

**REVIEW OF
WASHINGTON'S PUBLIC
HEALTH SYSTEM
REPORT 07-8**

**REPORT SUMMARY
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STATE OF WASHINGTON
JOINT LEGISLATIVE AUDIT AND
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Report Summary

Washington's public health system touches the residents of the state in many ways, from drinking water and food safety inspections, to health education and disease prevention, to maintaining our birth and death records.

As part of its 2005-07 work plan, the Joint Legislative Audit and Review Committee (JLARC) chose to review the state's public health system. This review covers three areas: (1) the structure of Washington's public health system; (2) statutory reporting requirements on system performance and evolution of the implementation of these requirements; and (3) information available on the consistency of public health service provision at the local level.

Structure of the System

Washington has a decentralized public health system rather than a state-run or state-directed system. There are 35 local health jurisdictions, each with a local governing board of health. Most are organized along county boundaries, though there are three multi-county jurisdictions. Local health jurisdictions act as the "action arms" of the public health system, providing the bulk of direct services. The local boards of health have discretion in how to best meet their public health obligations, deciding which public health programs to invest in and at what level of funding.

The state Department of Health is the state's primary public health agency. The Department provides some public health services directly, for example, through the state's public health laboratory. The Department works with the local jurisdictions, providing services through consultation, technical assistance, training, and other avenues. The Department acts as the contracting agency to the local jurisdictions for a number of different state and federal funds to support a variety of activities. The Department also has broad emergency powers to intervene at the local level in emergency situations; however, the agency has not formally exercised this authority in recent history.

Washington's public health system is funded through a complex mix of federal, state, and local funds, including permits and user fees. Many of the state and federal funds may only be used for specific programs or services.

Washington shares this decentralized public health system structure with 29 other states. The remaining states have systems that are either state-administered (8 states) or have a blend of state and local authority over public health (12 states).

Statutory Performance Reporting Requirements

The Legislature established public health system performance reporting requirements in 1993 and 1995, using the mechanism of a biennial Public Health Improvement Plan. The Department of Health and its public health partners were slow to implement these requirements, but measures and assessment processes are in place now and continue to evolve. These performance reporting systems are based on minimum standards for public health protection, system capacity, and key public health indicators.

State and local public health agencies currently are not meeting the minimum standards, and officials from these agencies do not expect to be able to do so without an investment of additional resources. A new assessment using a revised set of standards will take place in 2008. The assessments on standards and the estimate of the cost to bring agencies up to these standards are used to gauge system capacity. For key public health indicators, the Department of Health and its partners published a Report Card on Health in Washington in 2005. Much of the information in the Report Card is on a statewide basis. A report on health indicators at the local level is expected in mid-2007 using a newly developed set of local public health indicators.

Public health officials, the Legislature, and other interested parties will continue to want information about the performance of the state's public health system. Given the evolution in the implementation of performance reporting, the time may be right to review and update the language in the state's performance reporting statutes.

Consistency in Public Health Service Delivery at the Local Level

Standardized information is not currently available to paint a complete picture of the choices being made at the local level for public health service delivery. Information that is available shows wide variation in public health expenditures (both in total and per person) and in local jurisdictions' ability to meet the minimum public health standards. Information on local public health indicators is expected later this year. The Department of Health and its partners are also launching a new effort to create an inventory of public health services that would document both the type and the amount of services provided in each local health jurisdiction.

Study Recommendation

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, while maintaining requirements to provide important performance information. As part of its review, the Department should identify appropriate language to link contracted funds with performance. The Department should deliver its suggested changes to the language in the public health performance reporting statutes in a report to the Legislature by January 2008.