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# Washington: Promising Practices in Coordination of State and Local Public Health

*With support from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago is compiling a series of promising practice reports highlighting successful practices in public health coordination on the state and local levels.*

## WASHINGTON'S PUBLIC HEALTH SYSTEM

The Washington State Department of Health (DOH) was formed in 1989. Led by the Secretary of Health, DOH promotes healthy behaviors, plans activities, monitors costs, and supports high standards for quality of care within the state of Washington. The public health system is decentralized and includes 35 local health jurisdictions (LHJs) that serve Washington's 39 counties. LHJs are local governmental agencies, independent from the state DOH, that carry out a wide variety of programs within the communities they serve. While LHJs work closely with leadership at DOH, they do not report directly to DOH and only receive a small percentage of funding from the state.

## THE STATE-LOCAL RELATIONSHIP IN WASHINGTON

The public health system in Washington State is characterized as having a strong and positive working relationship. Although independent of each other, both LHJs and the state DOH acknowledge that they operate collaboratively as a single system. Both DOH and LHJs understand the value of communication, which has proven even more important given current economic constraints and budget deficits that limit the feasibility of in-person meetings. The state has turned its attention to expanding current

### OVERVIEW

State and local public health entities have a strong working relationship due in part to the Public Health Improvement Partnership (PHIP), a joint venture of state, local, and tribal public health entities in Washington. The Partnership has enabled the collaboration of state and local public health, targeting issues such as public health financing, communication, quality improvement, and public health performance.

initiatives and developing new strategies that aim to overcome these challenges, improve collaboration between DOH and LHJs, and provide a clear path for the future of public health in the state.

### ***Organizational Strategies***

Unique in Washington is the Public Health Improvement Partnership (PHIP, also referred to as “The Partnership”), a cooperative arrangement of state, local, and tribal public health entities in Washington State. The Partnership strengthens governmental public health through a systems/partnership approach that focuses on improving public health practice, accountability, and outcomes. PHIP was begun and continues to exist through a legislative mandate that appropriates state general funds to local health jurisdictions. Current partners include the Washington State Board of Health, DOH, the Washington State Association of Local Public Health Officials (WSALPHO), local public health agencies, local boards of health, tribal nations, the American Indian Health Commission, and the U.S. Department of Health and Human Services – Region X.

The Partnership works to achieve its mission by establishing workgroups that target current PHIP initiatives, make recommendations, and/or create materials. Currently, there are four workgroups under the Partnership—they focus on identification and inventory of public health activities and services, implementation of the Washington Public Health Standards, identification and review of public health indicators, and implementation of future strategies for governmental public health (called the Agenda for Change). Each workgroup is staffed by one co-chair from a local health department and one from DOH. The Partnership has been integral in advancing the strong collaborative relationship that exists between state and local public health entities in Washington, as it focuses on building frameworks for public health that can be uniquely tailored to individual communities.

### ***State-Local Communication Venues***

At the state level, the Office of Public Health Systems Development employs the Local Health Liaison who serves as a communicator between LHJs and DOH. She assists LHJs in navigating the state health system by serving as a point-person for questions, sharing resources and tools in response to requests, and coordinating other communication. This is particularly beneficial for local health departments that lack detailed knowledge or ability to navigate DOH. In turn, the Local Health Liaison also communicates messages from DOH back down to the local level, in particular, messages from the Secretary of Health. The Local Health Liaison also works closely with WSALPHO by communicating messages to the state on behalf of the Association. In addition to the efforts of the Local Health Liaison, the Secretary of Health holds “meet me” calls with LHJs in response to public health issues such as state budget announcements, vaccine shortages, natural disasters, or other issues that impact public health.

At the local level, WSALPHO provides a common voice for the 35 local health jurisdictions. WSALPHO serves as a venue for LHJs to work across the local public health system to discuss, for example, funding and policy issues, or to formulate advocacy plans. The association interfaces regularly with DOH via its quarterly meetings that include the Secretary of Health, the Local Health Liaison, and other DOH staff, as appropriate.

### ***Accomplishments***

Perhaps the most well-known and influential body of work out of The Partnership is the Standards for Public Health in Washington. Developed jointly by LHJs and the state DOH, the standards measure and evaluate

public health performance at the state and local level, with the goal of continuous quality improvement for public health in the state. The standards, according to the Local Health Liaison at DOH, address “a whole view of our system and not just 36 different agencies.” Through PHIP, a process was established to review the LHJs and DOH using the standards for public health. Every three years, a review team consisting of state and local public health representatives conducts a health department assessment. The purpose of the visit is to assess health departments relative to the standards for public health, and to coordinate quality improvement efforts throughout the state. Exemplary practices are collected from health departments during their review, which are then shared via the PHIP website to help guide and influence public health initiatives at the state and local level.

Other notable work from PHIP includes an initiative to improve public health communications in Washington through the development of a communications plan, communications toolkit, and other messages related to branding public health throughout the state. Research in the area of public health financing by The Partnership has resulted in reports and briefing documents for the Washington State Legislature in 2006. One such report details local issues in local public health financing, including a historical review of funding as well as considerations for the future. Due, in part, to the work of The Partnership in this area, Washington State Legislature appropriated additional funds to local public health in 2007.

## CHALLENGES, LESSONS, AND OPPORTUNITIES

Washington, like many other states, faces economic challenges that have resulted in necessary changes both within DOH and the local health departments, including travel restrictions, staffing cuts, and shifts in budget allocations. Because of financial constraints, DOH has eliminated a number of staff positions that serve in a liaison capacity for specific program areas such as environmental health, public health nursing, epidemiology, and finance. As a result, there are fewer staff who provide constant outreach to and communicate with LHJs on behalf of the state. The Local Health Liaison at DOH works in an all-around capacity with LHJs, but is unable to travel to LHJs as frequently as may be optimal. Travel restrictions have also reduced the number of in-person meetings by public health agencies and associations. For example, rather than holding in-person meetings, the Partnership and its workgroups now convene via web conference or conference calls. Similarly, WSALPHO convenes via conference calls for their quarterly meetings. With the loss of face-to-face interactions, finding other venues for communication is extremely important. For example, the “meet me” calls were begun following the reduction of in-person meetings. However, the Local Health Liaison has acknowledged that they may not be “doing everything we used to,” and both state and local representatives expressed that the relationship between DOH and local public health has been affected.

*“In times of transition like we are in now, the state has been taking a bit more of directive leadership.”*

*—John Wiesman, Director,  
Clark County Public Health*

Both state and local representatives alike explained that DOH leadership has a significant influence over state-local relationships in the state. In particular, Washington’s attitude of “relentless goodwill” is one that permeates the public health system. This attitude stems directly from the Secretary of Health, a former local public health administrator well-known for her strong leadership approach that values and prioritizes the state’s relationship with locals. In turn, the Local Health Liaison’s responsiveness to locals shows understanding and appreciation for local input. Elaine Conley, Chair of WSALPHO and Director of Spokane Regional Health District, explained that the Secretary “works very hard at keeping LHJs informed of any potential budget or other impacts that may be coming down. She’s a very good communicator.”

It is important for states like Washington to consider the impact of state-wide associations and initiatives on small local health departments that serve rural jurisdictions. With a limited number of full-time staff, employees of small health departments perform numerous tasks and fill a variety of roles within their department. These health departments may opt not to participate in state-wide initiatives or associations in favor of focusing staff time on service provision within their jurisdictions, thus foregoing representation at the state or national level. Similarly, Washington's standards review process may not work equally well in all LHJs, and the exemplary practices collected as part of this initiative may not be applicable to all LHJs. For example, some HIV/AIDS prevention best practices, such as needle exchange programs, cannot be implemented in the same manner in a small, rural setting.

## FOR MORE INFORMATION

### ***About the Washington State Department of Health:***

- [www.doh.wa.gov](http://www.doh.wa.gov)

### ***About the Public Health Improvement Partnership (PHIP):***

- [www.doh.wa.gov/hip](http://www.doh.wa.gov/hip)

### ***About Washington State's Public Health Exemplary Practices Compendium:***

- [www.doh.wa.gov/hip/doc/phs/ep/compendium.pdf](http://www.doh.wa.gov/hip/doc/phs/ep/compendium.pdf)

### ***About Financing Local Public Health in Washington State:***

- [www.doh.wa.gov/hip/doc/catalog/finance/fin3.pdf](http://www.doh.wa.gov/hip/doc/catalog/finance/fin3.pdf)

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For additional information about this project, please contact Michael Meit, MA, MPH at NORC at the University of Chicago ([meit-michael@norc.org](mailto:meit-michael@norc.org)); Katie Sellers, DrPH at ASTHO ([ksellers@astho.org](mailto:ksellers@astho.org)); or Michelle Chuk at NACCHO ([mchuk@naccho.org](mailto:mchuk@naccho.org)).