



Washington State Department of Health

Regional Health Offices

Resilient. **Robust.** Responsive.

Helping to strengthen the Governmental Public Health System

Annual Report

January 2024



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Please contact us at RHOTeam@doh.wa.gov if you have any questions or comments about the Washington State Department of Health (DOH) Regional Health Offices or this report.

Letter from the Secretary of Health

Welcome to our first Washington State DOH Regional Health Office annual report!

As we are reminded repeatedly, we are most effective when we work *together*. Public health does not exist in a silo; it thrives when we listen to and understand the unique narratives of people from every part of our great state of Washington and when we leverage these collective strengths to address challenges more holistically. To be successful, we must learn from each other.

At its heart, our Regional Health Office (RHO) strategy forges stronger, more robust partnerships and collaborations with local and Tribal health, as well as with community and private partners. As our RHO teams have started building relationships within their regions this past year, I have concurrently convened a series of *Leadership Connect* calls with Local Health Jurisdiction (LHJ) agency leaders from across the state to learn directly about their local priorities, challenges, and successes, as well as how our RHOs are doing and how we can improve regional health services.

Several key themes surfaced during these conversations, including supporting public health through necessary investments to address key issues such as opioids/fentanyl, behavioral health, and workforce needs. I have also heard from leaders about the distinct concerns of rural and urban jurisdictions, the need for regional epidemiology and communications support, and the challenges in navigating the array of programs provided by state agencies, including ours.

In this report, we have outlined many of the ways RHOs are helping with these and other issues. As we head into 2024, we will keep this and other feedback at the center of our RHO planning. And, as our regional teams work to increase their engagement with Tribes in the coming year, we will continue to seek opportunities to learn how our RHOs can best support Tribal health priorities.

Along with creating more localized support, we see our RHOs as a catalyst for change—a way to collaborate more closely with our partners across the state to advance equity, innovation, and engagement, in support of improving health for *all* people in Washington.

Together, we can build a resilient, robust, and responsive framework of partnerships and resources that strengthens public health now and into the future—while there is much more work to be done, I am hopeful this report furthers that very strengthening!

Best,



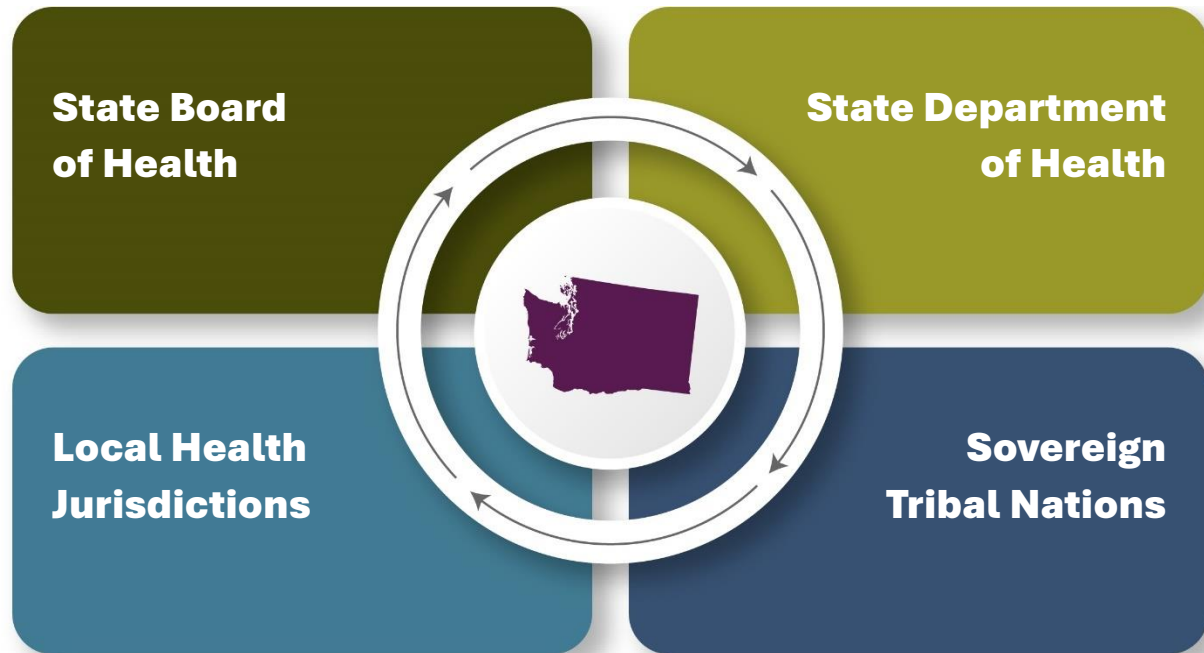
Umair A. Shah, MD, MPH
Secretary of Health, Washington



About Regional Health Offices

The Washington State Legislature directed the state Department of Health (DOH) to establish regional service centers (at least two) during the 2021 legislative session.

Since then, DOH has developed four Regional Health Offices (RHOs) to better support and collaborate with Governmental Public Health System partners—including Local Health Jurisdictions and Sovereign Tribal Nations—*where they are* in ways that best respond to their *specific* needs.



Four partners in Washington's Governmental Public Health System

How were regions designed?

The initial design of the regional map was informed by partner feedback and created for organizational efficiency. Our goal was to ensure we had a Regional Medical Officer and a Regional Liaison working in each area of the state to strengthen connections, collaboration, and share resources with partners.

Partners are not restricted by DOH regions, and regional teams also work on public health priority issues across regions and the state. As we continue to learn from partners, we may adjust the original regional map to help improve support and access to services.

What RHOs are

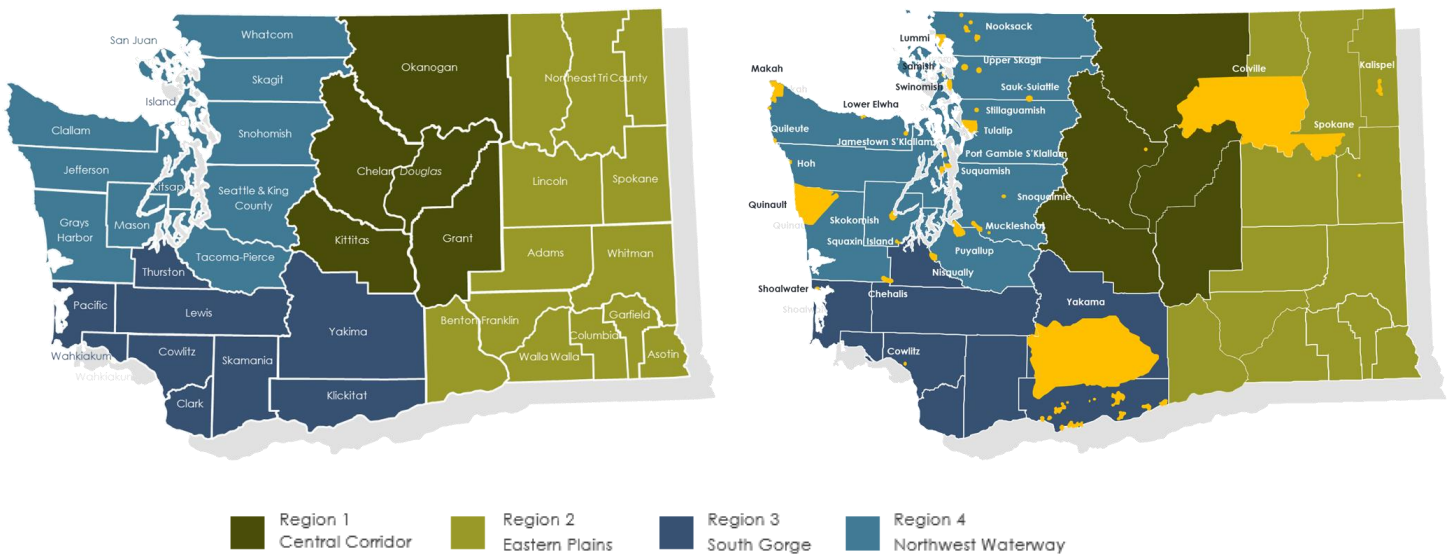
RHOs are an expansion of connection points to and resources from DOH. Partners now have a regional team of public health colleagues working in their area of the state to help improve access to technical assistance and support, as well as affording the opportunity for a deeper connection on a number of important public health issues. Working in coordination with Local Health Jurisdictions and Tribes, regional teams also connect with communities and organizations to help broaden their understanding of local priorities and issues.

What RHOs are not

RHOs are not a new layer in the Governmental Public Health System:

- **Internally** – RHO teams do not replace our agency’s new Office of Tribal Public Health & Relations (OTPHR) or any of the programmatic liaisons or subject matter experts at DOH. They work collaboratively with these agency areas, helping DOH teams increase their understanding of community issues and their capacity to support and connect with partners.
- **Externally** – DOH staff working regionally do not impact any existing Local Health Jurisdiction or Tribal authority or stop partners from directly reaching out to other DOH programs or leaders.

Regional Maps



RHO maps with LHJ (map on left) and Tribal (map on right) boundaries

Vision

A scalable support network for Washington’s Governmental Public Health System that is resilient, robust, and responsive.

Goals

- Increase local and Tribal health partner access to DOH staff, technical support, and other resources.
- Proactively support ongoing two-way communication between state and Governmental Public Health System partners to help foster collaboration and coordination.
- Develop ways for DOH—from our state perspective—to better align public health services to the needs of all areas of the state, and to help improve our own policies/processes based on regional partner priorities and feedback.
- Improve DOH’s ability to elevate regional partner issues and better respond to their specific needs, particularly during public health emergencies.
- Collaborate with internal and external partners on issues impacting health equity and access to essential public health services throughout the state.
- Expand connection points to/from partners beyond the Governmental Public Health System.

About Regional Health Office Teams

There are currently teams of two in each of the four Regional Health Offices—a Regional Medical Officer (RMO) and a Regional Liaison (RL). These staff work both regionally and across the state, as needed, to support Governmental Public Health System partners, as well as public health priority issues. Although the RMOs and RLs work as a team, they report to different executive offices at DOH.

Through this matrixed approach, RMOs and RLs report to the area of the agency that offers the most alignment with and support for their work.

RMOs are in the Office of Health and Science, reporting to the State Medical Epidemiologist in the Center for Public Health Medical and Veterinary Science. This executive office also houses the Center for Epidemiology Practice, Equity and Assessment, the Center for Data Science, and the Division of Disease Control and Health Statistics.

RLs are in the Office of Strategic Partnerships, reporting to the Senior Director of Regional Engagement and Planning. This executive office also houses engagement teams for academic (higher education and K-12) and private sector partners, the strategic initiatives section (partnership guidance, training, and resources), as well as other engagement support.

2023 Organizational Structure of RHOs

Office of Health and Science

Tao Sheng Kwan-Gett, MD, MPH
Chief Science Officer

Scott Lindquist, MD, MPH
State Medical Epidemiologist

Regional Medical Officers

Amy Person, MD
Region 1
Medical Officer

Bob Lutz, MD, MPH
Region 2
Medical Officer

Jay Miller, MD, MPH
Region 3
Medical Officer

Herbie Duber, MD, MPH
Region 4
Medical Officer

Regional Liaisons

Jeanne Colvin
Region 1
Regional Liaison

Melissa Lantz
Region 2
Regional Liaison

Melissa Couture
Region 3
Regional Liaison

Katherine Shulock, MPH
Region 4
Regional Liaison

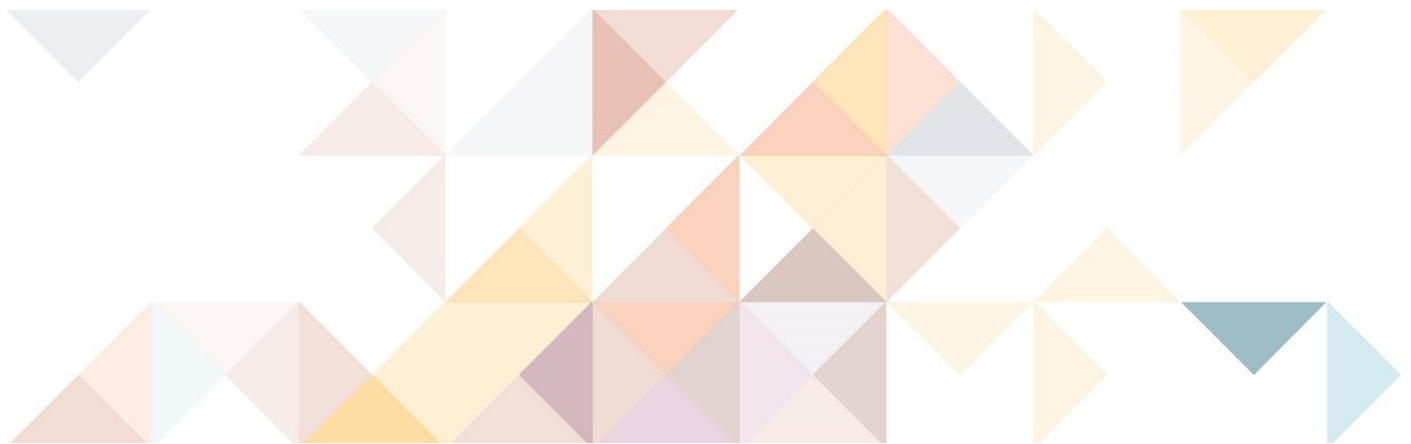
Office of Strategic Partnerships

Kristopher Holiday
Chief of Partnerships

Laura Blaske
Deputy Chief of Partnerships

Jennifer Coiteux, MPA
Senior Director
Regional Engagement
& Planning

RHO Org Chart for 2023



What do Regional Health Office Teams Do?

Regional Medical Officers

- Represent the agency in regional forums, committees, and workgroups for a variety of public health issues to better understand the diverse needs of their region and to build connections and relationships.
- Serve as subject matter experts and provide clinical support and leadership on emerging public health issues such as tuberculosis, heart disease recurrence, and Hepatitis C, to name a few.
- Provide regional coordination for DOH public health programs to ensure effective linkages with private and public healthcare provider groups to strengthen two-way communication.
- Support evidence-based public health messaging in their regional area, including during emergencies.
- Are licensed physicians who possess the same qualifications as local health officers as defined by RCW 70.0.
- Provide local health officer services, as needed, to Local Health Jurisdictions that request back-up health officers due to emergent issues or absence.

Regional Liaisons

- Serve as the agency's day-to-day liaisons to Governmental Public Health System partners in their region, connecting them to DOH staff, information, and resources as needed.
- Coordinate with the DOH Executive Office of Resiliency and Health Security as key connectors to Governmental Public Health System partners during public health emergencies.
- Work to understand local area priorities and issues, and bring a local lens to DOH initiatives, helping to improve coordination and collaboration.
- Participate in special projects—with regional team and internal/external partners—to support local and systemwide needs. Examples include providing support to system initiatives; convening subject matter experts on issues of interest to partners; and coordinating training opportunities.

Senior Director of Regional Engagement and Planning

- Manages the Regional Liaison team and directs overarching strategic engagement approach for Regional Health Offices.
- Serves on the Office of Strategic Partnerships senior leadership team, and regularly connects with Office of Health and Science leadership.
- Collaborates with other partner areas to help strengthen and align connections and initiatives.
- Works to ensure effectiveness of Regional Health Offices, as well as short- and long-term plans.
- Serves as senior advisor on regional issues and priorities to agency executive team and other senior leadership.
- Represents DOH as a senior leader and builds relationships across the Governmental Public Health System, and with other organizations such as Accountable Communities of Health (ACHs).
- Serves as a key connector for partnership efforts with sister state agencies on shared issues.

2023 Activity Highlights



Building Relationships

The primary goal for Regional Health Office (RHO) teams in 2023 was to build relationships with Governmental Public Health System partners including the State Board of Health, Tribes, Local Health Jurisdictions, and internal DOH programs. This regional model of system support is new, and change takes both time and focused attention.

In 2023, we successfully recruited individuals with a breadth of skills and experience to fill positions supporting the four RHO areas. This included hiring the final two Regional Liaisons (RLs) in the summer and the Senior Director of Regional Engagement and Planning in the fall.

The RHO teams prioritized building relationships and deepening knowledge of local issues through in-person site visits, one-on-one and regional meetings, participating in local events, and joining/leading workgroups on key issues. RHO teams have also started building relationships throughout the agency by working with internal program leaders and teams.

Along with building relationships, regional teams work on a variety of projects and initiatives to add capacity, collaborate with, or provide support to Governmental Public Health System partners—on state and local levels. Staff working regionally also work together or with other partners on statewide issues.

Snapshots

Regional Medical Officers (RMOs):

The expertise of our RMOs spans critical public health areas from opioid misuse to rural health challenges, and extends to emergency services, infectious diseases, and global health. Their presence in the RHOs has elevated the quality and specificity of support and guidance that DOH can offer to an array of public health partners. Along with regularly working with DOH programs and leadership, consulting on and supporting emerging public health issues on local and statewide levels, RMOs have played key roles in many priority initiatives this year.

Here are a few highlights:

Supporting Local Health Jurisdictions

- The RMOs extensively updated and revised the **Local Health Officer Orientation Manual**. This is a critical resource for onboarding new Local Health Officers and an ongoing asset for even the most seasoned health officers, as it provides updated information about emerging health issues, state statutes, emergency response and communications, community health, working with partners, and much more.
- RMOs have **filled in for local health officers**, as needed, when a Local Health Jurisdiction requested health officer support due to vacancies, vacations, or other issues. In 2023, RMOs responded to seven requests for coverage from local partners, averaging 2-3 weeks each. These provided vital public health support for our local partners and the communities they serve.

Clinical Support and Guidance

Examples of statewide, local/regional, or multi-agency support include (but are not limited to):

- COVID-19 telehealth and testing programs.
- Ongoing response to Washington's opioid epidemic.
- Clinical leads for recurrent Myocardial Infarction (heart attack) concerns and Department of Corrections tuberculosis outbreaks. [See Spotlight story.](#)
- Wildfire smoke guidance. [See Spotlight story.](#)
- Technical support for the public health management of notifiable conditions including rare cases of rabies exposures and vaccine preventable diseases, such as mumps.
- Guidance for industrial train spill response.
- Worked with multiple agencies on homeless encampment issues.
- Helped coordinate multi-agency response on contamination of marijuana by pesticides.
- Helped coordinate multi-agency response regarding potential concerns about fentanyl and methamphetamine contamination on surfaces.
- Worked with other internal DOH teams to support Washington Association of Sheriffs and Police Chiefs with public health guidance on COVID-19 and other topics.

Plans and reports

- Supported the development of the *COVID-19 Maternal Mortality Report*.
- Worked with DOH's Division of Health System Quality Assurance to review acute care capacity.
- Washington State's *Opioid and Overdose Response Plan* – [see Spotlight story.](#)
- Contributed to a DOH report to the Washington State Legislature on the stroke and cardiac care system in Washington.

Regional Medical Officers expand the agency's capacity to bring medical expertise to key and emerging health issues statewide.

Committees and Workgroups

RMOs provided subject matter expertise and support to:

- State Opioid and Overdose Response Workgroup.
- Dementia Action Collaborative.
- Health Care Authority committees, including the Clinical Quality Council and the Performance Measures Coordinating Committee.
- Cooper Jones Active Transportation Safety Council.
- Healthcare Multi-Agency Coordinating Group (MAC-G) workgroup (focus on building partnerships to support healthcare agencies across the care spectrum).
- Hepatitis C workgroup and Hepatitis C Medical Leaders group.
- Cardiac and Stroke workgroup.
- Ongoing evaluation of the Emergency Cardiac and Stroke system in Washington.

DOH Response

Along with expanding the agency’s capacity to bring medical expertise to key and emerging health issues statewide, RMOs are in regular rotation for after-hours calls DOH receives. In this role they respond to urgent requests for technical support on public health topics, with infectious diseases being the most common. An RMO is on call at least every other week.

Regional Liaisons (RLs):

RLs come from a range of backgrounds in government and public health, including emergency preparedness and response, immunization, research, health equity and working with communities, local health, and Tribes. These skills—along with their collective commitment to developing strong and lasting relationships with our partners—greatly expanded DOH’s ability to effectively support the Governmental Public Health System.

A few examples of their work in 2023 include:

Working with RMOs

- Collaborated with RMOs on many of the workgroups, committees, and initiatives listed above.
- RLs also played key roles in facilitating cross-regional work on a variety of health issues impacting multiple regions.

Proactive Communication with Partners

- Convened regular regional and regional subgroup calls with partners, providing subject matter expert presentations and facilitating discussions on key issues such as emergency response, wildfire smoke, homelessness, Hepatitis C, opioid-related issues, Foundational Public Health Services, and data systems. RLs proactively follow up on local questions and needs.
- Conduct regular in-person and virtual check-ins with regional partners.
- Send weekly updates on issues of local interest to regional partners.
- Worked on developing and honing content for DOH’s new external SharePoint site for Governmental Public Health System partners, “Partner Hub.” The site will assist partners in navigating and accessing all DOH program areas, connection opportunities, and training resources.

Projects and Initiatives

- Coordinated short-term projects to support their regions, from facilitating distribution of Portable Air Cleaners to helping edit informational resources to better meet local needs.
- Initiated longer term initiatives, such as proactively supporting workforce development needs throughout the public health system. Examples include:
 - Working on position descriptions for key jobs.
 - Developing onboarding resources and connections.
 - Exploring internship possibilities for partners.
 - Working with DOH programs and other partners on specific training requests. [See Spotlight story.](#)

Connections and Technical Assistance

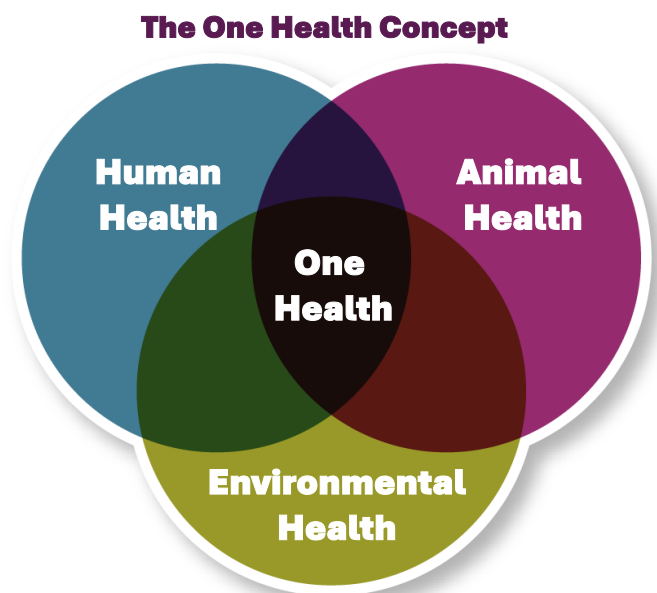
- **Fielded questions daily** from partners throughout the Governmental Public Health System and provided guidance and support. Regularly helped partners connect with the right resources at both DOH and with sister state agencies, as well as with other partners across the state. RLs also used the questions to improve/develop systemwide information resources. Examples of technical assistance, connections, and resources to Tribes and Local Health Jurisdictions include:
 - Information on RSV vaccines.
 - Section 1332 Waiver from the Health Benefit Exchange.
 - Expanding language access for Certified Food Protection Manager training.
 - Assistance with Request for Application development for grant response.
 - Promoting DOH's Care-A-Van to help expand access to immunizations in remote communities.
 - Assisting with consolidated contract statements of work.
 - Researching Emergency Medical Services and private ambulance contracts.
 - Connecting a Tribal school with its region's Educational Service District to expand access to school health services.
- RLs also worked with other organizations such as Washington State Association of Public Health Officials (WSALPHO) and Washington State Public Health Association (WSPHA) on planning and system-wide conferences/meetings.

Regional Liaisons are developing strong, lasting relationships with partners, expanding DOH's ability to support the public health system effectively and working regionally to meet system needs.

Sharing the View

Both RMOs and RLs regularly work with DOH leadership, internal subject matter experts, and programs to bring perspectives from across the state to help inform—and improve—projects, messaging, processes, and policies.

By developing strong partner relationships and deepened understanding of regional issues, regional staff serve as key internal resources in DOH planning and response. For example, RHO teams contributed to the development of DOH's statewide [One Health Needs Assessment](#), and stay engaged, to lend regional perspectives regarding One Health priorities.



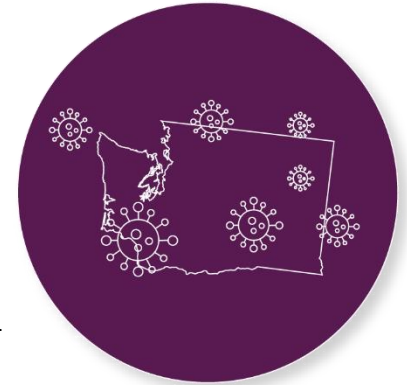
*One Health Concept Venn diagram
Source: One Health Needs Assessment Report 2023*

Spotlight Stories: Statewide

Spotlight on: Opioid Crisis

Opioids, including prescription pain medication, heroin, and synthetic opioids such as fentanyl, are causing a serious public health and community crisis across the nation. Each day about two people die of an opioid-related overdose in Washington, while thousands more struggle with substance use disorder. Opioid misuse can cause serious medical, social, and financial problems.

Operationalizing strategies to effectively address Washington’s opioid and fentanyl crisis is a top priority for the agency. Regional staff have been engaged—and will continue to play important roles—in a variety of efforts across the state on this urgent and critical issue:



- **FOCUS** – To address the increasing opioid crisis in Washington, DOH stood up the Fentanyl & Opioid Crisis Unification of Strategies (FOCUS) Task Force in September 2023. FOCUS is an interdisciplinary team of policy and Opioid Use Disorder (OUD) subject matter experts and clinicians. FOCUS is comprised of 3 arms: (1) Prevention; (2) Naloxone; and (3) Treatment.

The Regional Medical Officers (RMOs) from regions 2 and 4 co-led the Task Force’s **Treatment** arm. In addition to meeting weekly with DOH subject matter experts, they worked closely with the Health Care Authority, which leads OUD treatment efforts in our state, and with Tribal and local health partners.

All Regional Health Office teams will support these efforts—bringing expanded medical expertise and partner coordination resources to related initiatives. From working with partners on reducing stigma and misinformation to treatment and harm reduction strategies, the regional teams will be part of this essential work.

- **National Tribal Opioid Summit** – Along with other DOH leadership, the Region 4 RMO participated in the summit hosted by the Northwest Portland Area Indian Health Board. The goal of the summit was to address the intersection of COVID-19 and the opioid crisis throughout Tribal communities.
- **LEWPRO** – The Region 4 RMO presented to the Washington State Department of Social and Human Services’ Legislative-Executive Workfirst Poverty Reduction Oversight Task Force (LEWPRO) on Opioid Use Disorder and its intersection with poverty and social needs. This was done in conjunction with the Health Care Authority.
- **Naloxone** – Regional staff worked with external partners, the DOH K-12 Engagement Director, and other subject matter experts to get naloxone in schools by 2024.
- **Pain Clinic Closures** – Regional staff also assisted with coordination between DOH, Local Health Jurisdictions, Health Care Authority, and others on pain clinic closures in two areas of the state to help ensure patients had access to continued care that decreases the risk of OUD.

Spotlight on: Communicable Disease Outbreaks

Regional Medical Officers collaborate with state, local, Tribal, and other partners on communicable disease outbreak responses, providing whatever assistance is needed—from subject matter expertise to clinical support.

One example in 2023 includes a partnership with the Washington State Department of Corrections (DOC). The Region 3 RMO currently leads the DOH response to the tuberculosis (TB) outbreak in the state prison system—the largest in Washington in the last 20 years.

This work includes:

- Coordination with DOC clinical team, DOC occupational health, DOH TB team, DOH Non-healthcare Congregate Settings team, and other involved DOH staff.
- Visits to the most affected prison to counsel residents who refused testing.

The RMOs have significantly expanded DOH’s ability to provide this type of medical support. For example, the Region 3 RMO also works with the DOH Non-healthcare Congregate Settings team to support ongoing DOC and Department of Children, Youth and Families (juvenile facilities) COVID-19 response.

Spotlight Stories: Regional

Region 1

Spotlight on: Helping Partners Navigate State Agencies

A common request from Governmental Public Health System partners is for help navigating programs and services at state agencies. It can be difficult—even for someone within the state system—to quickly find the right contact at the right agency. Along with building internal relationships with programs at DOH, Regional Medical Officers (RMOs) and Regional Liaisons (RLs) regularly connect with other agencies to help partners better navigate the wide range of state programs. Here’s one example:

Region 1 partners expressed a desire to better understand the long-term care landscape in their communities. The RL and RMO connected with the state Department of Social and Health Services (DSHS) and met with the DSHS Residential Care Services Liaison. During the meeting, they discovered that the DSHS liaison was interested in building closer connections with Local Health Jurisdictions (LHJs) to learn more about their community issues and priorities.

The DOH regional team invited the DSHS liaison to a Region 1 LHJ administrator call, where she was able to introduce herself and the work of her office, answer questions, and hear from LHJ partners about issues and priorities. The call led to important ongoing connections. To broaden these connections statewide, the RL distributed DSHS data spreadsheets for long-term care facilities in Washington by county, as well as contact information for the appropriate DSHS Residential Care Services Liaison for each region. DSHS also developed a tutorial on how to use the data.

Working beyond DOH, regional teams can serve as resources to other state agencies as well as local and Tribal partners. We will continue to expand and develop these connections in the coming year.



Region 1 county map

Region 2

Spotlight on: Assisting with Local Emergencies

This summer, wildfires significantly impacted Region 2. The DOH Office of Resiliency and Health Security stood up a Wildfire Readiness Group to coordinate all DOH response efforts. There was DOH representation from programs concerning air and water quality, risk communication, medical logistics, disease surveillance, health care coordination, behavioral health, and other areas. The group also included local and Tribal health (American Indian Health Commission) representatives.

The Region 2 Liaison set up regular meetings with the Local Health Jurisdictions impacted by the wildfires to coordinate resource needs and gaps—if any—that DOH could assist with. The RL coordinated with local health and the Wildfire Readiness Group throughout the response. The RMO assisted with wildfire smoke issues and developing related guidance for K-12 schools.

After the fires were out, the clean-up discussions began. Both the RMO and RL worked with local health and DOH leadership to help coordinate statewide discussions regarding clean-up to lessen the environmental impact of wildfire debris.



Region 2 county map

Region 3

Spotlight on: Workforce Development

Helping one, new public health nurse leads to system improvements

Across the state, counties have different levels of capacity and expectations for public health nurses. In larger Local Health Jurisdictions, nurses often focus on one area of public health such as communicable disease, maternal child health, vaccines, or the Women, Infants, and Children (WIC) program. In smaller or rural jurisdictions, there is often only one public health nurse who runs multiple programs.

In every LHJ, public health nurses play critical roles, and the onboarding process can be complex. But in small and rural jurisdictions, this complexity is compounded by the need to quickly learn how to navigate multiple data systems and contract requirements. At the same time, public health nurses must complete training requirements for a wide variety of programs—often without a clear path on who to reach out to for training, resources, and access.



Region 3 county map

Our Region 3 Health Office has been working with a rural LHJ to support their new public health nurse onboarding. We are using this as an opportunity to identify ways to improve our processes for the future. To help with their initial request for support, we connected the new public health nurse with a mentor—an experienced public health nurse from another county—and reached out to other LHJs in the region to provide onboarding resources from their programs. The RHO team then worked internally to provide access to DOH topic-specific guidance and training resources.

Workforce development systemwide improvements:

We continue to work with other regions, DOH programs, and our LHJ partners to create streamlined processes and resources that may benefit all LHJs in our state in the future.

Two key areas of focus:

- **Streamline access to data systems.**

Public health nurses need access to multiple systems to do their daily work. These systems are spread out across different programs at DOH and it can be difficult to know which systems a new staff member will need, what requirements/approvals are needed to access each one, and who to contact.

- **Create new employee onboarding resources.**

DOH training resources and guidance documents are spread out among external SharePoint sites, public webpages, and other collaborative spaces. The agency is working to create a menu of linked resources to create a “one-stop shop” for these resources.



Region 3 Liaison at WSPHA

Region 4

Spotlight on: Planning and Guidance

Planning

Overdose Case Review Pilot Project

In July, the Region 4 team met with a rural Local Health Jurisdiction (LHJ) leadership team about public health issues in their area. During this discussion, the LHJ expressed interest in working with the Region 4 office to conduct an intensive case review of fatal and near-fatal overdose cases, with the aim of analyzing themes and developing interventions. The RMO and RL initiated a pilot project and worked with the LHJ's leadership to submit Data Sharing Agreements to DOH. The regional team will continue to partner with the LHJ in analysis and developing potential intervention steps.

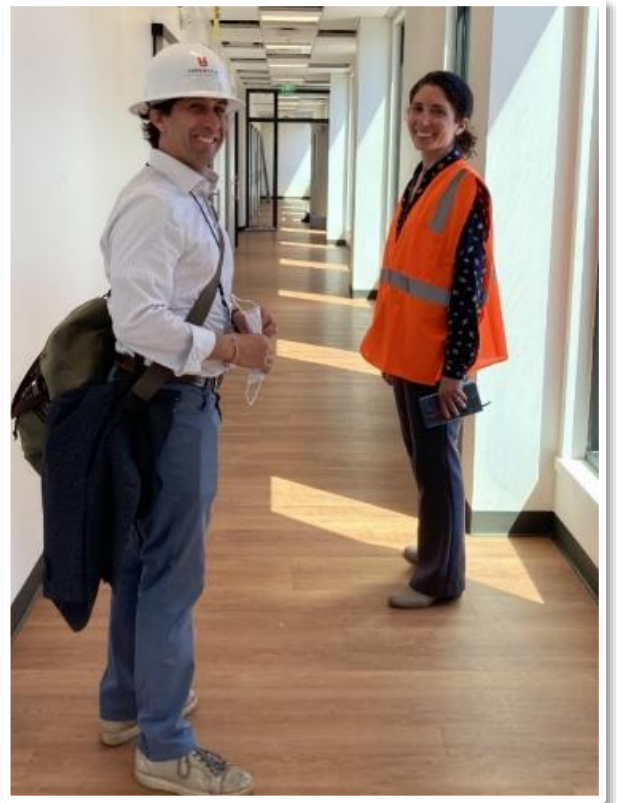


Region 4 county map

Guidance

Avian Influenza Outbreak

Increased medical expertise bandwidth is one important way Regional Health Office teams support the public health system. For example, earlier this year the Region 4 RMO worked closely with a Local Health Officer in an LHJ on the Olympic Peninsula, and other state agencies such as Fish and Wildlife, to respond to an outbreak of avian influenza (bird flu) that killed hundreds of wild birds and several seals. The RMO provided support and guidance regarding beach closures, human testing, and worker safety.



Region 4 Medical Officer visiting Lummi Nation



2024 Plans

Resilient. Robust. Responsive.

Helping to strengthen the Governmental Public Health System

A Look Ahead

In the coming year, DOH will continue to advance our cornerstone values of equity, innovation, and engagement. To help do this, Regional Health Offices (RHOs) will work toward achieving our vision of a scalable support network for Washington’s Governmental Public Health System that is resilient, robust, and responsive.

In the process, DOH will continue to evaluate the effectiveness of the RHOs with an eye toward answering questions such as: 1) How many staff are necessary or helpful in RHOs? 2) How can we best meet any resource needs? 3) Would an additional RHO help further achieve program objectives? 4) Are the original regional boundaries correct or should they be modified to better serve partners? 5) What additional roles can RHOs play across the state?

In considering these and other questions, DOH knows that public health has faced enormous challenges in recent years, with more on the horizon. We will continue to engage with partners on emerging critical issues. Central to our RHO vision is continually learning from our partners about local and regional concerns and collaborating with them to help improve health and safety for all people in our state.

DOH will continue to move carefully and collaboratively with RHO-related planning. RHOs are part of a public health ecosystem that includes a myriad of essential internal and external partners. We will move ahead *with* them as we all work together to strengthen the public health system across Washington.

2024 Priorities

Along with ongoing work on the many public health priorities outlined in the *2023 Activity Highlights* section, such as opioid/fentanyl issues and workforce development resources, our RHOs will prioritize several key initiatives to expand and develop partnerships, collaborations, and services in the coming year. In the first quarter of 2024, priorities will be captured in a comprehensive **strategic plan** to guide RHO activities. The plan will include:



Partnership Development

RHOs will establish quarterly and annual partnership development goals for the following partnership areas:

- Tribes and Local Health Jurisdictions.
- Beyond the Governmental Public Health System—in cooperation with DOH leadership, Local Health Jurisdictions and Tribes, as appropriate—we will enhance relationships with organizations such as Accountable Communities of Health, healthcare, state agency, community, and private sector partners.



Regional Services

Based on partner feedback, RHOs will work in coordination with DOH leadership and programs to explore the best ways to leverage the regional structure and improve our service delivery. This does not mean a large internal reorganization or creating duplicative services in regions. It does mean we will look for opportunities to increase partner access to technical assistance and support through RHOs.

- Initial 2024 priorities for matrixing services to help meet statewide, regional, and local needs include:
 - A regional epidemiologist to assist with local data initiatives.
 - Communications support (consultation and technical assistance) with outreach products and resources.
 - We will explore the potential for these resources in the first half of 2024.
- Throughout the year, we will endeavor to identify potential resources for additional regional services, including equity and finance/contract support.



Build Internal Connections

RHOs will also increase engagement with internal DOH leadership and programs. This will allow for enhanced collaboration with agency teams and provide connections and feedback to inform policies, improve plans, and when possible, streamline processes.



Develop Assessment Metrics to Improve RHOs

Engagement is a process, not a product, and developing meaningful metrics to assess the value of technical assistance, consultations, and other support is not a simple task. In 2024, the RHOs will test ways to measure the value of the agency's regional approach.

1. **Metrics** – Regional teams will review the epidemiology of sexually transmitted infections with each Local Health Jurisdiction. In collaboration with Local Health Officers and DOH staff, the teams will work to identify and provide needed resources. RHOs will track and report on this initiative throughout 2024 and determine best practices to develop a metrics model for future key issues.
2. **Partner feedback** – In addition to regular partner connections throughout the year, RMOs and RLs will complete a series of key informant interviews with Tribal and Local Health Jurisdiction leaders in the fourth quarter of 2024. This will help our agency gain partner insight into RHO successes and areas for improvement. This feedback will inform RHO planning for 2025.

Regionwide In-Person Meetings

Along with ongoing virtual regionwide meetings, an RHO in one region will pilot an in-person meeting with their regional partners in 2024. This pilot will be used to determine the feasibility of convening large, in-person meetings. Of particular interest will be the value of in-person meetings to partners, and finding a location that is easily accessible to partners in the pilot region. If partners are interested in this type of meeting, we will use the pilot to help determine best practices that will help RHOs host additional in-person meetings across the state.



Governmental Public Health System leaders gathered at the Secretary of Health's meeting during the Washington State Public Health Association's conference in Wenatchee last fall.

Support to Local Health Officers

Building on work completed in 2023, RMOs will begin a robust, updated onboarding process which ensures each new Local Health Officer:

- Completes a self-assessment to help RMOs provide appropriate onboarding.
- Is assigned a mentor if they are provisional. (Local Health Officers are provisional if they do not have a Master of Public Health degree.)
- Has a guided review of the *Local Health Officer Orientation Manual*, as well as DOH's Health Officer coverage agreement.

We will provide documentation of orientation and status to the new Health Officer's local Board of Health.

Keep Partners and Stakeholders Informed

RHOs will also begin a regular quarterly cadence of reports on activities to update our Governmental Public Health System and other partners, as well as DOH leadership, the Governor's Office, and interested legislators.



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