



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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September 20, 2022

TO: David Schumacher, Director
Office of Financial Management

FROM: Umair A. Shah, MD, MPH
Secretary of Health

SUBJECT: Department of Health 2023–25 Biennium Operating Budget Submittal

Dear David,

I respectfully submit our Department’s 2023–25 Biennium Operating Budget submittal for Governor Inslee’s consideration.

This is a critical and unique time in public health. As the Washington State Department of Health (DOH) emerges from our intense focus on COVID-19 and looks ahead to fulfill Governor Inslee’s challenge to “*reimagine public health*”, we aim to reinvigorate our work, and not lose sight of the lessons learned during this pandemic as outlined in our [Transformational Plan: A Vision for Health in Washington State](#).

Our plan is focused on five key priority areas:

- **Health and Wellness** — all Washingtonians have the opportunity to attain their full potential physical, mental and social health and well-being;
- **Health Systems and Workforce Transformation** — all Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust;
- **Environmental Health** — all Washingtonians will thrive in a broad range of healthy environments — natural, built and social;
- **Emergency Response and Resilience** — all Washington communities have the information and resources they need to build resilience in the face of myriad public health threats and are well-positioned to prepare for, respond to, and recover from emergencies and natural disasters;
- **Global and One Health** — all Washingtonians live in ever-connected environments that recognize and leverage the intersection of both global and domestic health as well as the connections of humans, animals, and the environment.

Supporting these priority areas in moving our work forward, we utilize the *Equity, Innovation, and Engagement (EIE)* frame as our agency’s cornerstone values. These five priorities will help us transform health in our state while simultaneously building on what we have learned through this pandemic.

In turn, our legislative and budget proposals help us achieve this *Transformation* by focusing on upstream prevention efforts that improve physical health, mental and behavioral health, spiritual health, resilience, and overall well-being. For example:

- 1) The nationally recognized *Care-a-Van* initiative will be expanded to provide preventive health and related services like health education, screening for heart disease, diabetes, and stroke risks in addition to other vaccinations, in partnership with community rooted organizations across the state, including in rural areas.
- 2) The successful *Care Connect Washington* program will be enhanced to leverage the ongoing community-based infrastructure that enables access to a continuum of health and social services; braids resources and mobilizes them in a nimble way; collects data for accountability and is responsive to the community's priorities.
- 3) Critical *Preventive Services* will be accentuated across the state – rural and urban – including reproductive health, equity in birth outcomes, comprehensive tobacco and cancer prevention efforts, and critical screening and treatment services for people who are un- or underinsured.
- 4) Onboarding of an *Oral Health* team led by a well-qualified Dental Director who will provide the necessary leadership, expertise, and guidance across state agencies and with partners to ensure that all Washingtonians have access to care and resources for optimal oral health.
- 5) Focused *Health Promotion and Health Education* campaigns, like *Watch Me Grow* which supports healthy growth and development in early childhood and reaches 95% of households as well as *HealthyWA* which will feature messages that prevent injuries, substance use, mental health, illness, and harmful environmental exposures and promote healthy eating, active living, time outdoors, and other ways Washingtonians can be well physically, mentally, and spiritually.
- 6) *Equitable Access to Information* that is culturally and linguistically accurate and infrastructure to support community driven efforts to navigate DOH and key partner programs and initiatives.

In order to have a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust, we need to increase efficiencies, provide better access to data for stakeholders such as licensees, broaden the range of tools (including enforcement ones when necessary) available, cover costs, promote equity in professions and the workforce in general, and offset significant fund deficits in programs in order to protect patients and community members alike, as well as assure access to safe, quality health care across the state of Washington, including in rural communities.

As we take on fundamental health-related issues, we know that the climate's impact on health remains an existential threat to the overall public's health, and the impacts of environmental injustices disproportionately harm the health of people of color, people in rural areas, and people with low incomes. It has already played out with respect to heat emergencies, wildfires, and flooding. This year, we are requesting funds to ensure Washington communities can be both green and resilient to the impacts of the changing climate.

At the same time, we are requesting funding to support the environmental justice work of the *HEAL Act* - so that as we plan, we do so in a way that addresses the impact of the wrongs of the past and leverages other policies and funding opportunities. As the climate changes, our regulatory programs need also to change so that they can continue to keep people safe in their homes, the built, natural, and social environments. To that end, we request funding to support innovative and equitable ways to maintain access to clean food and water in this changing world.

While we continue to respond to COVID-19 as outlined in the [ForWard](#) plan issued in March 2022, the public health response shifts from active pandemic response to coexisting with the virus for the foreseeable future. We are working collaboratively with our partners to ensure we plan for continued transitions as outlined. As COVID-19 vaccinations continue (including booster efforts), we aim to focus

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on ensuring access to vaccines for difficult to reach communities, and access to testing (PCR and point of care) to provide the necessary resources to support our continued laboratory and diagnostic efforts.

Our proposals address maintaining the *Medical Logistics Center* to address the shortfall in medical supplies and meet the demands to support the healthcare and public health systems, communities, and other stakeholders to acquire medical materiel rapidly and equitably to keep Washingtonians safe. Given the federal government's Strategic National Stockpile (SNS) still does not have enough medical materiel for the size and scope of the response to COVID-19 and beyond, Washington must plan accordingly.

DOH's commitment to *Equity* can be seen in programs such as the *AIDS Drug Assistance Program's* request for more resources to improve the health and wellness of Black and Latina/o/x patients living with HIV/AIDS. Our requests for expanded *Syndromic Surveillance* data for Tribes and local health jurisdictions as well as our requests to support surge capacity for case investigation address rural versus urban inequities in emergency response to communicable disease and other threats.

Our core principle of *Innovation* is exemplified by the investment in our state-of-the-art *Public Health Laboratories (PHL)*, which seeks to expand molecular epidemiology techniques beyond COVID-19 and modernize our *PHL* facility with a new molecular testing wing. Molecular epidemiology has cross-cutting applications from health systems and workforce transformation to testing for *Global/One Health* communicable disease threats ranging from avian influenza to monkeypox (MPV). Innovation at the *PHL* additionally infuses our work to create a more sustainable and environmentally friendly campus.

As you will note, *Engagement* is a core theme in all our proposed data work. Data start from the beginning of the life course, such as birth data at the Center for Health Statistics as well as the *SET-NET* program that tracks data on emerging communicable disease threats to parent-infant dyads; to the very end of life with the analysis of data from the *Death with Dignity* program and modernizing the collection and analysis of death data. Cross-cutting all priorities to use engagement with diverse communities to co-create data products that will give them access to information that they can use to improve health. Simply put, engaging communities to put information in their hands and allowing them to innovate in the pursuit of health equity. This work also leverages our focus on public and private partnership from an engagement standpoint that has been a core theme of our agency's work to date.

Our accentuated focus on *Global/One Health* is incredibly exciting for us an agency. As you know, our state remains a hub for international travel and commerce including being ranked #6 for U.S. ports which includes trade, travel, and commercial fishing, as well as geographically borders Canada. Our rural community of growers that are impacted by workforce, trade, and supplies that support their businesses and our state economy. Further, we are fortunate to be home to the *Washington Global Health Alliance* that connects the global health community within our state. As this pandemic – as well as a host of other diseases such as monkeypox (MPV), measles, avian influenza, etc. – has made it abundantly clear, what happens globally impacts our communities locally, and the intersection of human health, animals, and the environment truly matters.

I want to make it abundantly clear while we are seeking state resources in this budget request, we are concurrently seeking federal and other funding resources to support needed public health infrastructure and workforce capacity at the state level. A key example is our recent application to the federal Centers for Disease Control & Prevention (CDC) for workforce capacity-building. As you know, the entire health system's workforce has been strained throughout this pandemic and this may be the most critical issue for our field at this time. We recognize that and are doing our best to plan for the public health workforce needs in our state. While we are not seeking state resources now for this capacity-building per se, should those federal resources not materialize, we may need to revisit this in the future.

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In similar fashion, the seeking of additional non-state resources applies to technology and innovation as well. Currently, DOH is undergoing a comprehensive review of existing technology platforms and capabilities learning from COVID-19 and beyond. There are likely significant investments that will need to be made to address the decades of underfunding and remediate the technology gaps exposed during the COVID-19 response. We are being diligent and thoughtful in our approach to systems enhancements and data modernization and are currently leveraging any and all available federal funding resources. We are also fully committed to finding enterprise solutions for Washington State with our HHS Coalition partners. That said, at some point, we will likely need to request additional state funding to address further gaps and/or leverage automation and innovation across various areas of public health programming. We know implementation of such tools and technologies will need to be smart, strategic, sustainable, and scalable. No doubt, they will require an appropriately trained and supported public health workforce and those plans are being tied to our modernization efforts to ensure the workforce is ready to leverage the technology of the future.

In close, we recognize it is necessary to invest in the health and well-being of our communities with urgency, and in turn, we must have the needed capacity as a health agency to help lead that effort. Our continued population health focus helps shift our work to advance the notion that health happens at the community level and engendering healthy choices and actions should be part of the equation in optimizing health-related engagement. This request – while sizeable – is necessary to help end the “boom-and-bust” cycle of past emergencies, enable us to rebuild trust with communities, as well as engage health and other partners across the state. Equally importantly, it aligns with our *Transformational Plan* as outlined above, and supports the incredibly dedicated DOH workforce that has continued to respond on behalf of Washingtonians throughout this pandemic and well beyond.

Consistent with what we have stated, such needed investments will allow us to move our efforts from *Transactional* in nature to truly *Transformational*. And in the process, they will allow us to “reimagine public health” as we build toward the future for our State.

I look forward to discussing these issues. Thank you in advance for your consideration.

Best,



Umair A. Shah, MD, MPH
Secretary of Health
Washington

Attachments

cc: Breann Boggs, Office of Financial Management
Kelly Cooper, Director, Office of Policy and Legislative Relations, Department of Health
Amy Ferris, Chief Financial Officer, Office of Financial Services, Department of Health
Elizabeth Perez, Chief of Public Affairs and Equity, Department of Health
Kristin Peterson, Chief, Office of Policy, Planning & Evaluation, Department of Health
Jessica Todorovich, Chief of Staff, Department of Health
Molly Voris, Governor’s Policy Office