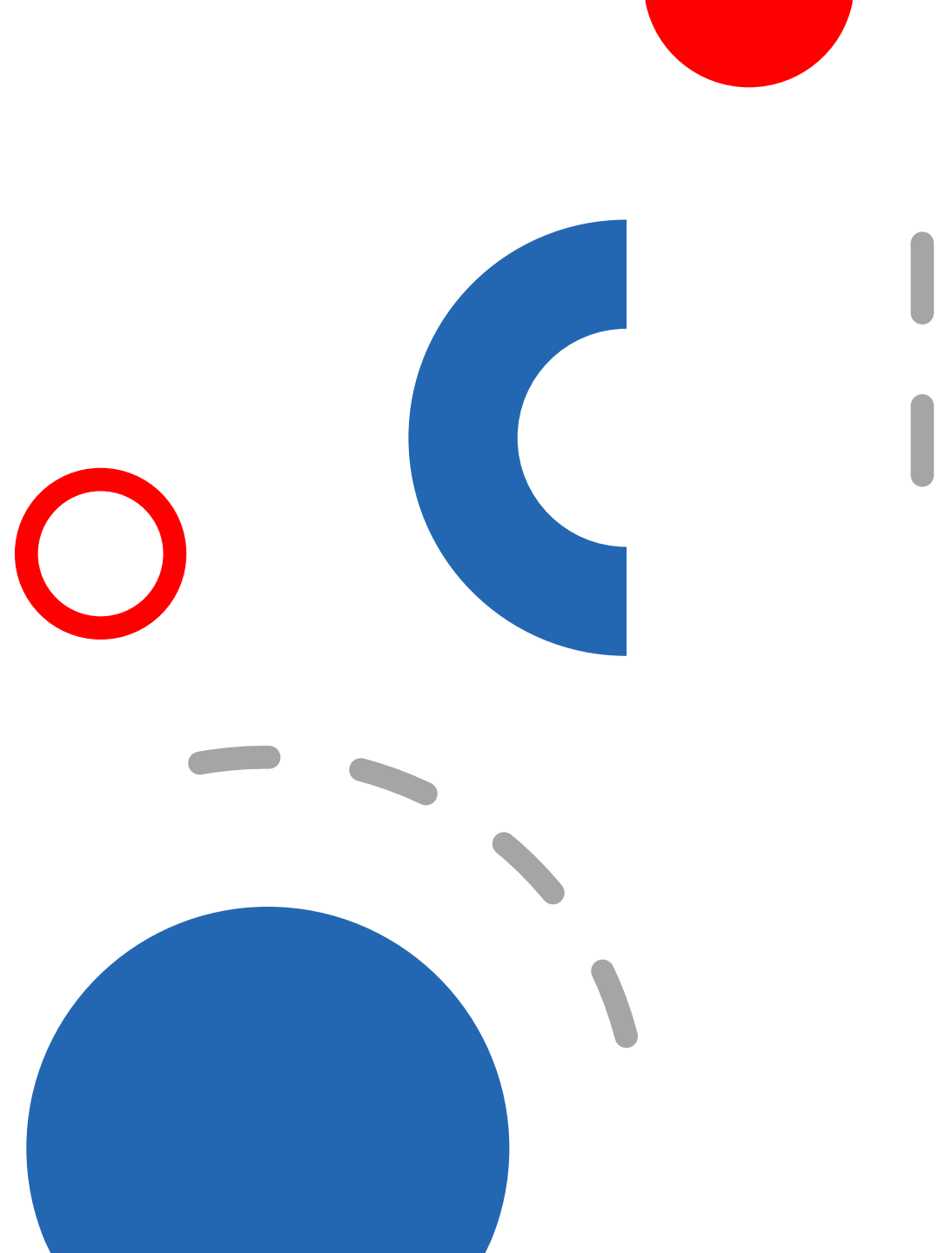


Clark County PHAC

WSALPHO presentation
6/24/25



Common Acronyms

- LHJ = local health jurisdiction
- LBOH = local board of health
- CLA: County Legislative Authority
- CHAB: Community Health Advisory Board
- FPHS = foundational public health services
- RCW = Revised Code of Washington
- WAC = Washington Administrative Code
- PH = public health
- CHA = community health assessment
- CHIP = community health improvement plan
- WSALPHO = Washington State Association of Local Public Health Officials
- WSAC = Washington State Association of Counties



What does public health mean to you?

- Why are you on the CHAC?
- What public health issues are most important for you?
- What are your motivations when making decisions?

Washington's Governmental PH System

Local

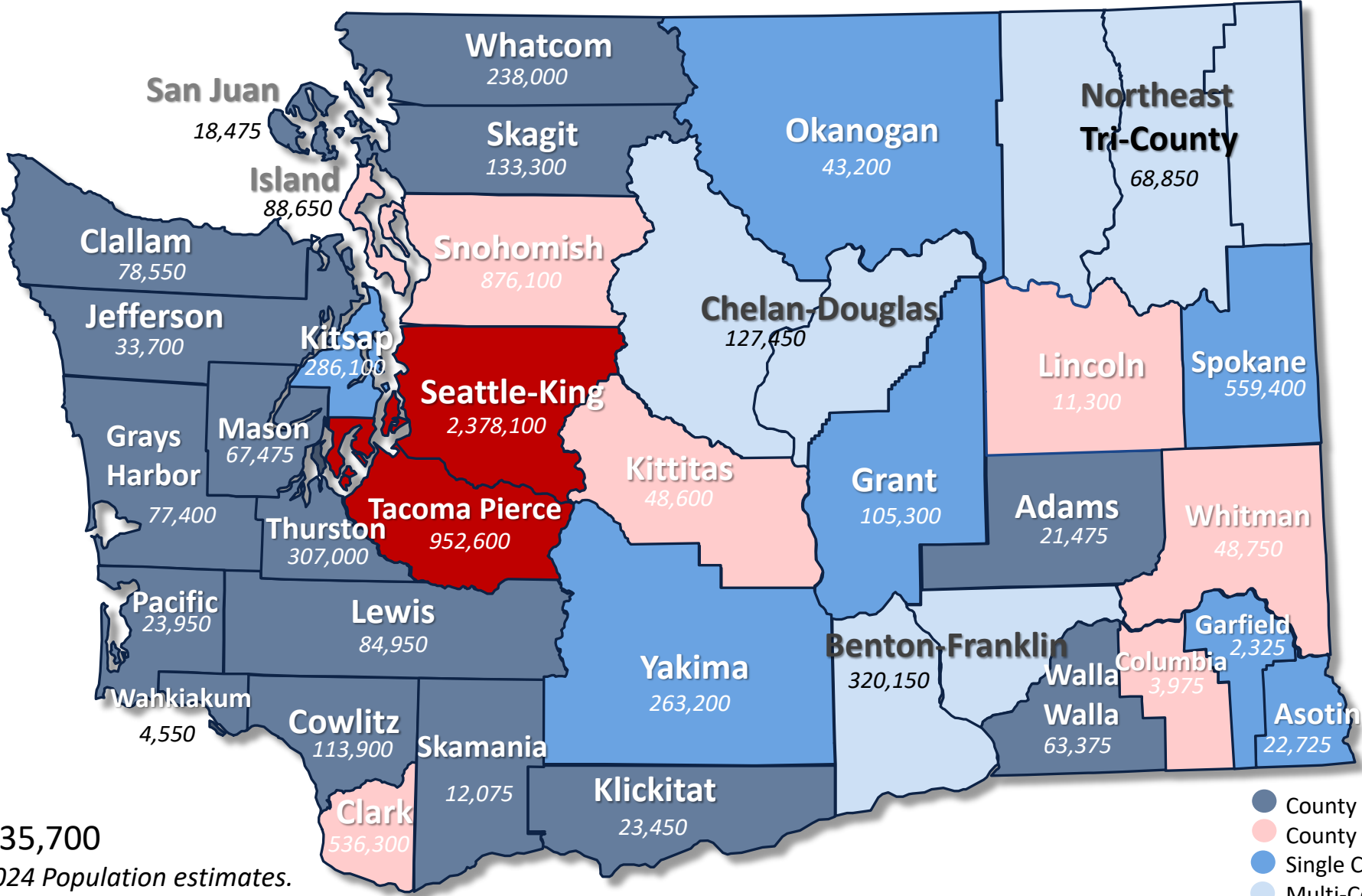
- WA is a HOME RULE state – and has a decentralized PH system
- Local health jurisdictions are governed by a local board of health
 - County departments
 - Districts – single county/multi-county
 - Authority is given to LBOH and local health officers

State

- State Board of Health
 - Public health rule-making & policy
 - Health impact reviews
- State Department of Health
 - Led by Secretary of Health
 - Funds, administers and directs statewide public health programs

Tribal Nations, health centers, urban Indian health institutes

Washington State Local Health Jurisdictions



Total Pop: 8,035,700

Source: April 1, 2024 Population estimates.

www.ofm.wa.gov

- County Health & Human Services
- County Health Department
- Single County District
- Multi-County District
- City-County District

Working with Local Governments – LHJ Similarities

Same statutory obligations to fulfill mandates

Counties obligated to fund LHJ

Same requirements for LHO, LBOH – with some exemption criteria

May require LBOH and/or county resolutions or ordinances for certain programs

Scope of programs & services and partnerships

Districts may take on human service contracts for specific services through state (not county)

Working with Local Governments - Differences



LHJ as a department or function of county government

- Follows County operating policies and procedures
- LHJ budget is part of the larger county budget
- Access to other county operations such as finance, HR, legal
- May also have Human Service scope of work

LHJ as a district, independent but connected to county government

- Operates under bylaws and articles of incorporation
- Has an independent budget – able to receive county and city funds
- Required to provide operational and administrative functions like legal, HR, and finances
- Often has MOU agreements with county government

Drivers of LHJ work

Laws (RCW) & Rules (WAC) passed by the Washington State Legislature & State Agencies

Federal block grant & State grants; categorical and specific (i.e. MCH block grant, preparedness)

Chief Health Strategist and Public Health 3.0 framework

Local needs and priorities (CHA/CHIP)

Recent LBOH changes

Pre-2021; County Legislative Authority served as default LBOH, could pass ordinance to expand membership

2021; HB 1152 Passed, requiring local health jurisdictions to expand their local boards of health unless certain criteria met

Added categories of membership including:

- Public health/medical expertise
- Community member/partner
- Lived experience
- Tribal government

2025: clarifying changes made to tribal appointment process and tribal organizational membership

Implementing 1152...

- ★ • 11 LBOHs met the criteria or were explicitly exempted from 1152 implementation
 - 1 Elected to move forward with expansion in 2021 (PHSKC)
 - 1 Required to expand after moving from district to county dept. (Snohomish)
- 24 LBOHs required to expand by 2022
 - 14 already had some form of expanded LBOH beyond BoCC
 - 10 had community members
 - 4 had city officials only

As of 2025; all LBOH “compliant” with 6 LBOHs as County Legislative Authority only (Clark Co being one)

WA was the exception, now closer to norm

Most local boards of health have at least one member who is a **healthcare professional**

Percent of local boards of health with at least one member with the following professional backgrounds

Healthcare professionals

88%

Elected officials

72%

Public health training*

61%

*Prior to serving on the local board of health

n=337-372

Additionally...

Appointed specifically to serve on the local board of health

Designated by statute to serve on the local board of health based on their elected position

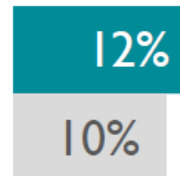
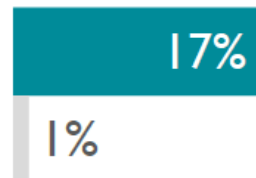
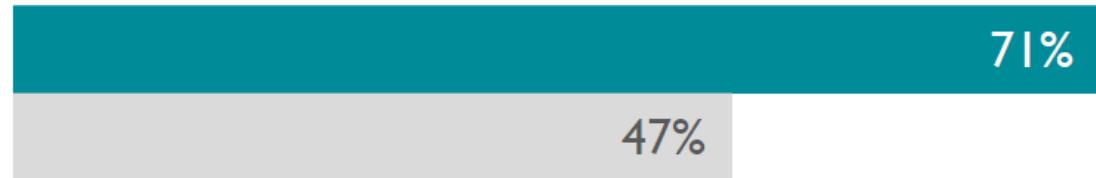
Designated by statute to serve on the local board of health based on their non-elected position

Elected specifically to serve on the local board of health

n=393

Some or all local board of health members selected this way

All local board of health members selected this way



Percent of local boards of health

Community Health Advisory Boards

Roles and Responsibilities (General)



- Add community voice to public health policies and programs
- Carry local health messaging and communications to the public
- Provide additional connections and relationships to unique community sectors
- Advise decision-makers on the implementation of statutes, rules, and ordinances
- Advise decision-makers and local health on programs and services

CHAB... PHAC... PHAB... CHAC = community-based and community-focused

Community Health Advisory Boards (WA State – 1152 Outcome)

- Exemption of expanded Local Board of Health requirements (had to be in place by January 1, 2022)
- Membership Criteria:
 - 9-21 community members appointed by LBOH
 - LHO and LBOH have ex-officio positions
 - Members with expertise in healthcare, environment, social and economic, government, tribal, CBO, and business
- Responsibilities
 - Assist LBOH in administrator/director and local health officer recruitment
 - Use a health equity framework to participate in CHA and CHIP efforts
 - Evaluate and advise on proposed public health policies and programs
 - Provide community forums as requested by the local board of health
 - Make recommendations on local health jurisdiction annual budgets and fees
 - Advise on local health jurisdiction progress, performance measures



Benefits of Advisory Boards



Policy and funding decisions have public input and are participatory-based



Helps prioritize services based on community need and value



A larger group of public health messengers



Quicker “pulse” and more specific feedback from community sectors/groups



Centers equity as a core value and operating principle



Assures a responsive and accountable local health agency

Working with your Local Health Officials

- LBOH provides direction, recommendations, supervision
 - Pass local rules and regulations, set fees
 - Ensure agency operations comply with local, state, and federal requirements
- Administration implements LBOH direction and vision
 - Manages budget and financial management
 - Supervise and oversee staff
 - Long-term programmatic planning and operations
- LHO oversees enforcement and issues orders
 - CD case investigation & control efforts
 - Abatement, safety, or mitigation order for EH hazards and risks
 - Health crisis and emergency declarations



Differences between models

Local Board of Health

- **Fullfill** mandates and administration
 - Enforce RCW and local codes
 - Control disease and threats
 - **Set** fees
- Vision and directional setting
 - Set policy positions
 - **Approve** programming and services
- Community Engagement
 - Risk Communications

Community Health Advisory Board

- **Recommend** positions and direction
 - Promote health and safety
- Community **engagement** and participation
 - **Inform** CHA/CHIP efforts
- Advise on programs and services
 - Enrich and **elevate** community voice

To CHAB or not to CHAB or expand LBOH?

- Size and diversity of jurisdiction
 - Homogenous vs. diverse populations
 - Urban vs. rural vs. mixed
- Magnitude and complexity of health priorities
 - CHA/CHIP priorities
 - Expanded programming and services
 - Likelihood of additional emergencies, threats, etc.
- Pathways of community input and participation
 - Community coalitions or alliances
 - Subject specific workgroups or taskforces
 - Other governmental boards
- Where participation and input is most needed
- LHJ Categorization: County governed or special district?





Limitations of models

- LBOH expansion requirement, but still obligated to balance between elected and non-elected
 - CHAB has more flexibility for community membership
- CHAB model is not mandated or required
 - CHAB is advisory in scope only
 - LBOH has decision-making responsibilities
- Models have not been evaluated (WA State, federal, local?) for effectiveness or impact on health outcomes
 - Decentralized local governance means local control
 - Each county operates uniquely

Successful LHJs, LBOHs, & CHACs

- Good communication between all parties
 - Risk Communication: emerging issues and threats
 - Health outcomes and health factors for communities
 - Larger PH areas and agency programs
- Clear understanding of roles & responsibilities
 - Enforcement & Action
 - Budget & Management
 - Policy-making & Advisory
- Consistent procedures and processes to navigate challenging issues
- Cyclical engagement with local government, community partners, public

Thank you!

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Save the Date!



Local Board of Health Training

October 7-9

Hotel Windrow

Ellensburg, WA

CHAC members encouraged to attend!

Registration opening soon



Questions

