

*Washington State*

**Board of Health**



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# **Board of Health**

**2009 Five-Year Strategic Plan**

**Preliminary**

**Proposed June 11, 2008**

**Washington State Board of Health**

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## **MISSION STATEMENT**

The Board's mission is to provide statewide leadership in developing and promoting policies that protect and improve the public's health.

This mission is achieved by:

- *Reviewing and monitoring the health status of all people in Washington;*
- *Initiating and supporting policy development, analyzing policy proposals, providing guidance, and developing rules;*
- *Promoting system partnerships; and*
- *Fostering public participation in shaping the health system.*

## **VISION STATEMENT**

Our vision is that the health, safety and well being of all people in Washington will improve.

## **STATUTORY AUTHORITY**

The State Board of Health is a constitutional agency of the state of Washington. Article XX, Section 1 states: "There shall be established by law a state board of health and a bureau of vital statistics in connection therewith, with such powers as the legislature may direct."

The Board's primary authorizing statute is chapter 43.20 RCW. Section 020 describes the composition of the Board, while section 050 describes most of its powers and duties. This latter section contains the broad, general authorities that underlie most traditional public health activities in this state, things like clean drinking water standards, communicable disease control and reporting, food safety, and regulation of onsite septic systems.

In addition, some three dozen statutory sections outside of chapter 43.20 RCW grant the Board a variety of authorities. The Board also provides staff to the Governor's Interagency Council on Health Disparities. The statutory sections granting the Board its operating authorities are listed in the chart on the next three pages.

RCW	Description
16.70.040	Adopt rules for importation, movement, sale, transfer, or possession of pet animals to protect human health
18.16.100	Director of licensing may consult with Board on cosmetology regulation
18.16.175	Director of licensing may consult with Board on minimum requirements for beauty salons, barber shops, or mobile unit
18.39.215	Embalming of human remains not required except as required by Board in rule
18.51.070	DSHS shall consult with the Board on nursing home rules
18.120.040	Review and comment on applications by health professions seeking regulation
28A.210.010	Adopt rules regarding presence at school facilities of people who have, or have been exposed to, a communicable disease
28A.210.020	Establish procedures for auditory and visual screening in schools
28A.210.080	Establish requirements for compliance with a schedule of immunization (conditional status) in addition to full immunization
28A.210.100	Regulate immunization form and record keeping
28A.210.140	Establish requirements for “full immunization” for school and child care entry
28A.210.200	Establish procedures for screening public school children for scoliosis
35.70.020 35.90.020 57.08.005 36.94.020	Approve training to measure accumulation of scum in onsite sewage systems
43.20.020	Composition of Board, Board staff, member compensation and travel
43.20.050(1)	Serve as public forum, recommend policy to secretary, explore ways to improve health status of the citizenry, and develop state health report.
43.20.050(2)(a)	Adopt rules to assure safe and reliable public drinking water
43.20.050(2)(b)	Adopt rules for prevention, control, and abatement of health hazards and nuisances related to the disposal of wastes (e.g., on-site septic systems less than 3,500 gallons per day, animal carcasses, general sanitation)
43.20.050(2)(c)	Adopt rules for environmental conditions in public facilities, including food service establishments, schools, institutions, recreational facilities and transient accommodations
43.20.050(2)(d)	Adopt rules for the imposition and use of isolation and quarantine
43.20.050(2)(e)	Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness (e.g., food code, communicable disease reporting); adopt rules governing the receipt and conveyance of deceased human remains
43.20.050(2)(f)	Adopt rules for accessing databases for health-related research
43.20.050(3)	Board may delegate (and rescind) rule-making authority to the secretary
43.20.050(4)	Board rules enforceable by health officers, law enforcement and all other employees of state and local government

RCW	Description
43.20.050(5)	Advise secretary on health policy issues pertaining to department and state
43.20.100	Annual report to the Governor required
43.20.200	Grant-in aid payments for local health departments allowed
43.20.275(1)	Convene and provide assistance to the Governor’s Interagency Council on Health Disparities
43.20.275(3)	Help the Council assess and recommend ways to improve the availability of culturally and linguistically appropriate health literature and interpretive services
43.20.285	Develop health impact reviews in consultation with the Council
43.70.050	Promote and assess the quality, cost, and accessibility of health care throughout the state (shared with Department of Health)
43.70.130	Receive reports from secretary of health and take action as necessary
43.70.310	Regularly consult with the Department of Ecology
43.70.520	Consult on development of public health improvement plan
48.21.244	Establish list of prenatal screenings for congenital disorders that must be covered when group disability plans provide pregnancy coverage.
48.44.344	Establish list of medically necessary prenatal screenings for congenital disorders that must be covered under group contracts for health care services when those contracts provide pregnancy coverage.
48.46.375	Establish list of medically necessary prenatal screenings for congenital disorders that must be covered when HMOs provide pregnancy coverage.
59.20.190	Adopt rules for health and sanitation in mobile home parks
64.44.010	Establish standards for decontamination of property; identify which precursor substances used in illegal drug manufacture pose a human health hazard
64.44.070	Establish rules to implement chapter 64.44 RCW—Contaminated Properties
69.06.010	Set standards and requirements for food and beverage worker permits
69.06.020	Set uniform statewide fee for food and beverage worker permits
69.30.030	Regulate sanitation of shellfish, shellfish growing areas, and shellfish plant facilities
69.30.110	Adopt rules for the disposal of seized shellfish
70.05.110	Specify diseases that must be reported to the state
70.05.120	Power to remove local health officer or administrative officer who refuses or neglects to enforce any rules, regulations, or orders from SBOH
70.05.150	Approve contracts for the sale or purchase of health services between local health departments or districts
70.24.017	Define AIDS by clinical syndrome of HIV-related disease; approve tests for sexually transmitted diseases (STDs); determine diseases deemed to be sexually transmitted
70.24.022	Adopt procedures for interviewing persons with sexually transmitted diseases; determine when person is reasonably believed to be infected with an STD
70.24.024	Determine behaviors that “endangers the public health” for people with STDs; establish

RCW	Description
	procedures for investigations
70.24.024	Define “behaviors that present an imminent danger to the public health” for people with STDs; designate detention facilities; establish standards for counseling and education
70.24.050	Approve procedures and regulations for diagnosis and reporting of STDS
70.24.070	Designate detentions and treatment facilities for people with STDs
70.24.105	Identify persons who may receive HIV test results following occupational exposure
70.24.125	Establish reporting requirements for STDs
70.24.130	Establish rules as necessary to implement chapter 70.24 RCW
70.24.320	Define “HIV testing”
70.24.340	Identify persons who may request a health officer order requiring HIV testing following substantial occupational exposure; define “substantial exposure”
70.24.360	Define behaviors that present “possible risk” of HIV transmission to jail staff or others
70.24.370	Department of corrections will consult with Board when defining “possible risk” at state correctional facilities
70.24.380	Establish minimum standards for HIV pretest counseling, testing, posttest counseling, and AIDS counseling
70.24.450	DOH reports annually to Board on confidentiality of reported information
70.28.032	Adopt rules for tuberculosis reporting; define due process protections for people detained and required to undergo TB testing and treatment; establish training standards for people who administer TB tests and medications
70.46.080	Health districts operated in accordance with guidelines established by Board
70.46.090	County that withdraws from health district must meet Board standards
70.58	Authority for vital statistics, including birth certificates and fetal death certificates; may remove health officer as local registrar of vital statistics
70.62.240	Adopt health and safety rules for operation and maintenance of transient accommodations
70.83.050	Adopt rules for newborn screening (PKU and other diseases)
70.90.160	Establish design and construction requirements for water recreational facilities
70.104.055	Establish manner and time frame for reports of pesticide poisoning
70.104.057	DOH to consult with Board on continuing education re: pesticide poisoning
70.108.040	Regulate siting and site development for outdoor music festivals
70.168.015	Emergency medical services and trauma care system plan made available to the Board in time to be considered for the state health report

## AGENCY GOALS

The Board will work collaboratively to pursue the following public health goals:

1. Strengthen the public health system.
2. Increase access to preventive services.
3. Reduce health disparities.
4. Encourage healthy behaviors.
5. Promote healthy and safe environments.

## OBJECTIVES AND STRATEGIES

### Goal 1: Strengthen the public health system.

**Objective 1.1:** Improve public health's capacity to control disease and respond to public health emergencies.

*Strategy 1.1.1:* Reserve a portion of the Board's capacity so it is able to develop timely policy responses to emerging and re-emerging diseases when necessary.

*Strategy 1.1.2:* Assure public health authorities and SBOH rules are adequate to prevent and respond to disease outbreaks and other public health emergencies.

*Strategy 1.1.3:* Contribute to efforts to assure public health preparedness.

**Objective 1.2:** Strengthen the organizational capacity of the public health network.

*Strategy 1.2.1:* Participate in the Public Health Improvement Partnership (PHIP).

*Strategy 1.2.2:* Communicate and collaborate with local boards of health and local health officials.

*Strategy 1.2.3:* Support the efforts of tribes to increase their public health capacity.

*Strategy 1.2.4:* Assure the Board is a high-functioning organization.

<b>Measure:</b> Face-to-face meetings with 10 local boards of health per calendar year.
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**Goal 2: Increase access to preventive services.**

**Objective 2.1: Increase the availability, accessibility, and utilization of preventive health services.**

*Strategy 2.1.1: Increase use of the Board's Menu of Critical Health Services.*

*Strategy 2.1.2: Increase the provision of children's preventive health services.*

*Strategy 2.1.3: Increase immunization rates.*

**Objective 2.2: Promote a preventive approach to mental health services.**

*Strategy 2.2.1: Help articulate and promote a public health approach to mental health.*

**Measure:** Documentation of efforts to keep immunization rules up to date.

**Goal 3: Reduce health disparities.**

**Objective 3.1: Support the successful implementation of Senate Bill 6197 (2006).**

*Strategy 3.1.1: Support the success of the Governor's Interagency Council on Health Disparities.*

*Strategy 3.1.2: Provide health impact reviews.*

**Objective 3.2: Identify and support ways to simultaneously reduce health disparities and the academic achievement gap.**

*Strategy 3.2.1: Provide follow-up to the Each Student Successful Summit.*

*Strategy 3.2.2: Identify and promote policies that address the link between health disparities and academic achievement.*

**Objective 3.3: Integrate health disparities awareness into Board activities.**

*Strategy 3.3.1: Explicitly address health disparities in Board work products.*

*Strategy 3.3.2: Assure the cultural competency of the Board and its staff.*

**Measure:** Council status report to the Legislature completed by December 2009.

#### Goal 4: Encourage healthy behaviors.

**Objective 4.1: Improve nutrition and increase physical activity.**

*Strategy 4.1.1: Partner with other organizations to promote better nutrition and increased physical activity, particularly for children in school settings.*

*Strategy 4.1.2: Explore ways the Board can provide greater leadership in addressing overweight and obesity in children.*

**Objective 4.2: Reduce tobacco use and secondhand smoke exposure.**

*Strategy 4.2.1: Support Department of Health tobacco control efforts.*

**Measure: Develop Board strategy for addressing physical activity and nutrition in 2009.**

#### Goal 5: Promote healthy and safe environments.

**Objective 5.1: Increase awareness of the impact of the built environment on health.**

*Strategy 5.1.1: Encourage dialog and partnerships between public health professionals and land-use planners.*

*Strategy 5.1.2: Explore and pursue opportunities to promote decision makers' awareness of the impact of the built environment on health.*

**Objective 5.2: Assure Board environmental health rules are doing what they are designed to do.**

*Strategy 5.2.1: Evaluate recently revised rules in a regular and timely manner.*

*Strategy 5.2.2: Assure environmental health rules are adequate and current; revise if necessary.*

**Objective 5.3: Promote school environments that protect human health.**

*Strategy 5.3.1: Ensure that Board rules and associated guidance are adequate and current.*

*Strategy 5.3.2: Improve quality and number of school environmental health and safety programs.*

**Objective 5.4: Reduce human exposure to environmental toxins.**

*Strategy 5.4.1: Support interagency efforts to prevent human exposure to persistent bioaccumulative toxins (PBTs).*

*Strategy 5.4.2: Reduce children's exposure to toxins in their environment.*

**Measure: Board briefing on possible need for on-site sewage system rule revision held by September 2009.**

## PERFORMANCE MEASURES AND TARGETS

Agencies are required to propose at least one performance measure for each major activity in their activity inventory. The State Board of Health has not submitted an activity inventory. Because its budget is nested within the Department of Health budget, the Board appears as an activity within the Department's inventory. The performance measures associated with that activity for 2009 are:

- *By January of each year, submit an annual report to the Governor.*
- *By January 2010, submit a State Health Report to the Governor.*
- *Complete two major rule revisions by the end of the biennium.*

The Board has developed internal performance measures for each objective in this plan.

## PERFORMANCE ASSESSMENT

The performance measures associated with the State Board of Health in the Department of Health activity inventory for 2007-09 were:

- *By January of each year, submit an annual report to the Governor.*
- *By January 2008, submit a State Health Report to the Governor.*
- *Complete two major rule revisions by the end of the biennium.*

The Board successfully met the first goal in 2007 and 2008.

The Board submitted a preliminary draft of the 2008 State Health Report to the Governor's Executive Policy Office in January 2008. It then asked for additional review by other health care agencies and submitted a final proposal to the Governor in March.

Major rule revisions completed during the 2007-09 biennium include adding 15 conditions to the newborn screening rule, updating the shellfish rule to control an outbreak of *Vibrio parahaemolyticus*. The Board anticipates adopting the school environmental health and safety rule by September 2008.

## EXTERNAL CHALLENGES AND OPPORTUNITIES

The Board is a policy making body. It recommends policy to the Secretary of Health and others, and it makes rules that are implemented by local health jurisdictions, schools, the Department of Health, and other agencies. As such, it is not directly impacted by economic trends, caseload changes, or related issues. It does not provide direct services, so it does not have clients, per se.

The Board relies on many partners in its work, however. The resources available to those partners can make a significant difference in the success or failure of the Board's policies. The most critical partners are governmental, starting with the Department of Health, which develops most, although not all, of the rules that come to the Board for consideration. The Department is also an implementing agency in some instances. Because of workload issues, the Department's capacity to assist in rule revisions is extremely stretched in some areas—for example, the wastewater program in the Division of Environmental Health has not had the capacity to respond quickly to requests that it develop rules for approving drainfield remediation technologies.

The majority of State Board of Health rules are implemented by local health jurisdictions. The lack of stable, secure, and adequate funding for public health is well recognized. The Joint Select Committee on Public Health Financing recommended an initial infusion of \$50 million per year of state funds into the system, and in 2007 the Legislature allocated \$10 million per year. Other partners also complain of severely limited resources. It is difficult to improve regulations if the implementing agencies are not adequately funded. For example:

- *Local health jurisdictions were reluctant to commit to more planning around operations and maintenance for on-site septic systems in marine areas until the state provided funding for planning and database development in the 2005 legislative session.*
- *Schools resisted a Board rule requiring that children entering school and kindergarten be immunized against varicella (chickenpox). They agreed with the public health need, but felt there were too few school nurses and administrative staff to meet the new requirement.*
- *Schools are concerned about the cost of revisions to the school environmental health rule, and local health jurisdictions that do not already have active school inspection programs are reluctant to start new programs. The Department of Health, which would be called on to provide technical assistance, has only one staff person in its school health and safety program.*

Other critical partners for the Board are nongovernmental organizations that advocate on health issues, professional associations, and the regulated communities.

## **INTERNAL CAPACITY AND FINANCIAL HEALTH**

The Board lost significant budget and capacity in the first half of this decade. The Board is co-located with the Department and incurred additional overhead costs as a result of the relocation of the Departments to new offices in Tumwater. The Board used to meet monthly and now meets about eight times per year. Its agendas are extremely tight.

During the 2007-09 biennium, new staffing and budget for health impact reviews and the Governor's Interagency Council on Health Disparities, along with a federal grant for some of the Council's outreach work and a some funding from the federal Mental Health Transformation Grant, made it possible for the Board to make more efficient use of its existing office space and allowed it to cover some administrative costs using federal dollars. These significantly lessened financial pressures on the Board. Savings to the Board's regular budget have been used for previously underfunded areas, namely travel, staff development, and equipment.

The federal grant is only for three years, the mental health transformation work is ending, the health impact review process is underutilized, and the Council is scheduled to finish its initial report in 2012. Loss of federal funding, cuts to state funding for the Council's work, cuts to the health impact review process, or deficit-driven reductions to the Board's general could once again create structural problems that might severely limit the Board's capacity to maintain up-to-date rules and engage in general policy development activities. Further additions of staff or programs without additional funding for administration could strain the Board's capacity to provide effective supervision and management support.

## State Board of Health Logic Model

