Washington State Department of
Health

STRATEGIC PLAN
for the 2005-07 Budget Development

2005-2007 Biennium Plan
Six-Year Plan 2006-2011

Second Edition
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PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

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A Message From the Secretary

Mary C. Selecky
Secretary of Health

The Washington State Department of Health provides critical programs and services that help make our state safer and healthier every day. It is a responsibility we take very seriously. We have to be capable of responding quickly to emerging diseases and public health emergencies, while at the same time looking out for the long term health needs of Washington State. Having a clear and well thought out strategic plan is essential for this agency to successfully carryout our mission to "protect and improve the health of people" in our state.

On behalf of the Department of Health, I am pleased to share with you our agency's Strategic Plan for Fiscal Years 2006–2011. It includes specific goals, objectives, and strategies to meet the department's goals in the 2005-2007 Biennium.

This plan enhances our previous plan while continuing our focus on providing essential programs for improving health. The department has established the following goals that will guide our work through the next biennium:

- Improve the health of people in Washington State
- Strengthen the public health system to better serve the public, including preparing for emergencies and everyday threats
- Responsibly and effectively manage the public health resources
- Enhance strategic partnerships and collaborative relationships
- Improve external and internal communication and customer service
- Assure a competent and healthy workforce committed to the public's health
- Enhance data management and use of public health information

The strategic plan is our agency commitment to the public, the governor, the legislature, and our close partners in local public health. We will use our funds wisely, plan for the future, and be innovative in our efforts to make Washington a healthier place to live, work and play.

Mary C. Selecky
Secretary

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A. Washington State Department of Health

Mission / Vision / Values

Mission: *The Department of Health works to protect and improve the health of people in Washington State*

Vision:

- When the people of our state need important information about health, they will think of our agency first.
- We are public health leaders and innovators; we set the standard.
- Everyone in the agency will share information and talents across programs and divisions with a common goal to better serve our customers.
- The public will better understand the important work of public health and its positive impact on their lives.
- We will be an agency that the best people want to work at, and once they are here they won't want to leave.

Values:

Employees - We recognize that agency employees are our most valuable resource; we encourage them to be innovative in their work to protect and improve the public's health.

Cultural Competency - We seek diversity in our employees and recognize the value diversity brings in understanding and serving all people.

Respect - We respect and value our employees, partners, and the people of our state.

Trust - We honor the public's trust and believe in working hard to maintain and improve that relationship.

Communication - We strive for effective, responsive, and timely communications in our role as a trusted source of health information.

Collaboration - We encourage collaborative relationships between staff, partners, and our local communities working for a safer and healthier Washington State.

A. Washington State Department of Health

Overview of the Department of Health

The Washington State Department of Health provides a broad range of services that contribute to protecting and promoting the health of people in Washington. Here is a brief description of some of the services that are essential to maintaining health and safety. (For specific organizational details see the chart in Appendix A.)

Providing Accurate Health Information
The Department of Health maintains the state's official vital record system, with statistics on births, deaths, marriages and divorce, with records stretching back to the early days of statehood. This is the information foundation needed for many government and business decisions. In addition, Department of Health maintains detailed information about hospital utilization, emerging health problems, and disease rates. This information is used extensively by government and community organizations.

Public Health Laboratory Services
The Public Health Laboratories perform specialized diagnostic tests that are not carried out at hospitals or by commercial laboratories. Typically, these tests are for rare events, require very high security, or have been determined to be within the purview of government. Examples include: identifying bioterrorism agents, rare diseases like rabies or hanta virus, and emerging diseases like West Nile Virus. In addition, every baby born in Washington State has blood drawn for testing at the Public Health Lab – to look for serious childhood diseases.

Communicable Disease Control
When an infectious disease threatens to spread among people – or from animals to people – public health officials take steps to contain the disease quickly. Epidemiologists provide guidance to laboratories, local health officials and health care providers to track cases and assess risks to the community at large. Recent examples include Severe Acute Respiratory Syndrome (SARS) and measles.

Response to Health Threats and Emergencies
Whenever the health of a community is at risk, response by public health scientists is key to containing the threat. Such threats may come from an infectious disease, flooding, bio-terrorism, or a radiation leak. In each case, scientists must be prepared to provide lab services, epidemiology, coordination of local actions, and public education.

Protecting Food and Drinking Water – and Addressing Other Risks
Environmental health protection works to assure a safe and healthy environment for all people. Services include food service regulation and education, regulation of on-site sewage systems and public drinking water systems, shellfish sanitation, radiation protection, rules for handling toxic substances, and safety of recreational water facilities.

A. Washington State Department of Health

Assuring Safety in Health Practice, Facilities and Trauma Services
Health care licensing and quality assurance includes licensing, certification and registration of individual health care professionals, and licensing and inspection of health care facilities. The department also regulates emergency medical services, laboratory quality, transient accommodations (e.g. motels), and temporary worker housing.

Promoting Better Health for Families, Individuals and Communities
Health promotion services focus on preventing chronic disease and supporting families. Prevention programs include diabetes, cancer, and tobacco use, as well as injury prevention. Family support services include family planning and teen pregnancy prevention, services for disabled children, and the Women, Infants, and Children (WIC) Program. Strategies to reduce long term communicable diseases such as tuberculosis and sexually transmitted diseases comprise a third set of services.

Public Health System Coordination
The department places high priority on maintaining active communication among all 35 local health agencies so that public health functions as a network of related entities. Since diseases and disasters don't respect boundaries, these agencies must be able to work together smoothly to protect the health of people. The department also maintains a close working relationship with federal partners, implementing federally funded initiatives and working as part of a federal, state and local response team when needed.

"To put it simply, public health is about protecting you and your family everyday. We want to make sure people have the resources and information they need to make healthy choices."

Mary Selecky, Secretary of Health
Washington State Department of Health

A. Washington State Department of Health

Every Day in Washington State

- *The state Department of Health, 35 local health jurisdictions, 95 licensed hospitals and many other partners* work together to ensure our communities are prepared for public health emergencies.

- *About 210 babies are born,* and our Newborn Screening Lab helps them get a healthy start through early detection and prompt care of treatable diseases.

- *More than 5 million people* have safe reliable drinking water because of the efforts of our Drinking Water program.

- *More than 160,000 women and young children* receive healthy food from the WIC program in local communities.

- *65 people* call our Tobacco Quit Line and take the first step toward kicking the habit.

- *1,000 doctors, nurses* and other health care professionals are licensed; and 1,500 people receive emergency medical services in their homes, businesses, and public places.

- *Over 2.5 million residents* eat in restaurants with confidence thanks to the efforts of local health departments and our Food Safety program.

- *On average, 95 percent of kids entering school* are protected against preventable diseases because of our Immunization program.

- *Our Microbiology Lab receives more than 300 samples* to test for a wide variety of communicable diseases and protect the health of people in Washington.

B. Statutory Authority for the Department of Health

This section provides a brief list of statutory authority pertaining to Department of Health. The department has a very broad range of responsibilities, including significant regulatory authority in many areas of government. As a result, the agency's authorizing statutes exist under many titles in state law. Please see Appendix C for specific references.

Title 43	**State Government Executive** This title sets forth the legislative intent in establishing the Department of Health, shown below. Additional chapters address water supply and radioactive waste. **RCW 43.70.005** ... 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. 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."
Title 70	**Public Health and Safety** 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.
Title 69	**Food, Drugs, Cosmetics and Poisons** 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.

B. Statutory Authority for the Department of Health

Title 18	**Businesses and Professions** The agency has significant regulatory authority over 57 distinct health professions. Responsibilities include complaint investigation, disciplinary hearings and actions, and licensing activities.
Title 26	**Domestic relations** The Department of Health has a key role in government as the keeper of vital records, including birth, marriage, divorce, and adoption.
Title 41	**Public Employment, Civil Service and Pensions** 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.

C. Goals for 2005 - 2007

Balanced Scorecard Framework

The Department of Health has organized its goals according to a framework called The Balanced Scorecard. It is designed to assure that agencies set and monitor goals across all areas of organizational performance, keeping all aspects in balance. The five components of the Balanced Scorecard and the questions organizations are asked to consider are shown below. A graphic depiction of Department of Health goals in the scorecard is in Appendix B.

Value / Benefit:	In term of societal benefit, why do we provide this service?
Financial and Social Costs:	Are we getting the best return on taxpayer investment? What would happen without the service?
Customers and Constituents:	Are their needs being met? In government, this may go beyond customer satisfaction, to include equity, protection, and security.
Internal Process:	Are there methods to measure and track performance? Is the agency performing well? Can the services and performance be improved?
Learning and Growth:	Can workers access the knowledge and skills needed to improve agency performance? Do they have the support they need? Is innovation encouraged?

Seven Long-term Goals

The following seven goals are expected to guide the Department of Health through the coming years, from 2005, through 2011. They are derived from the agency's mission and legislative authority -- and reflect societal trends that affect the health of our residents. These trends are summarized in Section F on page 18.

Value and Benefit

Goal 1: Improve the health of people in Washington State

Goal 2: Strengthen the public health system to better serve the public, including preparing for emergencies and everyday threats

C. Goals for 2005 - 2007

Financial and Social Costs

Goal 3: Responsibly and effectively manage public health resources

Customer / Constituent

Goal 4: Enhance strategic partnerships and collaborative relationships

Internal Process

Goal 5: Improve external and internal communication and customer service

Learning and Growth

Goal 6: Assure a competent and healthy workforce committed to the public's health

Goal 7: Enhance data management and use of public health information

Applying Goals throughout the Agency

The seven long-term goals above will be used by all of the programs described in the agency activity inventory. Activity inventory categories include:

1. Administrative Activity
2. Chronic Disease Prevention and Health Promotion
3. Drinking Water
4. Emergency Preparedness and Response
5. Environmental Health and Safety
6. Epidemiology and Assessment
7. Food Safety and Shellfish Protection
8. Health Systems / Public Health System Development
9. Infectious Disease Programs
10. Maternal and Child Health
11. Public Health Laboratories
12. Safety and Quality of Health Care Services
13. State Board of Health

D. Objectives for 2005 - 2007

The Department of Health has established specific objectives for the 2005-07 biennium, which are designed to help meet long-term goals. These objectives are seen as interim markers toward reaching a goal, and are considered practical and attainable if supported by needed action, as described in strategies, Section E.

Value and Benefit

Goal 1: Improve the health of people in Washington State

Objectives:

1. Demonstrate improvement of health status for the people in Washington State
2. Improve the quality of public health and health care services
3. Assure reasonable, rational, and well-founded health regulations, standards and practices

Goal 2: Strengthen the public health system to better serve the public, including preparing for emergencies and everyday threats

Objectives:

1. Assess and respond as necessary to public health threats and emergencies
2. Assure system/network provides for basic public health capacity

Financial and Social Costs

Goal 3: Responsibly and effectively manage public health resources

Objectives:

1. Focus agency resources on public health priorities
2. Demonstrate accountability
3. Promote efficiency and flexibility in management of agency resources

Customer / Constituent

Goal 4: Enhance strategic partnerships and collaborative relationships

Objectives:

1. Use collaborative and strategic relationships to promote innovative and effective public health programs
2. Support partners in meeting community health goals
3. Partner with diverse communities to address health disparities

D. Objectives for 2005 - 2007

Internal Process

Goal 5: Improve external and internal communication and customer service

Objectives:

1. Improve degree of agency compliance with key administrative standards and processes
2. Use customer feedback to improve internal and external service delivery
3. Promote understanding of agency strategic plan

Learning and Growth

Goal 6: Assure a competent and healthy workforce committed to the public's health

Objectives:

1. Promote learning and development for agency staff
2. Promote recruitment and retention of qualified and diverse staff
3. Promote wellness among department employees

Goal 7: Enhance data management and use of public health information

Objectives:

1. Improve the use of data and information in assessment activities supporting decision processes
2. Effectively manage public health data
3. Support strategic business needs

E. Strategies for 2005 - 2007

The Department of Health will pursue specific strategies in order to meet the objectives established for 2005-07.

Value and Benefit

Goal 1: Improve the health of people in Washington State

Objective 1: Demonstrate improvement of health status for the people in Washington State

Strategies:

a. Integrate social determinants* into the work of the department
b. Address the needs of special populations to reduce health disparities*
c. Use key health indicators to guide decision making
d. Address the incidence of chronic disease, injury and the spread of communicable disease

**Social Determinants: Refers to societal conditions that affect health and that potentially can be altered by informed actions. (e.g., job opportunities, education, housing, access to resources)*

**Health Disparities: Differences in morbidity and mortality due to various causes experienced by specific sub-populations.*

Objective 2: Improve the quality of public health and health care services

Strategies:

a. Respond promptly to reports of unsafe conditions
b. Promote community-based activities and solutions
c. Implement appropriate frequency and coordination of inspections and surveys
d. Promote and evaluate the accomplishment of public health standards
e. Assist communities in addressing access to care

Objective 3: Assure reasonable, rational, and well-founded health regulations, standards and practices

Strategies:

a. Evaluate and endorse effectiveness, clarity and consistency in rules, standards, practices and procedures
b. Facilitate the implementation of health regulations, standards and practices

E. Strategies for 2005 - 2007

Goal 2: Strengthen the public health system to better serve the public, including preparing for emergencies and everyday threats

Objective 1: Assess and respond as necessary to public health threats and emergencies.

Strategies:
a. Maintain active public health monitoring systems
b. Address readiness and capacity of internal systems
c. Implement integrated response plans
d. Integrate emergency preparedness in day-to-day activities

Objective 2: Assure system/network provides for basic public health capacity

Strategies:
a. Establish standards for basic health care and emergent service capacity
b. Assess and plan for basic and emerging public health needs

Financial and Social Costs

Goal 3: Responsibly and effectively manage public health resources

Objective 1: Focus agency resources on public health priorities

Strategies:
a. Apply agency alignment process in resource allocation
b. Use key health indicators for policy development and decision making

Objective 2: Demonstrate accountability

Strategies:
a. Establish and report program performance measures
b. Review and improve agency financial support systems
c. Measure and share results of performance in achieving Public Health Standards
d. Institute annual internal audit or review processes for key activities
e. Promote cost containment and reduced liability exposure through risk management

Objective 3: Promote efficiency and flexibility in management of agency resources

Strategies:
a. Contain costs and maximize resources
b. Expand use of e-business
c. Implement the agency Sustainability Plan
d. Promote use of flexible funding models

Customer / Constituent

Goal 4: Enhance strategic partnerships and collaborative relationships

Objective 1: Use collaborative and strategic relationships to promote innovative and effective public health programs

Strategies:
a. Encourage use of collaborative relationships (e.g. diabetes, comprehensive cancer, HIV/AIDS policy, PHIP, etc.)
b. Employ strategic alliances to accomplish the mission of the agency
c. Develop and use tools in collaborations and strategic alliances
d. Establish and maintain regular interaction and coordination among state agencies and tribes
e. Create orientation and on-going development models for boards, commissions, and committees

Objective 2: Support partners in meeting community health goals

Strategies:
a. Support, evaluate and disseminate Best Practices
b. Provide community health assessment support

Objective 3: Partner with diverse communities to address health disparities

Strategies:
a. Partner with the American Indian Health Commission and tribes
b. Promote and implement cultural competency initiatives
c. Encourage programs to work directly with diverse communities
a. Strengthen interactions with ethnic/minority communities, leaders, and businesses

E. Strategies for 2005 - 2007

Internal Process

Goal 5: Improve external and internal communication and customer service

Objective 1: Improve degree of agency compliance with key administrative standards and processes

Strategies:

a. Conduct a comprehensive review of agency administrative process performance
b. Evaluate current performance against established standards, policies, and procedures
c. Prioritize issues, develop and implement improvement plans for key administrative processes

Objective 2: Use customer feedback to improve internal and external service delivery

Strategies:

a. Use feedback tools to collect and analyze customer needs and satisfaction
b. Prioritize needs, develop and implement plans to improve key services
c. Assure internal and external communication of changes/actions
d. Use employee survey feedback to identify trends and prioritize program improvements

Objective 3: Promote understanding of agency strategic plan

Strategies:

a. Implement communication plan for Public Health Improvement Partnership (PHIP)
b. Ensure each division has a communication plan for agency's (and division/office) strategic plan(s)
c. Incorporate agency mission and goals into orientation of local health, other agencies, and public health partners
d. Develop agency communication strategies to promote understanding of agency mission and goals

Learning and Growth

Goal 6: Assure a competent and healthy workforce committed to the public's health

E. Strategies for 2005 - 2007

Objective 1: Promote learning and development for agency staff

Strategies:

a. Ensure all employees have learning and development plans that include competency assessment, performance expectations, and relevant training
b. Provide regular labor relations training for supervisors and managers
c. Use Core Competencies to improve human resource management and staff performance

Objective 2: Promote recruitment and retention of qualified and diverse staff

Strategies:

a. Enhance the cultural competency and representational diversity of our workforce
b. Celebrate ethnic diversity
c. Use core competencies in recruitment efforts
d. Support employee retention through appropriate training and recognition

Objective 3: Promote wellness among department employees

Strategies:

a. Expand department-sponsored wellness events and information
b. Expand agency sponsored wellness activities and sharing of information to include opportunities for personal wellness plans
c. Use wellness principles in facility designs

Goal 7: Enhance data management and use of public health information

Objective 1: Improve the use of data and information in assessment activities supporting decision processes

Strategies:

a. Coordinate assessment functions
b. Link key health indicators, alignment and performance measures to decision-making
c. Release information on status of key health indicators, performance measures and other data as it become available

Objective 2: Effectively manage public health data

Strategies:

a. Establish and publish public health data standards
b. Create and ensure secure data interchange systems
c. Provide public health information in a variety of formats

E. Strategies for 2005 - 2007

Objective 3: Support strategic business needs

Strategies:

a. Research and provide innovative technology solutions
b. Establish performance agreements with programs and partners
c. Identify and set priorities to support business needs through information technology governance process

F. Appraisal of External Environment

The following section details some of the major trends that must be taken into account as the agency determines its directions for the future. Our goals, objectives and strategies reflect what is known about these trends today and how we believe the future circumstances can be improved through concerted efforts by the department and its many partners throughout the state.

Each of the following three trends presents challenges for the Department of Health. First, there are broad global and national trends with direct implications for the health of our communities. Second, there are specific emerging health issues that require direct planning and response to protect, maintain or improve the health of people. Third, there are trends within public health that, if not addressed, will threaten the network of agencies and resources we rely on to provide basic services.

Global and National Trends with Health Implications

Globalization
In recent months public health has mobilized to track and respond to outbreaks of diseases like SARS and measles, transmitted quickly around the globe by people who traveled by plane. Animals have been international carriers of disease as well - like the spread of monkey-pox. There have also been large-scale outbreaks of illness traced to international shipments of food and concerns have been raised about quality control in international shipment of pharmaceuticals.

Globalization directly affects health—through travel, economics and environmental challenges worldwide. The fact that our world is increasingly interconnected is seen in the increased flow of people and goods across borders. Increasingly, our national economy is entwined with the economies of other counties. Huge challenges are emerging in which solutions lie beyond the influence of a single country – such as the ozone layer, climate changes and the health of oceans.

Globalization is accelerating. As long as people and goods move, so will microbes. Effective strategies for public health will focus on strengthening the public health system so that it can respond swiftly as new threats emerge.

Preparation for Response to Terrorism & Emergencies
International concern about terrorism presents special challenges for public health because it is feasible that diseases, chemicals or radiation could be used as weapons. If this happens, public health officials must be prepared to respond quickly. Plans will call for massive action – whether for vaccination, field-level health care, transport of people, isolation and quarantine, or decontamination.

F. Appraisal of External Environment

For these plans to work they must be practiced, improved and practiced again. People who function separately in their daily world – hospitals, public health workers, clinic staff, law enforcement, and emergency responders must be ready to drop everything and act as a synchronized team in the case of community-wide emergency.

Preparing for a terrorist event improves the overall public health network We can maintain a higher level of preparation for floods, earthquakes, fires, large-scale disease outbreaks, water system failures or environmental threats.

Population Growth
About 6 million people currently live in Washington; the state's population has more than doubled in the past 40 years. By 2030, our population will increase again – by a projected by 42 percent.

Population growth impacts public health in many ways: there will be more pressure on resources like drinking water, and there will be increased demand for basic services in communities.

In addition, we are living longer. We are expected to become an older population and can anticipate increased needs for health care and community support services for the elderly. Washington's population age 65 and older is estimated to nearly double by 2020. (Estimated at 686,400 in 2003 and expected to reach 1.2 million by the year 2020.) As our population ages, we can anticipate severe strain on our health care resources, and increased demand on public health agencies for prevention strategies to lower costs and prolong independent functioning.

Increased Diversity
Our population is becoming more diverse, with a broader range of language groups, cultures, and ethnic communities. Continued growth is expected among many population groups: the Latino population will grow from just under half a million in 2000 – to 1.1 million by 2030. Washingtonians who are also Asian-Pacific Islanders are expected to increase 75 percent, African American by 36 percent and American/Alaska Natives by 14 percent.

Health officials must respond to increasing diversity of existing health disparities. We must address these disparities to improve overall health. In addition, health services that are not sensitive to the culture, language, social and historical circumstances of people and their communities will not be effective.

Providing culturally sensitive services will require training of the current workforce so that services and materials are appropriate. Community-specific data can help us focus these efforts in the most appropriate direction. This changing population also signals a need for recruitment efforts to build a future workforce that reflects the composition of the population it serves.

F. Appraisal of External Environment

Rural and Urban shifts
Washington's population is mobile. Although we have a sizable rural population, more people are living in or near cities.

The impact of rural-urban shifts is felt in a variety of ways. In rural areas, it can be difficult to sustain local health services as costs increase, while the rural population decreases. In urban areas, growth can easily outstrip available resources. The pinch will be felt in local health departments, hospitals, clinics and private health provider's offices.

Emerging Health Issues

Tobacco Use
Tobacco remains the number-one cause of premature death in Americans, and the number one reason for avoidable health care costs. Every year 8,000 Washingtonians die from tobacco related causes. Their deaths come only after years of suffering and extraordinary health care costs. While Washington has made progress in lowering rates of adults and teens who smoke, the numbers remain too high: 1 in 5 adults still smokes; 1 in 6 teens smoke -- and about 55 are taking up the habit everyday.

Recent progress will slip away unless there is sustained attention to targeted public education, smoking cessation, and policies that limit exposure to second-hand smoke. The financial burden of continued tobacco use today will be paid in future generations at a time when we project that all health care resources will be severely strained.

Obesity, Physical Activity and Nutrition
Obesity now rivals tobacco in terms of premature death and health care costs. In the decade between 1990 and 2000, the percent of Washington adults who were obese doubled – from under 10 percent to 20 percent. Today, we expect the rate exceeds 20 percent. The most alarming aspect of the obesity epidemic is the toll it is taking on children. About 10 percent of Washington's children are overweight today – and 12 – 13 percent is obese. These are children who, without intervention, are destined to suffer life-long health consequences caused by obesity.

Americans consume far more calories and fat than needed for adequate nutrition. This poor diet, combined with a sedentary lifestyle, is a recipe for health disaster: heart disease, stroke, diabetes. Like the effects of tobacco use, poor nutrition and lack of exercise take a toll over many years, resulting in increased health care costs over many years and extraordinary costs in later life.

F. Appraisal of External Environment

Establishing a Prevention Agenda
About half of all deaths in Washington are preventable: they come too early, cause incalculable suffering and incur high medical costs. Most of these deaths are the result of chronic disease stemming from tobacco, lack of exercise, poor nutrition and excel weight, and misuse of alcohol. Other factors where premature death results include motor vehicle crashes, sexual behavior, and misuse of firearms.

The burden of chronic disease in America and the high cost of injury could be reduced with consistent, nation-wide efforts that focus on prevention. Recognizing that most of these risks are behavioral, calls for new strategies to solve health problems and lower health costs.

Increasingly, public health is shifting attention from outcomes, such as heart disease, to causes – social determinants, tobacco, physical activity and diet. This will require greater investment in community-level prevention strategies that take place outside a health practitioner's office: in schools, community education campaigns, access to cessation and exercise programs, making communities walkable, opportunities for social engagement and efforts to support healthy family relationships.

Trends Affecting the Public Health System

Washington residents depend on a public health network comprised of federal, state and local government agencies. The Department of Health partners with 35 local health jurisdictions and calls upon the expertise and resources of the federal CDC (Centers for Disease Control and Prevention) as well as other federal agencies.

Outside the government system, partners in health protection and promotion include 95 hospitals, 116 community clinics, hundreds of community based agencies and thousand of independent health care providers.

This is one way to understand the public health system: health care providers (hospitals, clinics, and physicians) treat individual people when they are ill. Public Health responds to health problems that threaten the whole community. The impact of the public health system is very far-reaching, because the "patient" is really everyone in the community, everyday.

A strong public health system is key to helping communities stay healthy and viable. Current trends, however, point to problems that suggest a weakening of our public health system. A recent Institute of Medicine Report declared that our nation's public health system is in "disarray" and that the infrastructure may not be strong enough to support current or future demands.

F. Appraisal of External Environment

Local Government Funding Crisis

Thirty five public health agencies provide public health protection at the local level in Washington. Collectively, their budgets are $322 million per year. About half of their funding is derived from a patchwork of state and federal funds from various state agencies. Most of these funds are "categorical" – they can only be used for specific services. The remaining funds come from local sources including taxes, fees and permit revenue. Across the state, there is a huge difference in the amount of funding available to support local public health. Local funding ranges from less than $1 per capita, to $26 per capita – a range dramatic enough to suggest that some communities are not adequately protected.

Overall, the system is regarded as seriously under-funded and extremely fragile. General county government budgets are under terrific pressure, and many core services are being reduced. Public health protection may become a casualty of county budget reductions.

The system is not likely to meet increasing demands. The strain of inadequate resources could result in erosion of disease response capacity, inability to maintain food safety and drinking water programs, and loss of health promotion activity – efforts that helps people quit smoking, stay physically active, and have good nutrition. Also at risk are those vital statistics and health assessment efforts that public health uses to track progress on issues like injuries, healthy births, and immunizations.

Federal Influence

Funds from federal sources make up an increasing proportion of the budgets of both state and local public health agencies. While needed, these funds come with a cost: categorical funding can create instability, with year-to-year fluctuations and tight requirements for specific programs. Basic services can erode while communities scramble to meet the administrative demands of new or changing federal programs.

While too soon to be viewed as a trend, there is increased interest in finding ways to reduce the fragmentation of public health programs and to ease the administrative burden so that a greater portion of resources are effectively directed to service. This is an area ripe for innovation in the coming biennium though collaborative efforts with federal and local partners.

F. Appraisal of External Environment

Changing Technology
All health institutions, offices and public health agencies are increasingly dependent on technology to deliver basic services. For example, using small computers in the field can cut the costs of creating and storing records for services as disparate as a restaurant inspection or a home visit by a nurse. Future advances in areas like genetics, biomedical treatments and laboratory diagnostics will also have implications for everyday public health practice.

New tools can help get service accomplished faster and with greater accuracy – but they come with costs: for purchase, maintenance, coordination and training. The locally independent and fragmented nature of the public health system will make it challenging to assure that appropriate technology improvements are made and sustained across the state.

G. Trends in Customer Characteristics

General Public

Today's consumer is better informed than ever before, with direct access to increasing amounts of information through the internet, television, radio and print media. Recent research shows that consumers turn to local and state public health agencies for information they trust, often about topics they find somewhat frightening.

Consumers expect to be able to obtain information – or report it with ease. The Department of Health has experienced a 300 percent increase in public disclosure requests in the past decade. Consumer complaints about health care providers have increased approximately 130 percent in the last decade.

With today's consumer more likely to believe they are entitled to high quality services, government agencies are placing greater importance on customer service. However, consumers may not understand that limited resources means government services may not be able to keep pace with speed or innovation in the private sector.

The public is confused about what to expect from regulation: punishment, prevention, or mitigation? There is also conflict between the public's desire for more services and a desire to limit the cost of government. The public wants complete information about health issues, while at the same time placing high value on privacy and a less intrusive government.

Emphasis on effective public communication and customer service are of utmost importance so public health agencies can maintain public trust. There may be opportunity to link services within the health sector and/or within government so that the consumer experiences a seamless response when requesting or reporting information.

Special Populations

With an increasingly diverse population, state and local public health agencies need to accommodate a broad range of cultural groups. Increasing cultural competence will make public health services more effective. There may be ways to extend public health services through other community groups using collaborative partnerships. These ideas apply throughout public health, whether the issue is protecting water around an oyster bed, visiting a family that needs health services or responding to consumers reporting complaints.

H. Strategy and Capacity Assessment

This section describes changes the department is making in operations, capital facilities, workforce strategies and technology strategies.

Operational Shifts

Investigations and Surveys of Health Facilities: The department has taken steps to integrate, simplify and expedite the investigative and survey activities for the regulation of health care providers, facilities and services.

Health Professions Disciplinary Activities: The department has undertaken a review to study how various aspects of the disciplinary process could be integrated and streamlined in order to reduce duplication of effort across 57 separate health care professions.

Emergency Preparedness: Coordinated planning with hospitals, local health departments and emergency management agencies will continue through 2005. The effort requires all partners to develop integrated plans for "surge" capacity in the event of a public health emergency and this will expand local health agency capacity.

Public Health: The department has developed a set of performance standards and measures in conjunction with local public health agencies and has conducted baseline reviews of performance at both the state and local level. Next, state and local officials will consider the best way to use and monitor performance data to improve public health services.

Serious funding crises among local agencies, particularly in small counties, could cause a need to change department responsibilities or to reconfigure local service areas.

Capital Facility Plans

Thurston County Building Consolidation: The Department of Health has been located in 21 buildings in Thurston County. Working with a leasehold exchange plan, the department is co-locating many staff in two larger buildings during 2004. There are plans to do the same for all employees in Thurston County in the coming biennium.

The move has resulted in improved customer service centers for professional licensing and vital records, increased security for data centers, better equipped emergency centers, and a safe and healthy work environment for staff. The agency has also seen savings in operations of copy equipment, mail handling and purchasing, as a result of co-locating.

Public Health Laboratories: The physical security of the Public Health Laboratories located in Shoreline has been improved by additional internal security measures, and external structures such as barriers, fencing, camera surveillance.

H. Strategy and Capacity Assessment

The laboratories will continue to need facility improvements and capital equipment purchases to keep pace with scientific advances in diagnostics. The facility is an important resource to a multi-state region for rapid identification of infectious, chemical and radiological agents. There are also plans to increase the lab's capacity for handling Bio Safety Level III specimens.

Workforce Strategies

Workforce Shortages: In its 2003 progress report, the state Health Care Personnel Shortage Task Force stressed that although progress has been made, Washington continues to face severe shortages of health care personnel. Health care employers report 6,000 job vacancies. The pressure is projected to last at least through 2010. Hospitals and clinics will be faced with an aging population and larger numbers of health care workers entering retirement.

Public health leaders will need to expand the pool of qualified public health professionals by seeking new and innovative ways to promote public health careers within the school systems. A census of current public health workers was recently completed. Follow-up studies will help identify training and recruitment needs.

Implementation of Personnel System Reform Act: Implementation of the Personnel System Reform Act of 2002 will bring significant changes to the Department of Health. This legislation calls for revamping the job classification system, expanding the scope of collective bargaining, contracting out services traditionally provided by state employees, and installing a new information technology system to perform all payroll and human resources functions.

Technology Strategies

Disaster Recovery: The agency is executing a disaster recovery, business continuity planning project.

Systems Security: The agency is performing security reviews of all information technology systems, improving our access methods, implementing new spam - and virus-blocking software, and centralizing an update process to rapidly deploy security patches throughout the agency.

Move to a Unified Environment: By the summer of 2005, there will be a fully integrated Microsoft environment and Novell components will be eliminated. This will increase efficiency and eliminate the need to have technical staff trained in two different systems.

Increased Capacity without Additional Hardware: With all information technology servers and support moving to a single location, equipment not running at full capacity can be shared. Freed up server space will allow the agency to increase base computing capacity without adding equipment.

H. Strategy and Capacity Assessment

Automated Replacement System: An automated replacement system for licensing and disciplinary activities to regulate health providers, facilities, and services will be implemented. This will eliminate redundant data, increase consistency, improve reporting capability, and connect licensing information relating to facilities and health care providers.

Move to Point Plaza East Supports Innovative Technology: Moving to a new location allowed improved telephone and data communication through new voice and data cables and extensive use of optic fiber throughout the new building. This will result in improved customer response time. The new facility also allowed the agency to focus on sustainability and cost reduction efficiencies through consolidated copying and procurement activities, improved recycling efforts, and better records management.

I. Performance Assessment

Over the last four years, the agency carried out significant performance improvements that resulted in improved service to residents and healthier lives for many people. These are just some of the improvements made to date.

Health Improvement Strategies

Tobacco Use Continues to Decline

New research shows that the agency's comprehensive tobacco prevention program is making a difference in driving down smoking rates in this state. Results of a telephone survey of adults showed an 8 percent decrease in the number of smokers in Washington since the program started. This translates to 83,200 fewer smokers or roughly enough smokers to equal a city the size of Everett.

Teens in Washington are smoking less too. A recent four-state agency study showed a drop in smoking among the four grade levels measured since 1999. Sixth-grade smoking rates dropped 63 percent. Eighth-grade smoking rates are down 39 percent. Tenth-grade smoking rates dropped 40 percent. Twelfth-grade smoking rates have declined 35 percent. In real terms, this decrease means that there are 53,000 fewer kids smoking in Washington. These results are nearly double the national rate of decline in smoking, which is 22 percent.

Newborn Screening Adds Tests for Five More Disorders

The State Board of Health adopted recommendations to expand newborn disease screening tests. This means that the agency will screen all newborns in our state for five more disorders – galactosemia, biotinidase deficiency, maple syrup urine disease (MSUD), homocystinuria and medium chain acyl Co-A dehydrogenase deficiency (MCADD), as well as phenylketonuria (PKU), congenital hypothyroidism, congenital adrenal hyperplasia (CAH) and hemoglobinopathies such as sickle cell disease.

Financial Help to Improve Water Systems

The Department of Health and the Public Works Board provided financial assistance of more than $36 million in loans to 42 public water systems during 2003. These critical projects were paid for through the Drinking Water State Revolving Fund loan program. The water system improvements will help communities ensure a safe and reliable supply of drinking water to serve residents and businesses.

In addition, the 2003 Legislature committed $4 million to assist municipal water systems to acquire and rehabilitate small, failing public water systems. About 50 small, failing water systems will be acquired and restructured as a result of this funding.

I. Performance Assessment

Customer Service Strategies

Web-based Birth Certificate is First in the Nation

The Center for Health Statistics was the first in the nation to implement a new electronic, Web-based birth certificate system. The process was developed in-house for an estimated cost of $80,000. Participation has been very high: 99 percent of all births are now registered through the Web. The new system is much more efficient, allowing immediate changes on Web-based software and handling technical problems by phone.

Improving Customer Service: Online Credential Search / Records Center

Provider Credential Search

The Provider Credential Search debuted in April 2003, offering easy access to information about the 270,000 health-care professionals in the state. The Web-based directory provides name, birth year, and license status, including any current restrictions or disciplinary actions. Visitors to the site can see and print copies of legal documents if the agency has taken action against the health-care professional's license since July 1998. About 3 million inquiries have been made and nearly 50,000 legal documents have been downloaded since the service debuted.

Public Disclosure Records Center

Ninety percent of all Health Professions Quality Assurance (HPQA) public disclosure requests are now completed within five days, thanks to the new Public Disclosure Records Center. The number of employees needed for this function has been halved and backlogs eliminated.

Customer Service Center Gives Public One-Stop Shopping

A new customer service center has been established to handle all public inquiries related to licensing requirements for health care professionals. Customer service specialists provide information to callers; answer questions, and sends packets of material regarding license applications. In the first year of operation, the service center assisted 230,890 callers, renewed 209,135 credentials, and processed 14,622 verification letters. These figures illustrate the power of optimizing resources while continuing to manage increasing workloads.

Health System Improvements

State Better Prepared for Public Health Emergency

The Department of Health has established nine Public Health Emergency Preparedness and Response regions in the state. This facilitates coordination across local public health jurisdictions and with other health providers and emergency response agencies. The regional system ensures that every local health jurisdiction creates basic local response capacity, while strengthening response systems for the whole state.

I. Performance Assessment

Improved Certification Process for EMS and Trauma (EMS/T)
The agency worked closely with the Washington Fire Chiefs Association and the Washington Council of Firefighters and Medical Program Directors to improve customer service and the EMS/T certification process. Each agency is now assigned a specific month for their personnel to recertify, making renewals easier and the volume predictable.

New Report Details "The Health of Washington State"

A team of employees across the agency worked to complete and publish *The Health of Washington State.* This report provides public health officials, policy-makers, researchers and the general public with one source for critical information about the health of our state's residents. This document provides current status for more than sixty indicators of health, at the state level and by sub-populations, and provides valuable information on intervention strategies that can be used to improve health outcomes for each of these indicators.

Public Health Improvement Plan

The Public Health Improvement Plan is an ongoing strategic plan carried out in partnership with the Department of Health, local health agencies, the State Board of Health and the University of Washington School of Public Health and Community Medicine. A two-year workplan directs activities of eight committees in pursuing objectives for system wide improvement including setting standards for public health, establishing a health report card, and conducting a workforce study.

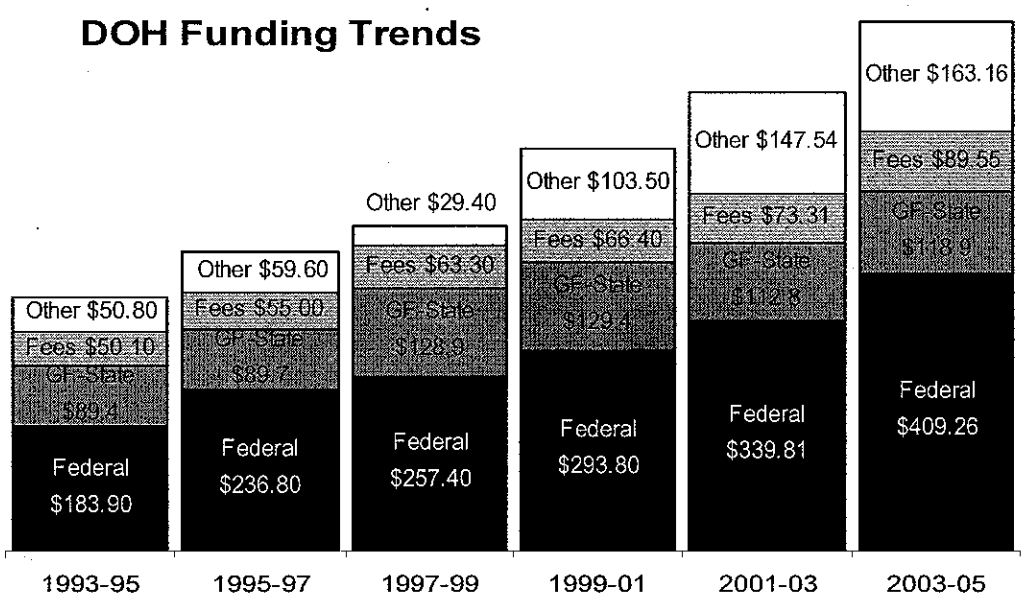
J. Financial Health Assessment

The Department of Health budget has grown in recent years but the growth is due to increased special-purpose funds, including federal grants and shifts from general-purpose support to user fees for some programs. At the same time, local public health funds have been curtailed, further eroding funds needed to support basic services.

Increased Reliance on Federal Funds

The Department of Health's budget is made up of a combination of federal funds, state general fund, dedicated funds and fees. Federal funds comprise half the agency's budget, so funding changes at the federal level have a direct impact on the state's public health system.

Although the amount of federal funding has more than doubled over the past decade, all of these funds are allocated through categorical grants or funding formulas. Flexible or discretionary funds are no longer available, which severely challenges the agency's ability to respond to emerging issues such as new diseases or scientific advances.



Total funding for the Department of Health doubled over the five past biennia. The proportion of General Fund-State decreased from 24 percent to 15 percent. The proportion of dedicated funds increased dramatically from 13 percent to 22 percent. This includes funding such as the tobacco settlement fund.

J. Financial Health Assessment

Fees for Service

There is increasing pressure to look for ways to eliminate the use of state general funds through "fee for service" models. A number of programs formerly supported by state general funds have shifted to a fee-based model and the amount of the department budget derived from fees has nearly doubled in ten years.

User fees constrain the budget similarly to categorical funds: these funds can only be used to support specific programs, while public health responsibilities are often larger and more complex than the categorical approach will support.

An illustrative example is issuance of an on-site septic tank permit at the local level: the fee might cover only the cost of the time a sanitary engineer takes to review the plan, evaluate the site and issue a permit. The price of the permit omits the cost of total watershed planning, soil assessment of the surrounding area, and ongoing monitoring of the impact of installed septic tanks.

Dedicated Fund Accounts Are At Risk

Dedicated funding sources make up 22 percent of the agency budget. The largest of these funds include the Tobacco Prevention/Control Account ($52.5 million) and the Health Services Account ($37 million). These two accounts face substantial fund balance issues in the future.

Health Services Account (Fund 760): The Health Services Account is supported by a variety of routinely-collected state taxes related to health care, along with tobacco settlement payments and revenue generated by ProShare and some Disproportionate Hospital Share (DSH) payments. The account provides funding for children's Medicaid, the Basic Health program, grants to community clinics, children's immunizations, and local public health assistance.

The Health Services Account exemplifies the challenge of state-funded health care programs, with state revenue growing at approximately 4-5 percent per year and health care cost growth in the double digits. In the 2003-05 biennium, the account's deficit was managed primarily through cuts in the Basic Health program, the implementation of more rigorous Medicaid eligibility standards, the planned imposition of children's Medicaid premiums, and one-time federal funding relief. This leaves a projected balance of $45 million with existing programs and revenue sources carried forward; the 2005-07 ending balance is currently projected to be negative $164 million.

J. Financial Health Assessment

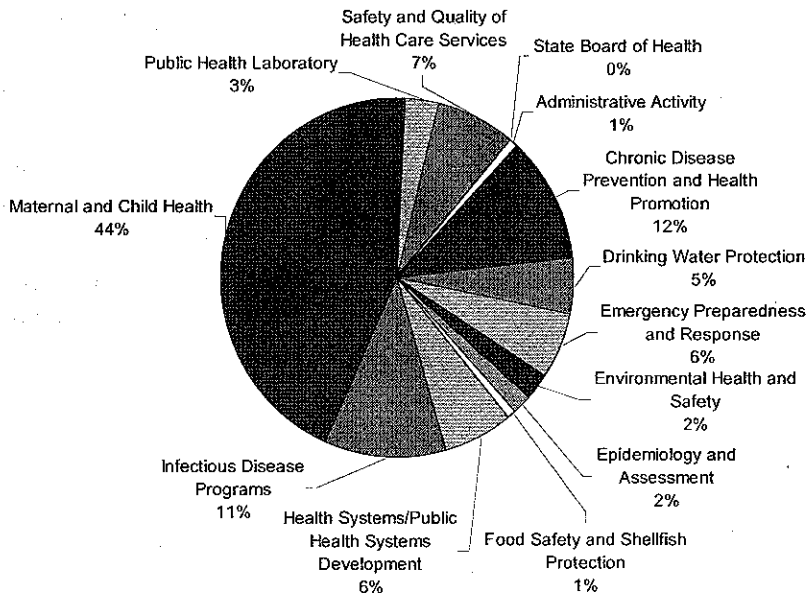
Tobacco Prevention/Control Account (Fund 828): Although the agency was involved in tobacco prevention efforts before the Master Settlement Agreement (MSA) of 1998, it was the MSA that triggered the creation of a statewide, comprehensive tobacco prevention and control program. With the first installment of the MSA funds, the legislature appropriated $100 million to create the Tobacco Prevention and Control Account. The Department of Health began drawing from that account in FY 2000. Additional funding is generated by Initiative 773, which raised tobacco taxes and dedicated some of those revenues to statewide tobacco prevention and control efforts.

The most recent analysis conducted in March 2004 determined that the $100 million MSA will be depleted in FY 2009 and the last full year of funding will occur in FY 2008. Without new funding, the department will need to curtail its efforts. We predict that the outstanding gains made to date in reducing tobacco use could be lost quickly if our comprehensive efforts are reduced.

Agency Activity Inventory and Alignment

Following is a description of the department budget according to the activities contained in the agency's activity inventory. The figure distributes the total budget, $781 million, by percentage, over all categories of activities, regardless of fund source.

Activity Inventory
for the 2003-05 Biennium
Including the 2004 Supplemental Appropriation



K. Cost Reduction Strategies

Over the last several years, the agency has successfully implemented a number of cost containment strategies and continues to look for ways to expand services with limited dollars.

Completed Cost Reduction Strategies

Customer Service Center
In January 2002, the Health Professions Quality Assurance Office established a main point of contact for 50-plus health care professions by opening the Customer Service Center. Fourteen specially trained customer-service specialists provide prompt, accurate information by phone and in person at the Tumwater office customer counter. They answer approximately 900 calls-a-day with an average wait time of 23 seconds. Center staff also respond to e-mail requests for information, handle credential renewal for all health care professionals, and perform continuing education credit audits.

Previously, there were more than 50 separate phone numbers to call for information about specific professions and calls might be routed among 200 employees.

Provider Credential Search
In April 2003, the Health Professions Quality Assurance Office launched a Web-based provider credential search engine. The Web site provides easy access to information for more than 270,000 Washington health care professionals. The service allows people to check on license status and to download legal documents resulting from disciplinary actions. Over 3 million inquires have been made and nearly 50,000 documents downloaded. Information that could have taken weeks to obtain through a formal public disclosure process is now available to anyone at a fraction of the cost.

Public Disclosure Records Center
In March 2003, a centralized unit was created within the Health Professions Quality Assurance Office to respond to public disclosure requests. Previously, 30 employees worked either full or part-time to process these requests. Six employees now handle the workload. Within six months of startup, the unit had eliminated a 600-request backlog.

Publications on Compact Disk
The agency is now making RCWs, WACs, applications, and many related materials available on the Internet and compact disks. This improves public access to information, saves on printing and mailing costs, and saves staff time.

K. Cost Reduction Strategies

On-line Staff Training
Agency staff has created three on-line training programs that get needed information to our entire workforce. The New Employee Orientation program is completed on-line within the first weeks on employment. The program eliminates a day-long orientation, reduces travel costs and eliminates trainer time. Everyone in the agency has been asked to complete on-line training on public records disclosure. A creative format makes the course fun to take and makes a lasting impression about the need to manage all records responsibly. A sustainability course has just been launched to demonstrate how employees can play a role in helping the agency achieve sustainability goals.

Safety Pays
In the past five years, the agency's loss experience (the amount we paid out in claims) was less than half of what was predicted. This outstanding record has resulted in a premium savings of an estimated $1.5 million for our last reporting period. More importantly, the agency kept the incidence of employee injuries low.

Cost Reduction Strategies Under Consideration

Contracting out for Immunization Distribution Warehouse Functions
The department currently maintains a warehouse to store vaccine, which requires careful temperature control and strict inventory control. The warehouse also stores a considerable stock of health education materials.

The U.S. Centers for Disease Control and Prevention (CDC) encourages states to contract the distribution of vaccine. They consider this an efficiency and safety measure. The department will assess the potential cost savings from contracting-out vaccine storage and will evaluate whether brochures and other materials could be shifted to an on-demand contract with Department of Printing.

L. Activity Links and Major Partners

To accomplish its mission of protecting and promoting the health of the people of Washington, the Department of Health relies on close partnerships with a broad range of entities. The three categories below represent only a portion of the active relationships we maintain.

Community health Initiatives

Nutrition and Physical Activity
Obesity rates continue to climb in our state and the nation. Washington's obesity rate has doubled in the last 10 years. In 1990, 9.4 percent of Washington adults were obese, and in 2000, about 20 percent of adults were obese. The Department of Health has developed a key initiative to address rising obesity rates. Using U.S. Centers for Disease Control and Prevention grant funds, the Nutrition and Physical Activity State Plan was developed with the help of a diverse group of public and private interests, including the University of Washington Center for Nutrition Policy. The plan focuses on nutrition practices and physical activity environmental policy approaches to reduce the barriers to adopting a healthy lifestyle and prevent obesity and chronic disease.

We are partnering on pilot projects such as walking trails and community gardens. The Departments of Transportation and Community, Trade and Economic Development, and Parks and Recreation Commission are working with us to develop infrastructure projects to support active community environments.

Comprehensive Cancer Control Partnership
Cancer is the second leading cause of death in Washington State. Cancer deaths can be reduced through effective prevention, early detection, and medical care. Some of the other state agency partners include the Health Care Authority, the Department of Social and Health Services – Medical Assistance Administration, and the Board of Health. The agency is working with a diverse group of individuals, health professionals, associations, and public and private organizations around the state to implement the Comprehensive Cancer Control Plan. The plan's purpose is to reduce cancer incidence, morbidity and mortality and increase the quality of life.

Healthy Youth Survey
The Healthy Youth Survey provides important information about adolescents in Washington. 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. Staff from the Center for Health Statistics work closely with the Office of the Superintendent of Instruction to administer and record the results. Survey feedback, is used to shape planning decision in both agencies.

L. Activity Links and Major Partners

Environmental Health Improvements

Biowatch and Biohazard Detection Programs
The biowatch program is a collaborative effort with the Department of Ecology, Puget Sound Air Quality, and local government. The Public Health Laboratories tests filter papers from air sampling instruments stationed around the Puget Sound area and reports results to local health agencies.

Working with federal partners in the U.S. Postal Service, the laboratories have developed a process for testing samples provided through the Biohazard Detection System (BDS). The BDS will send an alarm on certain hazardous airborne particulates gathered during mail processing. Those samples will be identified and analyzed by field tests, with confirmatory testing at the state labs.

Cholinestrerase Monitoring
The agency has entered into a cooperative effort with the Department of Labor and Industries (L&I) to monitor cholinesterase levels in pesticide applicators. Applicators are tested by the Public Health Laboratories (PHL) and monitored by L&I for indications of unsafe labor areas where pesticides are used.

Environmental Threats
Environmental health and sanitation have been the backbone of public health in the United States since the 18th century. West Nile virus and other zoonotic diseases, a globalized food source, treatment-resistant microbes and neurological toxins in the environment present major challenges for environmental health. Too often at the local level environmental health has become narrowly focused around fee-based regulatory programs and the ensuing debate about regulatory requirements. Public health concerns are often lost and, at times, unaddressed.

According to the U.S. Centers for Disease Control and Prevention, basic traditional environmental health programs – monitoring and regulation of public water supplies, sewage systems and food quality – directly contributed to the 30-year increase in life expectancy that occurred between 1900 and 1998. As demographics continue to change, as science continues to monitor for more toxics in smaller amounts, and as society continues to expect basic environmental health protection, the capacity of environmental health professionals at the local and state level will continue to be challenged to respond to environmental health concerns. Added to familiar environmental concerns are developing issues such as environmental toxins and emergency response.

L. Activity Links and Major Partners

Financial Help to Improve Water Systems
The Department of Health and the Public Works Board provided financial assistance of more than $36 million in loans to 42 public water systems during 2003. These critical projects were paid for through the Drinking Water State Revolving Fund loan program. The water system improvements will help communities ensure a safe and reliable supply of drinking water to serve residents and businesses.

In addition, the 2003 Legislature, at the request of Gov. Gary Locke, committed $4 million to assist municipal water systems to acquire and rehabilitate small, failing public water systems. Since launching the new Water System Acquisition & Rehabilitation Program, 33 applications from 20 municipalities have been received. These additional state funds will help to resolve many long-standing public health concerns and will provide needed stimulus to the economy of these communities. About 50 small, failing water systems will be acquired and restructured as a result of this funding.

Fish Consumption Advisories
The Office of Environmental Health Assessments (OEHA) assessed fish tissue data from various federal, state and local agencies to determine the need for consumption advisories. Fish consumption advisories are designed to minimize exposure to toxic contaminants in fresh water and marine fish caught in Washington while supporting the need to include fish as part of a healthy diet. The department works closely with the state Departments of Ecology and Fish and Wildlife, local health agencies, Native American tribes, and federal agencies.

Municipal Water Law Implementation
The Municipal Water Law – passed in 2003 – specifically directs the Department of Health to convene an advisory committee of interested parties, to advise the agency on development of a conservation rule for public water systems. The agency works with the Departments of Ecology, Fish and Wildlife; Community, Trade and Economic Development; local agencies; the Board of Health; tribal governments; interest groups; public water system operators; and water customers.

Sewage Disposal and Impacts on Puget Sound Shellfish
The Puget Sound Water Quality Management Plan is Washington's long-term strategy for protecting and restoring Puget Sound. Through the agency shellfish and onsite wastewater programs, the department is actively involved in implementing parts of the Management Plan. Onsite septic systems have been identified as a major problem along Puget Sound's shoreline. Local health jurisdictions have responsibility for management for the smaller onsite systems, and they are key partners in meeting the goals of the Puget Sound Action Team's Management Plan.

L. Activity Links and Major Partners

Health System Improvements and Coordination

Local Health: Maintaining Seamless Intergovernmental Relationships
Washington's 35 local public health agencies are key partners with the Department of Health. The state's public health system depends on close cooperation between state and local officials to respond to disease outbreaks and other health-threatening emergencies, and to coordinate on policy and resource planning. Topics such as environmental health services, immunization distribution, epidemiological analysis, and laboratory analysis of possible diseases require close coordination. A local health liaison at the Department of Health supports ongoing communication with local agencies statewide, and offers technical assistance on an array of issues including policy, finance management and training.

Improving Emergency Preparedness
The Washington State Department of Health continues to work closely with local health agencies on public health emergency preparedness and response. Through grant funding from the Centers for Disease Control and Prevention and the Health Resources and Services Administration, our regional system – nine regions, each with a lead local health department – is working well. This regional system ensures that every local health department creates basic response capacity while strengthening response systems for the whole state.

Integration of Services – Making the Health System Better
This initiative focuses on cross-agency collaboration to improve the health service network for children and families. Families often need services from a variety of state agencies and community organizations but find it difficult to navigate the system. The Department of Health is collaborating with state and local agencies and organizations on four goals to make the health system work better for families: a common enrollment/application process for easy entry, care coordination to assist families in defining and meeting needs, cross agency data linkages for program planning, and opportunities for blended funding to maximize efforts. Partnerships include: Department of Social and Health Services (including Medical Assistance Administration, Division of Developmental Disabilities, and Mental Health); Division of Alcohol and Substance Abuse; Office of the Superintendent of Public Instruction; Community, Trade and Economic Development; Office of Financial Management; Assistant Attorney General; Local Health Jurisdictions; University of Washington; family organizations; and parent consultants.

Hospital Regulation Coordination
A 2002 report issued by the Washington State Hospital Association (WSHA) addressed the growing impact of state and federal regulations on hospitals.

L. Activity Links and Major Partners

The report stressed a goal "to promote regulatory reform and administrative simplification by eliminating burdensome government regulations and reducing activities and workload involved in the transaction of business among health plans, hospitals and physicians." In June of 2003 Governor Locke endorsed the formation of a workgroup to coordinate and streamline state government approaches to hospital surveys and audits. Seven state agencies facilitated by Department of Health staff, began working together with the Washington State Hospital Association to identify steps that would foster greater coordination and less duplication of effort. A report containing 15 recommendations was issued in November 2003. The agency continues to lead the effort to implement the recommended strategies for change.

Strengthening the Public Health System
The Public Health Improvement Partnership is a strategic plan to develop a better public health system to serve our state. This work includes state and local health officials, the University of Washington School of Public Health, and the state Board of Health. A new partner is the Washington Health Foundation. The partners have created a strong guiding vision. More than 200 people participate in eight committees, each with specific workplans for the two-year planning cycle.

Coordinated Workforce Development Strategies
Workforce development for public health is a significant challenge. The department works very closely with the University of Washington's School of Public Health and Community Medicine and the Northwest Center for Public Health Practice to plan ways to address training needs including development of distance learning options. Resources are pooled to avoid duplication in purchase, support, training and workforce needs. The department works closely with the Washington State Workforce Training and Education Coordinating Board on the Health Care Personnel Shortage Taskforce.

Improved Certification Process for Emergency Medical Services and Trauma (EMS/T)
The agency worked closely with the Washington Fire Chiefs Association and the Washington Council of Firefighters and Medical Program Directors to improve customer service and the EMS/T certification process. Each agency is now assigned a specific month for their personnel to recertify. Previously all recertification happened in either June or December. Licensed EMS agencies are deeply involved in the continuing education and evaluation of their personnel, which is a critical part of the certification process.

M. Risks, Obstacles and Opportunities

Four areas of challenge will have far-reaching affects on the department and its ability to fulfill its mission.

Fragility of the Public Health System

The Department of Health relies on local government to carry out a broad range of essential public health services. The 35-agency local public health system is extremely fragile. County government budgets are under terrific pressure, and many core services are being reduced. The amount of funding per capita varies radically from one county to the next. Categorical funding creates instability in the system with year to year fluctuations in funding. Tight requirements in specific programs do not allow flexibility to meet very basic local needs. Overall, the system as a whole is regarded as seriously under funded. The system will be unable to meet increasing demands.

The challenge is to determine how to establish stable and sufficient funding, across all communities.

Prevention Strategies to Save Costs and Improve Health

The Priorities of Government exercise introduced prevention as a priority strategy. Half of all premature deaths in Washington are caused by diseases that can be prevented. In the current biennium, the agency led statewide planning for comprehensive cancer control, and nutrition education and physical activity. Smoking, poor nutrition, and physical inactivity cause diseases that can be prevented. Prevention eliminates both human suffering and the high costs of medical care associated with these diseases.

The challenge is to develop and sustain a commitment to prevention strategies. While the payoff is potentially great – it takes time and consistent effort to bring to about changes in knowledge, behavior and policy.

Meeting Public Expectations for Health Professions Oversight

The department oversees 57 professions which are licensed, registered or certified. Each profession has a separate board with specific and separate statutory authority over practitioners. The authority to sanction providers for problems in their practice rests with the boards and relies on careful investigation of the allegations and evidence in each case. The public demands a high level of accountability for health care practice, to be confident that the health care they receive is safe.

Both due process and protection are essential. The challenge is in balancing the expectation for protection from harm with the due process needed to make sure that health care practice is not unduly restricted.

M. Risks, Obstacles and Opportunities

Adapting to Population Shifts

As the population becomes more diverse, the health system must adapt to meet the needs of people it serves. Translation services will be needed for more products and services and in a variety of new languages. Attention must be paid to identifying health disparities and developing efforts that will close the gap. Recruitment of health professionals needs to be geared to creating greater diversity in the workforce.

The challenge will be in sustaining all efforts that address the changing population.

Appendices

A. Organizational Chart

B. Balanced Scorecard with Department of Health Goals

C. Statutory Authority

D. Community and Family Health services

E. Environmental Health Services

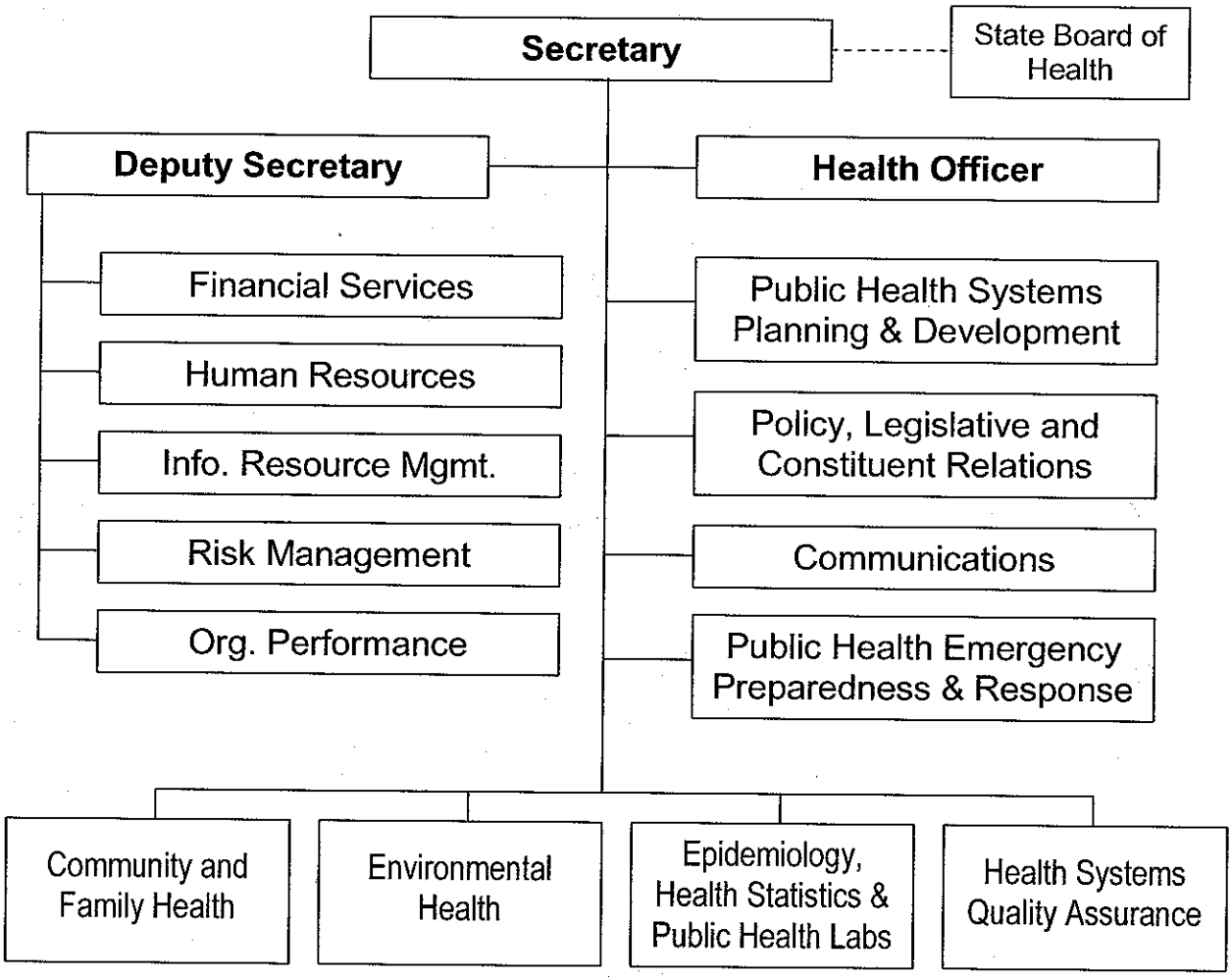
F. Epidemiology, Health Statistics and Laboratory Services

G. Health Systems Quality Assurance

H. Administrative Services

I. State Board of Health

A: Organizational Structure



- Infectious Disease & Reproductive Health
- Maternal & Child Health
- Community Wellness & Prevention

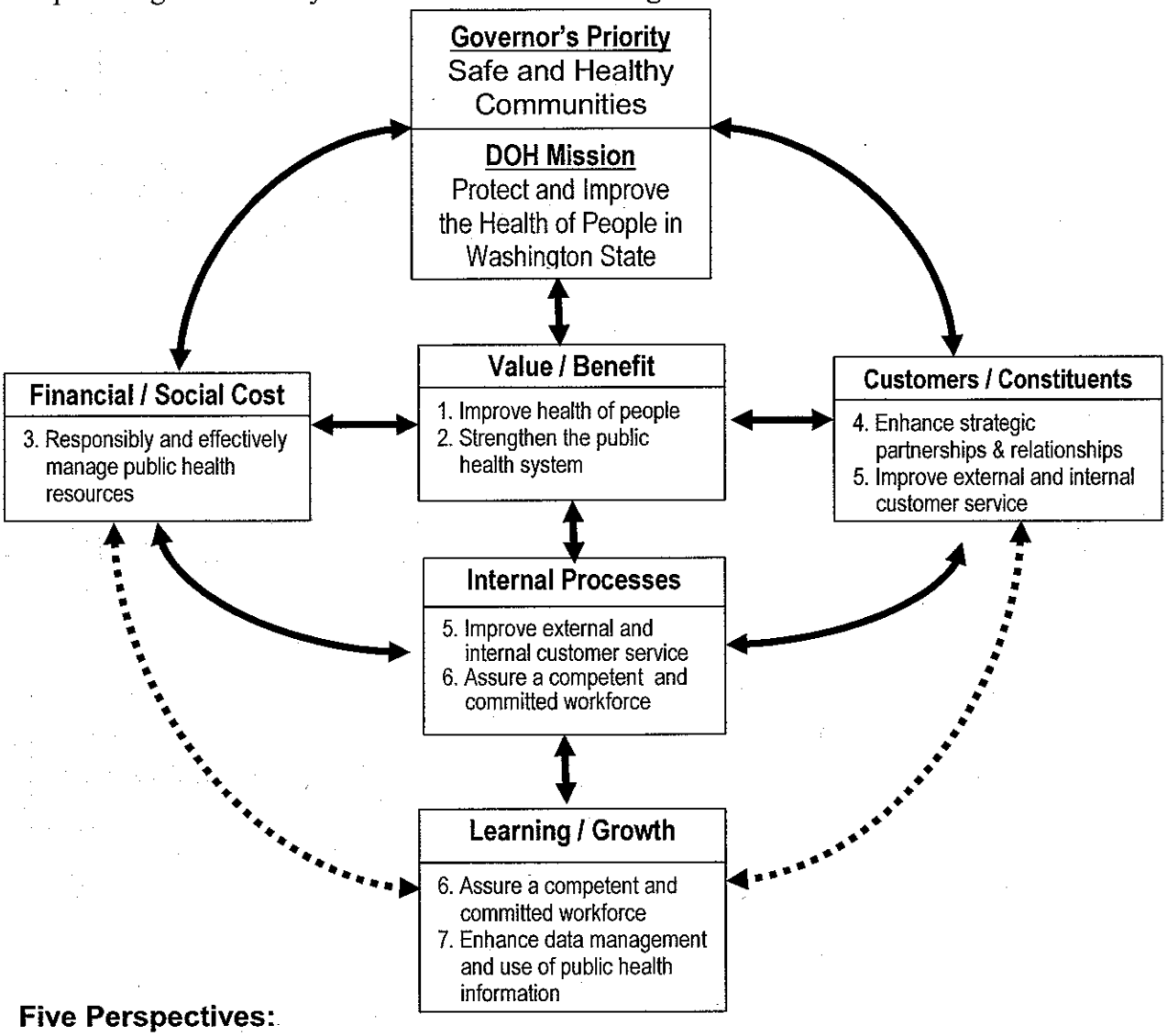
- Drinking Water
- Radiation Protection
- Food Safety & Shellfish Programs
- Environmental Health & Safety
- Environmental Health Assessment

- Epidemiology
- Center for Health Statistics
- Public Health Laboratories

- Facilities & Services Licensing
- Health Professions Quality Assurance
- Emergency Medical & Trauma Prevention
- Community & Rural Health

B. DOH Balanced Scorecard Model

The updated six-year Strategic Plan (2004–2009) continues to follow the framework of the Balanced Scorecard. The Balanced Scorecard approach was developed to improve decision-making by considering all five perspectives, with a primary focus on value and benefit to the people of Washington. Building a Strategic Plan around the elements of a Balanced Scorecard helps managers link today's actions with tomorrow's goals.



Five Perspectives:

Value / Benefit: Societal point of view. Why do we provide the service?

Financial and Social Costs: Return on the taxpayer dollar. What would happen if we didn't provide the service?

Customers and Constituents: Unlike the private sector, financial considerations may be secondary to customer/ constituent needs. Are their needs being met?

Internal Process: Means by which performance expectations are met and measured. Can the process be improved?

Learning and Growth: Processes will only succeed if adequately skilled and motivated employees use information management technology and data to respond to the needs of the customers. Where are the performance gaps? Could innovation provide a creative solution?

C. Statutory Authority

Title 9 Crimes and Punishments

9.02 Abortion: Transfers any powers vested in the State Board of Health in regard to abortion to the department.

Title 9A Washington Criminal Code

9A.42 Criminal Mistreatment: 9A.42.090 requires the department and DSHS to adopt rules establishing procedures for termination of care to dependent persons.

Title 13 Juvenile Courts and Juvenile Offenders

13.34 Juvenile Court Act: Requires DSHS, in consultation with the department, to adopt rules defining "drug-affected infant" and "alcohol-affected infant". Requires DSHS and the department to develop a comprehensive plan for services to mothers who have delivered drug or alcohol affected infants or are "at risk", along with inventory of community services, the fiscal impact of the plan, and potential long-term cost savings to the state.

Title 15 Agriculture and Marketing

15.54 Fertilizers, Minerals, and Limes: Requires the department to participate with the Departments of Agriculture and Ecology in preparing a biennial report to the legislature regarding the levels of nonnutritive substances in fertilizers. Grant the department a consulting role in the Department of Ecology's review of applications for approval of a fertilizer's compliance with the legal standards set forth in the statute.

15.92 Center for Sustaining Agriculture and Natural Resources: Appoints the secretary or a designee as an ex officio, non-voting member of the commission on pesticide registration.

Title 16 Animals and Livestock (Formerly: Animals, Estrays, Brands, and Fences)

16.70 Control of Pet Animals Infected with Diseases Communicable to Humans: Grants the department and the secretary the authority to protect the public health from outbreaks of communicable diseases from pet animals, including quarantine or destruction of animals; and to make rules relating to "importation, movement, sale, transfer or possession of pet animals".

Title 17 Weeds, Rodents, and Pests

17.21 Washington Pesticide Application Act: Creates a pesticide advisory board, of which "the environmental health specialist from the department of health" is a nonvoting member.

Title 18 Businesses and Professions

18.06 Acupuncture: Grants the secretary the authority to license acupuncturists; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter. RCW 18.06.140 requires every licensed acupuncturist develop a written plan for consultation, emergency transfer, and referral to other health care practitioners operating within the scope of their authorized practices. The written plan shall be submitted with the initial application for licensure as well as annually thereafter with the license renewal fee to the department. The department may withhold licensure or renewal of licensure if the plan fails to meet the standards contained in rules adopted by the secretary.

18.19 Counselors: Grants the secretary the authority to register counselors to act as disciplinary authority to discipline registrants under this chapter; and to adopt rules to carry out the purpose of the chapter.

18.22 Podiatric Medicine and Surgery: Grants the secretary authority to adopt rules and set fees for administration of the chapter.

18.25 Chiropractic: Grants the secretary authority to adopt procedures for applications.

18.29 Dental Hygienist: Creates dental hygiene examining committee, appointed by the secretary, to prepare and administer examinations. Grants the secretary the authority to license dental hygienists; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter. RCW 18.29.050 describes a licensed dental hygienist employment functions, and requires supervision by a licensed dentist if licensed dental hygienist performs dental operations and services.

18.30 Denturists: Creates board of denture technology, appointed by the secretary. Grants the secretary the authority to license denturists; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter.

18.32 Dentistry: Creates the impaired dentist program. Grants the secretary authority to adopt procedures for applications, set fees, and issue licenses. RCW 18.32.030 describes the practices, acts, and operations exempted from chapter. RCW 18.32.215 grants a licensed and practicing dentist out of state licensure without an examination if the applicant is a graduate of a dental college, school, or dental department of an institution approved by the commission and pays required fees.

C. Statutory Authority

RCW 18.32.675 prohibits corporations from practicing or soliciting dentistry e through itself, or its representatives' employed by the corporation. RCW 18.32.745 establishes penalties for a manager, proprietor, partnership, or association employing an unlicensed dentist owning, operating, or controlling any room where dental services are performed, RCW 18.32.755 requires that an advertisement or announcement for dental services must include for each office location advertised, the names of all persons practicing dentistry at that office location.

18.34 Dispensing Opticians: Grants the secretary the authority to issue licenses; to act as disciplinary authority to discipline license holders under this chapter; and to set fees.

18.35 Audiologists and Speech Language Pathologists: Grants the Secretary the authority to adopt procedures and set fees.

18.36A Naturopathy: Grants the secretary the authority to license naturopaths; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter. Creates a naturopathic advisory committee, appointed by the secretary, to advise the secretary on the administration of this chapter.

18.46 Maternity Homes: Grants the Department the authority to grant, deny, suspend or revoke licenses, inspect and approve maternity homes, and adopt rules and regulations regarding the operation of maternity homes.

18.50 Midwifery: Grants the secretary the authority to license midwives; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules, including rules re the administration of legend drugs, to carry out the purpose of the chapter. Creates a midwifery advisory committee, appointed by the secretary, to advise the secretary on the administration of this chapter.

18.51 Nursing Homes: Authorizes the department of health to investigate complaints and violations of nursing technicians.

18.52 Nursing Home Administrators: Grants the secretary authority to adopt procedures for applications, set fees, and issue licenses.

18.52C Nursing Pools: Defines and requires registration of nursing pools with the secretary. Sets requirements for nursing pools. Grants the secretary the authority to establish procedures and fees; and to act as disciplinary authority to discipline registrants under this chapter.

18.53 Optometry: Grants the secretary authority to adopt procedures for applications, set fees, and issue licenses. RCW 18.53.010 defines the scope of the optometry practice. RCW 18.53.140 describes the unlawful acts of the practice

18.55 Ocularists: Grants the secretary the authority to license ocularists and register apprentices; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter.

18.57 Osteopathy - Osteopathic Medicine and Surgery: Grants the secretary authority to adopt rules and set fees for administration of the chapter. RCW 18.57.160 describes every person falsely claiming himself or herself to be the person named in a certificate issued to another, or falsely claiming himself or herself to be the person entitled to the same, is guilty of forgery under RCW 9A.60.020

18.57A Osteopathic Physicians' Assistants: Grants the board of osteopathic medicine and surgery authority to adopt rules establishing the qualifications for and scope of practice of osteopathic physician's assistants. Requires board approval of practice arrangements. Grants board authority to act as disciplinary authority to discipline license holders under this chapter.

18.59 Occupational Therapy: Grants the secretary authority to issue licenses, and to adopt rules and set fees for administration of the chapter.

18.64 Pharmacists: Grants the secretary authority to issue licenses, and to adopt rules and set fees for administration of the chapter. RCW 18.64.045 requires an owner of each and every place of business which manufactures drugs pay a license fee to be determined by the secretary. The secretary may adopt rules for the adoption of penalties. RCW 18.64.046 requires a wholesaler business or manufacturer to pay a license fee determined by the secretary. RCW 18.64.047 mandates any itinerant vendor or any peddler of any nonprescription drug or preparation for the treatment of disease or injury, pay a registration fee. RCW 18.64.245 requires every proprietor or manager of a pharmacy to keep readily available a record of prescriptions dispensed. RCW 18.64.246 requires every prescription drug container dispensing a label must have the name and address of the dispensing pharmacy, the prescription number, the name of the prescriber, the prescriber's directions, the name and strength of the medication, the name of the patient, the date, the expiration date and must meet safety standards adopted by the board of health. RCW 18.64.247 repealed. RCW 18.64.270 authorizes the proprietor of a wholesale or retail drug store be held responsible for the quality of all drugs, chemicals or medicines sold or dispensed, except those sold in original packages of the manufacturer and articles or preparations known as patent or proprietary medicines.

C. Statutory Authority

18.64A Pharmacy Assistants: Grants the board of pharmacy authority to adopt rules establishing the qualifications for and scope of practice of pharmacy assistants. Requires board approval of practice arrangements. Grants the board authority to act as disciplinary authority to discipline license holders under this chapter.

18.71 Physicians: Creates the impaired physicians program. Grants the secretary authority to adopt rules and set fees for administration of the chapter. RCW 18.71.040 requires an applicant who practices medicine and surgery pay a fee. RCW 18.71.190 indicates that a an applicant claiming the false information on a certificate is guilty of forgery,

18.71A Physicians' Assistants: Grants the secretary the authority to establish procedures and set fees for licensure.

18.73 Emergency Medical Care and Transportation Services: Creates an emergency medical services licensing and certification advisory committee, appointed by the department, to advise the secretary on the administration of this chapter. Grants the secretary the authority to establish minimum criteria for ambulances, air ambulances, aid vehicles, and ambulance and aid services; and for training and certification of first responders and emergency medical technicians. Establishes requirement of licensure for ambulances and aid vehicles and for ambulance and aid vehicle operators and directors. Grants the secretary the authority to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter.

18.74 Physical Therapy: Grants the secretary authority to issue licenses, and to adopt rules and set fees for administration of the chapter.

18.76 Poison Information Centers: Requires the department to provide support for a statewide program of poison and drug information services, centralized in a single nonprofit center, and defines the services of the center to be 24 hour emergency telephone management and treatment; providing information to health care professionals; development of community education programs; and coordination of public outreach units. Grants the secretary, with the advice of the emergency medical services licensing and certification advisory committee, authority to adopt rules for the operation of the center and certification of poison center medical directors.

18.79 Nursing Care: Grants the secretary authority to adopt rules for administration of the chapter. RCW 18.79.040 defines the registered nursing practice and the exceptions of the profession. RCW 18.79.240 describes the context, prohibiting behaviors and definitions of registered nursing practice and advanced registered nursing practice. RCW 18.79.260 describes the activities performed by the nursing profession and the delegated tasks. RCW 18.79.330 provides additional work-related opportunities for nursing students. RCW 18.79.340 defines Nursing Technicians as a nursing student employed at a hospital or nursing home licensed facility. RCW 18.79.350 prohibits Nursing Technicians to perform functions beyond there skill and knowledge, places limitations on performed functions. RCW 18.79.360 requires Nursing Technicians to submit an application, signed statement of nursing program enrollment, and a fee to the department. RCW 18.79.370 grants the secretary authority to adopt rules and procedure requirements for the Nursing Technicians renewal process.

18.83 Psychologists: Grants the secretary authority to issue and renew licenses and to collect fees.

18.84 Radiologic Technologists: Grants the secretary the authority to approve education and training requirements; to act as disciplinary authority to discipline certificate and registration holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an ad hoc advisory committee made up of members of the profession.

18.88A Nursing Assistants: Grants the secretary the authority to act as disciplinary authority to discipline certificate and registration holders under this chapter; issue certificates and registrations; and to set fees to carry out the purpose of the chapter. RCW 18.88A.140 states the exemptions of Nursing Assistants. RCW 18.88A.200 grants the opportunity for a nurse to delegate to nursing assistants qualifying under RCW 18.88A.210 may enhance the viability and quality of health care services. RCW 18.88A.230 states the liability, reprisal, or disciplinary actions for Nursing Assistants.

18.89 Respiratory Care Practitioners: Grants the secretary the authority to approve education and training requirements; to act as disciplinary authority to discipline certificate holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an ad-hoc advisory committee made up of members of the profession.

18.92 Veterinary Medicine, Surgery, and Dentistry: Creates the impaired veterinarian program. Grants the secretary authority to issue licenses, adopt rules and set fees for administration of the chapter.

18.104 Water Well Construction: Grants Department of Ecology, the lead agency, authority to seek advice from the department. Designates a representative of the department as a member of a technical advisory group.

18.108 Massage Practitioners: Grants the secretary the authority to act as disciplinary authority to discipline licensees under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter.

C. Statutory Authority

18.120 Regulation of Health Professions - Criteria: Sets out guidelines for regulating currently unregulated or unlicensed health professions. Sets out factors that must be explained to legislative committees in connection with a request for regulation of a health profession.

18.122 Regulation of Health Professions - Uniform Administrative Provisions: Establishes uniform provisions for credentialing of health professions: registration, certification, and licensure. Grants the secretary authority to adopt rules; establish fees, forms and procedures; administer examinations; and determine minimum education requirements and educational programs.

18.130 Regulation of Health Professions - Uniform Disciplinary Act: Establishes uniform standards and procedures for the licensure and discipline of health care professionals. Designates disciplinary authority for each health care profession, and defines the authority of the disciplinary authority and the secretary. RCW 18.130.040 grants the secretary and the boards and commissions having jurisdiction over professions licensed under the chapters specified in this section. RCW 18.130.075 permits an individual licensed in another state that has licensing equal to licensing standards in Washington a temporary practice permit until required documents are submitted. RCW 18.130.190 grants the secretary to investigate complaints of an unlicensed practitioner.

18.135 Health Care Assistants: Grants the secretary the authority to adopt rules to administer this chapter and establish minimum requirements necessary to certify health care assistants.

18.138 Dietitians and Nutritionists: Grants the secretary the authority to issue certificates; to act as disciplinary authority to discipline certificate holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Establishes a health professions advisory committee, appointed by the secretary.

18.155 Sex Offender Treatment Providers: Defines certified sex offender treatment provider. Requires certification to perform certain evaluations and treat convicted sex offenders. Sets out requirements for certification. Grants the secretary the authority to issue certificates; to act as disciplinary authority to discipline certificate holders under thichapter; and to adopt rules and set fees to carry out the purpose of the chapter. Establishes the sexual offender treatment provider's advisory committee, appointed by the secretary.

18.195 Consumer Access to Vision Care Act: Grants the secretary the authority to adopt rules to implement the purposes of the chapter.

18.200 Orthotic and Prosthetic Services: (Effective December 1, 1998) Defines practice of orthotics and prosthetics. Sets out requirements for licensure. Grants the secretary the authority to issue licenses; to act as disciplinary authority to discipline licensees under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an advisory committee to advise the secretary concerning the administration of this chapter.

18.205 Chemical Dependency Professionals: Defines practice of chemical dependency counseling. Sets out requirements for certification. Grants the secretary the authority to issue certificates; to act as disciplinary authority under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an advisory committee to advise the secretary concerning the administration of this chapter.

18.215 Surgical Technologists: Requires registration of surgical technologists. Sets out requirements for registration. Grants the secretary the authority to issue registrations; to act as disciplinary authority under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter.

18.225 Mental Health Counselors, Marriage and Family Therapists, Social Workers: Grants the Secretary the authority to issue licenses; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of this chapter. Establishes an advisory committee appointed by the Secretary. RCW 18.225.090 grants the secretary to license a social worker who has graduated from an accredited program, completes an approved examination, and has completed work supervised. RCW 18.225.105 provides exceptions to disclosure information.

18.92 Veterinary medicine, surgery, and dentistry: RCW 18.92.230 states that using another's license or diploma is a felony.

Title 19 Business Regulations—Miscellaneous777

19.02 Business License Center Act: Establishes a business license center in the department of licensing and directs the "full participation" of the department in implementing the center.

19.27 State Building Code: RCW 19.27.097 requires the department of health to coordinate with the department of ecology to determine those areas, not subject to growth management act planning, in which applicants for building permits are not required to provide evidence of adequate water supply for the building's intended purpose.

19.32 Food Lockers: Authorizes the department of health to accredit physicians and set a fee or the issuance of certification that a worker in a refrigerated locker is free of contagious or infectious disease, and grants authority to revoke such certificate.

C. Statutory Authority

Title 26 Domestic Relations

26.04 Marriage: Prescribes the form of certificate for recording the solemnization of marriage, to be provided by the state registrar of vital statistics of the department. Requires that the county auditor transmit all completed certificates to the state registrar of vital statistics.

26.09 Dissolution of Marriage - Legal Separation - Declarations: Requires that the clerk of the court complete the form provided by the department of health, and forward to the state registrar of vital statistics each month certificates of divorce, dissolution, annulment or separate maintenance.

26.26 Uniform Parentage Act: Sets out legal process for establishing parent-child relationship. Sets out circumstances for filing of documents with and issuances of birth certificates by the Department of Health.

26.33 Adoption: RCW 26.33.345 requires the department of health to provide no certified copies of birth certificates to birth parents and to adoptee, unless the birth parent filed an affidavit of non-disclosure.

28A.230 Compulsory Course Work and Activities: RCW 28A.230.070 authorizes the office on AIDS to review the model AIDS curricula for medical accuracy, and to assist in updating AIDS education curriculum material as newly discovered medical facts make it necessary.

Title 28B Higher Education

28B.115 Health Professional Conditional Scholarship Program: Establishes health professional loan repayment and scholarship program for credentialed health professionals serving in professional shortage areas, and creates a planning committee that includes a representative of the department. Authorizes the department to provide technical assistance to rural communities and to determine shortage areas and eligible health professionals. RCW 28B.115.070 determines eligible credentialed health care professions for the purposes of the loan repayment and scholarship program authorized by this chapter. The department may add or remove professions from eligibility based upon the determination that a profession is no longer in shortage. RCW 28B.115.090 one portion of the funding shall be used by the board as a recruitment incentive for recruitment activities in state-operated institutions, county public health departments and districts, county human service agencies, federal and state contracted community health clinics, and other health care facilities, such as rural hospitals that have been identified by the department, as providing substantial amounts of charity care or publicly subsidized health care; one portion of the funding shall be used by the board for all other awards.

28B.125 Health Personnel Resources: Creates a committee of six agencies, including the department, to establish a state-wide health personnel resource plan. Sets out requirements of the plan, including an inventory of training needs and the number and type of health professionals needed in the state. RCW 28B.125.005 through 28B.125.030 Repealed

Title 41 Public Employment, Civil Service, and Pensions

41.05 State Health Care Authority: Includes transfer of funding for community health centers from the department to the health care authority. Authorizes the authority, in consultation with the department, to work with community health clinics and other providers of underserved populations to expand access of people of color and the underserved to managed care. RCW 41.05.013 coordinates state agency efforts to develop and implement uniform policies across state purchased health care programs that will ensure prudent, cost-effective health services purchasing, maximize efficiencies in administration of state purchased health care programs, improve the quality of care provided through state purchased health care programs, and reduce administrative burdens on health care providers participating in state purchased health care programs. RCW 41.05.500 states that negotiating price discounts with prescription drug manufacturers for state purchased health care programs; the health care authority shall also negotiate such discounts for any Washington resident by setting eligibility, fees, and enrollment practices. RCW 41.05.510 consolidated prescription drug purchasing account is created in the custody of the state treasurer. RCW 41.05.500(3) indicates that expenditures from the account may be used only for the purposes of RCW 41.05.500 and shall be deposited into the prescription drug purchasing account. RCW 41.05.520 grants administrators to establish and advertise a pharmacy connection program through which health care providers and members of the public can obtain information about manufacturer-sponsored prescription drug assistance programs. RCW 41.05.530 gives authority may adopt rules to implement prescription drug assistance and education based on chapter 29, Laws.

Title 42 Public Officers and Agencies

42.17.310 Certain personal and other records exempt: Exempts the department from providing personal information to the public such as social security number, health care providers' residential number and address, information gathered by the Board of Pharmacy and its representatives.

C. Statutory Authority

Title 43 State Government Executive

43.17 Administrative Departments and Agencies - General Provisions: Creates position of secretary of health as chief executive officer of the department. Authorizes designation of a chief assistant. Requires that principal office of each department be at the state capital.

43.20 State Board of Health: Establishes composition of membership of the board, to include the secretary and nine additional members appointed by the governor. Designates the board as a forum for the development of public health policy, and authorizes it to hold public forums and prepare the state public health report. Grants the board rulemaking authority with regard to: safe and reliable public drinking water; prevention, control and abatement of health hazards and nuisances related to the disposal of waste; environmental conditions in public facilities; imposition and use of isolation and quarantine; and prevention and control of disease. RCW 43.20.145 grants state board of health authority to consider the most recent version of the United States food and drug administration's food code for the purpose of adopting rules for food service. RCW 43.20.260 authorizes the department to ensure that water service to be provided by the system under the plan for any new industrial, commercial, or residential use is consistent with the requirements of any comprehensive plans or development regulations adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the service area.

43.21A Department of Ecology: Requires director to consult with the department and the state board of health to integrate efforts to the fullest extent possible and endorse policies in common (43.21A.140). Authorizes the departments of ecology, natural resources and health to participate in and administer the portions federal safe drinking water act programs that fall under their authority under state law.

43.41 Office of Financial Management: RCW 43.41.905, citing department statistics on unintended pregnancies, creates an interagency task force on unintended pregnancy.

43.43 Washington State Patrol: RCW 43.43.735 requires the department to cause fingerprinting of all persons who are the subject of a disciplinary board final action. RCW 43.43.830- .842 set out requirements for background checks to ensure that individuals who work with children and vulnerable adults have not been convicted of crimes against persons or crimes relating to financial exploitation. RCW 43.43.842 requires the secretary to adopt rules for the licensure of facilities and individuals to ensure that individuals who provide care to vulnerable adults have not been convicted of certain enumerated crimes.

43.59 Traffic Safety Commission: Designates the secretary of health as a member of the commission.

43.63A Department of Community, Trade, and Economic Development: RCW 43.63A.245 - .270 create the senior environmental corps, to be administered jointly by eight state agencies, including the department. A coordinating council is created consisting of representatives of the eight agencies. RCW 43.70.250 gives the department specific duties regarding the senior environmental corps.

43.70 Department of Health - General Provisions: Creates the department, to be single state agency with focus on health issues and public health. Grants department authority to create divisions and appoint administrative positions, including the state health officer. Creates position of secretary of health, with general authority to adopt rules, appoint members of advisory committees, conduct studies and analysis, delegate authority, and enter into contracts. Transfers authority from DSHS in the areas of personal health and protection programs; environmental health and protection programs; public health laboratory; public health support services, including vital records; licensing and certification of facilities; and parent and child health services. Transfers authority from DOL in the area of health professions regulatory programs and services. Grants department authority to make rules, collect fees, assess fines, and issue subpoenas and bring legal actions to enforce laws and protect public health. Grants the secretary the authority to enforce all public health laws, declare emergencies, and exercise the powers of local health officers if they are unable or unwilling to do so or request assistance. Creates a role for DOH in assuring patients have the opportunity to seek independent review of claims disputes between patients and health carriers. Creates position of registrar of vital statistics. Creates a variety of data collection, analysis and reporting requirements regarding health care and public health promotion. RCW 43.70.185 permits the department to enter and inspect any property, lands, or waters, of this state in or on which any marine species are located and prohibits the harvesting of land with penalties. RCW 43.70.630 grants the department authority to enter into a written cost-reimbursement agreement with a permit applicant to recover from the applicant the reasonable costs incurred by the department. RCW 43.70.670 grants the department of health to pay for health insurance coverage on behalf of persons with human Immunodeficiency virus, who meet department eligibility requirements and who do not meet the Department of Health and Social Services medical assistance programs. RCW 43.70.680 grants the department authority to contact persons issued credentials for the purposes of gathering volunteers for emergency or disaster assistance.

43.72 Health System Reform: Authorizes health care entities to request the department to obtain an informal opinion of the attorney general as to whether conduct is consistent with the goals of RCW 43.72.300.

Authorizes the department to adopt rules regarding collective and cooperative efforts among health care providers and grant approval of conduct that would tend to decrease competition in the relevant market. Creates the health services account in the state treasury. RCW 43.72.900 creates the public health services account in the state treasury , to be expended for maintaining and improving the health of Washington residents through the public health system, which is defined to consist of the department, the board of health and local health departments and districts.

43.79 State Funds: Creates the death investigations account. Authorizes disbursement of funds during the 1997-99 bienniums to the department for statewide child mortality reviews.

43.99D Water Supply Facilities - 1979 Bond Issue: Authorizes sale of $10 million of general obligation bonds for purpose of constructing and improving water supply facilities. The funds are to be administered by the department.

43.99E Water Supply Facilities - 1980 Bond Issue: Authorizes sale of $65 million of general obligation bonds for purpose of constructing and improving water supply facilities. The funds are to be placed in the state and local improvements revolving account, to be administered by the department and the department of ecology.

43.121 Council for the Prevention of Child Abuse and Neglect: Designates the secretary or the secretary's designee as a member of the council.

43.200 Radioactive Waste: Authorizes department of ecology to collect site closure fees adequate to complete the closure plan set out in the radioactive materials license granted by the department. RCW 43.200.080 states the treasurer shall transfer to the site closure account in full the amount remaining to be repaid upon written notice from the secretary of health that the department of health has authorized closure or that disposal operations have ceased. The treasurer shall complete the transfer within sixty days of written notice from the secretary of health.

Title 48 Insurance

48.20 Disability Insurance: RCW 48.20.530 requires that insurers providing drugs from nonresident pharmacies may only obtain those services from licensed pharmacies. The department is authorized to request proof of licensure from such nonresident pharmacies. RCW 48.20.025 defines terms in the section and schedule of rates for individual health benefit plans, loss ratio, and remittance of premiums. RCW 48.44.015 Health Care Services: A person may not in this state, by mail or otherwise, act as or hold himself or herself out to be a health care service contractor, as defined in RCW 48.44.010 without first being registered with the commissioner.

48.46 Health Maintenance Organizations: RCW 48.46.040 provides that the department, at the request of the insurance commissioner, shall inspect and review the facilities of health maintenance organizations applying for a certificate of registration to determine their adequacy. The insurance commissioner may request the department to re-inspect to determine their continuing adequacy.

48.47 Mandated Health Benefits: Establishes process for review of proposals for mandating insurance coverage of health benefits. Requires a proposal to be submitted to the appropriate legislative committees. The department shall report on the appropriateness of adoption, if requested by the committee chair and subject to funds being appropriated for that purpose.

48.87 Midwives and Birthing Centers - Joint Underwriting Association: Authorizes establishment of a nonprofit joint underwriting association for midwifery and birthing center malpractice insurance. Authorizes a policy with a minimum level of mandated coverage determined by the department.

Title 49 Labor Regulations

49.17 Washington Industrial Safety and Health Act: Grants sole authority for administration of this act to the department of labor and industries, except that with regard to employers using or possessing ionizing radiation, the department of labor and industries shall agree with the department on mutual rules and regulations.

49.26 Health and Safety Asbestos: RCW 49.26.130 grants the department to conduct asbestos projects, rules, fees, and an asbestos account.

Title 51 Industrial Insurance

51.32 Workers' Compensation - Right to and Amount: Establishes amounts and methods of payment of industrial insurance benefits. RCW 51.32.360 requires the department of labor and industries to work with the department to establish one or more centers for research and clinical assessment of chemically related illness.

C. Statutory Authority

Title 54 Public Utility Districts

54.16 Public Utility Districts - Powers: Grants immunity from lawsuits based on noncompliance with federal or state requirements to a public utility district that assumes responsibility for a noncompliant water system if the district has submitted and is complying with a plan and schedule of improvements approved by the department. RCW 54.16.360 relates to cooperative watershed management where a public utility district may participate in and expend revenue on cooperative watershed management actions, including watershed management partnerships under RCW 39.34.210 and other intergovernmental agreements, for purposes of water supply, water quality, and water resource and habitat protection and management.

Title 57 Water-Sewer Districts

57.08 Water Districts - Powers: Provides that no water district that did not operate a sewer system prior to July 1, 1997 may operate a sewer system without first obtaining approval from the department and the department of ecology. RCW 57.08.190 Cooperative watershed management added to RCW 57.08.005relates to cooperative watershed management where a public utility district may participate in and expend revenue on cooperative watershed management actions, including watershed management partnerships under RCW 39.34.210 and other intergovernmental agreements, for purposes of water supply, water quality, and water resource and habitat protection and management.

57.24 Water Districts - Annexation of Territory: Grants immunity from lawsuits based on noncompliance with federal or state requirements to a water district that assumes responsibility for a noncompliant water system if the district has submitted and is complying with a plan and schedule of improvements approved by the department.

Title 64 Real Property and Conveyances

64.44 Contaminated Properties: Establishes reporting and decontamination requirements for property contaminated by hazardous chemicals. Contamination must be reported to the local health officers, who must report all cases of contaminated property to the department. RCW 64.44.060 grants the department the authority to issue certificates to contractors to perform decontamination, to establish performance standards for contractors, and to require annual refresher courses. Grants the state board of health authority to adopt rules, and grants the department the authority to develop guidelines for decontamination and testing.

Title 68 Cemeteries, Morgues, and Human Remains

68.50 Human Remains: Governs the proper handling and disposal of human remains. Requires the department to adopt rules regarding proper hospital procedure for anatomical gifts. Authorizes eye banks licensed by the department to provide corneal tissue for transplants.

Title 69 Food, Drugs, Cosmetics, and Poisons

69.04 Food, Drug and Cosmetic Act: Designates the board of pharmacy to carry out and make rules regarding the provisions relating to drugs and cosmetics. Grants the secretary authority, with the director of the department of agriculture, to adopt rules regarding the transportation of bulk foods in vehicles and vessels. RCW 69.04.060 applies criminal penalties for violations under RCW 69.04.040 a fine of not more than $200 or imprisonment not more than 30 days or both penalties. RCW 69.04.070 adds a penalty to RCW 69.04.060 with imprisonment for not more than ninety days, or a fine of not more than one thousand dollars, or both such imprisonment and fine. RCW 69.04.930 requires discernable labeling for a customer on any meat, or any meat food product which has been frozen at any time, without having the package or container. RCW 69.04.060 and RCW 69.04.070 add penalties to persons who violate RCW 69.04.040. RCW 69.04.930 requires labels on all frozen fish and meat.

69.06 Food and Beverage Establishment Workers' Permits: Requires permits for workers in food and beverage establishments. Authorized the board of health to set fees for permits and renewals.

69.07 Washington Food Processing Act: RCW 69.07.103 requires special, temporary permit issued by the department for the slaughter and preparation of one thousand or fewer pastured chickens in a calendar year by the agricultural producer of the chickens for the sale of whole raw chickens by the producer and also permits the department to make rules under this section. RCW 69.07.150 states any person violating any provision of this chapter or any rule or regulation adopted hereunder is guilty of a misdemeanor.

69.30 Sanitary Control of Shellfish: Authorizes the board of health to adopt rules for the sanitation of shellfish, shellfish growing areas, and shellfish harvest. Requires a certificate approval from the department for shellfish growing areas from which shellfish for human consumption are harvested. Requires a certificate of approval from the department for culling, shucking or packing of shellfish for human consumption. Grants the department the authority to grant, deny, revoke, suspend, and modify certificates, and to impose civil penalties for violations.

C. Statutory Authority

69.38 Poisons - Sales and Manufacturing: Requires registry of sales of certain poisons. Grants the department the authority to issue licenses for the sale or manufacture of poisons in the state.

69.41 Legend Drugs - Prescription Drugs: Grants board of pharmacy of the department rule making authority to carry out several provisions. RCW 69.41.010 defines terms in this chapter. RCW 69.41.020 legend drugs shall not be sold, delivered, dispensed or administered except in accordance with this chapter. RCW 69.41.030 states it is unlawful for any person to sell, deliver, or possess any legend drug except upon the order or prescription of a profession licensed under the department of health. RCW 69.41.040 indicates prescription, in order to be effective in legalizing the possession of legend drugs, must be issued for a legitimate medical purpose by one authorized to prescribe the use of such legend drugs. RCW 69.41.050 requires to every box, bottle, jar, tube or other container of a legend drug, which is dispensed by a practitioner to have a label in accordance of federal law. RCW 69.41.070 was recodified. RCW 69.41.072 states violations of the chapter. RCW 69.41.085 Individuals residing in community-based care settings, such as adult family homes, boarding homes, and residential care settings for the developmentally disabled, including an individual's home, may receive medication assistance. RCW 69.41.150 states that a practitioner shall not be liable for any side effects or adverse reactions caused by the manner or method by which a substituted drug product is selected or dispensed. and pharmacists assume no greater liability for substituting the preferred drug than would be incurred in filling a prescription for the preferred drug when prescribed by name. RCW 69.41.190 Any pharmacist filling a prescription under a state purchased health care program as defined in RCW 41.05.011(2) shall substitute, where identified, a preferred drug for any non-preferred drug in a given therapeutic class. RCW 69.41.270 repealed.

69.43 Precursor Drugs: Requires a report to the board of pharmacy of transfers of certain permit, issued by the board of pharmacy, to sell, transfer or furnish such substances. Requires record keeping for all transactions. Restricts the sales and possession of ephedrine, pseudoephedrine and phenylpropanolamine.

69.45 Drug Samples: Requires registration with the department prior to distribution of drug samples in the state. Regulates record keeping, storage and transportation, distribution and disposal of drug samples.

69.50 Uniform Controlled Substance Act: Authorizes the board of pharmacy to enforce the chapter and to add to, remove from, or reschedule controlled substances on the statutory list. Designates schedule I through V controlled substances. Requires registration with the department prior to the manufacture, distribution or dispensing of controlled substances.

69.51 Controlled Substance Therapeutic Research Act: Creates the controlled substances therapeutic research program, to register bona fide controlled substance therapeutic research projects with the department. Creates a committee to review applications. Authorizes the board of pharmacy to obtain marijuana for use by approved practitioners and institutions.

69.60 Over-the -Counter Medications: Grants the board of pharmacy the authority to administer this chapter.

Title 70 Public Health and Safety

70.02 Medical Records - Health Care Information Access and Disclosure: Authorizes disclosure of health care information to the department without patient consent when necessary for research or licensing proceedings.

70.05 Local Health Department, Boards, Officers - Regulations: Authorizes creation of county boards of health. Creates position of local health officer and the qualifications to hold the position. Grants broad public health authority to local health officer, including authority to grant waiver of state board of health on-site sewage systems. Requires report of contagious and infectious diseases to state board of health. Creates the county public health account in the state treasury. Authorizes child mortality reviews.

70.08 Combined City - County Health Department: Authorizes a city of more than 100,000 populations and the county it is located in to form a combined city-county health department. Creates position of director of public health, with same legal authority as local health officer, and establishes qualifications for that position.

70.12 Public Health Funds: Authorizes the secretary to expend funds in the counties for public health work, out of funds appropriated for that purpose. Authorizes counties to create and spend a public health pooling fund.

70.14 Health Services Purchased by State Agencies: RCW 70.14.050 requires each agency administering a state purchased health care program as defined in RCW 41.05.011(2) cooperate with other agencies and take any necessary actions to control costs without reducing the quality of care when reimbursing for or purchasing drugs.

70.22 Mosquito Control: Authorizes the secretary of health to inspect, investigate and conduct studies to ascertain the effect of mosquitoes as a health hazard.

C. Statutory Authority

70.24 Control and Treatment of Sexually Transmitted Diseases: Sets out regulatory authority with respect to sexually transmitted diseases (STD's), including HIV and AIDS. Grants the board of health rulemaking authority under this chapter. Authorizes state and local public health officials to interview, examine, investigate and counsel persons believed to be infected with a sexually transmitted disease, including orders of restriction and to cease and desist from specified behavior. Authorizes an action for detention. Prohibits disclosure of identity of persons undergoing HIV testing or the results of the test except under specific circumstances. Authorizes reporting of STD's pursuant to rules adopted by the board of health. Requires AIDS education and training for health care professionals, emergency medical personnel, and certain public employees. Requires the department to establish a statewide system of regional AIDS service networks.

70.28 Control of Tuberculosis: Requires physicians to report all cases of tuberculosis to local board of health. Grants local health officer broad authority to investigate existence of cases of tuberculosis and source of infection, including inspection, examination, treatment and quarantine or isolation. Grants state board of health authority to adopt rules for reporting, due process standards for exercise of local health officer's authority, and training.

70.30 Tuberculosis Hospitals and Facilities: Authorizes admission to appropriate facilities for all individuals with tuberculosis. Grants the department authority to determine an individual's ability to pay for treatment, and to conduct annual inspections of tuberculosis facilities.

70.37 Health Care Facilities: Designates the secretary of health as a member of the five member authority.

70.38 Health Planning and Development: Grants the department the authority to issue, deny, suspend or revoke certificates of need, and to adopt rules for the program.

70.40 Hospital and Medical Facilities Survey and Construction Act: Establishes a "section of hospital and medical facility survey and construction" within the department. Grants that section sole responsibility to inventory existing hospitals and medical facilities, survey the need for new construction, and develop a plan for construction of new facilities. Requires the department prepare a state plan to be submitted to the surgeon general; and develop regulations for minimum standards of operation of federally funded medical facilities.

70.41 Hospital Licensing and Regulation: Grants the department the authority to license and inspect hospitals; to develop minimum standards and rules for the construction, maintenance and operation of hospitals; and to enforce those standards and rules. Requires annual licensing and inspection of hospitals. Authorizes denial, suspension or revocation of licenses. RCW 70.41.370 mandates the department to investigate complaints of violations of RCW 18.79.350 and 18.79.360 by an employer.

70.42 Medical Test Sites: Grants the department the authority to license and inspect medical test sites; to develop minimum standards and rules for the operation of medical test sites; and to enforce those standards and rules. Requires annual licensing of medical test sites. Authorizes denial, suspension or revocation of licenses.

70.44 Public Hospital Districts: RCW 70.44.315 requires a hospital district to obtain an opinion from a qualified expert or the department that the districts acquisition of a hospital meets the standards for accessible and affordable health care in RCW 70.45.080. RCW 70.44.060 authorizes powers and duties of public hospital districts. RCW 70.58.107 authorizes the department of health to charge a fee of seventeen dollars for certified copies of records and for copies or information provided for research, statistical, or administrative purposes, and eight dollars for a search of the files or records when no copy is made. RCW 70.58.280 applies penalties for every person who violates or willfully fails, neglects, or refuses to comply with any provisions of *this act is guilty of a misdemeanor and for a second offense shall be punished by a fine of not less than twenty-five dollars, and for a third and each subsequent offense shall be punished by a fine of not less than fifty dollars or more than two hundred and fifty dollars or by imprisonment for not more than ninety days, or by both fine and imprisonment.

70.45 Acquisition of Nonprofit Hospitals: Requires that the acquisition of a non-profit hospital must be reviewed and approved by the department. Grants department authority to contract and adopt rules to implement the chapter.

70.46 Health Districts: Authorizes creation of one and two county health districts by county legislative authorities, and creation of a health district fund.

70.50 State Otologist: Requires the secretary to appoint an otologist, who shall cooperate with the department of public instruction and with health officers to seek hearing impaired children and examine those children when referred to him.

C. Statutory Authority

70.54 Miscellaneous Health and Safety Provisions: Sets out various public health and safety requirements, including: the authority of the secretary to advise local authority on sanitation; requiring doors of public buildings to swing outward; granting rulemaking authority for labor camps to the board of health; provisions re laetrile, DMSO, pay toilets; and utility pole attachments; creates the cancer registry program and a bone marrow donor recruitment and education program, under the administration of the department; and the authority of the Department to adopt rules for the sterilization of needles and instruments by electrologists and tattoo artists..

70.58 Vital Statistics: Establishes system of local registrars and their duties. Sets out requirements for birth certificates and death certificates. Grants the state board of health authority to require by rule additional information on birth certificates.

70.62 Transient Accommodations - Licensing - Inspection: Grants the state board of health authority to adopt rules regarding the maintenance and operation of transient accommodations. Grants the department the authority to license and inspect transient accommodations, and to enforce board of health rules. Authorizes suspension or revocation of licenses.

70.83 Phenylketonoria and Other Preventable Heritable Disorders: Requires the department to require screening tests of all newborn infants for phenylketonoria and other heritable or metabolic disorders as defined by the state board of health. Requires all positive tests for phenylketonoria to be reported to the department.

70.83E Prenatal Newborn Screening for Exposure to Harmful Drugs: Requires the department to develop screening criteria and training protocols for identifying pregnant or lactating women addicted to drugs or alcohol or at risk of producing a drug affected baby.

70.90 Water Recreation Facilities: Authorizes board of health to adopt rules governing safety, sanitation and water quality for water recreation facilities. Allows local boards of health to establish additional rules. Requires the secretary to enforce the board's rules.

70.94 Washington Clean Air Act: RCW 70.94.422 grants the department enforcement authority available under this chapter for emissions of radionuclides. RCW 70.94.017 creates an air pollution control account.

70.95 Solid Waste Management - Reduction and Recycling: Sets out requirements for local waste management planning and technical assistance. Grants authority to implement plans to local boards of health. RCW 70.95.255 requires the department to cooperate with the departments of agriculture and ecology to adopt rules regarding labeling and notification requirements on sludge material sold or given away to the public.

70.95K Biomedical Waste: Authorizes the department, at the request of an applicant, to evaluate the environmental and public health impacts of biomedical waste treatment technologies, and grants the department rulemaking authority to implement that section. Regulates the disposal and collection of residential sharps waste.

70.96A Treatment for Alcoholism, Intoxication and Drug Addiction: RCW 70.96A.410 requires the department to execute an interagency agreement with three other agencies (DSHS, OSPI, and Corrections) to coordinate identification, prevention and intervention programs for fetal alcohol exposure.

70.98 Nuclear Energy and Radiation: Designates the department as the state radiation control agency, and grants it broad authority to carry out the regulatory provisions of this chapter. The department is required to provide by rule for the licensing of byproduct, source, special nuclear materials, or devices or equipment utilizing such materials, or other radioactive material occurring naturally or produced artificially. Authorizes suspension and revocation of licenses, and requiring financial assurance.

70.104 Pesticides - Health Hazards: Authorizes the department to investigate all suspected human cases of pesticide poisoning. Authorizes the department to assume control of property to dispose of hazardous substances and restore the property to a non-hazardous condition. Requires that health care providers report suspected cases of pesticide poisoning to the department, in compliance with state board of health rules. Requires the department to investigate pesticide poisonings. Requires the department to develop a program of medical education to alert health care providers regarding pesticide poisoning. Creates the pesticide incident reporting and tracking review panel, and designates the department as lead agency and the secretary or a designee as a member.

70.105D Hazardous Waste Cleanup - Model Toxics Control Act: Creates the state toxics control account, a portion of which may be appropriated to the department to implement programs to reduce testing requirements for public water systems.

70.108 Outdoor Music Festivals: Requires a permit to conduct an outdoor music festival. Requires that the application for a permit include written confirmation from the local health officer that he or she has reviewed plans and found them in compliance with the state board of health rules. Sets out the matters which the state board of health rules must address.

C. Statutory Authority

70.111 Infant Crib Safety Act: Intent section states that it is the intent of the legislature that informational materials regarding baby crib safety be available through the department. The chapter grants the department no specific authority to establish such a program.

70.114A Temporary Worker Housing - Health and Safety Regulation: Designates the department as the single state agency responsible for encouraging development of temporary worker housing and coordinating the efforts of state and local agencies. Authorizes the secretary or a representative to inspect housing and enforce state board of health rules. Authorizes adoption of a temporary worker housing building code and licensure of operators of temporary worker housing.

70.116 Public Water System Coordination Act of 1977: Provides for the development of coordinated water system plans for critical water supply service areas identified by the secretary or local authorities. Authorizes the secretary to review plans. Authorizes the secretary to resolve disputes regarding overlapping service areas. Authorizes the secretary to make rules regarding satellite system management agencies for areas without a purveyor or with an inadequate purveyor.

70.118 On-Site Sewage Disposal Systems: Requires local boards of health to identify failing septic tank drain fields, and grants authority, with the advice of the department, to waive plumbing or building codes to aid in correcting failures. Regulates the use of additives.

70.119 Public Water Supply Systems - Operators: Grants the secretary authority to adopt and enforce rules for the certification of operators, continuing education, and classifying water purification plants and distribution systems. Requires the secretary to categorize all public water systems. Authorizes issuance, renewal and revocation of certificates, and sets out penalties for violations.

70.119A Public Water Supply Systems - Penalties and Compliance: Authorizes the department and local health jurisdictions to enforce state board of health rules, including the authority to enter the premises of a public drinking water system. Authorizes a drinking water program within the department to assume primary enforcement of portions of the federal safe drinking water act. Creates the water supply advisory committee. RCW 70.119A.110 provides the department to administer operating permits, set standards through the application process and phase-in of implementation of satellite systems. RCW 70.119A.180 authorizes the department to ensure water use efficiency requirements and rules.

70.121 Mill Tailings - Licensing and Perpetual Care: Grants the department authority to license thorium and uranium mining operations, and sets out requirements for licensure, including a plan for reclamation and disposal of tailings and decommissioning of the site. Authorizes the secretary to monitor compliance with the license, including on-site inspections, and to require posting of a bond.

70.123 Shelters for Victims of Domestic Violence: Requires that DSHS consult with the department in carrying out the duties assigned to it under this chapter.

70.127 Home Health, Hospice and Home Care Agencies -Licensure: Grants the department the authority to license and inspect home health, hospice and home care agencies; to develop minimum standards and rules for the operation of those agencies; and to enforce those standards and rules. Requires annual licensing. Authorizes denial, suspension or revocation of licenses. RCW 70.127.010 defines terms in the chapter. RCW 70.127.020 requires a license is for a person to advertise, operate, manage, conduct, open, or maintain an in-home services agency. RCW 70.127.040 provides persons, activities, and entities which are not regulated under the chapter. RCW 70.127.120 requires the department to establish rules for record keeping, services, staff and volunteer policies, complaints.

70.129 Long Term Care Resident Rights: Requires the long-term care ombudsman to consult with the Departments of Health and Social and Health Services, long term care facility organizations, resident groups, and senior and disabled citizen organizations.

70.142 Chemical Contaminants and Water Quality: Requires the state board of health to establish rules regarding allowable concentrations of synthetic chemical contaminants and rules regarding monitoring requirements. Results of those tests shall be provided to the department and local health departments. Public water systems determined by the board not to be in compliance with the water quality standards must submit a plan of correction to the department.

70.148 Underground Petroleum Storage Tanks: Requires the Department of Ecology to consult with DOH regarding charity care that is provided by a rural hospital in return for financial assistance for operation of an underground storage tank.

70.155 Tobacco - Access to Minors: Regulates the sale and distribution of tobacco products to prevent access to those products by minors. Grants enforcement authority to the liquor control board. Creates the youth tobacco prevention account to be used by the department to implement this chapter; to assist in the cost of enforcement and licensing activity, and to provide grants to local health departments or other agencies for tobacco intervention strategies to prevent and reduce tobacco use by youth. RCW 70.155.010

C. Statutory Authority

70.168 State-Wide Trauma Care System: Creates the emergency medical services and trauma care steering committee. Grants to the department the authority to establish the Washington state emergency medical services and trauma care system, including rulemaking authority. Requires the department to establish standards and create system. Authorizes the department to accept applications from and make designations of trauma care service providers, and to establish a state-wide data registry. Creates regional and local emergency medical services and trauma care councils to assist in administering the state-wide system.

70.170 Health Data and Charity Care: Sets out required and prohibited hospital practices and policies regarding provision of care to those unable to pay. Requires the department to develop rules and monitor compliance with those requirements and prohibitions. Provides for an assessment against hospitals to pay for data collection required by this section.

70.175 Rural Health System Project: Authorizes the department to establish the Washington rural health system project to provide financial and technical assistance to participants. Grants the department the authority to adopt rules; to design and implement the project selection process; and to design, approve, and implement standards; identify resources; administer funds; and report to the legislature. Grants the department the authority to adopt and administer standards for the construction, maintenance, operation and licensure of rural health care facilities.

70.180 Rural Health Care: Authorizes the department to establish or contract for a health professional temporary substitute resource pool and to establish a registry of health care professionals available to practice on a short term basis in rural communities. Authorizes the department to develop a plan for increasing rural training for health care professionals, and to develop a state-wide plan for access to midwifery services.

70.185 Rural and Underserved Areas - Health Care Professional Recruitment and Retention: Authorizes the department to establish a health professional recruitment and retention clearinghouse. Allows the department to call on other state agencies for assistance, and to develop a mechanism to allow enrollment above enrollment lids at educational and training programs in underserved and rural areas.

70.190 Family Policy Council: Establishes the family policy council, and designates the secretary as a member.

70.195 Early Intervention Services - Birth to Six: Creates a state birth-to-six interagency coordinating council, appointed by the governor. Requires coordination among state agencies, including the department, and with local agencies in the planning and delivery of early intervention services for infants and toddlers.

Title 71 Mental Illness

71.09 Sexually Violent Predators: RCW 71.09.040 requires DSHS to consult with the department and the department of corrections in adopting rules regarding the qualifications of persons conducting evaluations.

71.12 Private Establishments: Requires licensure by the department of private hospitals, sanitariums, homes, or other places receiving or caring for any mentally ill or mentally incompetent person or alcoholic. Authorizes the department to inspect facilities prior to and after licensure, and to issue and renew licenses

Title 74 Public Assistance

74.09 Medical Care: RCW 74.09.435 requires the department to assist in reevaluating, on a biennial basis, the access of children in poverty to health care. RCW 74.09.055 authorizes the department establish co-payment, deductible, coinsurance, or other cost-sharing requirements for recipients of any medical programs defined in RCW 74.09.010. RCW 74.09.650

74.12 Temporary Assistance for Needy Families: Establishes state TANF program. Provides that DSHS staff provide TANF recipients information and assistance regarding family planning, including alternatives to abortion, in consultation with the department. RCW 74.12.410 requires the department to apply for federal abstinence education funds and seek and accept local matching funds for that purpose.

74.13 Child Welfare Services: RCW 74.13.090 creates the child care coordinating committee to provide communication and coordination among state agencies responsible for child care and early childhood education services. Designates a representative of the department as a member of the committee.

74.15 Care of Children, Expectant Mothers, and Developmentally Disabled: Grants the secretary the authority to develop minimum requirements for licensure of agencies; to inspect and investigate agencies; and to issue licenses.

74.20A Support of Dependent Children - Alternative Method - 1971 Act: RCW 74.20A.056 sets out the process for a finding of financial responsibility based on an affidavit of paternity filed with the state registrar of vital statistics, and grants the department authority to draft rules to carry out the provisions of that section.

74.34 Abuse of Vulnerable Adults: Grants immunity and whistleblower protection against retaliation to persons who report abuse of vulnerable adults to the department or DSHS in connection with long-term care, home health and home care facilities and services.

74.42 Nursing Homes - Resident Care, Operating Standards: RCW 74.42.600 requires DSHS to coordinate with the department when inspecting long term care beds in hospitals.

C. Statutory Authority

Title 80 Public Utilities

80.04 Regulations - General: RCW 80.04.110 authorizes the utilities and transportation commission to audit a non-municipal water system upon receipt of an order from the department finding that the system does not meet department or board of health standards. Authorizes customers to file complaints, and authorizes the commission to request the department or local health department to conduct a test to determine compliance with state drinking water standards.

80.28 Gas, Electrical and Water Companies: RCW 80.28.275 grants immunity from lawsuits based on noncompliance with federal or state requirements to a water company that assumes responsibility for a noncompliant water system if the company has submitted and is complying with a plan and schedule of improvements approved by the department.

80.50 Energy Facilities - Site Locations: Creates the energy facility site evaluation council, and designates the secretary or a designee to serve on the council.

Title 82 Excise Taxes

82.04 Business and Occupation Tax: RCW 82.04.312 establishes an exemption for small water-sewer districts and small irrigation districts, based on a state-wide average residential water rate to be calculated by the department.

Title 87 Irrigation

87.03 Irrigation Districts Generally: Grants immunity from lawsuits based on noncompliance with federal or state requirements to an irrigation district that assumes responsibility for a noncompliant water system if the irrigation district has submitted and is complying with a plan and schedule of improvements approved by the department.

Title 90 Water Rights Environment

90.03 Water Code: Establishes a process for the review and approval of interties between public water systems, and designates the department as the lead agency for review and approval of proposals for new interties, after which an application must be filed with the department of ecology for a change in existing water rights. RCW 90.03.260 grants an approved municipal plan from the department of health to serve a specified number of service connections, the service connection figure in the application or any subsequent water right document is not an attribute limiting exercise of the water right as long as the number of service connections to be served under the right is consistent with the approved water system plan or specified number. RCW 90.03.590 states that on a pilot project basis, the department may enter into a watershed agreement with one or more municipal water suppliers in water resource inventory area number one to meet the objectives established in a water resource management program approved or being developed under 90.82.

90.46 Reclaimed Water Use: Grants the department, in coordination with the department of ecology, authority to create standards, procedures and guidelines for the industrial and commercial use of reclaimed water, and for land use of reclaimed water. Grants authority to issue reclaimed water use permits to the department (for commercial and industrial use) and the department of ecology (for land use). Authorizes the department to create an advisory committee to provide technical assistance in developing standards, procedures, and guidelines.

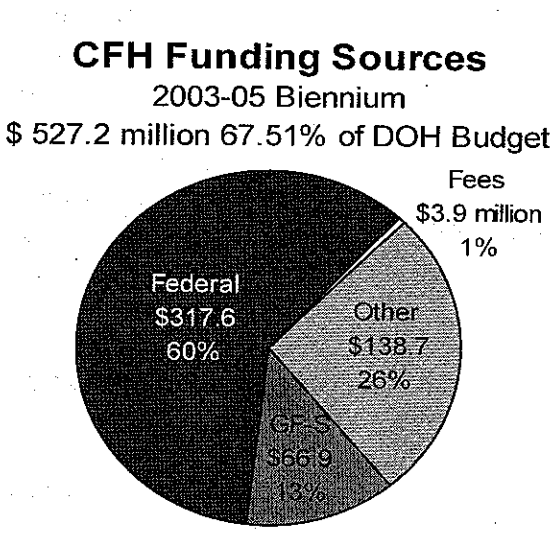
90.60 Environmental Permit Assistance: Creates a permit assistance center to serve as a source of information and coordinate the granting of environmental permits among all agencies with authority over a project. The department is designated as a "permit agency" that participates in the coordinated permit process through the center.

90.71 Puget Sound Water Quality Protection: Creates the Puget Sound action team, and designates the secretary as a member.

90.72 Shellfish Protection Districts: Requires creation of a shellfish protection district within 180 days of the department closing or downgrading a shellfish growing area due to ongoing non-point pollution sources.

90.82 Watershed Planning: requires the Department of Health to annually compile a list of water system plans and plan updates to be reviewed by the department during the coming year and shall consult with the departments of community, trade, and economic development, ecology, and fish and wildlife.

D. Community and Family Health Services



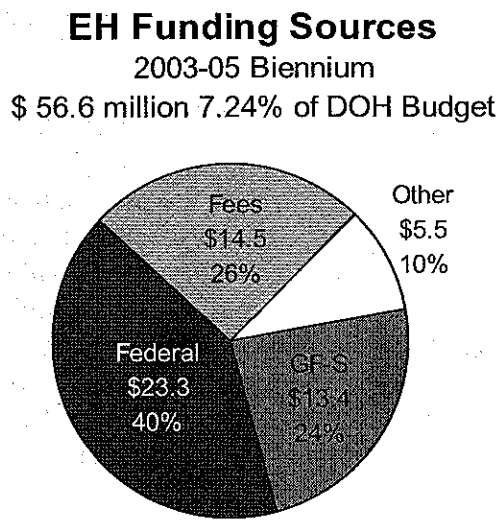
The Community and Family Health Division promotes the health and well-being of families and communities by providing leadership, financial support and technical assistance for local communities. The division includes programs to reduce chronic diseases and injury, prevent infectious and sexually transmitted diseases, support reproductive health services, promote maternal and child health (including children with special health care needs), provide Women, Infant and Children (WIC) nutritional services, work to prevent teen pregnancy, reduce youth tobacco use, and develop and disseminate public health information. It also provides critical support during public health emergencies.

Office of Community Wellness and Prevention (CWP): Focuses on reducing the preventable risk factors for chronic disease and injury, and provides food and nutrition services for vulnerable populations. CWP programs prevent tobacco use, promote physical activity, and encourage healthy eating practices. These programs target heart disease, cancer, diabetes, unintentional injury and violence.

Office of Infectious Disease and Reproductive Health (IDRH): Provides services for prevention and early intervention for HIV/AIDS, surveillance and reporting of HIV/AIDS (and other sexually transmitted diseases), and tuberculosis. Provides guidance and assistance for local agencies to provide family planning and reproductive health services, and the prevention of unintended pregnancy.

Office of Maternal and Child Health (MCH): Promotes a community environment that supports and encourages optimal health of women of child-bearing age, infants, and children, including those with special needs, teens and families. MCH partners include 35 local health departments across the state, 14 neurodevelopmental centers, community clinics, private nonprofits, perinatal centers, and hospitals. MCH touched the lives of more than 400,000 children and parents in Washington in the year 2003. These services included educational materials mailed to 306,000 homes, maternity support services provided to more than 35,000 pregnant women, and dental screenings for 17,000 children.

E. Environmental Health Services



The Environmental Health Division (EH) prevents and controls environmental factors that affect public health. EH also plans for and responds to these hazards during an emergency. The division includes programs to regulate public drinking water systems, protect citizens from harmful radiation, prevent illness from contaminated shellfish, ensure food safety, and assess the health effects of human exposures to toxic substances.

Drinking Water: Assures a safe and reliable supply of drinking water; develops and maintains rules, standards, and policies; and provides compliance/enforcement activities, technical assistance, training, and surveillance for the more than 16,000 public water supplies in the State. Provides services to regulated water systems, local health jurisdictions, local governments, state agencies, and others.

Environmental Health Assessment: Provides state and local environmental health programs with technical consultation, information, and health assessments related to exposure to environmental contaminants. Recommends strategies to communicate identified hazards and minimize their health impacts. Conducts health assessments on both federal and state hazardous waste sites.

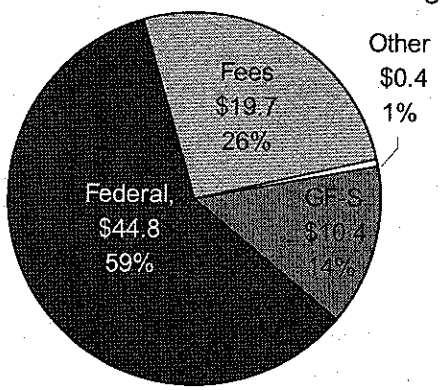
Radiation Protection: Regulates the use of radioactive materials, radioactive waste processors, and X-ray machinery; assesses human exposure to radiation; maintains emergency response capability; and monitors environmental levels of radioactivity. Assures adequate closure of the state's uranium mills, oversight of the commercial low-level radioactive waste disposal site, and regulatory oversight of radioactive air emissions from the Hanford Reservation.

Food Safety and Shellfish Programs: Prevents illness and death from eating contaminated food and shellfish. Licenses commercial shellfish operations, classifies growing areas, and assures that Washington's shellfish meet state and national sanitation requirements. Provides technical assistance to local health departments on food safety, inspections, and food recalls.

Environmental Health and Safety: Establishes standards for proper sewage disposal, conducts studies, investigations, and assessments of the health effects of human exposure to toxic substances. Emphasis is placed on indoor air quality, pesticides, and other hazardous materials released in the environment. Addresses issues of disease transmitted from animals or by vectors, such as ticks and mosquitoes, directly to humans. Consults with local health jurisdictions and others on safe disposal of wastewater and on school safety and health issues.

F. Epidemiology, Health Statistics, & Public Health Laboratories Services

EHSPHL Funding Sources
2003-05 Biennium
$ 75.4 million 9.65% of DOH Budget



The Epidemiology, Health Statistics & Public Health Laboratories Division conducts public health surveillance and investigation, such as following up to determine the source of a case of salmonellosis – an intestinal illness sometimes carried by contaminated food and water – or identifying potential cancer clusters. The division provides the scientific foundation for policy development, provides vital records and quality health information, and provides public health laboratory services and quality assurance for private clinical laboratories. The division also provides critical surveillance and laboratory services during emergencies that affect the public's health.

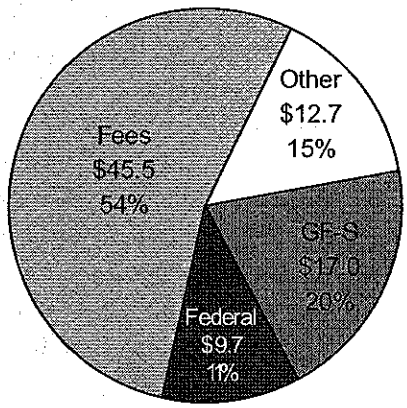
Office of Epidemiology: Conducts ongoing surveillance and analysis of diseases and other health-related events; investigates disease outbreaks, clusters, and epidemics; and conducts research to identify the causes and other factors influencing the occurrence of disease and ill health. Ensures a scientific foundation and technical consultation for health policy decisions. Provides technical assistance on data collection, epidemiological analysis, interpretation of results, evaluation of program effectiveness, and conducting community health assessments.

Center for Health Statistics: Develops and maintains vital statistics, (birth, death, marriage, divorce, adoptions); the Behavioral Risk Factor Surveillance System (BRFSS) survey; and abortion databases. Issues certified copies of vital records. Collects and maintains hospital data (patient discharge and hospital financial and utilization data). Interacts with local health deputy registrars, funeral directors, hospitals, and counties to ensure compliance with vital statistics law, improve data quality and prevent fraudulent use of records. Provides information to local health departments, the general public, researchers, health-care purchasers, payers and providers, and the federal government.

State Public Health Laboratory: Provides diagnoses and analyses for the assessment and surveillance of infectious and genetic diseases and environmental contamination. Provides technical training and consultation to public and private sector clinical laboratory staff and to public health officials who rely on laboratory data for decision-making. Certifies private and public environmental laboratories to assure quality and analytical performance. Promotes improvements in clinical laboratory testing statewide. Makes policy recommendations to state and local decision-makers on clinical and environmental laboratory issues.

G. Health Systems Quality Assurance Services

HSQA Funding Sources
2003-05 Biennium
$ 84.8 million 10.85% of DOH Budget



The Health Systems Quality Assurance Division assures that people and businesses delivering health care to Washington residents provide safe health services. The division regulates the emergency medical services and trauma system, health care professions, facilities and services, medical laboratories, state institutions and residential treatment facilities. It also assists rural communities in addressing health care access.

Community and Rural Health Program: Conducts surveillance, planning and research, and provides funding and technical assistance to help rural and underserved urban communities achieve better health. Carries out strategic, health care planning for low-income unserved and underserved populations. Supports health policy development at local, state and national levels by disseminating information, facilitating community representation, and participating in decision-making.

Emergency Medical and Trauma Prevention Program: Establishes and oversees the state's system of emergency medical and trauma care. Sets standards for emergency equipment, personnel training, ambulance service licensing, educational programs, and designated hospital-based trauma services. Licenses ambulances and aid services, and certifies emergency and trauma personnel. Collects and analyzes trauma data for system evaluation and quality management. Works with eight regions and local organizations on injury prevention programs, and emergency and trauma care.

Facilities and Services Licensing Program: Sets and enforces safety and care standards for approximately 30 types of facilities and services including medical, health and residential care facilities, state institutions, medical laboratories and lodging accommodations. Conducts on-site assessments to assure compliance with state and federal standards; consults with and trains providers to assure safe and appropriate care and conditions; evaluates and approves construction plans for medical and community care facilities; administers the laws permitting certain health providers to enter the marketplace. Upon application, authorizes the establishment of new health care entities based upon assessed needs of the community.

Health Profession Quality Assurance Program: Licenses, certifies and registers health care providers representing 57 health care professions. Establishes standards for entry into practice and quality of care. Investigates complaints and sanctions health care providers who violate state professional standards. Monitors compliance of providers with conditions imposed on their practices. Provides public information regarding health care providers and disciplinary actions. Inspects pharmacies to ensure compliance with state standards. Provides program support and regulatory oversight of health professions which are the statutory responsibility of either the Secretary of Health or the 16 boards and commissions.

H. Department of Health Administrative Services

Office of the Secretary

The secretary exercises all powers and duties prescribed by law with respect to public health and is authorized to enforce all laws for the protection of public health and all rules created by the State Board of Health. The state health officer serves as the senior medical and public health advisor.

- The secretary is responsible for the administration, development, and implementation of policies, programs, and budget to preserve and protect public health
- The state health officer serves as the senior medical and public health advisor
- Principal liaison with federal and state legislators and legislative staff, other state and federal agencies, the Governor's office, and constituency groups
- Communicates with and educates the public, media and stakeholders about the department and the public health system
- Coordinates the agency's strategic plan and supporting performance measures

Technology and Information

Provides information technology (IT) support, including network infrastructure, IT security, agency Web sites, hardware/software standards, IT portfolio management, IT project consulting, helpdesk services, IT contracts and the development, implementation and maintenance of priority information systems.

- Security, analysis, consultation, and administration to protect the IT network
- Support programs in the initiation, development, and implementation of priority IT systems
- Manage, design, and develop policies Web sites
- Standardize software and hardware to deliver information technology
- Desktop support services: technical management of all agency information services and infrastructure

Administrative Services

Supports organizational needs of the agency including financial management, grants management, payroll, accounts payable, accounts receivable and budgeting; human resources, contract and procurement services, risk management and safety, and facilities management.

- Process payments to vendors, employees, boards, commissions, and others
- Receive and deposit all monies
- Administer budget cycle and grants management program
- Coordinate agency disaster plans
- Manage the employer portion of the workers compensation program
- Oversee recruitment, ensure ongoing workforce development and training
- Negotiate contracts with vendors, service providers, and contractors
- Manage all aspects of department facilities

I. State Board of Health

The State Board of Health serves the citizens of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Board provides leadership by suggesting public health policies and actions, by regulating certain activities, and by providing a public forum. The governor appoints ten members who fill three-year terms. The secretary of health serves on the board of health.

The Board regulates our state's public health efforts in immunization, safe drinking water, sewage disposal, control of infectious and non-infectious diseases, and assuring safe and healthful conditions in our environment with special emphasis on schools, eating establishments, and recreation sites. Its rules govern many operations within local health jurisdictions and certain practices among private health care providers, health facilities, schools, day care centers, and some businesses, such as restaurants and hotels.

Statutory Authority
RCW 43.20.050 (see RCW for complete text)

"Powers and duties of state board of health -- State public health report -- Delegation of authority -- Enforcement of rules.

(1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry..."

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON