

Washington State

Board of Health



Washington State
Board of Health
2007 Five-Year Strategic Plan
Final

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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.

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.

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.

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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, 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

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RCW	Description
43.20.050(4)	Board rules enforceable by health officers, law enforcement and all other employees of state and local government
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
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 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

RCW	Description
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

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.

Activity 1.1.1.1: Identify specific activities as health threats emerge.

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.

Activity 1.1.2.1: Revise the notifiable conditions rule, chapter 246-101 WAC.

Activity 1.1.2.2: Revise the rules for HIV testing and counseling under chapter 246-100 WAC to ensure consistency with CDC policies.

Activity 1.1.2.3: Continuously evaluate the adequacy of Board rules and public health authorities for isolation and quarantine; revise rules or recommend statutory changes as needed.

Activity 1.1.2.4: Monitor developments in the field of syndromic surveillance and communicable disease reporting requirements in other states.

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

Activity 1.1.3.1: Participate in multi-agency planning for the health impacts of climate change.

Activity 1.1.3.2: Participate in the Public Health Emergency Preparedness and Response Joint Advisory Committee.

Activity 1.1.3.3: Participate with partners in other public health preparedness planning as appropriate.

<p>Measure: Board briefing in 2008 on whether notifiable conditions rule should be updated and scope of potential changes.</p>

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

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

Activity 1.2.1.1: Participate in the PHIP Director's Group.

Activity 1.2.1.2: Participate in PHIP committees.

Activity 1.2.1.3: Participate in committees advising the Department of Health on local public health performance measures and public health activities of statewide significance as required by ESSB 5930.

Activity 1.2.1.4: Participate in Center for Health System Innovation and Improvement in Washington State External Advisory Board if established.

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

Activity 1.2.2.1: Create opportunities for direct, face-to-face communication between Board members and local boards of health.

Activity 1.2.2.2: Submit articles about Board activities to *The Courthouse Journal* newsletter.

Activity 1.2.2.3: Maintain a section on the Board Web site that provides current information about local boards of health.

Activity 1.2.2.4: Identify and act on opportunities to contribute to local board development activities.

Activity 1.2.2.5: Participate in meetings of the Washington State Association of Local Public Health Officials, providing regular updates on Board activities.

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

Activity 1.2.3.1: Monitor tribal efforts to identify statutory changes that might be needed; support those changes as appropriate.

Activity 1.2.3.2: Identify and help disseminate examples of effective partnerships between local health jurisdictions and tribes.

Activity 1.2.3.3: Maintain a tribal public health section on Board Web site.

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

Activity 1.2.4.1: Update the strategic plan and associated performance measures at least once every two years.

Activity 1.2.4.2: Document policies and procedures.

Activity 1.2.4.3: Create opportunities for Board training and development.

Activity 1.2.4.4: Promote performance management throughout Board functions.

Activity 1.2.4.5: Develop goals and evaluation strategies for rule making and policy initiatives.

Activity 1.2.4.6: Maintain and strengthen collaborative relationships with agency partners.

Measure: Face-to-face meetings with 10 local boards of health per calendar year.

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.

Activity 2.1.1.1: Promote continued use of the menu by the PHIP Access Committee and public health agencies.

Activity 2.1.1.2: Explore and pursue opportunities to promote use of the menu in other policy development settings.

Strategy 2.2.2: Increase the provision of children's preventive health services.

Activity 2.2.2.1: Participate in DSHS group to establish performance measures tied to reimbursement incentives for the provision of preventive services to children.

Activity 2.2.2.2: Participate in State Agency Medical Home Partnerships group and other activities designed to promote a medical home for all children.

Activity 2.2.2.3: Promote awareness of Board's Recommended Children's Preventive Services, Ages Birth through 10 Years.

Strategy 2.2.3: Increase immunization rates.

Activity 2.4.3.1: Keep Board rules on school and child care entry current and consistent with the Board's criteria.

Activity 2.4.3.2: Support broader utilization of CHILD Profile in schools.

Activity 2.4.3.3: Work collaboratively with DOH, OSPI, DEL and other partners to identify and pursue additional opportunities to increase schools' and child care centers' ability to implement immunization requirements.

Activity 2.4.3.4: Explore ways to promote effective adult immunization policies.

Activity 2.4.3.5: Monitor other state's efforts to reduce convenience exemptions, support statutory changes in Washington if appropriate.

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

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.

Activity 2.5.1.1: Participate on Prevention Advisory Group of the Mental Health Transformation Project.

Activity 2.5.1.2: Draft report on a public health approach to promoting mental health and preventing mental disorders.

Activity 2.5.1.3: Help the Mental Health Transformation Project plan its 2008 policy summit on prevention.

Measure: Mental health report completed by January 2008.

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.

Activity 3.1.1.1: Assure high-quality work by lead staff and support staff to the council.

Activity 3.1.1.2: Implement U.S. DHHS Office of Minority Health grant to improve communication with hard-to-reach populations.

Activity 3.1.1.3: Ensure that Board Executive Director reserves some of his or her capacity to support strategic success of the council.

Strategy 3.1.2: Provide health impact reviews.

Activity 3.1.2.1: Provide health impact reviews as requested by the Governor and legislators.

Measure: Council status report to the Legislature completed by December 2007.

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.

Activity 3.2.1.1: Work with summit advisory committee on its final report containing proceedings and a synthesis of participant ideas.

Activity 3.2.1.2: Maintain Web pages related to the summit.

Activity 3.2.1.3: Participate in presentations about the summit report at workshops and conferences; explore publishing opportunities and other possible avenues for dissemination.

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

Activity 3.2.2.1: Complete and disseminate matrix of evidence-based and promising practices.

Activity 3.2.2.2: Support policy proposals likely to address both issues.

Measure: Each Student Successful summit final report completed by October 2008.

Objective 3.3: Integrate health disparities awareness into Board activities.

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

Activity 3.3.1.1: Address health disparities in all state health reports.

Activity 3.3.1.2: Address health disparities in all SBOH annual reports to the governor.

Activity 3.3.1.3: Address health disparities in the mental health report.

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

Activity 3.3.2.1: Require cultural competency training for all new staff.

Activity 3.3.2.2: Require GOIA government-to-government training for all new staff and make available to Board members.

Measure: *All staff has completed cultural competency training within one year of hire.*

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.*

Activity 4.1.1.1: Participate in Phase One of the Children's Alliance campaign against childhood obesity.

Activity 4.1.1.2: Participate in Action for Healthy Kids.

Activity 4.1.1.3: Participate in the Washington State Partnership for Youth.

Activity 4.1.1.4: Support efforts to implement Coordinated School Health more broadly.

Activity 4.1.1.5: Participate in the Healthiest State in the Nation Campaign

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

Activity 4.1.2.1: Re-establish a Children's Health policy committee charged with developing a work plan for the Board to build on Phase One of the Children's Alliance campaign.

Activity 4.1.2.2: Reserve capacity to implement the work plan.

Objective 4.2: Reduce tobacco use and secondhand smoke exposure.

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

Activity 4.2.1.1: Hold Board briefing on DOH Tobacco Program activities.

Activity 4.2.1.2: Identify and pursue opportunities to support efforts to reduce the impacts of secondhand smoke on children.

Activity 4.2.1.3: Identify and support opportunities to support efforts to reduce use of smokeless tobacco.

Measure: Board briefing on Children's Alliance campaign held in spring 2008.

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.*

Activity 5.1.1.1: Support activities related to the built environment at existing conferences and meetings, such as the Joint Conference on Health.

Activity 5.1.1.2: Hold Board study session on health impact assessments.

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

Activity 5.1.2.1: Co-sponsor with University of Washington or other partners a seminar for community decision makers regarding health and the built environment.

Measure: Board study session on health impact assessments held by June 2008.

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.*

Activity 5.2.1.1: Receive briefing from DOH on the implementation of chapter 246-272A WAC, On-Site Sewage Systems.

Activity 5.2.1.2: Receive briefing from DOH regarding whether there is a need to revise chapter 246-215 WAC, Food Service.

Activity 5.2.1.3: Receive briefing from DOH regarding whether there is a need to revise chapter 246-260 WAC, Water Recreation Facilities.

Activity 5.2.1.4: Receive report from DOH by September 2009 regarding whether there is a need to revise chapter 246-272A WAC, On-Site Sewage Systems. (Required by Board Rule)

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

Activity 5.2.2.1: Revise rules controlling diseases of animals transmissible to humans, WAC 246-100-191 and WAC 246-100-201.

Activity 5.2.2.2: Revise rules for drinking water laboratory certification, chapter 246-390 WAC.

Activity 5.2.2.3: Revise rules for Group B drinking water systems, chapter 246-291 WAC.

Activity 5.2.2.4: Revise transient accommodations rules, chapter 246-360 WAC, to recognize particular concerns for homeless shelters.

Activity 5.2.2.5: Adopt by permanent rule a *Vibrio parahaemolyticus* Control Plan under WAC 246-282-006.

Activity 5.2.2.6: Adopt rules for septic tank design and construction under chapter 246-272C WAC.

Activity 5.2.2.7: Adopt rules for on-site sewage system drainfield remediation technologies under chapter 246-272A WAC.

Activity 5.2.2.8: Evaluate need to adopt new rules to control vector-borne diseases.

<p>Measure: Board briefing on possible need for on-site sewage system rule revision held by September 2009.</p>

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.*

Activity 5.3.1.1: With DOH and other partners, revise environmental health and safety rules for primary and secondary schools, chapter 246-366 WAC.

Activity 5.3.1.2: Encourage DOH and OSPI to assure that health and safety issues not fully addressed in rules are addressed in guidelines.

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

Activity 5.3.2.1: Encourage local health jurisdictions and school districts to cooperatively improve environmental health and safety in schools.

Activity 5.3.2.2: Provide input to OSPI, the department of Agriculture and Labor & Industries, and the Building Code Council on their programs and rules related to school health and safety.

Activity 5.3.2.3: Support strategies to fund school environmental health and safety programs, including support services at educational service districts.

Activity 5.3.2.4: Support funding for school maintenance and repair.

Activity 5.3.2.5: Hold Board briefing on school health and safety issues—such as bullying, public safety, and emergency preparedness—that are outside the scope of the Board’s environmental health rules.

Measure: Adopt school rule revision in 2008.

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).

Activity 5.4.1.1: Continue support for PBT plan and individual chemical action plans.

Activity 5.4.1.2: Encourage emphasis on protecting children from PBTs.

Measure: Update Board on PBT strategy by December 2007.

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

Activity 5.4.2.1: Hold study session on children’s exposure to toxins.

Activity 5.4.2.2: Support initiatives to reduce children’s exposure to pesticides.

Activity 5.4.2.3: Support initiatives to reduce children’s exposure to endocrine-disrupting chemicals.

Measure: Hold study session by December 2008 on reducing children’s exposure to toxins.

PERFORMANCE MEASURES

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 2007 are:

- *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 has developed internal performance measures for each objective in this plan.

PERFORMANCE ASSESSMENT

The Board improved its performance in several respects in 2005-07. For the first time it has by-laws and a strategic plan with performance measures. It has more written policies in place, activities are better documented, and there is more performance management of employees. The staff is more efficiently organized with clearer responsibilities. Staff is stable. Board members are highly engaged. Rules are updated on a more regular basis.

The performance measures associated with the State Board of Health in the Department of Health activity inventory for 2005-07 were:

- *Submit an annual report to the Governor by January 1 of each year.*
- *By December 2005, convene regional forums to gather citizen input on public health issues.*
- *By April 2006, adopt new rules regarding school environmental health standards.*
- *By January 1, 2006, in collaboration with other health-related agencies, propose a State Health Report for consideration by the Governor.*

The Board successfully met the first goal in 2005 and 2006.

In consultation with the Governor's Office, the Board adopted a revised timeline for the state health report and the associated public forums (goals 2 and 4). The Governor concurred with that timeline in a January 13, 2006 letter. The timeline called for the draft state health report to be submitted in June 2006 and the forums to be held in April, May, and June. The Board met the revised timeline. The Board believes this was a unique situation designed to incorporate the Governor's health policy initiatives and future performance measures related to the report and forums should be achievable.

The Department of Health released a discussion draft of the school environmental health rule in March 2006. The Board and Department chose to delay adoption of a final rule. Stakeholders requested the delay because of concerns about the draft. The Board also needed to develop a better understanding of roles of other agencies in regulating and promoting school environmental health and safety.

APPRAISAL OF EXTERNAL ENVIRONMENT

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 capacity in the first half of this decade and that has had some impact on its ability to do its job. The Board has been completely funded through General Fund-State dollars, although this will change in the 2007-09 biennium. From 2001 to 2005, the Board's financial base was cut approximately 20 percent (the budget has not diminished by that amount because of increases in salaries, benefit charges, pension costs and other costs fixed by the

state). 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. The Board reorganized staff in 2005 to reduce its salary base, eliminating a WMS position. Staff's ability to attend meetings with strategic partners has been limited because of the tight travel budget and there has been almost no budget for technology replacement or staff training and development. These items have been funded through salary savings when positions have been vacant or by charging work related to bioterrorism preparedness to federal grants. The Board continues to look at ways to cut costs.

The Board received additional funding in fiscal year 2007 to support the Governor's Interagency Council on Health Disparities and to review policies to determine their likely impact on health disparities. This added staff to the Board, which benefited the budget in small ways because it allowed the Board to make more efficient use of underutilized office space. Savings to the Board's regular budget have been used for travel, staff development, and equipment.

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

