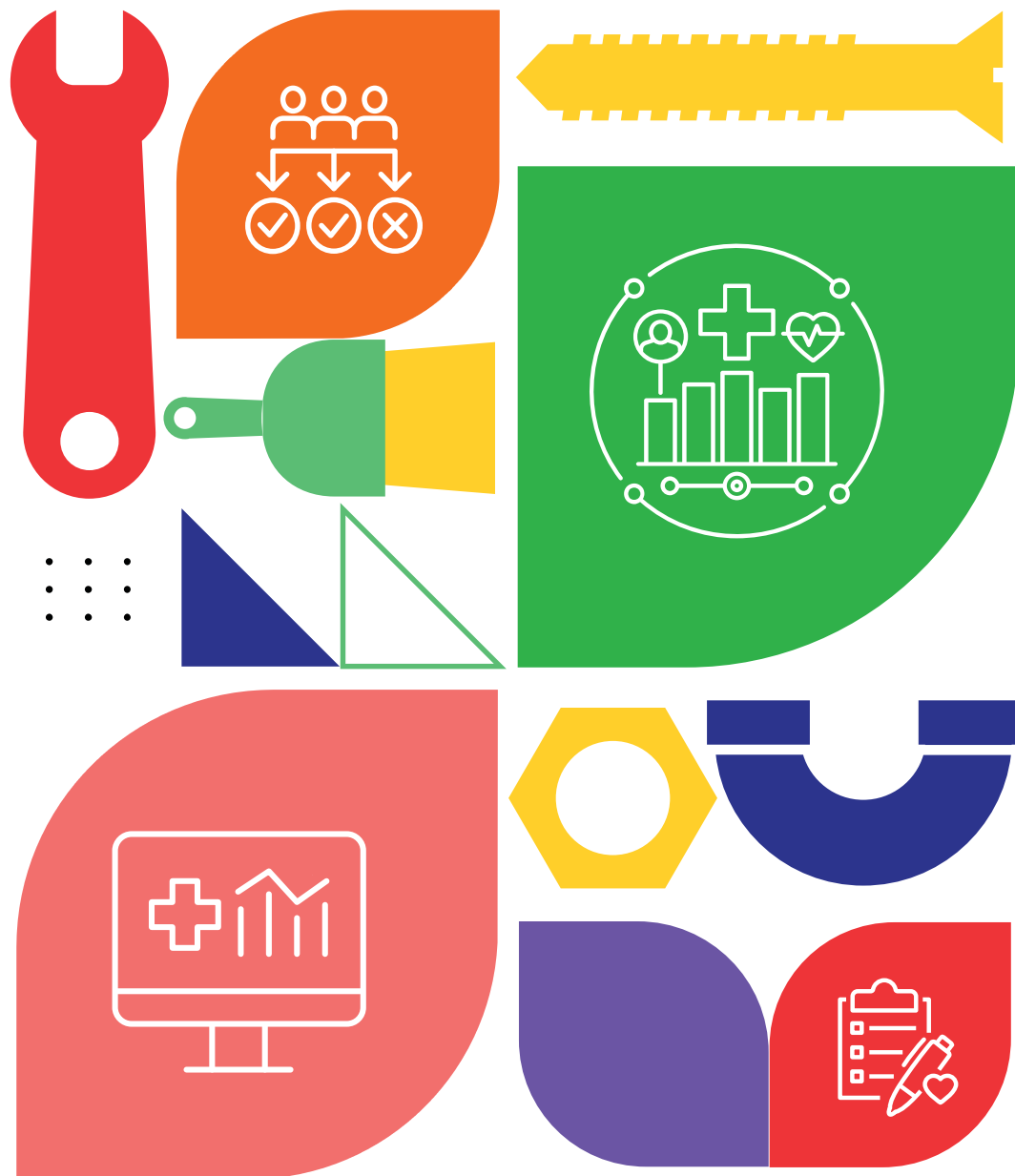


WASHINGTON STATE **PUBLIC HEALTH** **ADVISORY BOARD**



Recommendations for
Monitoring the Performance
of the Public Health System



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MESSAGE FROM THE CHAIRS

May 4, 2026

The Honorable Dennis Worsham
Secretary of Health
Washington State Department of Health
101 Israel Rd. S.E.
Tumwater, WA 98501

Subject: Phase 1 Findings from the Governor's Public Health Advisory Board Study on Washington State's Public Health System Effectiveness

Dear Secretary Worsham,

We are honored to present the findings and recommendations from the Governor's Public Health Advisory Board (WA-PHAB) on public health system effectiveness. As co-chairs over the past year, we have witnessed the extensive effort staff and Board members invested in this report. Although it represents only the first phase of a broader study, we believe the finding of such an evaluation as proposed could truly make an impact on the effectiveness of the system. We recognize and appreciate the significant contributions of WA-PHAB members and Department of Health (DOH) staff, whose work made this report possible.

This 20-member volunteer board is charged with advising the Governor and the Secretary of Health on the health of Washington's public health system. Established in response to the COVID-19 pandemic, the Board seeks to clarify what the system needs to be most effective. WA-PHAB's diverse membership brings perspectives not readily available to Governmental Public Health System (GPHS) partners. Board members are committed to ensuring Washington's public health system is strong, effective, resilient, and responsive to community needs. Because public health depends on relationships and trust, we must earn and sustain community confidence to do this work well.

Since our first report on post-COVID-19 recommendations, we have actively engaged constituents and advanced our legislative charge to develop a framework for monitoring GPHS performance. As described in this report, the work began in spring 2025 and included orienting Board members to GPHS responsibilities, conducting a national review of public health performance-monitoring practices, participating in the Washington State Public Health Association Annual Conference, and gathering direct input from you, Secretary Worsham. Staff developed presentation materials and we used them for outreach, listening sessions, formal presentations, and webinars. Feedback from our constituents was then aggregated into the following report.



Based on extensive feedback, our recommendations identify five key measures of system performance. That feedback consistently underscored that every measure rests on shared foundations—Sovereignty, Trust, and Relationships—that must be embedded in all system-effectiveness measurement. Communities also continue to tell us they do not feel meaningfully heard; centering these foundations can help make the system work better for the people it serves.

It is with mixed emotion that we release the findings of this report. These emotions are rooted in a difficult reality: recent budget constraints leave WA-PHAB with an unfunded mandate, limiting our ability to reach our full potential. This reflects public health's place in state policy: high priority to residents, but often low urgency for investment during calmer periods and fiscal shortfalls. Without sustainable funding, trust in the GPHS will erode, partnership-building opportunities will shrink, and future leaders may be discouraged from entering the field. If public health's mandate is to ensure the conditions for people to be healthy, then policy and political will, must match that commitment.

Thank you for taking the time to read and consider this report. As co-chairs, we intend to keep advancing these recommendations even after staff funding ends. Please reach out as questions arise and next steps take shape. We hope this report helps strengthen the effectiveness and trust of Washington's public health system.

Sincerely,

Megan Moore, MPH

WA-PHAB Co-Chair

Representing, WA State Medical Association

megan@wspha.org

William K. Hirota, MD

WA-PHAB Co-Chair

Executive Director, WA State Public Health Association

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EXECUTIVE SUMMARY

The Washington State Public Health Advisory Board (WA-PHAB) has a statutory charge to monitor the performance of Washington's Governmental Public Health System (GPHS) and provide recommendations to improve public health performance. While performance management is widely recognized as a core public health function, most existing frameworks are designed to assess individual agencies or programs rather than the performance of a complex, multi-partner public health system. Washington's decentralized governmental public health system—comprised of state, local, and Tribal partners—presents unique opportunities and challenges for developing a shared approach to performance monitoring. Looking beyond the GPHS to monitor performance across the broader public health system presents an opportunity for partners to collectively create accountability and transparency for the people of Washington in demonstrating how they drive health improvement.

To inform its work, WA-PHAB conducted a review of national public health performance management frameworks, examined practices and examples from other states, and engaged governmental public health, Tribal, cross-sector, and community partners across Washington. Feedback was collected through Tribal listening sessions, partner convenings, as well as individual and community engagement efforts between December 2025 and March 2026. Participants were asked to identify the most important areas for assessing how effectively the public health system works together and what information should be considered in developing a statewide performance monitoring framework.

Across all engagement activities, there was strong agreement that the greatest opportunity to improve public health system performance lies in strengthening coordination,



The Public Health Advisory Board convening provided an opportunity to meet health care providers, partners, and community from different sectors. It gave me a broader perspective on the impacts of public health in addressing health inequities and gave me insight into some of the great work being done in our state.

The COVID-19 pandemic highlighted the importance of maintaining partnerships and relationships to strengthen communication channels, to build mutual understanding, and to improve supports for our students, families, and communities. The PHAB gathering contributed to building the relationships and broader perspectives necessary for the overall health of Washington State.”

Annie Hetzel

*School Health Services Consultant
Office of Superintendent of Public Instruction (OSPI)*



communication, and collaboration among partners. Feedback also emphasized the importance of trust, community responsiveness, role clarity, leadership, communications, workforce capacity, and financial sustainability as essential conditions for system functioning. While perspectives differed slightly across sectors, there was broad consensus that performance monitoring should assess not only what the public health system accomplishes, but also how effectively partners work together to achieve shared goals. Additionally, partners stressed the importance of ensuring that performance monitoring reflects community experiences and leads to meaningful action rather than reporting alone.

Based on these learnings and insights, the WA-PHAB concluded that Washington currently lacks a unified framework for assessing how the public health system functions as a whole. Although individual organizations conduct performance management activities, there is no coordinated mechanism for evaluating collective system performance, shared accountability, or the effectiveness of partnerships across sectors. The absence of a cohesive, system-level framework limits opportunities to communicate the value of public health, identify areas for improvement, and strengthen accountability to communities and policymakers.

To address this gap, WA-PHAB conceptualized a phased approach to public health system performance monitoring in Washington that first focuses on measuring how partners work together. Future phases would expand to include measures that communicate the value of core public health services and align performance monitoring with statewide health priorities and outcomes. The approach intends to co-create a foundation for accountability as well as continuous learning and improvement, while avoiding duplication of existing efforts.

Although the Board's statutory charge focuses on governmental public health, engagement throughout this process reinforced that improving health outcomes requires collaboration across healthcare, education, community-based organizations, Tribes, and other sectors. As a result, these recommendations are intended to strengthen the broader public health system and support a more coordinated, accountable, and resilient approach to improving health across Washington.

- **The first recommendation is** to establish an initial public health system performance monitoring framework focused on resource coordination and sharing, data sharing, community responsiveness, trust, and the financial landscape because Washington currently lacks a shared approach to assessing how public health system partners work together; this framework would strengthen collaboration, accountability, and continuous improvement across the system in these key areas.
- **The second recommendation is** to co-create a limited set of system-wide performance measures that clearly communicate the essential work and value of the public health system because there is no consistent way to demonstrate how public health activities contribute to statewide health goals; these measures would improve transparency, accountability, and public understanding of the system's impact.



- **The third recommendation is** to define system-wide coordination and communication infrastructure, shared protocols, and clear roles and responsibilities because fragmented information sharing and inconsistent collaboration limit system effectiveness; these improvements would strengthen partnerships and create a more coordinated, less duplicative, responsive public health system.
- **The fourth recommendation is** to establish coordinated processes for regularly reporting, reviewing, and acting on system-wide performance measures because there is no current centralized location or mechanism to do so; a unified approach would strengthen accountability, support timely action, and help drive progress toward statewide health goals.

Washington's public health system is operating in an environment of increasing complexity, growing demands, and significant fiscal uncertainty. While current funding constraints may affect the implementation of these recommendations, the need for stronger coordination, partnership, and accountability remains clear. These recommendations are intended to provide a roadmap for advancing a shared performance monitoring framework that strengthens relationships, improves transparency, supports continuous improvement, and helps ensure that public health partners can work together effectively to serve communities across Washington.



BACKGROUND AND MEMBERSHIP

The Washington Public Health Advisory Board (WA-PHAB) was established in 2021 with Engrossed Second Substitute House Bill 1152, with a charge codified in RCW 43.40.645.¹ Outlined in statute, the WA-PHAB was directed to “monitor the performance of the governmental public health system” (GPHS). The GPHS in Washington State is defined in statute (RCW 43.40.512(1)) as including the State Department of Health, State Board of Health, local health jurisdictions (LHJs), sovereign Tribal nations and Indian health programs.² It is important to note that there are 35 LHJs covering the 39 counties in Washington, along with 29 sovereign Tribal nations and two Indian health programs in the state.³ ⁴ Additionally, within the governmental public health system, Foundational Public Health Services (FPHS) (defined in RCW 43.40.512 and RCW 43.40.515) are a set of core public health services provided consistently across communities in Washington.^{2, 5} Further details about the definitions and functions of GPHS and FPHS are provided in the Appendix (see [Appendix Figure 3](#)).

Together, the four sectors of the GPHS in Washington are both independent and interdependent; each corner brings unique skills and resources to address the needs within the state. Likewise, the Washington State Legislature and 39 individual county governments¹, play important roles ensuring the health and well-being of the population by funding and supporting the governmental public health system set forth in state law and the state’s constitution. With funding cuts at the state and county levels alongside the ongoing difficulty in accessing federal funds, the current financial strain on Washington’s GPHS and workforce will be impactful for implementation of the recommendations in this report and is already eroding critical areas like data sharing, data modernization, workforce retention, and trust. Despite this, centered around equity, GPHS partners continue their work to provide essential public health services,⁶ including things like assessments and disease investigations, policies and regulatory action, communications, workforce strengthening, quality improvement and other core functions to protect and promote health.

WA-PHAB membership was specifically stipulated to include representatives from all four sectors of the GPHS as well as other essential partners-such as health care, business, professional groups and marginalized communities. The WA-PHAB’s membership brings a wide array of perspectives and expertise to an advisory role function.

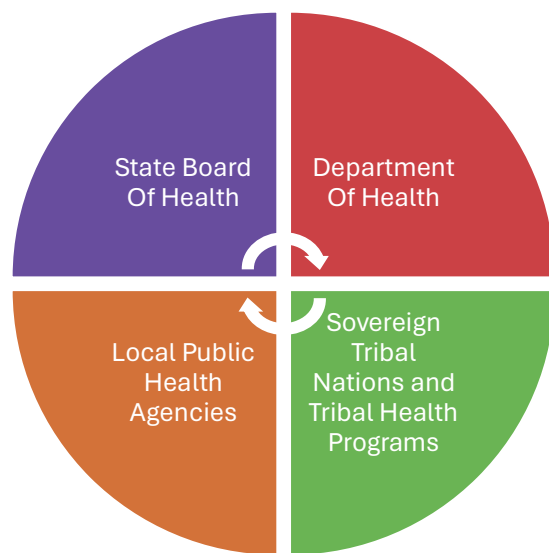


Figure 1: GPHS Sectors

1: As a “home rule” state, Washington counties have authority for self-governance.



Current WA-PHAB members include:

Name	Representing Organization
VACANT	The Governor's Office
Michelle Davis	Executive Director of the State Board of Health
Dr. Tao Kwan-Gett	Department of Health - Secretary's designee
Victor Rodriguez	Chair - Governor's Interagency Council on Health Disparities
Dylan Dressler	Tribal government public health sector rep. selected by AIHC
Dr. Thomas Locke	Tribal government public health sector rep. selected by AIHC
Commissioner Mary Brooks	County legislative authority - Eastern WA
Councilmember Jani Hitchen	County legislative authority - Western WA
Amy Laurent	An organization representing businesses in a region of the state
VACANT	Representing community and migrant health centers
VACANT	Representing Washington cities
Heather Hill	Representative from local health jurisdictions - Eastern WA - 200-600k population
Corrin McMichael	Representative from local health jurisdictions - Eastern WA - under 200k population
Yolanda Fong	Representative from local health jurisdictions - Western WA - 200-600k population
VACANT	Representative from local health jurisdictions - Western WA - under 200k population
Taya Briley	A statewide association representing Washington hospitals
Dr. William K. Hirota	A statewide association representing Washington physicians
Dr. Tyler Breier	A statewide association representing Washington nurses
Megan Moore	A statewide association representing Washington public health or public health professionals
Alice Fong	Consumer nonprofit organization representing marginalized populations



Name	Representing Organization
Representative My-Linh Thai (nonvoting member)	Washington State House of Representatives – Democrat Caucus
Representative Matt Marshall (nonvoting member)	Washington State House of Representatives – Republican Caucus
Senator Shelly Short (nonvoting member)	Washington State Senate – Republican Caucus
Senator Marcus Riccelli (nonvoting member)	Washington State Senate – Democrat Caucus

WA-PHAB was directed by the Washington State Legislature to “monitor the performance of the governmental public health system.¹” This is a broad mandate, and the statute does not define “performance monitoring,” providing the WA-PHAB with flexibility to explore the best approach. The legislature went further to say that the WA-PHAB should “develop goals and a direction for public health in Washington and provide recommendations to improve public health performance to achieve the identified goals and direction.” These parameters provide the WA-PHAB with the opportunity to provide unique, Washington specific, recommendations for monitoring the performance and goals of the GPHS.

At the April 2025 WA-PHAB meeting, members voted to move forward with the following:

“A landscape review of measures and processes pertaining to (public) health system performance in WA as well as in other states, to recommend a performance accountability methodology and some specific metrics or categories for metrics and reporting structure that can be used for monitoring the governmental public health system.”

WA-PHAB was directed by the Washington State Legislature to “advise and report to the Secretary”; therefore, this report has been prepared to provide guidance and recommendations to the Secretary of Health. However, the WA-PHAB acknowledges that the intended audience is broader than the Secretary of Health and may include elected officials, other governmental and non-governmental leaders both within and outside of the public health system. Moreover, although the WA-PHAB is providing recommendations to the Secretary of Health, the WA-PHAB acknowledges that the Secretary does not have authority over GPHS partners or broader public health system partners that include health care delivery providers, community-based organizations and other partners. To enact the recommendations in this report, collective action, partnership and commitment to transparency for the people of Washington should drive participation and not levels of authority.



PERFORMANCE MONITORING LANDSCAPE

Performance management in public health is widely recognized as a core function for accountability and continuous improvement. It is typically defined as an ongoing, systematic process of establishing performance measures, monitoring progress, and using data to improve results. At its core, performance management includes four key components:

- Establishing performance standards.
- Measuring progress.
- Reporting results.
- Using results to inform quality improvement efforts.



Key Terminology

When discussing system performance and improvement in public health, it is important to define commonly used terms that have related but distinct meanings:

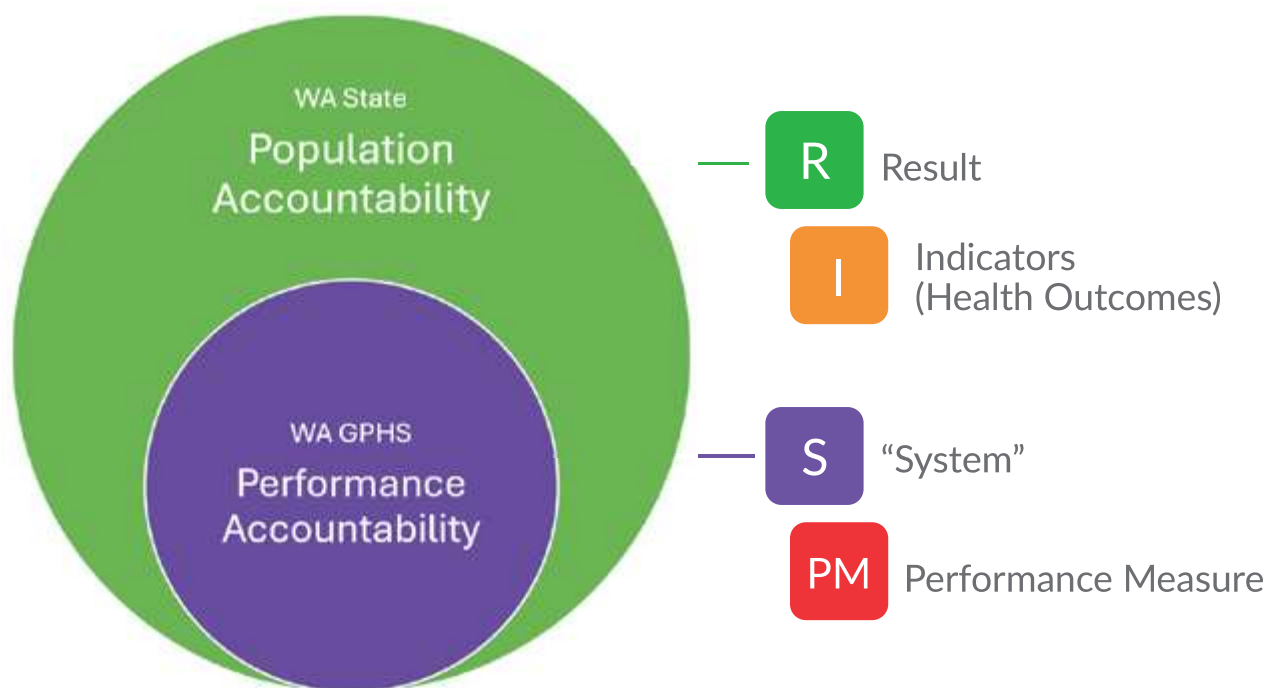
- **Measures vs. Metrics:** Measures are raw data points, while metrics are values defined from those measures to assess performance or progress toward goals.
- **Performance Management:** A comprehensive system for measuring, monitoring, and reporting progress toward strategic or programmatic goals, supported by continuous quality improvement.
- **Performance Measurement:** The use of quantitative data to assess how much work is done, how well it is done, and what effect it has.
- **Performance Monitoring:** The ongoing collection and use of data to track progress over time.
- **Performance Standards:** Established criteria used to assess how well a system or program is functioning.
- **Population Indicators:** Measures of overall population well-being (e.g., infant mortality rate) that provide important context but are influenced by factors beyond the direct control of the public health system.
- **Quality Improvement:** A structured process used to achieve measurable improvements in effectiveness, efficiency, and outcomes.



Performance Accountability vs. Population Outcomes

An important distinction for the WA-PHAB is the focus on performance accountability versus population-level outcomes, which are frequently used in public health practice.

Population health outcomes, such as maternal mortality or rates of chronic disease, provide valuable insight into the overall health of a population. However, these outcomes are influenced by a wide range of social, economic, and environmental factors.



In contrast, performance accountability focuses on what can be measured within the system's direct influence. This includes identifying data that demonstrate:

- How much work is being done?
- How well is it being done?
- Whether people are better off as a result?

For this reason, the primary focus of WA-PHAB's work is on performance accountability and developing recommendations for a framework to assess how effectively the public health system is functioning.



National Landscape and Governance Context

At the national level, several organizations provide guidance and tools to support performance management, including:

- The Centers for Disease Control and Prevention (CDC) National Public Health Performance Standards (NPHPS) support assessment of capacity and performance aligned with essential public health functions.⁷
- The Public Health Accreditation Board (PHAB) sets national standards and measures for health departments to promote a culture of performance and quality improvement; as part of the accreditation process, this has driven widespread adoption of performance management practices, though participation remains voluntary and uneven across agencies.⁸
- The Association for State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and the Public Health Foundation all provide technical assistance, toolkits, and implementation guidance for performance management.⁹

While these frameworks and resources are widely used, they are primarily designed for individual agencies or programs, rather than for assessing performance across a multi-partner public health system. And despite these shared resources, implementation varies across states. Many states lack a unified, system-wide performance monitoring approach and instead rely on individual agency systems. A smaller number of states are advancing more coordinated or legislatively supported models, often including accountability metrics, dashboards, or incentive structures.

Differences in public health governance structures (centralized, decentralized, and mixed) can shape how performance management is implemented across states. Centralized systems, where authority and decision making are largely housed at the state level, can facilitate more uniform and connected performance standards and reporting. In contrast, decentralized systems distribute authority across local and Tribal health jurisdictions, creating more variation in performance management practices and a greater reliance on individual agency systems. Mixed systems incorporate elements of both, with shared authority between state and local entities. Important to note is that even in a centralized or mixed system, Tribes retain their authority because they are sovereign.



It is not just about reporting on capabilities but also thinking about what matters to the public and policy makers that is needed for eliciting support and trust. There needs to be a set of measures that speak to consumers and policy makers so there is an understanding of what public health means and why it's critical to sustain funding and continue to work."

Kimberly Van Pelt
Director
Snohomish County Health Department



Across governance structures, most states still lack a cohesive, system-wide approach to monitoring governmental public health system performance. However, several states have implemented elements of performance monitoring frameworks that offer useful examples for consideration (see Appendix Table 1). These approaches range from legislatively defined systems with standardized expectations (e.g., Colorado), public-facing dashboard models that emphasize transparency (e.g., Indiana), and more advanced accountability frameworks that link performance to funding and system transformation (e.g., Oregon and Vermont). Other states, such as Texas, primarily focus on defining roles and priority areas without a fully developed or publicly accessible performance monitoring system (see [Appendix Table 1](#)).

Together, these examples show that while some common elements exist, such as the use of performance metrics, alignment with statewide priorities, and a focus on accountability, states differ in how structured their approaches are, how consistently they are used across the system, and the extent to which performance information is available to the public.

How effective different public health governance structures are is beyond the WA-PHAB scope, but is mentioned here as it provides important context to performance monitoring. Across the national landscape, a major gap is the absence of cohesive, system-level performance monitoring that captures how public health partners function together. While many established frameworks exist, most are designed for single agencies rather than whole systems, limiting visibility into coordination, shared outcomes, and collective impact.

In the context of Washington's GPHS, this challenge is particularly important. Washington operates within a decentralized system comprised of state, local, and Tribal partners, each with varying roles, capacities, data systems, and performance practices. While individual parts of the system are engaged in performance management activities, there is currently no unified framework to assess how the system functions as a whole or how partners work together to deliver public health services. Moreover, most performance measurement is not publicly available, making it difficult to broadly convey the value and comprehensive reach that the system provides Washingtonians.

At the same time, several efforts are underway within Washington that provide a strong foundation for future public health performance monitoring work. State agencies are required by law (RCW 43.88.090) to establish and report performance measures, and in the fall of 2025 the Washington State Department of Health (DOH) launched internal performance monitoring tools, including a performance scorecard system to centralize reporting across DOH programs and initiatives.^{[10](#)}

Within the GPHS the FPHS steering committee provides an annual investment report to the state legislature, accounting for the distribution of funding for developing capacity and delivering core services. This includes specific measures for capacity and expertise as well as population health outcome indicators for communicable disease.^{[11](#)} Currently a public-facing dashboard is in development to improve transparency around FPHS allocations and expenditures and to highlight how funding supports communities across Washington.



Additionally, between 2024-2025 the FPHS steering committee conducted an extensive process to develop an evaluation plan for highlighting the impact of its work across the state in a more comprehensive manner. A technical work group (TWG) was established, with representation from all four sectors of the GPHS, to develop an evaluation proposal; the scope of the evaluation questions and measures were based on legislative requirements as well as goals of the FPHS system. The TWG presented their evaluation plan to the FPHS Steering Committee, and much of it was approved to move forward – however current cuts to the system’s budget have created uncertainty for when that work will be implemented. Key differences between the efforts of the FPHS TWG and WA-PHAB are outlined below:

	FPHS Evaluation TWG	WA-PHAB
Audience	FPHS Steering Committee	Secretary of Health, GPHS Leaders, All Washingtonians
Scope	Foundational Public Health Services funding recipients within the GPHS	GPHS and broader public health system partners including health care, education, community-based organizations
Approach	Phased evaluation with assessments at discrete points in time	Phased framework for ongoing performance monitoring of the system
Consulted	Subject Matter Experts (SMEs)	GPHS, cross-sector and community partners
Areas of Focus	- Internal FPHS processes - FPHS service access and quality - Service delivery - Health outcomes - Health equity - Stories of success/barriers/ impacts of funding	- How system partners work together - Quantity, quality, and impact of select core services that the public health system provides to communities - How the system supports progress on statewide health goals

Even with these efforts among individual parts of the GPHS, there is currently no centralized effort to look at how the system is functioning overall. This is the unique lens and vantage point that the WA-PHAB brings to its approach and recommendations – looking at the wellness of the state’s broader public health system as a whole.



REPORT DEVELOPMENT AND TIMELINE

At its April 2025 meeting, the WA-PHAB voted to develop recommendations on performance monitoring for the public health system. The WA-PHAB focused on avoiding duplication of any existing efforts, while also recognizing active engagement with system partners on what a performance monitoring framework and measures should focus on would be critical. Recommendations can only be meaningful and useful to communicate about what the system does when they are co-created. Co-design is a central value for WA-PHAB and an important factor reinforced by other states. This commitment to ensure collaboration with system partners aims to help promote transparency and cohesion, with a central goal to showcase public health as a public good.



I appreciate how the PHAB have enacted their work by engaging and co-designing with partners. When PHAB was first enacted, many of us feared if it would be punitive or like marching into the principal's office and I am grateful for the collaborative direction they have opted for."

Vicki Lowe
Executive Director - American Indian Health Commission
Jamestown S'Klallam/Bella Coola

May 2025

July 2025

December 2025

May 2026

Aligning

Conceptualizing

Feedback

Recommendations

- Building a foundation of knowledge about the Governmental Public Health System
- Forming a Performance Monitoring (PM) Sub-Committee

- Completed a national landscape review of public health performance
- Workshop a Washington State Public Health Association (WSPHA) Conference
- PM Sub-Committee shares a phased approach for feedback with Secretary Worsham

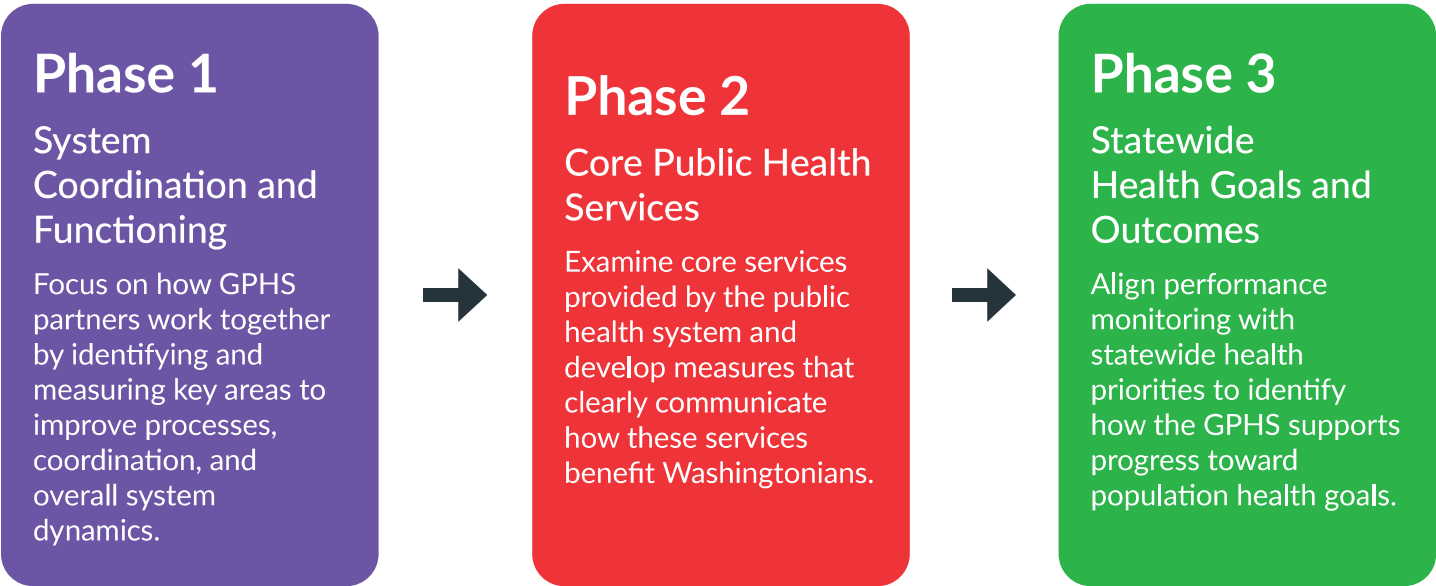
- Initial feedback on phased approach from GPHS leaders to identify key focus areas
- Outreach materials developed for engaging WA-PHAB constituent groups
- LHJ, Tribal, and Cross-sector partner convenings to help prioritize focus areas

- Consolidate feedback on focus areas and possible measures for assessing system well-being
- Draft Report with recommendations
- Share with Secretary Worsham and discuss with GPHS leaders



The legislative charge outlined in RCW 43.40.645¹ does not define the intent for monitoring the performance of the GPHS but it does includes a provision that WA-PHAB should “develop goals and a direction for public health in Washington and provide recommendations to improve public health performance to achieve the identified goals and direction.” WA-PHAB, saw an opportunity to provide recommendations for monitoring the performance *and* goals of the public health system; it developed a phased approach to accomplish this.

Following initial discussions with GPHS leaders, the WA-PHAB’s phased approach to a performance monitoring framework for the system starts with a very focused lens on how system partners work together. The first phase identifies a few crucial areas to examine, measure, and use the information to improve processes and overall dynamics. This provides a foundation to expand into a second phase: looking at core services the GPHS provides and identifying specific measures that communicate how all Washingtonians benefit from the services. Lastly, a third phase would focus on statewide health goals – priorities and objectives outlined in key reports like the State Health Improvement Plan (SHIP) or biennial State Health Report – identifying how GPHS supports can help progress towards the goals.



This phased approach to a performance monitoring framework for the GPHS was presented and discussed with Secretary of Health Dennis Worsham and WA-PHAB members at a board meeting held on October 21, 2025. Overall, there was positive feedback and support to move forward with developing recommendations for the first phase of the outlined approach. However, Secretary Worsham encouraged the WA-PHAB to look beyond the GPHS and to be inclusive of other key partners in the broader public health ecosystem, such as those in healthcare, education, and community-based organizations.



Based on this feedback, the WA-PHAB set out to engage GPHS, cross-sector, and community partners to collect input on which key areas would be most meaningful to examine. Drawing from the national landscape review of performance management frameworks, and refined through discussion with GPHS leaders, an initial list of 11 focus areas were identified and defined as follows:

- **Resource coordination/sharing:** how parts of the system support each other when there is a gap or need
- **Trust:** how system partners feel about the reliability of others for meeting common goals
- **Funding Agreements:** how streamlined and timely are contracts between system partners processed
- **Data sharing:** how accessible are data sources/systems between system partners
- **Workforce:** is the workforce capacity, within the system, enough to meet needs
- **Communications:** how clear and consistent are communication channels between system partners
- **Durability/resilience:** how well the system adjusts when there are unexpected shifts or demands
- **Leadership and decision-making:** how system partners work together to set priorities
- **Community responsiveness:** how system partners seek and incorporate feedback from community partners
- **Role clarity:** how well system partners understand their respective responsibilities
- **Financial landscape:** how stable are different funding flows into the system

Between December 2025 and March 2026, WA-PHAB members conducted outreach and engaged respective constituent groups for feedback on which areas should be the focus for assessing the system, and specifically how well system partners are working together. A structured slide deck, including background information, standardized prompt questions, and a note-taking template, were used to support consistent feedback collection. Feedback was gathered from 13 unique engagement activities, including five with GPHS partners and eight with cross-sector and community partners ([See Appendix Table 2](#)).



Resource coordination/sharing is critical because no matter how flush times are, resources are always limited so resource coordination should be considered vital.”

Kimberly Van Pelt
Director
Snohomish County Health Department



To identify emergent themes across the sources, two DOH staff independently reviewed each set of notes and recorded their impressions on priority focus areas. The staff then compared notes, discussed where there were any differences, and ultimately produced high-level findings to the WA-PHAB based on their analysis. Across the convenings, there was strong agreement that the biggest opportunity to improve how the public health system works is by strengthening coordination and connections between partners. Resource coordination and data sharing consistently rose to the top, reflecting ongoing challenges with siloed work, fragmented systems, and limited visibility into what others are doing. Notably, among GPHS partners, resource coordination was interpreted as sharing workforce resources across jurisdictions – such as epidemiologists and communications expertise. However, among cross-sector and community partners, resource coordination was interpreted more broadly as sharing information updates about who is working on what, and where certain expertise is available to draw upon. Despite this nuance, the common emphasis from participants was the need for better shared infrastructure—like interoperable data systems, clear communication channels, and mechanisms for coordinating services—to reduce duplication and cost while improving collective impact. There was also wide recognition that these areas are deeply interconnected, and that improvements in one area can support progress in others.

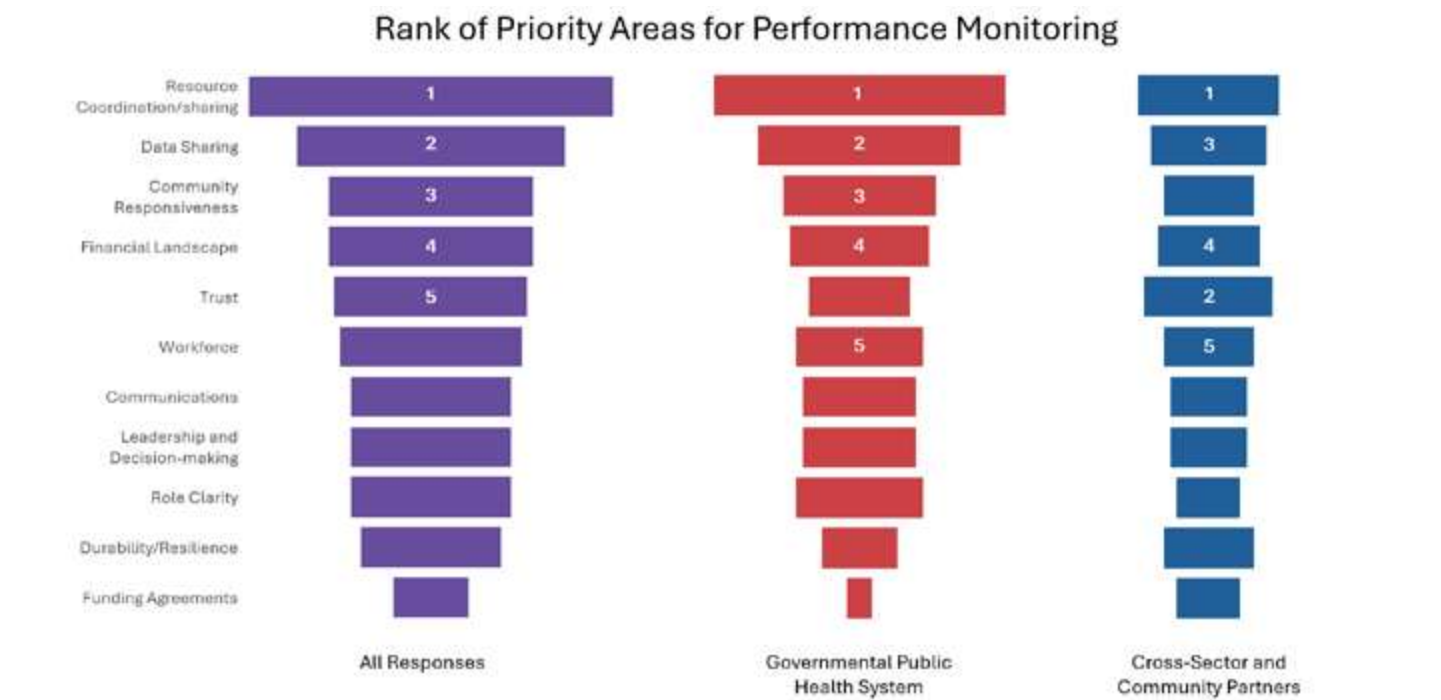


Figure 2 Rank of Priority Areas for Performance Monitoring by Respondent Group (based on n=13 engagement activities)

Figure 2 displays the priority areas for performance monitoring ranked on the frequency of mentions across all respondents, governmental public health system partners, and cross-sector/community partners. Resource coordination/sharing and data sharing are consistently among the most frequently mentioned priorities across groups. Community responsiveness and financial landscape also rank highly overall, while trust emerges as a higher priority among cross-sector and community partners.



Additional areas such as workforce, communications, leadership and decision-making, role clarity, durability/resilience, and funding agreements were mentioned less frequently, and therefore rank lower across groups.

Another key takeaway was the importance of relationships, clarity, and accountability in making the system function effectively. Trust, community responsiveness, and role clarity were highlighted as critical enablers, especially by cross-sector and community partners. Participants noted that confusion about roles and inconsistent engagement with communities limit effectiveness, and that performance monitoring should reflect not just what the system does, but how well it works together and responds to community needs. There was also interest in pairing system-level measures with select population outcomes – especially health equity indicators - to show impact, while ensuring measures are meaningful to policymakers and drive action, not just for reporting. These themes reinforce the need for a more coordinated and accountable approach to public health system performance monitoring in Washington—one that considers both health outcomes as well as the strength of partnerships in system functions.

WA-PHAB acknowledges that there is no single entity with authority over all public health system partners that contribute to health and well-being in Washington. There must be some collective will to establish, document and publish system-wide measures that clearly communicate the public good and impact that Washington's public health system provides. Additionally, as access to care and other drivers of health are increasingly shaped by factors beyond governmental public health, the system grows more fragmented and complex. Likewise, policies, practices and laws that impinge the system partners from effectively working together are also barriers to system performance monitoring (e.g. lack of reporting and sharing with Tribal public health limits coordination in communicable disease investigations).

The following recommendations are therefore provided to help outline a shared framework for system-wide performance monitoring that focuses on key areas prioritized by partners and outline directions for future development, including ways to strengthen collective action and accountability for improving system effectiveness and health equity in Washington.



There is a need for an accounting of collective impacts across the greater social services system. Creating and fostering partnerships takes time, effort, and energy. It would be amazing to be able to understand what it truly takes to authentically engage community in decision making. The step of engaging community is often overlooked because it does not fit into the schedules that we are given to get, give, and receive funding. Our short funding cycles don't often provide space for the community responsiveness that would create strong, well-supported systems with strong community buy-in.

Jennifer Helseth MPH

Health Systems Analyst

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RECOMMENDATIONS AND ACTIONS

Based on the national landscape review, and extensive feedback received from engagements with GPHS, cross-sector and community partners, the WA-PHAB outlines four recommendations with corresponding actions for monitoring the performance of Washington's public health system. The WA-PHAB recognizes that the current fiscal environment may limit immediate implementation of some recommendations and actions; however, the Board's scope was not limited to considering what is feasible only under current funding conditions. These recommendations reflect the priorities consistently identified through engagement with GPHS, cross-sector, Tribal, and community partners, and aim to intentionally highlight their importance to the strength and effectiveness of Washington's public health system. Due to funding cuts, the budget for WA-PHAB has been eliminated and the Board will not be able to revisit or update these recommendations as fiscal conditions change. As a result, the Board is sharing the full recommendations out of respect for the partners and communities that helped co-develop them.

Additionally, although statute directs the WA-PHAB to report to the Secretary of Health, these recommendations are not directed specifically at WA-DOH; they apply more broadly, as a roadmap for governmental and cross-sector leaders across Washington's public health system, to drive improvement and strengthen system performance.

Recommendation 1:

Implement an initial framework for monitoring the performance of Washington's public health system focused on how system partners work together in five key focus areas: resource sharing/coordination, data sharing, community responsiveness, trust, and the financial landscape.

Actions

- Invest in developing a process for co-creating key performance measures for each priority area with cross-sector partners, Tribes, and community.
- Implement a co-creation process to select performance measures and identify data inputs that are not duplicative or overly burdensome to collect. (A potential example could be a yearly survey of system partners as a possible source of data for many performance measures in a consistent and centralized location). Any additional data collection should clearly identify that the data being collected will be used for system performance monitoring, and to improve how system partners work together.
- Engage in active feedback by vetting the measures across system partners by engaging cross-sector partners, Tribes, and community through convenings and listening sessions



Recommendation 2

Establish a limited set of system-wide measures that clearly communicate in plain language the essential work of the public health system and how Washingtonians benefit from them; for example potential areas for measures could focus on: safe drinking water across the system, food safety across the system, health professionals credentialing across the system, coordinated communicable disease investigations across the system. Measures should reflect how much the system is doing (i.e. quantity), how well are they doing it (i.e. quality), and how people are better off because of it (i.e. impact), as well as how the system is tracking progress towards achieving statewide health goals.

Actions

- Strengthen public messaging around systemwide measures by funding a collective communications approach across the GPHS that complements current FPHS efforts, prioritizes cost-effectiveness, and centers on collaboration with cross-sector partners, Tribes, and communities to drive meaningful change. Collaborative communication development should occur after performance measures are established.
- GPHS leaders to coordinate and align processes between different efforts to set goals and priorities for health in Washington (e.g. Office of Financial Management (OFM) State Health Plan, State Board of Health (SBOH) State Health Report, DOH State Health Improvement Plan (SHIP), State Office of Rural Health (SORH) State Rural Health Plan, Governor's Interagency Council on Health Disparities Statewide Vision for Health and Wellbeing).
- Ensure statewide health planning reports include performance measures for monitoring system-level efforts alongside any population-level health outcomes, and through collaboration with cross-sector partners, Tribes and community to ensure they are meaningful.

Recommendation 3:

Establish system-wide coordination and communication infrastructure and agreed-upon protocols—paired with clearly defined roles and responsibilities—for ongoing information exchange and collaboration among system partners.

Actions

- Invest in strengthening system-wide workforce capacity (through hiring or professional development) that builds skills in participatory and co-creation approaches to community engagement, to better facilitate meaningful collaboration among system partners.
- Protect and expand resourcing to support forums, shared platforms, and other mechanisms for engaging with cross-sector partners, Tribes and community on public health topics and priorities.



Recommendation 4:

Establish coordinated mechanisms for regular reporting and review of public health system performance measures to address the current lack of coordination across reporting efforts, and to ensure accountability for all elements of the system-wide performance monitoring framework.

Actions

- Consider resourcing for reporting and review through established channels (such as entities with a focus on health equity and improving consumer experience in Washington) that are inclusive of state agencies and non-governmental partners.
- Reporting and review processes should identify responsible entities for each measure, specify timelines for follow-up action, and include recognition for improvements.

The Board recognizes that these recommendations align with other efforts and supports efficient implementation. The recommendations are not in order of importance; although some recommendations and actions reflect logical sequencing, others may be implemented at the same time or in parallel. However, each of the recommendations is an essential component of the framework as a whole and broad vision that the WA-PHAB puts forward for monitoring the performance of the State's public health system.

These recommendations are intended not only to guide future priorities and investments, but also to encourage leaders across the public health system to think creatively about how existing resources, partnerships, and infrastructure can be better aligned and leveraged in the near term. Even where full operationalization may require expanded funding in the future, meaningful progress can still be made now through improved coordination, more strategic use of existing resources, and stronger partnerships for shared accountability around how the public health system is working together to serve Washingtonians.



LIMITATIONS

Some limitations should be considered when reviewing this report and recommendations. While the landscape review of national public health performance management practices was conducted systematically, it was not exhaustive and did not include a review of every state across the country. In addition, outreach and engagement with cross-sector and community partners relied largely on the networks and efforts of WA-PHAB members and limited DOH staff support using existing communication channels, rather than a dedicated communications and engagement strategy.

Also, the WA-PHAB recognizes that the development of performance measures in the first and second recommendation for monitoring the state's public health system would need to be collaborative and voluntary. In particular, the WA-PHAB recognizes the autonomy of local health jurisdictions and the sovereignty of Tribal nations, as well as the independence of community-based organizations, health care delivery providers and other partners outside of the GPHS.

Finally, although best efforts were made to provide GPHS partners an opportunity to review and comment on the draft report, funding cuts that eliminated the budget for WA-PHAB established a fixed timeline for finalizing the report, which shortened the timeframe available for broader input from cross-sector and community partners.

CONCLUSION

Although the WA-PHAB's statutory mandate specifically focuses on monitoring the performance of the GPHS, many of the underlying drivers of population health and system effectiveness extend beyond governmental public health alone. Recognizing this interconnectedness, Secretary Worsham specifically encouraged the WA-PHAB to consider the broader public health system – including cross-sector and community partners – whose collaboration is essential for equitably improving health outcomes and strengthening system resilience across the State. As the WA-PHAB engaged with the GPHS, cross-sector and community partners about monitoring the performance of the public health system, there were several consistent points that reflected and further underscored recommendations from the Board's initial report, *Recommendations for Public Health Emergency and COVID-19 Responses*.¹² First and foremost, that the effectiveness of the public health system depends on strong relationships, coordination, and sustained partnerships across sectors and communities. A system such as



Washington's, is only as strong as the fabric that ties it together, and partnerships are essential for helping to bridge gaps and fractures that exist. Paramount to developing, growing, and sustaining durable partnerships across sectors and with diverse communities, is trust. Through the different engagements, trust was described as both an underlying condition necessary for coordination, and an outcome of effective system functioning. The experiences from COVID-19 illuminated that trust in the public health system is tenuous, and without consistent nurturing, trust degrades. Underpinning its recommendations the WA-PHAB emphasizes that trust, co-creation, and ongoing collaboration are essential to both emergency preparedness as well as to overall system performance and effectiveness.

- **Recommendations 1 & 2 address this by prompting to** establish an initial public health system performance monitoring framework focused on resource coordination and sharing, data sharing, community responsiveness, trust, and the financial landscape, then to co-create a limited set of system-wide performance measures that clearly communicate the essential work and value of the public health system; this framework and measures would strengthen transparency, accountability, and continuous improvement across the system while helping to improve public understanding of the system's impact.

Additionally, the WA-PHAB's *Recommendations for Public Health Emergency and COVID-19 Responses* specifically called for streamlined data systems and clearer communication pathways.¹² Feedback from the engagements about system performance monitoring reinforced this same theme, with repeated concerns about fragmented or non-interoperable systems, inaccessible data, insufficient data sharing with community and Tribal partners, and lack of continuity in communication structures. In the context of both emergency response and performance monitoring, there was also repeated confusion about roles and responsibilities across the system. While role clarity did not emerge as a top priority area for performance monitoring, it was consistently identified as an important factor for improving coordination and trust.

- **Recommendations 3 & 4 address this by prompting to** define system-wide coordination and communication infrastructure, shared protocols, and clear roles and responsibilities as well as to establish coordinated processes for regularly reporting, reviewing, and acting on system-wide performance measures; these improvements would strengthen partnerships and create a more coordinated, accountable public health system that is responsive and advances progress toward statewide health goals.

While connections can be made with the WA-PHAB's initial report and recommendations, this report and set of recommendations are being released in a distinctly different State and Federal landscape – one in which funding cuts have direct impacts to work that prioritizes relationships and partnerships across sectors and with communities. While the fiscal environment did not influence or change the recommendations in this report, the PHAB recognizes that the feasibility of implementation is impacted by the current financial landscape. Still, measuring the performance of how well the system functions is especially important during times of funding limitations to help maximize efficiencies and identify innovations for resource-sharing and coordination.



At a time when public health systems are facing increasing demands alongside growing fiscal constraints and uncertainty, Washington has an opportunity—and responsibility—to strengthen the systems, relationships, and infrastructure that allow partners to work together effectively in service of communities. These recommendations are not intended to create additional layers of reporting or bureaucracy, but rather to establish a more coordinated, accountable, and sustainable approach to understanding how the public health system functions as a whole and the impact it has on communities. By advancing a shared performance monitoring framework centered on collaboration, equity, and meaningful measures, Washington can better align efforts across sectors, make more effective use of limited resources, strengthen transparency and trust, and build a more resilient public health system capable of responding to both current and future challenges.

APPENDIX

Table 1: Comparison of State Public Health Performance Management Approaches

State	Governance ¹³	Approach / Framework (Definition)	What is Measured	How It's Implemented	Transparency	Takeaways
Colorado ¹⁴	Decentralized	Statutory performance management system – Performance expectations, roles, and metrics are defined in law, creating a standardized system across state and local public health entities	County-level performance metrics tied to public health responsibilities	Established through legislation with clearly defined state and local roles and required planning elements	Partially public (county-level metrics available)	Strong alignment and accountability due to legal requirements and standardized expectations
Indiana ¹⁵	Mixed –largely decentralized	Partnership between state and local authorities – Uses an interactive dashboard to communicate system goals, measures, and progress in a clear, accessible format	County-level key performance indicators for Core Public Health Services	Public online platform where users can explore metrics and targets by topic area	High transparency (public dashboard)	Emphasizes clarity, accessibility, and public understanding of public health performance
Oregon ^{16, 17}	Decentralized	Accountability metrics + incentive-based framework – A structured system of performance measures tied to statewide priorities, with financial incentives used to drive improvement.	Statewide population health outcomes and foundational public health capabilities	Developed through advisory board process; includes phased metric development and alignment with broader initiatives (e.g., SHIP, CCOs)	Public reporting (historically), currently evolving	Advanced model integrating performance measurement with funding incentives and system transformation.
Texas ¹⁸	Decentralized	Legislatively guided priority-setting approach – Focuses on defining roles and identifying priority performance areas rather than implementing a full performance management system	Priority areas for local public health departments (not fully developed performance measures)	State directed by law to define responsibilities and study priority measures	Low transparency (limited public reporting)	Strong role clarity, but limited formal system for tracking and reporting performance outcomes
Vermont ¹⁹	Centralized	Results-Based Accountability (RBA) scorecard system – A structured framework that measures performance by evaluating how much was done, how well it was done, and whether people are better off	Program performance measures and population-level outcomes	Statewide scorecard system (Clear Impact) required by law; integrates multiple sectors and programs	High transparency (public scorecards)	Strong model linking program performance to population outcomes using a standardized methodology

Note: The examples below illustrate a range of approaches states use to monitor and manage governmental public health system performance. Approaches vary based on governance structure, statutory authority, funding mechanisms, public transparency, and the maturity of performance management systems. The examples are intended to provide contextual comparisons and do not represent a comprehensive review of all state approaches.



Table 2: Summary of Engagement Activities and Participation

Engagement	Attendees	Date	Sector
Washington State Board of Health	3	1/12/26	GPHS
Foundational Public Health Services enterprise staff	3	1/14/26	GPHS
Tribal Listening Session #1	10	2/25/26	GPHS
Tribal Listening Session #2	10	3/4/26	GPHS
GPHS Partners Convening	16	2/24/26	GPHS
Washington State Department of Health (DOH) Community Thought Partners at WA-PHAB meeting	3	1/21/26	Community
Public Health Seattle King County Nursing Leadership	8	2/14/26	Cross-Sector
Large Businesses	4	3/2/26	Cross-Sector
Cross-Sector and Community Partners Convening	33	3/5/26	Cross-Sector, Community
St Clare Hospital	1	3/8/26	Cross-Sector
Washington State Association of Counties	11	3/16/26	Cross-Sector
Washington State Hospital Association	39	3/14/26	Cross-Sector
Washington State Medical Association	11	3/30/26	Cross-Sector

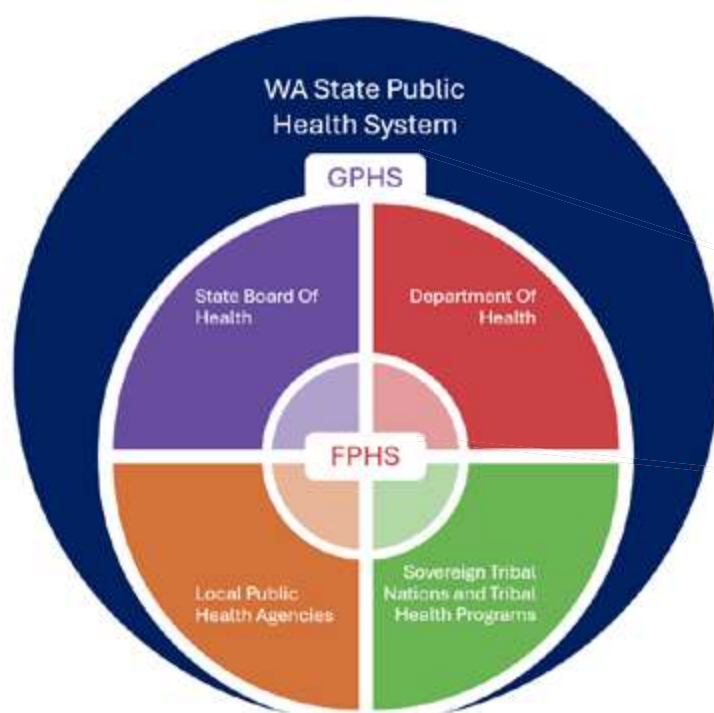
Note: Summary of engagement activities by group, approximate number of attendees, date of engagement, and sector.



Figure 3: Key distinctions in Washington's Public Health System

Washington's Public Health System: Includes the Washington State government enterprise and Legislative body as well as the Governmental Public Health System, health care partners, community based organizations, and a variety of cross-sector partners from education to business that collectively are responsible for the health outcomes in Washington State and the social drivers of health that create those health outcomes.

For more details visit: [About Washington's FPHS System](#)



Washington's Public Health System: includes the Washington State government enterprise and State Legislative body as well as GPHS, health care partners, community based organizations, and a variety of cross-sector partners from education to business that collectively are responsible for the health outcomes in Washington State and the social determinants of health that create those health outcomes.

The governmental public health system (GPHS) in Washington State is defined in statute (RCW 43.40.512) as including the State Department of Health, local health jurisdictions (LHJs), sovereign Tribal nations and Indian health programs.

Foundational Public Health Services (FPHS) (defined in RCW 43.40.512 and RCW 43.40.515) are a set of core public health services provided consistently across communities in Washington.



ACKNOWLEDGMENTS

We would like to acknowledge the following individuals for their time, contributions, and effort while the PHAB has been focused on developing this report.

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