

Washington State

Board of Health



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2009 Five-Year Strategic Plan

Preliminary

Final Discussion Draft

November 4, 2009

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 partnerships that advance the public's health; 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.

Washington State Board of Health
2009 Five-Year Strategic Plan

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
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 every even-numbered year.
43.20.050(2)(a)	Adopt rules for Group A water systems to assure safe and reliable public drinking water, and adopt Group B rules as necessary regarding initial design and construction
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 existing databases for health-related research
43.20.050(3)	Onsite sewage system rules only for systems designed for less than 3,500 gallons/day
43.20.050(4)	Board may delegate (and rescind) rule-making authority to the secretary of health
43.20.050(5)	Board rules enforceable by health officers, law enforcement and all other employees of state and local government

Washington State Board of Health
2009 Five-Year Strategic Plan

RCW	Description
43.20.050(6)	May advise secretary on health policy issues pertaining to department and state
43.20.100	Report to the Governor required each even-numbered year
43.20.200	Grant-in aid payments for local health departments allowed
43.20.140	Adopt rules to effectuate services for cripple children
43.20.145	Consider most current version of US FDA Food Code when adopting food service rules
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
70.24.034	Define "behaviors that present an imminent danger to the public health" for people with STDs; designate detention facilities; establish standards for counseling and education

Washington State Board of Health
2009 Five-Year Strategic Plan

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)
70.90.120	Adopt rules for safety, sanitation, design and construction for water recreational facilities and recreational water contact 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	Adopt rules regarding 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: Contribute to 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: Update the notifiable conditions rule, chapter 246-101 WAC.

Activity 1.1.2.2: Revise rules for HIV testing and counseling and partner notification in light of CDC recommendations.

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 the Public Health Emergency Preparedness and Response Joint Advisory Committee.

Activity 1.1.3.2: Participate with partners in other public health preparedness planning as appropriate.

Strategy 1.1.4: Promote policies to effectively reduce the impact of adult viral hepatitis.

Activity 1.1.4.1: Hold Board work session on adult viral hepatitis.

Activity 1.1.4.2: Support DOH efforts to develop an adult viral hepatitis strategy.

Activity 1.1.4.3: Recommend additional policies for addressing adult viral hepatitis as appropriate.

Strategy 1.1.5: Support efforts to effectively reduce the impact of tuberculosis

Activity 1.1.5.1: Provide Board representation for DOH tuberculosis workgroup.

Activity 1.1.5.2: Hold Board briefing on tuberculosis with focus on specific issues such as education-related travel.

Measure: Revisions to HIV rules completed in 2009.

Objective 1.2: **Maintain and strengthen the organizational capacity of the public health network.**

Strategy 1.2.1: Maintain and increase the capacity of state and local public health.

Activity 1.2.1.1: Participate in PHIP activities, including Board of Directors, committees, and assessments.

Activity 1.2.1.2: Support DOH in the accreditation process.

Activity 1.2.1.3: Support prevention funding in health reform and other legislation.

Activity 1.2.1.4: Monitor state government reform efforts and respond when appropriate to maintain a focus on human health.

Strategy 1.2.2: Maintain partnerships with local public health leadership.

Activity 1.2.2.1: Foster direct communication between Board members and local boards of health.

Activity 1.2.2.2: Maintain a section on the Board Web site that provides current information about local boards of health.

Activity 1.2.2.3: Identify and act on opportunities to contribute to local board development activities.

Activity 1.2.2.4: Participate in Washington State Association of Local Public Health Officials meetings and provide reports.

Activity 1.2.2.5: Explore ways to increase collaboration with local elected officials and associations representing cities and counties.

Strategy 1.2.3: Support tribal and urban Indian public health capacity building.

Activity 1.2.3.1: Work with the American Indian Health Commission to develop Internet resources promoting tribal public health.

Activity 1.2.3.2: Support American Indian Health Commission efforts to use the Web to help disseminate and implement the *2009-11 American Indian Health Care Delivery Plan*.

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: Promote performance management within the Board.

Activity 1.2.4.4: Develop goals and evaluation strategies for rule making and policy initiatives.

Activity 1.2.4.5: Maintain strong collaborative relationships with state, local, tribal, and federal partners.

Measure: 2009-2011 strategic plan completed in 2009

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 use of the menu by local health jurisdictions.

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

Strategy 2.1.2: Promote preventive health services for children and adolescents.

Activity 2.1.2.1: Support activities that promote a medical home for all children, including DSHS/HRSA medical home initiative and State Agency Medical Home Partnerships group.

Activity 2.1.2.2: Promote awareness of *Recommended Children's Preventive Services, Ages Birth through 10 Years*.

Activity 2.1.2.3: Keep Board apprised of impact federal and state health policy changes are likely to have on the delivery or preventive services to children and adolescents.

Activity 2.1.2.4: Hold Board briefing on school-based health centers.

Strategy 2.1.3: Increase immunization rates.

Activity 2.1.3.1: Review criteria for school and child care entry requirements.

Activity 2.1.3.2: Keep Board rules on school and child care entry current and consistent with the Board's criteria.

Activity 2.1.3.3: Participate in planning efforts to reduce disruptions that are likely to result from transitioning away from state-funded universal purchasing of children's vaccines.

Activity 2.1.3.4: Support broader utilization of CHILD Profile in schools.

Activity 2.1.3.5: Monitor other states' efforts to reduce convenience exemptions and support appropriate statutory changes.

Activity 2.1.3.6: Hold Board briefing on immunizations rates and barriers.

Strategy 2.1.4: Assure child health rules are current; revise if necessary.

Activity 2.1.4.1: Ensure Board rules for vision screening in schools, chapter 246-760 WAC, reflect best practices.

Activity 2.1.4.2: Update Board rules for ophthalmic treatment of newborns, WAC 246-100-202.

Activity 2.1.4.3: Repeal scoliosis screening rules, chapter 246-762 WAC.

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: Promote a public health approach to mental health.

Activity 2.2.1.1: Provide leadership and organizational support to Prevention Advisory Group or its successor organization.

Activity 2.2.1.2: Support mental health and primary care integration

Activity 2.2.1.3: Continue to promote awareness of the Board's 2007 report on a public health approach to mental health.

Measure: Documentation of participation in Prevention Advisory Group.

Goal 3: Reduce health disparities.

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

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

Activity 3.1.1.1: Continue to staff the work of the council.

Activity 3.1.1.2: Complete U.S. DHHS Office of Minority Health grant to improve communication with diverse populations.

Activity 3.1.1.3: Reserve Board executive director capacity to support strategic success of the council plan.

Strategy 3.1.2: Provide health impact reviews.

Activity 3.1.2.1: Provide health impact reviews to the extent possible within available resources when requested by the Governor and legislators.

Activity 3.1.2.2: Support funding restoration when state revenues allow.

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

Objective 3.2: Work to simultaneously reduce health disparities and the academic achievement gap.

Strategy 3.2.2: Promote policies that address health equity and academic achievement.

Activity 3.2.2.1: Complete and disseminate *Research Review: School-based Health Interventions and Academic Achievement* report in partnership with DOH and OSPI.

Activity 3.2.2.2: Maintain Web pages related to the Each Student Successful Summit and subsequent work products.

Activity 3.2.2.3: Support policy proposals likely to address both issues.

Measure: Research Review completed in 2009.

Objective 3.3: Integrate health disparities considerations into Board activities.

Strategy 3.3.1: Intentionally consider health equity in all policy development efforts.

Activity 3.3.1.1: Consider health equity in all Board reports.

Activity 3.3.1.2: Create a health equity protocol to assess the potential impacts of proposed policies.

Activity 3.3.1.3: Support ongoing use of the health equity protocol as part of all Board policy development efforts.

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.

Activity 3.3.2.3: Assess cultural competency in employees' annual performance and development planning.

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.

Activity 4.1.1.1: Work with the Centers for Disease Control and Prevention and other potential partners to explore ways to disseminate and track *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* at the local level.

Activity 4.1.1.2: Participate in Action for Healthy Kids.

Activity 4.1.1.3: Support efforts to implement Coordinated School Health.

Activity 4.1.1.4: Support the Healthiest State in the Nation Campaign.

Activity 4.1.1.5: Provide input to Childhood Obesity Policy Project

Measure: Board briefing on Recommended Community Strategies and Measurements to Prevent Obesity in the United States measures in 2010.

Objective 4.2: Reduce use of alcohol, tobacco, and other drugs.

Strategy 4.2.1: Support tobacco control efforts.

Activity 4.2.1.1: Hold Board briefing on Department of Health Tobacco Program activities.

Activity 4.2.1.2: Identify potential opportunities to support efforts to reduce youth smoking, secondhand smoke exposure for children, and use of smokeless tobacco.

Strategy 4.2.2: *Support efforts to reduce drug abuse through public health measures.*

Activity 4.2.2.1: Explore future roles for the Board in addressing drug abuse as a public health issue.

Measure: *Board briefing on DOH Tobacco Program in 2010.*

Goal 5: Promote healthy and safe environments.

Objective 5.1: **Assure Board environmental health rules are doing what they are designed to do.**

Strategy 5.1.1: *Evaluate rules in a regular and timely manner.*

Activity 5.1.1.1: Receive briefing from DOH regarding whether there is a need to revise chapter 246-215 WAC, Food Service and initiate a revision if recommended and the Board concurs.

Activity 5.1.1.2: Receive DOH report regarding possible need to revise chapter 246-272A WAC, On-Site Sewage Systems.

Activity 5.1.1.3: Create opportunity for environmental health directors to brief the Board on local implementation of environmental health rules.

Strategy 5.1.2: *Assure environmental health rules are current; revise if necessary.*

Activity 5.1.2.1: Revise rules controlling diseases of animals transmissible to humans, WAC 246-100-191 and WAC 246-100-201.

Activity 5.1.2.2: Revise rules for drinking water laboratory certification, chapter 246-390 WAC.

Activity 5.1.2.3: Revise rules for Group B drinking water systems, chapter 246-291 WAC, as necessary.

Activity 5.1.2.4: Adopt rules for septic tank design and construction, new chapter 246-272C WAC.

Activity 5.1.2.5: Adopt rules for on-site sewage system drainfield remediation technologies under chapter 246-272A WAC.

Activity 5.1.2.6: Revise water recreations rules, chapter 246-260 WAC, as necessary to reflect new federal regulations.

Activity 5.1.2.7: Explore possible need to revise general sanitation rules for keeping of animal rules, WAC 246-203-130, and revise if necessary.

Measure: *Board briefing on possible food code revision held in 2009.*

Objective 5.2: Promote school environments that protect human health.

Strategy 5.2.1: Ensure Board rules and associated guidance are adequate and current.

Activity 5.2.1.1: Adopt modernized school environmental health and safety rules, chapter 246-366A WAC and implement contingent on funding or other legislative action.

Activity 5.2.1.2: Support funding for school construction and for operation and maintenance at sufficient levels to allow schools to meet state environmental health and safety standards.

Activity 5.2.1.3: Work with Governor's Office, Legislature, DOH, OSPI, schools, local health jurisdictions, and other partners to develop a strategy for implementing the modernized environmental health and safety rules.

Activity 5.2.1.4: Encourage DOH and OSPI to revise school health and safety guidelines so they are current and address issues not fully addressed in rules.

Strategy 5.2.2: Improve quality and quantity of local school health and safety programs.

Activity 5.2.2.1: Encourage local health jurisdictions and school districts to cooperatively strengthen local efforts to improve environmental health and safety in schools.

Activity 5.2.2.2: Provide input to OSPI, the Building Code Council, and other partner agencies on programs and rules related to school health and safety.

Activity 5.2.2.3: 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.

<i>Measure: Adopt school rule revision and file rule order in 2009.</i>

Objective 5.3: Support efforts to reduce human exposure to environmental toxins.

Strategy 5.3.1: Support efforts to reduce levels of persistent bioaccumulative toxins.

Activity 5.3.1.1: Continue support for the state persistent bioaccumulative toxins plan and individual chemical action plans.

Strategy 5.3.2: Increase awareness of threats to children from environmental toxins.

Activity 5.3.2.1: Brief Board on issues related to children's exposure to environmental toxins.

<i>Measure: Demonstrated support for implementation of lead chemical action plan.</i>

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 performance measures for 2009-11 are:

- *By July 1, 2010, submit a report to the Governor as required by RCW 43.20.100.*
- *Adopt the school environmental health and safety rule by the end of 2009.*
- *Complete one additional major rule revision by the end of the biennium.*

PERFORMANCE ASSESSMENT

The performance measures associated with the State Board of Health in the Department of Health activity inventory for 2005-07 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 all three measures.

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 or to modify ongoing programs is extremely limited.

The majority of State Board of Health rules are implemented by local health jurisdictions. Even before the current recession, the lack of stable, secure public health funding was 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. The recession led to a severe reduction in local revenue collection and cuts in state funding to local public health. Most local health jurisdictions have recently experienced budget cuts and staffing reductions in the 30% range. More than 300 local positions have been cut statewide.

Regulated entities are also experiencing serious funding limitations. Schools, for example, were concerned about the cost of revisions to the school environmental health rule before the recession caused them to reduce staff, increase class size, and eliminate various activities and services.

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

There is some possibility that the federal government will play an increasing role in funding prevention activities that support the Board's strategic goals, but the extent and nature of increased federal funding is not known.

INTERNAL CAPACITY AND FINANCIAL HEALTH

The Board lost significant internal capacity in the first half of this decade and that continues to impact its ability to do its job. From 2001 to 2005, the Board's financial base was cut approximately 20 percent (the budget was not diminished by that full amount because of increases in salaries, benefit charges, pension costs, and other costs fixed by the state that did not increase capacity). 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 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 had been used to increase allocations in underfunded areas such as travel, staff development, and equipment. A federal State Partnership Grant from the Office of Minority Health added an FTE in 2008 and allowed a small amount of Board overhead costs to be paid out of general fund-federal rather than general fund-state (GF-S).

In SFY 2009, as a response to declining state revenues, the Board reduced expenditures by 20 percent compared to its budget allocation. For the 2009-11 biennium, the Board will be working to meet or exceed the same administrative savings targets and FTE reductions that the Governor set for cabinet agencies and that the Legislature incorporated into the 2009 supplemental and 2009-11 biennium operating budgets. Since the Board's budget is contained within the Department of Health budget, it will contribute toward meeting savings and FTE reduction targets for that agency.

One of the two administrative positions has been vacant since June 2008, which is placing a significant strain on staff trying to support both the Board and the Council. The health impact review position has been vacant since November 2008 and was suspended in the current budget. The Board is expected to absorb this work. The Board used to meet monthly and now meets about seven times per year. Its agendas are extremely tight. Staff's ability to attend meetings with strategic partners has been limited because of the tight travel budget and there is almost no budget for technology replacement or staff training and development. These items had been funded through salary savings when positions were vacant. These savings now go instead toward meeting targets for administrative cost reductions.

When the State Partnership Grant concludes in August 2010, some fixed costs and a small amount of salary now covered by that grant will have to be covered through GF-S. If state revenues have not improved and some of the administrative cost savings or the suspended position are not restored in the 2011-13 operating budget, the Board may be facing serious structural budget problems.

State Board of Health Logic Model

