

## Strategic Plan 2012 – 2016





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### **Acknowledgements**

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# A Message from the Secretary



The Department of Health's Strategic Plan for 2012 – 16 provides a roadmap for the agency to remain a vital part of an effective public health system today and into the future. The plan gives us a path to do two main things: focus on making our vision our reality and prioritize our efforts.

The department's vision statement gives us a picture of our purpose and values – it truly reflects what we work and strive for every day. The plan keeps this vision at the forefront, while defining the nuts and bolts of how to get there:

*People live longer and healthier lives because the Department of Health effectively partners with others to lead changes in policies, systems, and environments that prevent illness and injury, promote healthy communities, and increase patient safety.*

The plan also serves as a guide to help prioritize our efforts as we strive to meet the challenges of today and prepare for the future. We currently face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. To remain part of an effective public health system in the future, we must modernize some of our important business tools and practices as well as focus work on our priority goals.

Starting in 2012, we will pursue accreditation through the national Public Health Accreditation Board. Pursuing and maintaining accreditation will assist us to continue to be the high performance public health agency we strive to be. We are proud of the work we do, and this strategic plan will keep us moving down the path to provide quality and valued service to the residents of our state.

While this strategic plan does not attempt to list all areas we will work on in the coming years, it does reflect our priorities in focusing our work and in developing future budgets. In carrying out the elements of this plan, the department remains fully committed to working with our public health partners and communities across the state as we continue working on our mission to protect and improve the health of people in Washington State.

A handwritten signature in black ink that reads "Mary C. Selecky". The signature is written in a cursive, flowing style.

Mary C. Selecky  
Secretary

## Department Overview

The Washington State Department of Health was created in 1989 (Chapter 43.70 RCW) as an executive branch agency of state government. The secretary reports to the governor and is accountable to the legislature and the people of Washington.

The department works with federal, state, tribal and local governments, and non-governmental organizations to:

- Protect and improve health of people in Washington.
- Promote healthy behaviors.
- Maintain high standards for quality health care delivery.

Our main campus is located in Tumwater. Our Public Health Laboratories are located in Shoreline and we have satellite offices in Richland, Kent, and Spokane. The department employs over 1,600 people and, with a combined operating and capital budget of nearly \$1.3 billion, is divided into five functional divisions:

1. Disease Control and Health Statistics
2. Environmental Public Health
3. Health Systems Quality Assurance
4. Prevention and Community Health
5. Central Administration



## **Core Activities**

Our five divisions focus on the following core activities:

- Promoting healthy lifestyles for individuals and families in their communities and workplaces.
- Preventing disease, disability, and premature death, and reducing or eliminating health disparities.
- Protecting the public from unhealthy and unsafe environments.
- Providing or ensuring access to quality, population-based health services.
- Preparing for, and responding to, public health emergencies.
- Producing and disseminating data to inform and evaluate public health status, strategies, and programs.

## **Ten Essential Public Health Services**

Our core activities happen through what we call delivery of our Ten Essential Public Health Services. We provide these services directly and through strong and effective partnerships:

1. Monitoring health status to identify community health problems including health disparities.
2. Detecting and investigating health problems and health hazards in the community.
3. Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.
4. Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.
5. Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
6. Enforcing laws and regulations that protect people's health and ensure patient safety.
7. Linking people to needed personal health services and ensuring the provision of population-based health services.
8. Assuring a competent public health workforce and effective public health leadership.
9. Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.
10. Researching for insights and innovative solutions to public health problems.

The context in which our agency, divisions, and employees work on our core activities, toward the 10 essential public health services, is discussed under the following sub-headings:

- Major factors impacting our work
- Evolving Public Health Response Strategies
- Business and Workforce Considerations

## **Major Factors Impacting Our Work**

Public health is influenced by environmental and political conditions that often impact the long-term viability of the department. We work with many partners in the public health community. We identify and monitor factors from both inside and outside the department in order to develop the bigger picture of the major factors affecting the department's operations. This helps us to formulate effective public health response strategies.

### **Strategic Partnerships**

We perform a set of core activities and deliver essential public health services through strategic public, private, and community-based partnerships at the local, state, national, and international levels.

The majority of our funds are distributed to the local level for the delivery of services. Our local public health community is a crucial partner in successfully meeting the needs of a diverse population, including women and minorities.

Our enabling statute also established the Public Health Improvement Partnership, a body composed of representatives of the public health community who provide policy guidance to the secretary.



## A Changing Environment

Our ability to meet our public health responsibilities depends partly on how well we identify opportunities and threats in the state’s environment.

We operate in a constantly changing environment that presents many challenges. Among them are the rapid movement of people, animals, and disease organisms; a growing, diverse population; terrorism threats; and an increasingly complex system of partners. The introduction of clean water, antibiotics, and vaccines has made the world safer and significantly improved the quality of life. However, some infectious dangers persist and new ones are quick to develop.

Yet not all of the threats to public health come from infectious diseases or terrorism. For example, unhealthy eating habits and low levels of physical activity are resulting in a dramatic increase in the rate of obesity here and across the country. Also, continued strong population growth in addition to environmental changes such as global climate change are stressing the quality of our air, drinking water, and natural resources.

## A Changing Population

Washington’s population is aging. This is a major demographic development that will have profound implications for policy-making and planning at all levels of government. In 2011, there were about 852,000 persons age 65 and older, representing 13 percent of Washington’s total population. Growth in this age group will increase as the baby boom generation enters retirement years. There will be a gain of 42,000 in 2012, increasing each year up to 49,000 people reaching age 65 in 2020. By 2040, the elderly population is forecast to reach 1,855,500, representing 21 percent of the state’s total population – 8 percentage points higher than in 2011. The following table compares 2010 with the projected 2020 population of Washington, by age group.

AGE	2010	2020 - ESTIMATED
0 – 4 years	453,877	506,000
5 – 17 years	1,157,539	1,300,000
18 – 24 years	688,107	676,000
25 – 44 years	1,861,114	2,100,000
45 – 64 years	1,833,145	1,900,000
64 + years	817,434	1,200,000

**Sources:**

*Forecast of the State Population, 2005, Washington State Office of Financial Management; Projections of the state population by age, sex, race, and Hispanic origin: 2000-2030, January 2012, Washington State Office of Financial Management.*

## **Social and Economic Determinants of Health**

Social and economic conditions contribute greatly to our health; social status, income, physical environment, and working conditions all have an influence. We call these „determinants“ because they help to determine how healthy we are. For example, they shape our behaviors, may expose us to risk or healthy environments, and impact our access to resources needed for good health. The negative impacts on a person’s health resulting from low income and education levels (among other determinants) may accumulate and persist throughout life. Through our efforts to reduce inequality, we are increasing access and reducing the risks of the social and economic conditions that impact health. We partner with communities local, state, and federal agencies to implement policies and programs designed to address the social and economic factors that impact health in Washington.

## **Climate Change**

We are working at the state and national level to better understand the health implications of climate change. Heat waves, air pollution, infectious disease, extreme weather, rising sea levels, and stress from climate change threaten public safety and could potentially overwhelm the public health system. We are developing strategies to support enhanced emergency preparedness and response, specifically focused on heat waves. We are also looking at ways to enhance how we track air quality and disease to detect and address public health threats. Prevention and mitigation efforts include partnering with communities to build environments that manage growth, decrease urban sprawl, support efficient transportation modes, and offer protection from flooding and landslides.

## **Budget Resources and Future Outlook**

A variety of federal, dedicated revenue streams, state general funds, and fees support our budget. Given the current economic conditions, we recognize there will likely be funding reductions in federally supported programs and that state general fund resources are not likely to grow. We also recognize that to continue providing basic public health services under these circumstances requires creative thinking about the entire capacity of the public health system, and developing new strategies in using existing sources of flexible funding. See the discussion below, under “Links between the Strategic Plan and the Agenda for Change/State Health Improvement Plan,” for more on this.

## **Federal Funding Trends**

To address the broad and complex issues of public health successfully, we must be prepared to meet organizational challenges within a very competitive environment. Funding for public health has become increasingly dependent on federal money as state funds dwindle, over half of the department’s funding comes from the federal government, yet many health and social issues compete for funding at the federal level. Our ability to meet these competitive challenges directly affects our ability to carry out our mission, goals, and objectives.

In addition to increased competition, federal funding's nature is changing in several other ways: as federal policies change to address emerging public health issues so does the funding; reporting and oversight requirements are more significant; and some funding is one-time. This means that our ability to meet some basic public health needs is impacted. Basic public health services include programs that help infants, children, women, and people with HIV/AIDS; programs that serve rural and otherwise underserved populations; disease monitoring, prevention, and response programs; and programs that promote healthy families and communities, as well as maintaining valuable health data.

## **State Funding Trends**

The recovery to the national economic downturn that began in 2008 has been slow. The state of Washington's unemployment rate hovers around 8.2%, and state and local governments are continuing to have to manage within declining revenues. State general fund dollars, those most flexible for meeting state-wide needs, have decreased by \$18 billion in the last four years. For the department, flexible state dollars have decreased \$95 million, or 38%, impacting almost every program in the department.

## **Fee and Dedicated Funding Support**

Many of our public health programs rely on fees to recover the cost of services. Fee support as a percentage of our total budget has increased for two reasons. First, we have made our programs as self-supporting as possible through fees, especially in the environment of declining state general fund resources. Second, the public is requesting that more health professions and facilities be regulated, thus increasing the number of our fee-supported programs. Effectively managing program costs and being clear about how fees are calculated are practices we want to achieve in working with our fee payers and providing public health services.

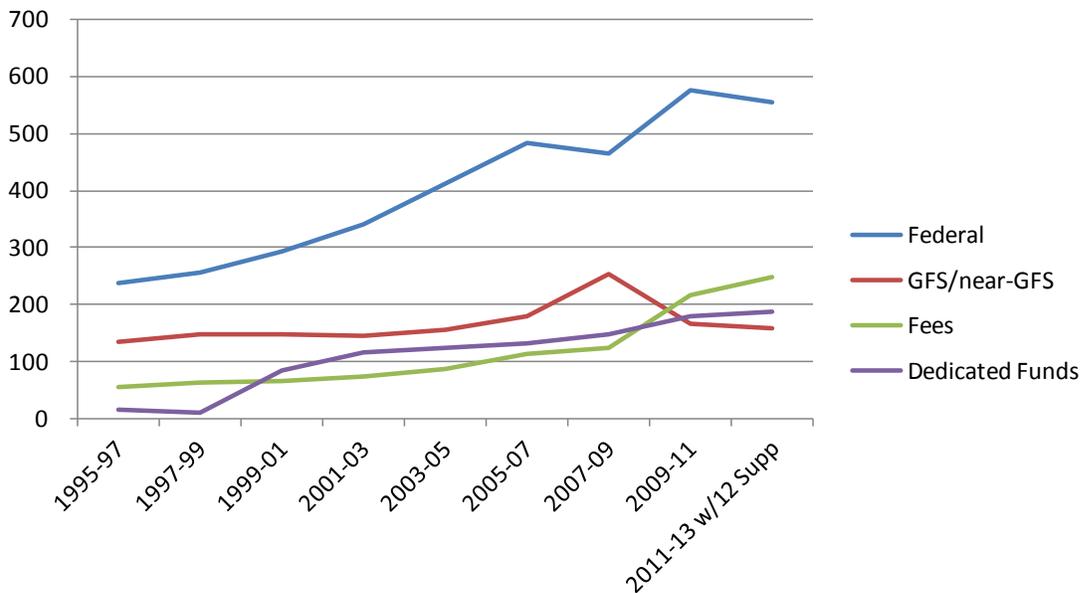
Dedicated funds have remained relatively stable, with two notable exceptions where the state has withdrawn its funding support. Fortunately, for the exception of universal vaccine coverage, the department established a public-private partnership to maintain the program, and for the exception of tobacco prevention and cessation, the minimum quit line is being maintained year-to-year.

The following charts illustrate the department's blend of funds, and how each source has changed over time. Beginning in the 2009-11 biennium, state general funds dropped below fee and dedicated revenue amounts for the first time. Federal funds continue to comprise more than half of the department's operating funding, and dedicated funds have remained stable, despite significant changes to individual funds.

**Operating Budget by Source of Funds  
1995 – Present  
all dollars are in millions**

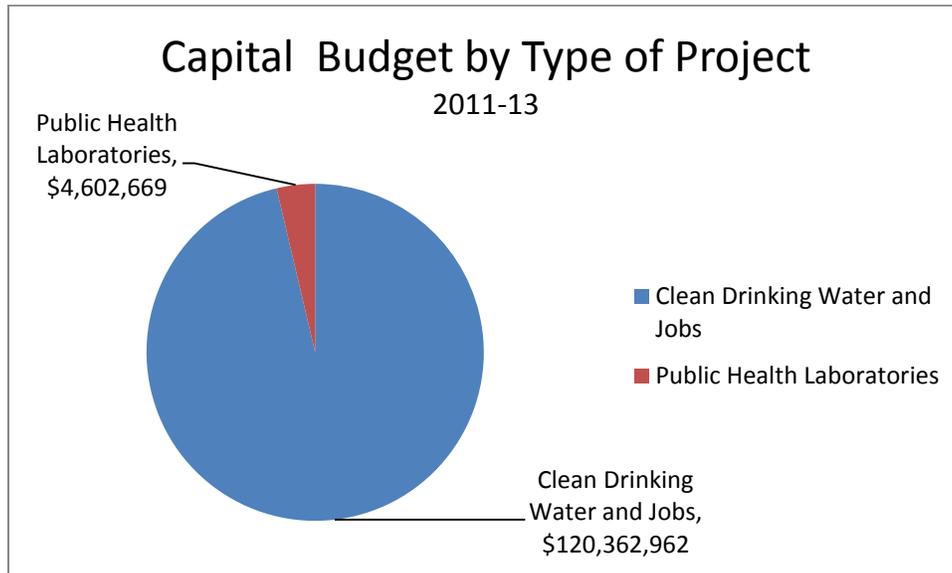
Biennium	Federal	GFS	Near-GFS	Fees	Dedicated Funds	Total	% Change
1995-97	236.8	89.7	44.4	55.0	15.2	441.1	
1997-99	257.4	128.9	17.7	63.3	11.7	479.0	8.6%
1999-01	293.8	129.4	18.7	66.4	84.8	593.1	23.8%
2001-03	339.8	112.8	31.5	73.3	116.0	673.4	13.5%
2003-05	411.7	118.8	37.8	87.8	123.2	779.3	15.7%
2005-07	482.2	133.1	47.2	114.3	130.8	907.6	16.5%
2007-09	464.7	161.2	93.2	124.8	148.9	992.8	9.4%
2009-11	576.3	166.0	0	215.3	180.6	1,138.2	14.6%
2011-13	553.6	157.6	0	249.2	187.8	1,148.2	0.9%

\* Annual \$24M of County Public Health Assistance, the MVET back-fill, is not included because the State Treasurer distributes directly to local health jurisdictions



## Capital Funding

Our capital funding is split between primarily federal funding for our Drinking Water program, and state bonded funding for our Public Health Laboratories.



### Clean Drinking Water and Jobs

Recent funding from both federal and state sources to support improvements in our state's infrastructure while at the same time create jobs is allowing us to increase our efforts to ensure safe and reliable drinking water systems for our communities. Historically financial support to local communities for drinking water projects has only been provided in the form of low or no interest loans. The capital budget now temporarily provides \$11.6 million support in the form of grants to local water purveyors.

### Public Health Laboratories (PHL)

The Public Health Laboratories are a critical resource for DOH in identifying disease and protecting public health. In 2010, the Laboratories developed a twenty year Master Planning document for development of the PHL campus, the only building owned by the agency. The Master Plan was adopted by the agency, the City of Shoreline, and the county. The twenty year plan includes long-term expansion and development of the 12 acre campus to accommodate future agency growth and administrative needs. As part of the Office of Financial Management's (OFM) ten-year capital planning process, the PHL will submit a ten year capital budget proposal in line with the Master Plan, which forms the basis for the long term protection of the Laboratories' role in public health and DOH's presence in the Puget Sound area. This will ensure that capital improvements keep pace with maintenance or replacement of infrastructure systems, programmatic changes, emerging diseases, security requirements, laboratory instrumentation, and technological advancements.

## **Healthy Communities – Healthy Homes**

We improve access to quality services, healthy eating, active and tobacco free living, and healthy environments by implementing policies and educating communities and policy makers on ways to prevent harm and reduce human exposure. We make the healthy choice the easy choice in our communities, workplaces, health care settings, and schools. We assess the potential for adverse health effects associated with toxic chemicals: from lead in house paint and children’s toys, arsenic in our communities, mercury and polychlorinated biphenyls in fish and traces of toxics found in breast milk. We work toward creating health equity in populations that are disproportionately impacted, because poverty and low education levels significantly impact health outcomes. We are improving the health of communities by providing leadership and coordination internally and across the state.

## **Public Health Emergency Preparedness and Response (PHEPR)**

Since the beginning of the PHEPR program, we directed resources to develop skills, knowledge, training, technology, establish procedures, and strengthen partner relationships in preparation to respond to public health emergencies. Events over the past few years continue to significantly test our emergency preparedness and response capabilities.

The emergence of H1N1 influenza during the spring of 2009 posed considerable challenges to the agency preparedness and response program. The H1N1 pandemic response is the largest public health response Washington has experienced. This response put to work the lessons from prior drills in the real world, and has provided our state invaluable experience and lessons to learn by. The response involved numerous partners within the agency and externally, including federal, state, local, and tribal agencies, and the private sector. Successful public health response required implementing multiple planning elements and communication avenues, confronting ethical issues, allocating scarce resources, decision-making, and other aspects of response that had never been tested under real world conditions.

Lessons learned from this real world event helped us maintain and improve our leadership role in public health emergency preparedness.

## **Accreditation**

As co-chair of the Public Health Improvement Partnership we help facilitate and guide the work of setting a vision for the future, and focusing public health priorities to improve and protect health across Washington. One of the partnership’s workgroups is the *Public Health Standards* which guides and strengthens the governmental public health system through standards, performance management, quality improvement and helps prepare the system for voluntary accreditation. The goal of the national voluntary accreditation program is to advance the continuous quality improvement of state, local, tribal, and territorial health departments across the country. The Public Health Accreditation Board developed standards that health departments can put into practice to help provide the best services possible to keep their communities safe and healthy. In 2011, Washington adopted these national standards, and they will be used to measure

performance across the 35 local health agencies and the Department of Health within the next five years.

We submitted our state application for national accreditation in January 2012. Washington currently has a voluntary system of standards and performance measures which have been in place since 2000. All 35 local health agencies participate with us in periodic assessments to identify gaps in service. Several local health agencies have also submitted applications for national accreditation.

## **Business and Workforce Considerations**

### **Centralizing Services**

In recent years, there has been a trend to move toward centralizing services provided to state agencies. Significant resources have been used to replace outdated systems that provide the basic infrastructure for state agencies in the areas of information technology, human resource management, and contract management. This may reveal best practices and efficiencies. At the same time, agencies are bearing increases in shared costs to build and maintain these consolidated statewide systems. Developing common business systems to serve diverse agency needs poses a challenge. We are seeking an active role in discussions about consolidated statewide systems to meet our business and service delivery needs. We have also centralized our own information technology services to be able to make efficiencies in developing and maintaining data systems.

### **Workforce**

#### *Compensation*

Every two years, through negotiation between management and labor representatives, we adjust compensation for selected classifications and/or those positions that are covered by collective bargaining agreements. Those positions not in the collective bargaining agreement are also typically affected at the same time through legislative activities.

As a result of continued budget deficits and the economy, state employees were subject to both temporary layoff days and temporary salary reductions in recent years. In 2010, agencies were required to implement temporary layoff days for staff. In July of 2011, the state implemented a three percent salary reduction for all state employees to be effective for two years.

Maintaining competitive classification and compensation is a key component in effective recruitment. Agencies evaluate internal classification or compensation issues and prepare proposals. The Office of the State Human Resource Director and the Labor Relations Office review the proposals. They may approve proposals for inclusion in negotiations. In this process, we may use workforce information, including recruitment or retention data, to identify and request classification and compensation changes to meet our strategic and business needs.

### *Staff/Recruitment*

The department focuses on recruiting diverse and competent applicants who match our business needs and the populations we serve. We target our current outreach on a few specialty areas due to difficulty in recruiting. These include Information Technology, Nursing Consultant and Public Health Advisor staff with specific skills and competency levels. We are also increasing outreach to identify experienced environmental health professionals. We are working to ensure we hire people who are able to adapt to the changing face of public health.

### *Training and Performance Planning*

We regularly review the training and mentoring needs of new supervisors and managers to better support them. We also focus on performance planning for all staff, to include setting expectations, identifying training plans and completing quality performance assessments in a timely manner. We will need new skill sets in the next five years to help our staff transition as the world of public health changes. We are working to identify future competencies needed and developing a plan to meet those needs.

### *Aging Workforce*

As many workers in the baby boomer population reach retirement age, we will be challenged to retain their knowledge and experience.

We are assessing the eligibility of staff for retirement and working to identify trends that will help make informed decisions about workforce planning, like recruiting processes, targeted outreach to create needed applicant pools. In the last two years, we have had record levels of retirements across the Agency. We anticipate this trend to continue for the next eight to ten years.

A key component of our workforce planning will be designed around succession planning and knowledge transfer. Aggressive identification of areas of vulnerability along with the creation of mentoring opportunities, training plans and resources for preserving information will be included in the plan. One example of addressing the aging workforce is in our Office of Radiation Protection, where we have already created a mentoring program to share some of the historical and specialized knowledge between retiring employees and those remaining in the program.

## **Links between the Strategic Plan and the Agenda for Change/State Health Improvement Plan**

We enjoy a strong collaboration and partnership with our 35 local health jurisdictions. We have formed a Public Health Improvement Partnership where workgroups are chaired by a state representative and a local representative. One workgroup, called Agenda for Change, focuses on setting priorities that guide the future directions we set as a public health system, in addition to establishing a small set of specific action items that should be pursued immediately in order to most effectively improve the health of the public. The documents which identify statewide health priorities include the Health of Washington State, the 35 Local Public Health Indicators, and the Agenda for Change. We have aligned our strategic plan with these on-going work efforts and are actively working to incorporate them into a single and concise State Health Improvement Plan.

Given current economic conditions and declining local, state and federal revenues, one element of the Plan is a long-term strategy for predictable and appropriate levels of financing for our public health system. A Public Health Funding Sub Group is working with nationally recognized experts to define core capacities, activities, and services that should comprise the core of public health services that is to be available statewide and funded by state and local flexible funds. Costs to deliver such services are to be identified. As the long-term strategy is incorporated into the State Health Improvement Plan it can be shared with local and state policy makers in future budget discussions and deliberations.

## **Linkage between the Agency Strategic Plan and Quality Improvement Plan**

In order to improve processes, programs, and interventions it is necessary to link many of our strategies to the agency's Quality Improvement Plan. Strategies within the strategic plan that improve or enhance current activities or services will be considered for inclusion in the agency quality improvement plan. This will result in effective planning and implementation of the strategic plan. Strategies being considered for inclusion where gaps have been identified and where process improvements can be made are:

- Goal 1, Objective 1, Strategy 1: Increase our capacity to receive laboratory data through the Washington State Health Information Exchange (HIE) into Public Health Reporting of Electronic Data (PHRED) System.
- Goal 1, Objective 1, Strategy 2: Enhance our surveillance systems with data available through HIE.
- Goal 1, Objective 1, Strategy 3: Modernize our integrated infectious disease data collection system.
- Goal 3, Objective 1, Strategy 1: Remove barriers and streamline regulatory process.
- Goal 4, Objective 1, Strategy 2: Implement an Enterprise Content Management system to provide more efficient and cost effective management of agency records.
- Goal 4, Objective 2, Strategy 1: Modernize our fiscal monitoring system to ensure accountability for contracted funds.
- Goal 5, Objective 1, Strategy 1: Develop and implement a workforce development plan.

## **Strengths and Weaknesses**

Our strengths and weaknesses can be broken down into five primary categories: Market, Stakeholder, Internal Capability, Technology, and Legal/Regulatory. Our strengths include skilled staff, innovative partners, the support of our Governor and the Legislature, and abundant data. Our opportunities for improvement include integrating more of our systems by repurposing some assets and resources, and by leveraging shrinking resources more prudently.

## **We are A Performance-Based Organization**

We are a performance-based organization, using performance measures and data to focus our efforts so that we all work to achieve common goals. We work to establish expectations in measurable terms, collect data on progress, and make decisions with the collected information to adjust course when necessary. This is not a one-time effort; it is our way of doing business.

We believe that what gets measured gets done. The process of establishing and measuring progress against measurable objectives enables everyone to clearly understand where we stand relative to our expectations. Focusing on the established objectives allows us to be proactive in addressing issues.

Being a performance-based organization requires involvement by staff at all levels. To develop this strategic plan, we started with input from staff and external stakeholders. Senior management then established the goals, objectives, and strategies. Goals provide direction and objectives narrow the focus by establishing measurable targets and deadlines against which progress will be measured. Staff identified the strategies to achieve each objective and will develop action plans for each objective. Engagement at every level is essential to achieve our goals.

## **Vision, Mission, and Values**

The vision, mission, and values are the foundation for any strategic plan. Together, they identify why an organization exists, where it wants to go, and how it wants to conduct business. Our vision statement expresses the optimal state of being.

### **Vision**

People enjoy longer and healthier lives because the Department of Health leads changes in policies, systems, and environments that prevent illness and injury, promote healthy communities, and encourage healthy lifestyles.

For governmental organizations, mission statements are derived from statutory responsibility. Since our programs encompass a wide variety of work, all focused on the health of people in Washington, we identified a broad mission statement.

### **Mission**

The Department of Health works to protect and improve the health of people in Washington State.

We identified how we intend to conduct our business while fulfilling our mission in the form of values.

## Values

- **Ethics:** We honor the public's trust and maintain the highest standards of accountability and ethics.
- **Diversity:** We value and respect diversity and recognize the benefit it brings in understanding and serving all people.
- **Respect:** We value all employees and treat each other with respect.
- **Communication:** We value effective, responsive and timely communication, and our role as a trusted source of health information.
- **Collaboration:** We work collaboratively with partners and communities to improve health and support a strong public health system.



## Goals, Objectives, Strategies, and Performance Measures

Our Senior Management Team developed five strategic goals. While the priorities of public health are numerous, with a great degree of difficulty, we narrowed our goals to areas of public health that require immediate attention while remaining achievable with limited or no additional resources.

The first three goals address issues identified by the US Department of Health and Human Services (HHS) Healthy People 2020 Objectives. The last two goals focus on improved quality and timeliness of our administrative functions and preparing the public health workforce of tomorrow.

Strategies and performance measures were developed based on these goals as identified by the Senior Management Team, with staff working in their specific areas. These performance measures help refine and focus the goals by identifying a measurable activity that determines progress in attaining the goal. The individual strategy teams then identified targets and deadlines for achieving targets.

The goals, objectives, strategies, and performance measures are described in the following pages.





## **Goal # 1:** **People in Washington are protected from acute communicable diseases and other health threats.**

We must prevent disease when we can, identify outbreaks quickly when they happen, and be ready to respond to emergencies. The sooner we can identify health threats, the sooner we can engage our partners and take action. In order to be effective, we need to implement successful vaccination strategies and develop integrated systems to collect and report key public health and medical data. We need to work with our partners to prioritize acute health threats, assess system capacity and plan our response. Using tools like Washington State's new Health Information Exchange, in conjunction with modernized health care electronic reporting capabilities, we can create a rapid response public health system.

**Priorities of  
Government**  
Statewide Result #3

*Improve the health of  
Washingtonians*

## Focus Area

### Health Information Exchange

For the past several years, hospitals and health care providers have been implementing electronic tools to support their business processes. This includes converting from paper-based to electronic medical recordkeeping systems. The American Reinvestment & Recovery Act enacted on February 17, 2009 includes many measures to modernize our nation's medical technology infrastructure. The federal Centers for Medicare and Medicaid (CMS) pays hospitals and providers to implement certified Electronic Health Record Technology. The Washington State Department of Health already receives electronic reporting files for notifiable conditions from about 20 providers.

Systems that facilitate the sharing of health information are referred to, in general terms, as Health Information Exchanges (HIE). Using the HIE significantly reduces the cost for the department to maintain secure and confidential connections with providers and local health jurisdictions. In Washington, the Governor assigned oversight of setting up the HIE with the state agency, Washington State Health Care Authority.

Data systems maintained by the department such as the Child Profile Immunization Registry (our state's immunization information system), syndromic surveillance, Comprehensive Hospital Abstract Reporting System (CHARS) and electronic death reporting are evolving to receive electronic information from health care facilities and providers either directly or indirectly.

With the potential for reduced health care costs and improved care, HIE offers potential public health benefits for surveillance and assessment systems. Benefits to the department include:

- Improved timeliness and completeness of notifiable conditions reporting, allowing more rapid investigation.
- Reduction of department resources to maintain independent electronic connections to all health care facilities and providers.
- Efficiency in collecting hospital data in CHARS, Trauma Registry, and the Washington State Cancer Registry.
- Expansion of surveillance for non-infectious conditions including diagnosis, screening and clinical information for conditions of public health importance such as obesity, heart disease, stroke, diabetes, injury, asthma, and cancer.
- Development of an emergency department dataset to monitor conditions of public health importance, such as asthma, and to assess access to primary care.
- Obtain patient information for coordination of care for chronic diseases.

### Factors Influencing Success

- **HIE Participation.** Usefulness of information available through the statewide HIE depends on continued expansion of HIE to include all potential reporters and agreements with the department to provide selected data elements.

- **Communication and relationships with external partners.** The department will need to establish and maintain strong relationships with several external partners, One Health Port, the contractor building the HIE, the Washington State Health Care Authority that has oversight of the HIE, and other participants in the HIE (e.g., hospitals, providers). We will need to communicate with local health jurisdictions as we work with facilities in their jurisdictions. Successful implementation of the participation agreement and electronic connection with the HIE are the first steps that will enable the agency to use the HIE.
- **Limited epidemiological and information technology staff resources and funding.** Resources are needed to accomplish the goals of all programs. A stable, long term funding source is needed for additional technical staff and a reorganization of priorities will be necessary to move the project ahead and to allow sustainability.
- **System and data silos.** Data are often siloed within the agency. Each system has a specific set of data elements and there are currently limited mechanisms for leveraging the data in one system to improve the value of data in another. Many of these systems need major changes to allow them to accept messaging through HIE to meet the Health Level Seven International (HL7) standard for interoperability of health information technology.

## Health Information Exchange

Objective 1				
Our surveillance systems support early detection and swift response	Strategy 1	Performance Measures	Baseline	Target
	Enhance our surveillance systems with data available through the HIE	Increase the number of department systems using the HIE	0 as of January 2012	2 by June 2014
		Develop an implementation guide for provider participants in HIE	0 as of January 2012	100% complete by July 2015

## **Focus Area**

### **Electronic Laboratory Reporting**

Laboratory reporting of notifiable conditions is one of the quickest and most reliable mechanisms for alerting public health to a potential disease outbreak. While physicians, hospitals, and private laboratories around the state all report illnesses, labs provide the most accurate information. Electronic reporting of lab results permits disease investigation and interventions to start more quickly.

Automated Electronic Laboratory Reporting speeds up outbreak identification. It identifies 4.4 times as many cases as traditional, paper-based methods and identifies those cases 7.9 days earlier.<sup>1</sup> Electronic reporting also improves the completeness and timeliness of disease surveillance, which improves public health awareness and reporting efficiency.<sup>2</sup> This system has the potential to make a large impact on the timeliness and the completeness of communicable disease reporting.

We have chosen the HIE for secure automated exchange of medical record information. This strategy is focused on fully taking advantage of the HIE for the transport of laboratory reports of notifiable conditions from hospitals and labs to the Public Health Reporting of Electronic Data system (PHRED), the system used by state and local public health.

Using PHRED will eliminate the need for state public health to maintain single purpose electronic connections with providers and hospitals on the HIE, but allows all of health care, including public health to utilize the same system for sharing highly confidential medical information necessary to protect and improve the health of people in Washington State.

### **Factors Influencing Success**

In order to allow laboratory reports to be sent through the HIE, we must adopt the HIE as a mechanism for exchanging electronic medical records for all notifiable conditions reporting with the public health partners of Washington. Multiple steps must be completed prior to adoption, including resolving issues related to handling confidential medical records, funding, creating a single department connection to the HIE, and signing participation agreements with hospitals and laboratories. Components necessary to success include:

- Develop an agreement that multiple electronic connections will be consolidated through the HIE. Special attention will be placed on those facilities requesting this consolidation.
- Implement the participation agreement with One Health Port.
- Modify PHRED to meet the HL7 standard for interoperability of health information technology.
- Add newly mandated notifiable conditions to PHRED.
- Reliable long term funding to maintain and operate PHRED and the electronic connections of PHRED to other surveillance systems.

## Electronic Laboratory Reporting

<b>Objective 1</b>				
Our surveillance systems support early detection and swift response	<b>Strategy 2</b>			
	Increase our capability to receive laboratory data through the Washington State Health Information Exchange (HIE) into Public Health Reporting of Electronic Data (PHRED) system	<b>Performance Measures</b>	<b>Baseline</b>	<b>Target</b>
		Percent of laboratories reporting notifiable conditions through HIE	0% as of January 2012	95% by January 2016

## Focus Area

### Public Health Issues Management System

In Washington State, acute and chronic notifiable conditions are reported to Washington's local health agencies by health care providers, facilities, and laboratories so public health can take action to control the spread of disease. Our current disease data collection system centers on a web based electronic system called the Public Health Issues Management System (PHIMS) developed in the early 2000s. Local health staff manually enters case information into PHIMS. Cases are then electronically reported to the department through PHIMS, allowing the coordination of disease investigations. PHIMS also allows reporting to the Centers for Disease Control and Prevention (CDC). We also currently maintain additional systems independently of PHIMS that collect data which are useful for case investigation and follow-up.

Upgrading or replacing PHIMS is expected to improve early detection and swift response by:

- Identifying and incorporating the business needs of both local and state health epidemiologists and disease investigators into the new modern system.
- Increasing efficiencies by reducing the amount of time spent entering information. This will be accomplished by:
  - Electronically populating case reports of notifiable conditions with electronic health data received via the HIE.
  - Electronically populating case reports with lab results reported through PHRED.
  - Electronically populating case reports with immunization information.
  - Reducing double data entry into local and state health systems.
- Improving coordination of efforts between conditions and local health agencies.
- Improving ability to evaluate surveillance data and take advantage of information available in other systems.

### Factors Influencing Success

**Identifying a sustainable funding mechanism** – Our current infectious disease data collection system, PHIMS, has been historically supported through federal Public Health Emergency Response funds. This funding source, administered through the CDC is unsustainable. We need a long term, sustainable funding source to ensure the success of implementing and maintaining a new system.

**Meeting state and local health business needs** – While all local health agencies currently use PHIMS to report acute notifiable conditions to the department some do not use PHIMS as the central database because it does not meet business needs. They rely instead on secondary locally-based systems. Many local health agencies use in-house databases for chronic conditions that are not reported through PHIMS. An upgrade or replacement will ensure that the system meets department and local health business needs and can be used as the primary database for all users.

**Planning a sound approach that addresses the needs of the state public health system** – An internal department workgroup will plan a process for engaging state and local stakeholders in developing recommendations for modernizing Washington's notifiable conditions reporting

system. It will develop an external workgroup of local and state stakeholders to take actions necessary to provide recommendations for funding and modernizing Washington’s notifiable conditions reporting system.

**Modernizing the notifiable conditions reporting system** – The current PHIMS is aging and does not provide the functionality necessary to leverage the rapidly evolving advancements in medical or public health informatics. It also does not easily allow for essential surveillance tasks such as data extraction for epidemiologic analysis.

**Addressing technological challenges** – Populating the state’s next generation of integrated infectious disease data collection system with data presents challenges for the staff who develop, maintain and use the system. A sustainable, competent workforce will be needed for the next generation to succeed in enhancing early detection and swift response to acute communicable diseases and other health threats detected through the system.

### Public Health Issues Management System

<b>Objective 1</b>				
Our surveillance systems support early detection and swift response	<b>Strategy 3</b>			
	Modernize our integrated infectious disease data collection system	<b>Performance Measures</b>	<b>Baseline</b>	<b>Target</b>
		Percent of new system built	0% as of January 2012	100% by December 2014
	Percent of local health using the new electronic data collection system	0% as of January 2012	90% by December 2016	

## **Focus Area**

### **Public Health Emergency Preparedness and Response**

Determining state and local public health preparedness priorities represents a key national preparedness challenge. In order to help this effort, the CDC developed 15 capabilities to serve as national public health preparedness standards.

CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* is a guidance document for state and local jurisdictions to organize their work, plan their priorities, and decide which capabilities they have resources to build or sustain. Preparedness capabilities help ensure federal preparedness funds are directed to priority areas within individual jurisdictions.

This cooperative agreement uses a capabilities-based approach as defined in the guidance document. Within each capability there are functions which need to be in place to achieve the capability. Within each function, resource elements identify what a jurisdiction needs to have, or have access to, (via an arrangement with a partner organization or memoranda of understanding) to successfully perform a function and associated task. The CDC states that all grantees must address and achieve a level of readiness for all 15 capabilities.

#### **CDC Public Health Emergency Preparedness**

##### **Gap Analysis**

In order to better understand gaps and priorities at the local level, each of our state's 35 local health jurisdictions is completing a gap analysis. The gap analysis survey tool is divided into two parts: the first part includes 136 resource elements the CDC designated as "priority resource elements," the second part includes 289 recommended resource elements.

Local health agencies were asked to rate the priority of the resource element within their jurisdiction (high, medium, or low) and note progress made toward accomplishing each resource element (not started, in progress, or completed). This information will help identify existing gaps across the state, and help determine where resources should be allocated. Gap analysis data results will be shared with each respective local health agency.

#### **Office of the Assistant Secretary for Preparedness and Response**

##### **Hospital Preparedness Program**

Within the national Hospital Preparedness Program, the Assistant Secretary for Preparedness and Response identified 13 capabilities to better prepare the nation's health care system for increased disaster medical surge capacity and capability. These capabilities coupled with the National Incident Management System, meeting the needs of at-risk populations, training, and exercises form the foundation of health care disaster preparedness in times of large scale emergencies. In the past, the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program, and CDC Public Health Emergency Preparedness grants have been applied for, managed, and implemented separately. This has presented considerable challenges in terms of department fiscal and program implementation activities. During 2012, both grants are going to be aligned in an

effort to streamline the application for grant funds and implementation of grant activities. As part of the Assistant Secretary for Preparedness and Response and Public Health Emergency Preparedness grant alignment, the following health capabilities are under development: information sharing, medical surge, community/health care resilience, volunteer management, responder safety and health, fatality management, and emergency operations.

## Factors Influencing Success

- Stable CDC and Assistant Secretary for Preparedness and Response funding allocations.
- Local health participation in gap analysis.
- Local health participation in development of annual work plans that address the 15 CDC capabilities.
- Local health resources available to fulfill CDC capabilities, functions, and resource elements.
- Completion of the Assistant Secretary for Preparedness and Response needs assessment.
- Development of the Assistant Secretary for Preparedness and Response work plans to address newly developed capabilities, functions and individual resource elements.

## Public Health Emergency Preparedness and Response

Objective 2				
Our emergency preparedness system can respond to priority public health threats	Strategy 1			
	Evaluate and enhance the public health system readiness to meet and respond to priority hazards	Performance Measures	Baseline	Target
		Percent of completed local health gap analysis	0% as of December 2011	100% by April 2012
		Percentage of completed local health work plans	0% as of December 2011	100% by May 2012
		Percentage of Health care Coalition Leads participating in an assessment of HPP capabilities	0% as of December 2011	100% by March 2013
Percentage of regional health coalition work plans completed	0% as of December 2011	100% by August 2013		

## Focus Area

### Childhood Immunizations

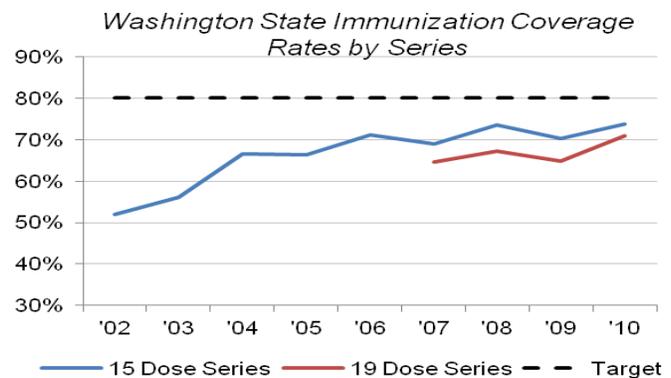
Vaccines are among the most effective ways to protect our children and communities against infectious diseases. In recent years, misinformation about the benefits and safety of vaccines is leading to increased parent questions and concerns. Some parents are deciding to delay or skip immunizations for their children. Skipping or delaying immunizations decreases immunization rates and increases exemption rates for school and child care immunization requirements. When fewer children get immunized, more people are at risk of dangerous diseases, leading to higher costs for public health, medical systems, and families.

Parents need reliable information on the risks of vaccine-preventable diseases and the value of vaccines. We're working with Vax Northwest, a public-private partnership focused on increasing on-time immunizations in young children. The partnership developed (and is evaluating) activities to engage parents in settings where we know they form their opinions and make decisions about vaccines: their own communities and health care provider offices and clinics. We will work with parents in multiple ways, so their concerns are acknowledged, their questions are addressed, and they feel supported to fully immunize their child on-time. For example:

- “The Immunity Community” is a community intervention campaign that gives parents who do immunize their children tools to speak out in support of and share information about immunization. Parent engagement can happen in schools, child care, parenting groups and other venues where parents of young children gather and share information.
- The randomized clinical trial tests the use of a toolkit and communication training to help providers identify and talk with parents who are hesitant about immunization.

### Factors Influencing Success

Immunization rates can be improved by more parents deciding to immunize on time. We will not see the impact on rates for a few years because there is a delay in data collection and reporting for the National Immunization Survey, a phone survey of parents of 9 – 35 month old children. The graph shows childhood immunization rates, as measured by the National Immunization Survey.



Source: National Immunization Survey, Centers for Disease Control and Prevention 2002-2010.

This information is verified with the child’s health care provider. The 80 percent target for the vaccine series is a national Healthy People 2020 goal. Two vaccine series are measured, one looks at a total of 15 doses of 6 vaccines and a second looks at a series of 19 doses of 7 vaccines. As new vaccines become available, the series changes to include those vaccines.

Improving immunization rates is a continual process and a shared responsibility. Success depends on multiple people and partners and overall high health care infrastructure, like making sure kids have health insurance and access to a health care provider. Getting kids the right immunizations at the right time takes four critical actions. Our interventions target steps two and three below:

1. Parents need to get the child to their health care provider for each of their well-child checkups at the right age and the health system needs to support that.
2. The provider must be prepared to give the right vaccines at the right time, including having viable vaccine in their refrigerator and knowing the immunization schedule.
3. The parent agrees to get all recommended vaccines for the child.
4. The provider gives the vaccines and records the data.

### Childhood Immunizations

Objective 3				
Our partnerships and activities increase immunization rates and reduce school exemption rates	Strategy 1			
	Develop interventions that reduce vaccine hesitancy among parents and providers	Performance Measures	Baseline	Target
	Vaccine Hesitancy Intervention with Providers - Number of clinics enrolled	0 as of January 1, 2012	50 by December 31, 2012	
Immunity Community intervention with parents - Number of schools, preschools or child cares enrolled	4 as of January 1, 2012	10 by June 1, 2013		

NOTE: The Centers for Disease Control and Prevention conducts an annual survey to gather immunization rate data nationally as an indicator of population health. This data identifies children 19-35 months who receive all recommended vaccines, which is a 19 dose series. The national Healthy People 2020 target is 80 percent coverage among this population. In 2010, the CDC reported Washington coverage at 71 percent.

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## **Goal # 2:** **Policies and systems in Washington support a healthy start to life and ongoing wellness for all.**

Policies and systems that help prevent disease and injury are key to improving Washington's health. When we invest in prevention, the benefits are broadly shared. Children grow up in communities, homes, and families that nurture their healthy development, and people are productive and healthy, both inside and outside the workplace. Businesses benefit because a healthier workforce reduces long-term health care costs and increases stability and productivity. Communities that offer a healthy, productive, stable workforce can be more attractive places for families to live and for businesses to locate. The Department of Health cannot alone create healthy communities. We work with a broad range of partners to understand challenges faced in communities and work to improve health and wellness for all through prevention.

**Priorities of Government**  
Statewide Result #3

*Improve the health of Washingtonians*

## **Focus Areas**

### **Healthy Communities**

Our aim is to improve the health and quality of life for individuals, families and communities by moving the focus from sickness and disease prevention to wellness. These strategies focus on increasing the number of people in Washington who are healthy at every stage of life.

In Washington, five of the seven leading causes of death are from chronic disease. Major risk factors for these diseases include tobacco use, physical inactivity, and poor nutrition. We look at these risk factors across the entire population and among specific groups to determine our activities and how we will measure our performance in these areas.

We work with partners at the local, state, and national level to promote:

- Tobacco-free living.
- Healthy eating.
- Active living.

We target our efforts in communities with health inequities that have a higher prevalence of risk behaviors, disease burden, and lower levels of education and income.

### **Factors Influencing Success**

The department alone cannot create healthy communities. We must engage decision-makers to include health and wellness in the policies, systems, and environments they control. Partners include local government, housing, transportation, education, and business leaders among others. For communities that experience a disproportionate burden of disease, we align approaches with local culture, language, and literacy to meet their needs.

The department has established a Community Transformation Leadership Team. The secretary of the department and the Executive Director of the YMCA co-chair the team. They will influence statewide change. Governmental members include leaders from:

- The Governor's Office.
- Department of Social and Health Services.
- Washington State Health Care Authority.
- Department of Transportation.
- Washington State Department of Agriculture.
- Office of the Superintendent of Public Instruction.
- Department of Early Learning.
- Local Health Jurisdictions.

Non-governmental partners include leaders from the:

- YMCA.
- American Indian Health Commission.
- Group Health Cooperative.
- Washington Hospital Association.

- Washington State Association of Community and Migrant Health Centers.
- The Washington Association of Counties.
- Washington Grocers.
- Recreational Equipment Inc. (REI).
- Pacific Northwest Regional Housing Authority.

The Leadership Team meets regularly to:

- Coordinate policies and leverage investments.
- Provide guidance to the department's programs.
- Support the work of the department's programs.
- Coordinate efforts within the individual members' spheres of influence.

We are making strategic changes across the state over the next five years that build a foundation for reducing chronic disease. We will do this in part by focusing resources in communities in our state where people lack opportunities for healthy living.

## Healthy Communities

Objective 1				
We promote health and reduce health disparities through policy change	Strategy 1			
	Engage new partners to enact policy and systems changes that support tobacco-free living, active living and healthy eating	Performance Measures	Baseline	Target
		Number of counties addressing all three areas – tobacco, nutrition, and physical activity	13 as of December 2011	19 by December 2016
	Strategy 2			
	Reduce health inequities in communities that experience a disproportionate burden of disease	Performance Measures	Baseline	Target
		Number of public housing association units with a no smoking policy	20,875 as of 2012	36,000 by 2016

NOTE: Two population indicators related to this objective include the rate of adult obesity and the rate of smoking among people with less education. According to the 2010 Behavioral Risk Factor Survey, 26 percent of Washington adults were obese compared to 27 percent nationally and 24 percent of Washington adults with less education report smoking, compared to 26 percent nationally. We monitor these rates as key indicators of population health.

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**Goal # 3:**  
**Everyone in Washington has  
improved access to safe, quality,  
and affordable health care.**

Patient and consumer safety are among the department's top priorities. The department works to ensure that more than 380,000 health care providers and roughly 6,000 health care facilities comply with health, safety, and professional standards through licensing, investigation, and disciplinary activities. We provide information to health care professionals, health care facilities, and consumers so they can make informed choices.

**Priorities of  
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Washingtonians*

## **Focus Area**

### **Health Profession Licensing**

#### **Removing Regulatory Barriers**

Technology, advances in health care practice, and health care reform are rapidly changing patient care. Change is happening faster than the department can update its health profession rules. These rules establish minimum enforceable standards to promote, preserve, and protect the health, safety, and welfare of the people of Washington. It is our responsibility to facilitate changes and establish appropriate standards to ensure rules do not compromise patient safety. The department will review rules to assess how well they support advances in technology and determine if they create barriers to effective, efficient, and financially sound practices.

The department will:

- Review rules for core practice principles and outdated language and concepts.
- Identify rules that need language changed to ensure clear and comprehensive standards across all settings.
- Identify rules that do not include standards for the use of current and new technology that address patient care and access, accountability, and quality assurance.
- Identify areas of practice not currently addressed in rule.

The scope of this work is to do the initial rule scan and a gap analysis and then prioritize how and when any rule changes will be done.

#### **Factors Influencing Success**

- In addition to department rules, the department, boards, and commissions may identify regulations to modify in order to eliminate barriers, but that require legislative authorization to change. This would require legislative approval.
- Multiple reviews in some professions may need to be conducted because of the rapidly changing health care environment. This may increase the time required to eliminate outdated standards.

#### **Streamlining the Licensure of Military Veterans**

Washington has eighteen military bases and installations. Many military personnel choose to stay here when they retire from the military. It is estimated that one out of every nine residents in Washington are veterans. The department wants to improve the transition of military personnel into the workforce. We will review licensure requirements for some professions to determine if military training can meet certain requirements. This could reduce the amount of time it takes for them to enter the workforce, increasing the availability of providers in the community and making the transition better for veterans.

There are many military occupations that provide education and training in various health care disciplines. However, Washington procedures for qualifying for health care provider licenses

generally focus on education and training obtained in the civilian sector. The department will work with military branches, boards, commissions, and staff to determine which training requirements are met through current military training. Staff will also determine if there are educational training and opportunities in the community to meet missing requirements identified in the military training. This information will be made available so that veterans and staff can collaborate and make it easier for them to enter to workforce more quickly.

## Factors Influencing Success

- To a great extent, the department’s division of Health Systems Quality Assurance will be dependent on military organizations such as the Department of Defense in obtaining detailed information to review the education and training of hundreds of military health care occupations.
- The methodology for analyzing and comparing military occupations and our state regulated health professions will need to be developed and refined.
- Staffing resources to complete these tasks is limited which could make it difficult to complete the project within the identified timeframe.

## Health Profession Licensing

Objective 1				
Our regulatory system supports the delivery of quality and efficient patient care	Strategy 1			
	Remove barriers and streamline regulatory processes	Performance Measures	Baseline	Target
		Review and identify regulatory barriers within rules for 20 programs	0 as of January 2012	20 by June 2014
Decrease the time to process a veteran application	To be determined by June 2012	To be determined by August 2012		

## Focus Area

### Clinical Preventive Care Services

Research and practice prove that clinical preventive services are both effective and cost saving. These services include providing immunizations or medications to prevent disease, screening and early detection of health problems, and providing information to help people make healthy choices, and counseling.

The *National Prevention Strategy*, however, finds that these services are widely under used.<sup>3</sup>

- One of the most effective ways to prevent heart disease and stroke is to improve control of blood pressure. Yet, less than half of Americans with hypertension, and a third of Americans with high cholesterol have good control of their blood pressure.
- Less than half of older adults are up-to-date on a core set of clinical preventive services. These include cancer screening and immunizations.
- Home visiting programs assess and modify homes to reduce asthma triggers, prevent asthma attacks, and help people better manage their asthma. Yet most health insurance plans do not cover these services.
- Colorectal cancer is the second leading cause of cancer-related death in the United States. An estimated 18,000 lives can be saved each year if people got the recommended screenings.
- Diabetes is the leading cause of heart disease and stroke, blindness, kidney failure, and lower-extremity amputation. Teaching people how to manage their weight and their diabetes can help prevent problems, improve quality of life, and lower health care costs.

### Factors Influencing Success

The Affordable Care Act reduces barriers so that more people receive clinical preventive services. The Act also helps more people obtain health coverage through Medicaid and adds new Medicare coverage for preventative care. Reducing or removing other financial and cultural barriers will give even more people access to preventative services.

Our first priority is to increase the use of services that offer the highest value. They must be both evidence-based and cost-effective. The National Quality Strategy focuses on preventing cardiovascular disease, which could save tens of thousands of lives each year.<sup>4</sup> The highest value services include the ABCS, which stands for Aspirin therapy, Blood pressure control, Cholesterol reduction, and Smoking cessation.

Public health departments are the key to linking clinical and community-based prevention strategies. Because both clinical and community prevention efforts have many of the same goals,

they can help support each other's efforts. Clinics and primary care teams can refer patients to community-based resources that encourage healthy lifestyle choices. Community programs and community-based teams can help with weight loss, blood pressure monitoring, home-based help to control asthma triggers, and more.

### Clinical Preventive Care Services

Objective 2				
Public health and prevention practices are incorporated into the health care delivery system	Strategy 1			
	Integrate high impact quality clinical prevention services into the health care delivery system	Performance Measures	Baseline	Target
		Number of clinics participating in training and technical assistance	30 as of December, 2011	70 new clinics each year until all clinics are participating
		Number of patients linked to community based prevention programs	30 as of December, 2011	70 new clinics each year until all clinics are participating

## **Focus Area**

### **Health Care Facilities**

Each year the department's division of Health Systems Quality Assurance (HSQA) receives approximately 800 complaints against health care facilities. Health care facilities range from hospitals to ambulatory surgery centers and state institutions that provide health care services to their residents. We investigate these complaints, both under state and federal regulations. Staff evaluate each complaint based on a priority rating and determines the appropriate action. For patient safety, it is critical to investigate and resolve complaints as quickly as possible.

Complaints against facilities are prioritized based on the potential for imminent danger, then serious to moderate risks. The immediate danger is treated as "priority A" requiring us to be onsite within two days of the assignment of the complaint. The serious risks complaints are classified as a "priority B" with a requirement to be onsite within 10 days. The moderate risks complaints are treated as a "priority C" complaint and we need to be onsite within 45 days.

Complaints against regulated entities continue to climb. There was a 16 percent increase in the number of complaints between 2009-2011. Complaints range from issues of infection control issues to patient rights. We believe that not being able to respond to complaints timely may expose patients to risk of harm. Patient safety is part of the department's mission.

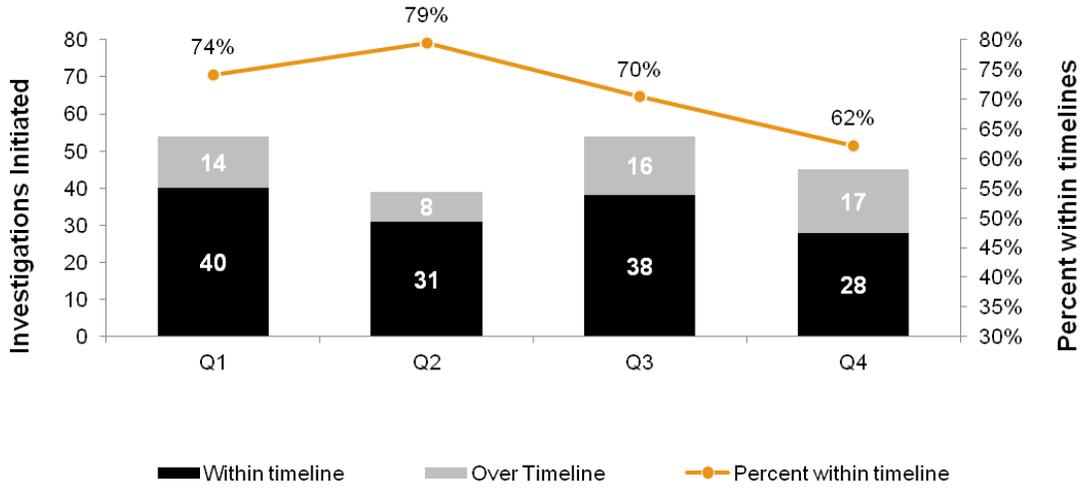
### **Factors Influencing Success**

Under state law, licensing must be self-supporting. In most cases, fees support facility licensing, inspections, and investigation processes. There were some programs where the fees were augmented by general state funds. Those funds are no longer available. All programs are reviewed to insure the fees are set at an appropriate level to fully fund it. In the past we could raise fees through the rule making process which would take a short period of time. In 2007 Initiative 960 was passed which required the department to get legislative approval to increase fees. This has increased the amount of time it takes to "right size" the fees for a profession due to increased oversight and process.

Staff workload jumped dramatically over the past three years. This is a result of more facility regulations, specifically in the area of infection control. More regulations increased the time it takes to conduct routine inspections. Staff that complete complaint investigations also do facility inspections. They must balance workload while keeping public safety at the forefront.

Inspection and investigation staff is made up of registered nurses and public health advisors. The department is experiencing difficulty in recruiting additional staff. There is a recognized shortage of registered nurses in the United States and our state. We are running open recruitments and getting very little response. We are expanding our recruitment resources to try and reach a larger audience of potential candidates. These resources include outlets such as professional recruitment publications and large metropolitan newspapers.

## Facility Investigations Initiated within Timeline Fiscal Year 2011



## Prescription Monitoring

Prescription drug abuse is an increasing public health concern. A Prescription Monitoring Program collects prescription data from pharmacies and other dispensers of controlled substances. Prescription information is then made available to prescribers and other authorized users. Data is also reviewed and analyzed for educational, public health, and investigative purposes. These programs recognize the legitimate need for controlled substances and are not intended to interfere with the legitimate prescribing of these drugs.

Washington and the nation are seeing an increase in unintentional poisoning deaths. Unintentional prescription pain-reliever-involved-overdose-deaths in Washington increased 21-fold from 24 in 1995 to 490 in 2009. In Washington, unintentional deaths from drug overdose have surpassed deaths caused by traffic accidents. The Center for Disease Control (CDC) has identified prescription monitoring programs as an important tool in reducing unintentional poisonings.

Doctor shopping, use of altered, forged or fraudulently obtained prescriptions, pharmacy robberies and burglaries, and inappropriate or illegal prescribing and/or dispensing all contribute to the abuse and diversion of prescription drugs. A prescription monitoring program is one of several strategies Washington is taking to intervene in prescription drug misuse and unintentional poisonings. The program is expected to:

- Enhance patient care by providing practitioners with an additional tool to identify potential patient abuse of controlled substances.
- Facilitate earlier intervention by health care providers to provide patients with safe care and when needed get patients into appropriate substance abuse treatment.
- Reduce unintentional drug overdoses and hospitalizations.
- Reduce the quantity of controlled substances obtained by people who doctor shop.

- Allow for early detection of dangerous drug interactions, abuse trends and to identify possible sources of diversion.

## Factors Influencing Success

- Adequate funding to enhance and maintain the program after the current federal grant expires in June 2013.
- The number of health care practitioner that participate in the program by requesting patient medication reports.
- The level of understanding and coordination between health care practitioners and law enforcement personnel.
- Professional educational efforts to encourage appropriate prescribing of controlled substances.
- Practitioner awareness that the PMP will not interfere with legitimate and appropriate prescribing.

## Health Care Facilities and Prescription Monitoring

Objective 3				
Health care providers and facilities are qualified and provide safe care	Strategy 1			
	Respond to and resolve allegations of misconduct or unsafe care promptly	Performance Measures	Baseline	Target
		Complaint investigations initiated against health care facilities within set timelines	78% as of April 2008	100% by 2016
	Strategy 2			
	Improve systems that impact patient care	Performance Measures	Baseline	Target
		Increase the percentage of prescribers registered to use the Prescription Monitoring Program	0% as of July 1, 2011	15% by December 31, 2012  18% by June 2013



## **Goal # 4:** **Business practices and processes provide the greatest value to the public and ensure accountability.**

The department uses a holistic management approach focusing on aligning all aspects of the department with the wants and needs of our customers. We promote business effectiveness and efficiency while striving for innovation, flexibility, and integration with technology. This approach helps us gain higher customer satisfaction and increase quality in processes, products, and delivery time.

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## **Focus Area**

### **On-Line Business Capabilities**

Studies demonstrate that having fewer health care professionals results in increased medical errors and jeopardizes patient safety.<sup>5</sup> Timely processing of health care provider license applications and renewals ensures access to care, which is an important component of patient safety.

The department's division of Health Systems Quality Assurance (HSQA) licenses and regulates more than 380,000 health care providers in 80 professions. The Online Health Care Provider Licensing project will implement a computer system to allow the online submission of new license applications, renewals, and credit card payments for health care providers. Providing online services directly to license holders and new applicants will decrease processing times. Information consistency and accuracy will improve because edits in the online system will require entry of complete responses. The online system will also provide license holders, new applicants, and employers with more timely information on the status of renewals and applications.

The vendor software to support core licensing and disciplinary activities for health care providers, facilities, and services became operational in February 2008. The department is now actively implementing online license applications and renewals, and credit card payments. The project will deliver online renewal capability for 85 license types and online new application capability for 8 license types by June 2013.

### **Factors Influencing Success**

#### **User Involvement**

User involvement is important to ensuring that the IT system meets customer needs and legal requirements. Business users must be deeply knowledgeable and involved in defining requirements and testing software.

#### **Vendor Performance**

The department has a license to use the vendor software, Integrated Licensing and Regulatory System for online licensing. The department relies on the vendor to maintain the system and implement customizations necessary to meet Washington State statutes. Timely, quality vendor performance will be critical to the department's ability to meet project timelines. The department has implemented appropriate project quality assurance and vendor oversight processes including maintaining regular communications with the vendor technical staff. Department staff has also developed and implemented standard test scripts to reduce testing cycle time and assure that vendor changes meet business requirements. In addition, the agency is working with vendor executive management to encourage the use of robust quality assurance processes at the vendor site.

## On-Line Business Capabilities

Objective 1				
The health information and services we provide meet the needs of our customers and are delivered in efficient and effective ways	Strategy 1			
	Expand our on-line business capabilities	Performance Measures	Baseline	Target
		Number of new license types able to renew online	4 as of January 2012	85 by June 2013
		Number of new license types able to make initial application online	0 as of January 2012	8 by June 2013
	Determine the number of additional license types able to make initial application online	Incomplete as of January 2012	Complete by July 1, 2013	

## Focus Area

### Enterprise Content Management

Over the last few years, we have experienced increased demand for access to department records and a growing expectation for online access to public records. There has even been legislation directing that the state strategic information technology plan include goals for electronic access to government records, information, and services. Records include documents, email, web pages, voice mail, and other electronic data. The desire for open government and access to information through public disclosure and e-discovery is costly, continues to increase, broadens in scope, and increases in complexity.

Enterprise Content Management is both a strategy and a software and provides an opportunity to increase efficiency and effectiveness, and in the long run reduce the cost of conducting business and providing access to records. Enterprise Content Management, defined as a *strategy*, can help enterprises take control of their content and, in so doing, boost productivity, encourage collaboration and make information easier to share. Enterprise Content Management, defined as a *software*, consists of a set of capabilities and/or applications for content life cycle management that can operate together, but that can also be purchased and used separately.

The core components of an Enterprise Content Management suite are document management (version control, security, and library services for business documents), web content management (controlling the content of a website through the use of specific tools based on a core repository), records management (long-term retention of content through automation and policies), image-processing applications (capturing, transforming, and managing images of paper documents), social content (document sharing, collaboration, and knowledge management), and workflow (for supporting business processes, routing content, assigning work tasks, creating audit trails).

### Factors Influencing Success

The challenge to provide a taxonomy, retention schedules, and business rules for electronic media is complex and will require and include development of policies, business rules, rigorous security assessments, maintenance of a secure architecture for our systems, infrastructure and information. As our department information systems become more complex and the need for rapid collection, storage, and distribution of large amounts of data continues to grow, this challenge becomes critically important.

## Enterprise Content Management

Objective 1				
The health information and services we provide meet the needs of our customers and are delivered in efficient and effective ways	Strategy 2			
	Implement an Enterprise Content Management System to provide more efficient and cost effective management of agency records	Performance Measures	Baseline	Target
		Percent of agency unique records schedules updated based on a department classification scheme	0% as of January 2012	20% by October 2012 100% by April 2013
		Percent of Enterprise Content Management Plan completed	0% as of January 2012	80 % by October 2012 100% by January, 2013
Conduct a pilot project that implements a major Enterprise Content Management system component (capture, manage, store, preserve and deliver content and documents related to organizational processes)	0% as of January 2012	100% by September 2012		

## **Focus Area**

### **Assessment**

In the two decades since the Institute of Medicine identified assessment as a core public health function, the science of collecting, analyzing, disseminating and using health and environmental data has become increasingly interdisciplinary and complex. The emerging science of informatics as applied to public health integrates information science and computer science with epidemiology to develop information to inform program planning and policy development. Many departmental public health data systems are legacies of long-standing policies, technologies, and programmatic practices involving data collection, processing and dissemination. For efficient use of department resources and to better serve the needs of data users within the department and statewide, the department will plan and implement a comprehensive public health information system based on principles of public health informatics, such as those outlined by the Public Health Informatics Institute. Current technology and expertise affords new opportunities for addressing these issues, and the implementation of health care reform has potential for providing significant opportunities for change.

The plan will include a vision that:

- Identifies factors that can work together to enhance agency data collection, management, analysis, and dissemination both within the department and with other agencies, jurisdictions, and statewide or national strategic priorities.
- Integrates expertise of and defines roles and responsibilities for epidemiologists, computer and information technology specialists, and communications specialists, and describes how to build the needed workforce and maintain the ability to do the work.
- Informs strategic priorities for achieving the vision based on opportunities and funding.

### **Factors Influencing Success**

Factors which will influence the degree to which we are successful include whether:

- The team can develop an overarching vision which is endorsed by the agency.
- The department has sufficient expertise to develop a workable, coherent plan in line with current technology.
- Departmental staff can establish effective communication with and develop sufficient understanding of information needs of programs within the department, local public health jurisdictions, other external partners, and the “public.”
- Outdated legal requirements and restrictions can be changed or accommodated within the plan.
- The plan can identify activities that do not require new funding or activities for which new funding streams are available.
- Specific technology approaches are compatible with departmental and Enterprise IT policies.

## Assessment

<b>Objective 1</b>				
The health information and services we provide meet the needs of our customers and are delivered in efficient and effective ways	<b>Strategy 3</b>			
	Develop a plan to guide how we collect, manage, analyze, and present data that informs public health decisions	<b>Performance Measures</b>	<b>Baseline</b>	<b>Target</b>
		Percent of plan completed	0% as of January 2012	100% by June 2015

## Focus Area

### Fiscal Monitoring

Nearly 65 percent of the department’s funds get passed through to local health jurisdictions and community based organizations to implement public health programs. As such, our contracting relationships and effectiveness represent a key element in the successful implementation of our public health objectives. Compliance with state and federal rules and regulations in the administration of these funds is also a key risk consideration.

### Factors Influencing Success

The department has maintained and expanded a multi-program fiscal monitoring effort since 2005, which now includes at least 11 federal grant programs. Based on a model derived from the Women, Infants, and Children Nutrition Program, our current fiscal monitoring methodology is carried out by a contracted Certified Public Accountant at a minimal cost to the department. Even so, recent State Auditor findings indicate our fiscal monitoring program may not be sufficient, and certain programs were not supported by adequate documentation.

The department intends to modernize our fiscal monitoring activities to provide reasonable assurance that we have sufficient processes and systems in place to ensure accountability and meet all state and federal reporting requirements.

### Fiscal Monitoring

Objective 2				
The contracts we administer ensure performance, accountability, and responsible use of resources	Strategy 1			
	Modernize our fiscal monitoring system to ensure accountability for contracted funds	Performance Measures	Baseline	Target
		Number of federal grant programs passed through to sub-recipients for which the Department requires documentation to support the payment invoices submitted by those sub-recipient.	25% as of January 2012	35% by 2013 45% by 2014 55% by 2015

		Increase percent of fiscal monitoring visits to community based organizations and local health jurisdictions	30% as of January 2012	40% by 2013 50% by 2014 60% by 2015
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**Goal # 5:**  
**Our workforce has the depth of expertise and leadership needed to meet current and future public health challenges.**

A health department workforce development plan can ensure that staff development is addressed, coordinated, and appropriate for the health department's needs. Staff job duties and performance should be regularly reviewed to note accomplishments and areas that need improvement. This approach can provide workforce development guidance for the individual and may point out gaps in competencies and skills for the health department.

**Priorities of  
Government**  
Statewide Result #3

*Improve the health of  
Washingtonians*

## **Focus Area**

### **Workforce Development**

Well-developed staff at all levels provide improved professional guidance and leadership for our stakeholders and help focus our efforts towards new public health challenges we face. By focusing on staff development and using resources effectively, we will be able to prepare staff as strong leaders and contributors to both local and national public health efforts and be able to support the local health jurisdictions in their participation in these efforts.

Efficient and effective training and development approaches will ensure that our staff has the skills and expertise needed to accomplish their public health work. We will design our workforce development plan with tools to successfully prepare to replace an aging and largely retirement eligible workforce. The plan will ensure effective use of scarce resources and that processes are standardized to be of most benefit to all department staff.

Due to an increase in retirements (35 through October 31, 2011), which the highest rate is for each of the past six years), we are concerned about the loss of staff experience and knowledge. Our plan will identify the 'new' skills and competencies we need to transition the public health workforce to meet the goals of the department for the future.

### **Factors Influencing Success**

Factors which influence the degree to which we are successful include whether:

- Staff and resources are committed to ensure the success of this project.
- We can make reasonable assumptions on retirement and retention activities in a changing environment.
- We create a plan that is flexible and nimble enough to adjust to on-going changes in the health community.
- Funding is made available to support the project.
- The department makes changes to current processes and commits to new ways of doing business in the areas of training, workforce development, and recruitment.
- Each division participates to provide these services for the whole department.

The performance measures below are comprised of survey results and feedback provided in exit interviews by DOH staff in order to demonstrate the agency's success in meeting our workforce development goal. These performance measures will indicate whether the framework and project outcomes have been met, in addition to determining the overall reach and impact.

## Workforce Development

Objective 1	Strategy 1			
We have a workforce development system that coordinates and promotes the growth and development of all employees	Develop and implement a workforce development plan	Performance Measures	Baseline	Target
		Increase rates of the results of the employee survey in the following two areas:  Employee engagement survey <ul style="list-style-type: none"> <li>• Q12: I know how my agency measures its success</li> </ul>	As of 2011:  Q12: 56%	Same or better results by 2013,  5% increase by 2015
		General state employee survey <ul style="list-style-type: none"> <li>• Q5: I have opportunities at work to learn and grow.</li> </ul>	Q5: 58%	
<ul style="list-style-type: none"> <li>• Q6: I have the tools and resources I need to do my job effectively.</li> <li>• Q21: I receive training to do my job well.</li> </ul>	Q6: 78%  Q21: 57%			

		Increase in agency's overall success in providing tools, training, and development opportunities	Baseline survey to be conducted July 2012	5 % increase by July 2014
		Percent of managers and supervisors with core leadership competencies	Baseline survey to be conducted by July 2013	5% increase by October 2015

## Next Steps

Performance-based organizations rely on data to make decisions. Now that we have defined goals, objectives, strategies, and performance measures, we must measure our progress against the baseline data.

We have established data collection methods along with analysis and reporting mechanisms to collect data, examine progress, and report results. The reporting period may vary by strategy, and although strategies may be measured over different periods we monitor and report our progress regularly.



Senior Management Team members are assigned goal areas so they can track progress on our action plans, address barriers to progress, and determine if a change of direction is needed. When our efforts are not having the desired effect, we analyze the reasons and identify if we should make a change in our strategy or target. Enacting change based on data is the hallmark of a performance-based organization.



# Appendices

# Goals, Objectives, Strategies, and Performance Measures Summary Reference Guide

## **Goal 1: People in Washington are protected from acute communicable diseases and other health threats.**

### **Objective 1: Our surveillance systems support early detection and swift response.**

Strategy 1: Enhance our surveillance systems with data available through the Washington State Health Information Exchange (HIE).

PM 1: Increase the number of department systems using HIE.

PM 2: Develop an implementation guide for provider participants in HIE.

Strategy 2: Increase our capability to receive laboratory data through HIE into Public Health Reporting of Electronic Data (PHRED) system.

PM: Percent of laboratories reporting notifiable conditions through HIE.

Strategy 3: Modernize our integrated infectious disease data collection system.

PM 1: Percent of new system built.

PM 2: Percent of local health jurisdictions using the new electronic data collection system.

Objective 2: Our emergency preparedness system can respond to priority public health threats.

Strategy 1: Evaluate and enhance the public health system's readiness to meet and respond to priority hazards.

PM 1: Percent of completed local health gap analysis.

PM 2: Percentage of completed local health work plans.

PM 3: Percentage of health care coalition leads participating in an assessment of Hospital Preparedness Program (HPP) capabilities.

PM 4: Percentage of regional health coalition work plans completed.

Objective 3: Our partnership and activities increase immunization rates and reduce school exemption rates.

Strategy 1: Develop interventions that reduce vaccine hesitancy among parents and providers.

PM 1: Vaccine Hesitancy Intervention with providers – Number of clinics enrolled.

PM 2: Immunity Community Intervention with parents – Number of schools, preschools, and child cares enrolled.

**Goal 2: Policies and systems in Washington support a healthy start to life and ongoing wellness for all.**

**Objective 1: We promote health and reduce health disparities through policy change.**

Strategy 1: Engage new partners to enact policy and systems changes that support tobacco-free living, active living, and healthy eating.

PM: Number of counties addressing all three areas – tobacco, nutrition, and physical activity.

Strategy 2: Reduce health inequities in communities that experience a disproportionate burden of disease.

PM: Number of public housing association units with a no smoking policy.

**Goal 3: Everyone in Washington has improved access to safe, quality, and affordable health care.**

**Objective 1: Our regulatory system supports the delivery of quality and efficient patient care.**

Strategy 1: Remove barriers and streamline regulatory processes.

PM 1: Review and identify regulatory barriers within rules for 20 programs.

PM 2: Decrease the time to process a veteran application.

**Objective 2: Public health and prevention practices are incorporated into the health care delivery system.**

Strategy 1: Integrate high impact quality clinical preventive services into the health care delivery system.

PM: Number of clinics participating in training and technical assistance and linking patients to community-based prevention programs.

**Objective 3: Health care providers and facilities are qualified and provide safe care.**

Strategy 1: Respond to and resolve allegations of misconduct or unsafe care promptly.

PM: Complaint investigations initiated against health care facilities within set timelines.

Strategy 2: Improve systems that impact patient care.

PM: Increase the percentage of prescribers registered to use the Prescription Monitoring Program.

**Goal 4: Business practices and processes provide the greatest value to the public and ensure accountability.**

**Objective 1: The health information and services we provide meet the needs of our customers and are delivered in efficient and effective ways.**

Strategy 1: Expand our on-line business capabilities.

PM 1: Number of new license types able to renew online.

PM 2: Number of new license types able to make initial application online.

PM 3: Determine the number of additional license types able to make initial application online.

Strategy 2: Implement an Enterprise Content Management (ECM) system to provide more efficient and cost effective management of agency records.

PM 1: Percent of agency unique records schedules updated based on a department classification scheme.

PM 2: Percent of Enterprise Content Management Plan completed.

PM 3: Conduct a pilot project that implements a major Enterprise Content Management system component (capture, manage, store, preserve, and deliver content and documents related to organizational processes).

Strategy 3: Develop a plan to guide how we collect, manage, analyze, and present data that informs public health decisions.

PM: Percent of plan completed.

**Objective 2: The contracts we administer ensure performance, accountability, and responsible use of resources.**

Strategy 1: Modernize our fiscal monitoring system to ensure accountability for contracted funds.

PM 1: Increase percent of sub recipient contracts that include object level detail in invoicing requirements.

PM 2: Increase percent of fiscal monitoring visits to community-based organizations and local health jurisdictions.

**Goal 5: Our workforce has the depth of expertise and leadership needed to meet current and future public health challenges.**

**Objective 1: We have a workforce development system that coordinates and promotes the growth and development of all employees.**

Strategy 1: Develop and implement a workforce development plan.

PM 1: Increase rates of the results of the employee survey in the following two areas:

Employee engagement survey:

Q12: I know how my agency measures its success.

General state employee survey:

Q5: I have opportunities at work to learn and grow.

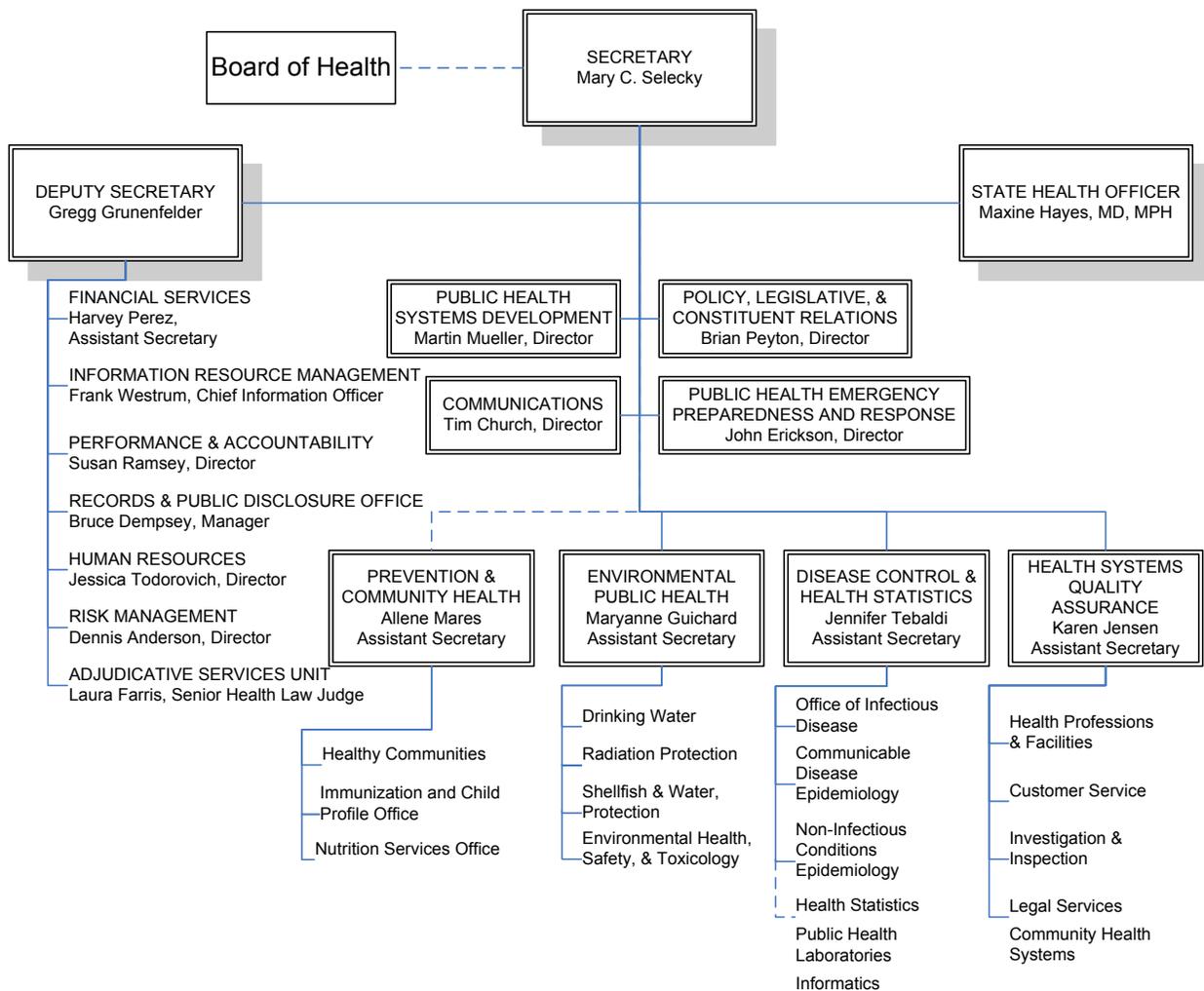
Q6: I have the tools and resources I need to do my job effectively.

Q21: I receive training to do my job well.

PM 2: Increase in agency's overall success in providing tools, training, and development opportunities.

PM 3: Percent of managers and supervisors with core leadership competencies.

Washington State  
**Department of Health**  
 Organizational Chart • March 2012



## Statutory Authority

The department has a very broad range of responsibilities, including significant regulatory authority in many areas of government. As a result, the department's authorizing statutes exist under many titles in state law. A more detailed, comprehensive list of department statutory authority is online (<http://www.doh.wa.gov/Rules/DOHRCW.htm>).

Title 43	<p><b>State Government Executive</b>  This title sets forth the legislative intent in establishing the Department of Health, shown below. Additional chapters address water supply and radioactive waste.</p> <p><b>RCW 43.70.005</b>  It is the intent of the Legislature to form such focus by creating a single department in state government with the primary responsibilities for the preservation of public health, monitoring health care costs, the maintenance of minimal standards for quality in health care delivery, and the general oversight and planning for all the state's activities as they relate to the health of its citizenry.</p> <p>Further, it is the intent of the Legislature to improve illness and injury prevention and health promotion, and restore the confidence of the citizenry in the expenditure of public funds on health activities, and to ensure that this new health agency delivers quality health services in an efficient, effective, and economical manner that is faithful and responsive to policies established by the Legislature.</p>
Title 70	<p><b>Public Health and Safety</b>  This title lays out much of the specific work of state and local governmental public health agencies, their organization and areas of authority ranging from control of communicable diseases to the licensing and inspection of medical facilities. Many of the Department of Health's most significant programs are authorized in this title.</p>
Title 69	<p><b>Food, Drugs, Cosmetics and Poisons</b>  This title covers much of the agency activity with control of pharmaceuticals, food and shellfish safety efforts, and control of precursor drugs used in the manufacture of methamphetamine.</p>
Title 18	<p><b>Businesses and Professions</b>  The agency has significant regulatory authority over 73 distinct health professions. Responsibilities include complaint investigation, disciplinary hearings and actions, and licensing activities</p>
Title 26	<p><b>Domestic Relations</b>  The Department of Health has a key role in government as the keeper of vital records, including birth, marriage, divorce, and adoption</p>

Title 41	<b>Public Employment, Civil Service and Pensions</b> This title provides the framework for the coordination of Department of Health with the State Health Care Authority and addresses such issues as access for under-served populations to health care and prescription drug matters.
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## Endnotes

<sup>1</sup> From American Journal of Public Health, A Comparison of the Completeness and Timeliness of Automated Electronic Laboratory Reporting and Spontaneous Reporting of Notifiable Conditions J. Marc Overhage, MD, PhD; Shaun Grannis, MD, MS; Clement J. McDonald, MD Authors and Disclosures. Posted: 03/06/2008; American Journal of Public Health. 2008;98(2):344-350. © 2008 American Public Health Association

<sup>2</sup> J. Marc Overhage, MD, PhD; Shaun Grannis, MD, MS; Clement J. McDonald, MD, 344-350.

<sup>3</sup> National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

<sup>4</sup> *Report to Congress: National Strategy for Quality Improvement in Health Care*, Washington, DC: U.S. Department of Health and Human Services, March 2011.

<sup>5</sup> Stanton, M.W., Hospital Nurse Staffing and Quality of Care, Issue 14, 2004, Research in Action, Agency on Health care Research and Quality.

# References

## Health of Washington State Report (HWS)

The Health of Washington State Report (HWS) provides an overview of disease and related risk and protective factors, health-related environmental issues, and health services issues that are important for health in Washington. The HWS provides:

- Current measures of the magnitude of health and related problems in Washington to allow comparisons to the U.S., and to aid local health jurisdictions in comparing themselves to the state as a whole.  
Measures over time to help determine whether we are improving and to identify emerging problems.  
Measures by groups within the total population to identify disparities by race and ethnicity, urban or rural residence, age and sex.  
Information on effective programs designed to reduce illness and maximize health.

The HWS is intended to be used for policy decision-making and program planning in topic-specific areas. HWS was first published in 1996. Funding for this report has historically been piecemeal with no dedicated dollars for compiling this report which requires approximately five FTEs across the department. Dedicated resources will be required if this work is to continue.

## Behavioral Risk Factor Surveillance (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS), established in 1984 by the Centers for Disease Control and Prevention, is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Currently, data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

## Healthy Youth Survey (HYS)

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and Department of Commerce.

The Healthy Youth Survey provides important information about adolescents in Washington

State. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.

The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. The state-level data can be used to compare Washington to other states that do similar surveys and to the nation.



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