%**
Communicable Disease Control	$56,934,086	$31,744,649	$25,189,437	79%
Chronic Disease & Injury Prevention	$57,165,723	$20,884,967	$36,280,756	174%
Environmental Public Health	$43,941,228	$19,627,814	$24,313,414	124%
Maternal, Child, & Family	$41,351,976	$29,379,777	$11,972,199	41%
Access to & Linkage with Care	$4,237,317	$3,251,540	$985,777	30%
Community-specific Services	**$121,966,269**	**$116,560,743**	**$5,405,526**	**5%**
GRAND TOTAL	**$428,283,244**	**$250,614,294**	**$177,668,950**	**71%**

^In addition to annual costs of full implementation and gap shown above, $33,454,900 would be needed for one-time costs, including data modernization initiatives, replacement of the Radiological Incident Response Vehicle, new equipment for the Wisconsin State Lab of Hygiene to for lead prevention, upgrading the DentaSeal software (oral health), and improving water fluoridation systems.

DPH FPHS spending and gap: summary, visualized

*Per overview on page 1, BADR data was analyzed separately.



DPH FPHS spending and gap: by category, visualized

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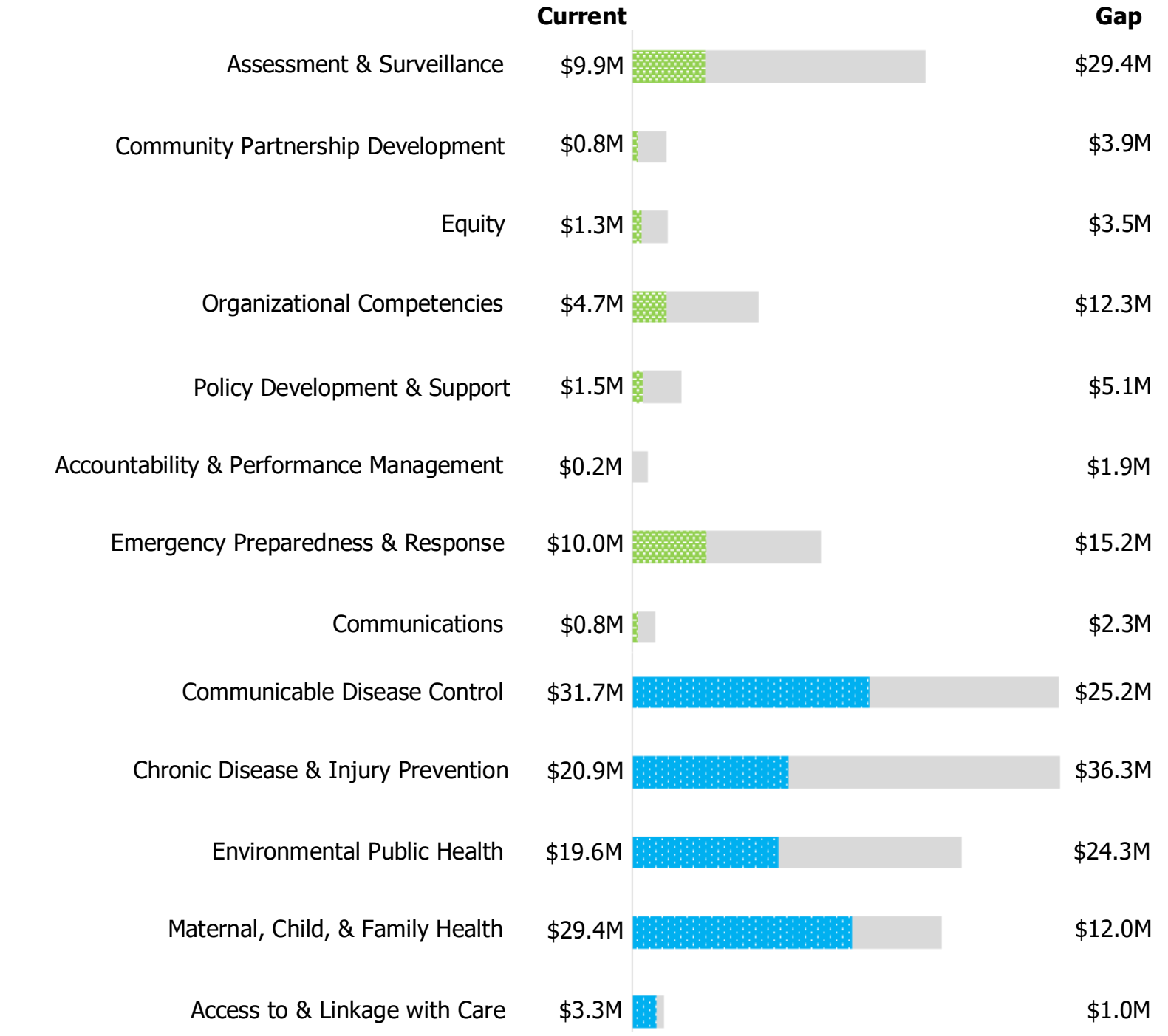
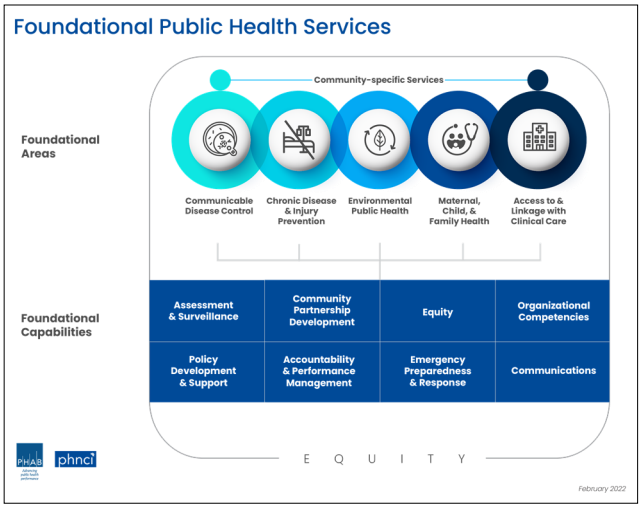


About the Foundational Public Health Services Model (FPHS)

The Foundational Public Health Services (FPHS) model was developed by the Public Health National Center for Innovation (PHNCI) within the Public Health Accreditation Board (PHAB) to articulate the services that every person in the United States should have access to as a function of governmental public health. The model standardizes the services across eight Foundational Capabilities (cross-cutting infrastructure and functions), five Foundational Areas (programmatic areas), and Community-specific Services (see figure on right.) A brief overview of each FPHS category is provided below.



Foundational Capabilities

Assessment & Surveillance: Develop and maintain a mixed methods assessment and analysis infrastructure, vital records infrastructure, and public health lab infrastructure. Assess community health priorities. Note: Program-specific assessment and surveillance activities belong in the appropriate Foundational Area.

Community Partnership Development: Develop, maintain, and cultivate strategic relationships and partnership with diverse partners, stakeholders, and communities. Develop and implement community health improvement plans.

Equity: Demonstrate agency commitment to equity. Inform and influence policy to advance equity.

Organizational Competencies: Maintain governance structure. Provide the following types of services: information technology, privacy, and security; human resources; financial management including contracting, procurements, and maintenance of facilities and operations; legal services.

Policy Development & Support: Develop and implement public health policies, and influence policy development initiatives that will affect public health.

Accountability & Performance Management: Maintain a performance management structure and establish quality improvement initiatives. Be accountable to accepted standards, including accreditation.

Emergency Preparedness & Response: Establish governmental public health's role in preparedness and response to incidents. Assure continuity of operations. Respond and recover from incidents.

Communications: Develop and maintain a public communications infrastructure, public health education and risk communications capabilities.

Foundational Areas

Communicable Disease Control: Monitor data on communicable disease, and develop and implement programs, strategies, and policy. Respond to outbreaks. Enforce related public health laws.

Chronic Disease & Injury Prevention: Monitor data on chronic disease and injuries, and develop and implement population-based programs, strategies, and policy. Enforce related public health laws.

Environmental Public Health: Monitor data on environmental health, and develop and implement population-based programs, strategies, and policy. Enforce related public health laws. Conduct related inspections to protect the public from hazards in accordance with federal, state, and local laws.

Maternal, Child, & Family Health: Monitor data on maternal, child, & family health, and develop and implement population-based programs, strategies, and policy. Assure provision of newborn screenings.

Access to & Linkage with Care: Monitor quality, effectiveness, and cost-efficiency of clinical care and accessing care. Address gaps and barriers through population-based strategies including policy change.

Community-specific Services

Fulfill other functions as needed by jurisdiction. Examples include public insurance, emergency services, oral health, social services, and those provided to individuals.