



# Review of Public Health System Proposed Final Report

Joint Legislative Audit & Review Committee

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# Committee Sponsored Study

- Adopted in the 2005-07 JLARC work plan
- Focus is on three areas:
  1. Structure of the public health system in WA State
  2. Performance reporting
  3. Consistency of local service delivery

# Public Health System is Decentralized



- 35 separate Local Health Jurisdictions (LHJs), each with local board of health
- Vary significantly in terms of size and population
- Generally county-based, can be part of a local government or a separate political subdivision
- LHJs serve as the “action arms,” providing bulk of direct services
- LHJs have discretion to decide:
  - Which programs to provide
  - What level of spending for public health
  - How to operate programs



# State Dept of Health is a Partner

- DOH does not direct the operation of LHJs
- DOH provides some services directly (such as the Public Health Laboratory), and coordinates performance reporting
- DOH assists LHJs by providing consultation, technical expertise, training, and coordination across jurisdictions
- DOH has authority to intervene at the local level in emergencies
- DOH provides a portion of the LHJs' state and federal funding via contracts



# Washington's Structure is Common

- 30 states have decentralized systems like Washington's
- 8 states have centralized (state-run) systems
- 12 states have a mixed model (local services shared between state and local agencies)

# Statutes Require Performance Reporting



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- From 1993: process-oriented “minimum standards” for public health protection
- From 1995: outcome-oriented “key health outcomes”
- New in 2007 (E2SSB 5930): development of performance measures for “core public health functions of statewide significance” (due from DOH by January 2008)



# Compliance with Performance Reporting (Minimum Standards & Key Health Outcomes)

- DOH and the LHJs have been slow to implement performance reporting, and approaches have changed over time
- Measures are now in place, but continue to evolve
- DOH is in compliance with most reporting requirements, but could improve linking LHJ contracts with performance
- New assignment to develop performance measures for core public health functions

# Difficult to Assess Consistency of Services



- Given WA's decentralized system, one would expect variation in services at the local level
- There is not standardized information available to compare how consistently services are provided across LHJs
- What information is available indicates wide variation in both spending and compliance with minimum standards
- By itself, per capita spending does not necessarily correlate with compliance with minimum standards

# New Efforts May Help Assess Service Variation



- New public health outcome indicators expected to be available for each LHJ in 2007
- 2006 Public Health Improvement Plan recommends an inventory of the type and level of specific services provided by each LHJ
- New performance reporting requirements for each LHJ on core public health functions (E2SSB 5930 - 2007 session)

# Recommendation

- Given the evolution of performance reporting and changes in practices since the initial legislation on reporting, we recommend:

***The Department of Health should review the statutory language used to describe the performance reporting requirements for the public health system and make suggestions to update the language in light of current practices (due January 2008)***

~ DOH and OFM Concur



# Contact Information

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