

# DOH Regional Health Office FAQ

(updated 3.4.22)

## Are these regional positions going to be filled by current DOH employees or will these be new hires?

We will do a full recruitment for all positions, both the Regional Liaison and Regional Medical Officer. Our goal is to have these recruitments begin in March and have the positions filled by July 1, 2022.

Our goal is to involve LHJ partners in the recruitment process, including making recommendations on hires.

## What is regional work?

There is not one definition of “regional work.” We will work with the governmental public health system to determine the types of topics and projects we can help support. In an initial brainstorming session we learned topics of interest may include workforce development, data systems and access, and epidemiology technical assistance.

This does not require all partners to participate in a certain topic or project in that region.

## What is an example of regional policies?

We don't have any new regional policies at this time.

## How are regional needs determined?

Governmental public health system partners will be able to share needs with DOH. Regional offices will be able to raise these needs internally and work to bring resources or technical assistance for our partners.

## How are the regions defined?

- DOH will use the concept of regions to decentralize our current work
- We are splitting up the state into four operational areas for DOH functionality
- These areas will help us (DOH) develop an easy entry point for partners
- Size and boundaries aren't aligned with something specific (there were way too many versions of Washington sliced and diced)
- They are not designed to be any type of “grouping” beyond a four-way split of the state
- No hard lines – our regional offices will be nimble to share resources and expertise
- No walls between regions – partners aren't bound by these regions in their work

## **How does the Regional Medical Officer impact the authority of the Local Health Officer?**

The Regional Medical Officer does not change the authority of the Local Health Officer in any way.

## **How are regional initiatives determined?**

We hope that LHJs, tribes, and partners will identify initiatives they would like to work on and can use DOH support or help.

We can brainstorm and plan initiatives together.

The Regional Liaisons and Regional Medical Officers will also be working to identify initiatives and concepts that support the needs and projects in their local areas. This is an opportunity for better communication and coordination.

## **How is regional messaging done? What is the role of LHJ PIOs?**

DOH will use both an enterprise approach and a regional approach to communication. The Office of Strategic Partnerships will continue to provide communications across the governmental public health system. In addition, we anticipate the DOH regional office staff will be able to support localized communications with our public health partners.

Nothing has changed with the roles of LHJ Public Information Officers. DOH hopes to be able to provide more expertise and technical assistance on communications topics in the future via our regional offices.

## **Who were the stakeholders that provided input in phase 1?**

Over the course of the last eight months we have had numerous conversations about the proviso on regional office planning. Stakeholders include:

- WSALPHO
- Local health jurisdictions
- Tribal governments
- Governor's Office