



Agency Recommendation Summary

The Department of Health request funds to support retention and expansion of critical workforce and resources to address growing health inequities across our communities through coordinated effort on establishing integrated, standardized, real-time, equity focused data for all to inform community, local, Tribal, and state-wide public health decision making. The COVID-19 pandemic has laid bare the gaps in available, actionable, real-time public health data leading to expanding inequities in health and public health services. Since 2020 there have been apparent critical lapses in healthcare and emergency response in areas such as declining childhood vaccine rates (which will lead to increases in vaccine preventable disease presentation in our communities), increasing overdose events and deaths, and lowered life expectancy to name a few. This funding request will support the retention of an integral data focused workforce brought on under short-term COVID funding with a renewed focus on expanding accessibility of public health data to inform community level decision making and equity focused public health prevention programs and policies.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	26.0	54.0	40.0	85.0	99.0	92.0
Operating Expenditures						
Fund 001 - 1	\$4,816	\$9,446	\$14,262	\$11,118	\$12,984	\$24,102
Total Expenditures	\$4,816	\$9,446	\$14,262	\$11,118	\$12,984	\$24,102

Decision Package Description

Like most health departments across the United States, Washington State public health data systems and governance structures have and continue to be decade(s) behind the private sector hampering our real time understanding of health status and health inequities across the population. Through short-term COVID funds the DOH has started the process of modernizing and integrating public health data systems by using state of the art tools to improve data quality, automate data flow and processing, and extend data and reporting standards. This work allows state, local and tribal public health to address a core set of capabilities so we can be timelier and more responsive to changing priorities and environments while maximizing the information available for decision-making. As we have seen during the pandemic, these data need to be available, accessible, and understood by the public, community groups and a multitude of decision-makers. This effort if funded will allow the DOH to support these critical needs and information gaps in order to better understand issues impacting our constituents in real time and work to address long-standing health inequities perpetuated by the absence of data driven policies and programs.

The problem is that as short-term COVID funds go away, so does the progress and resources established to support needs that go beyond COVID-19 to continue to address this gap between private and public sector data policies, practices, and community partnerships. This includes the infrastructure to support further growth in our data science enhanced analytics capabilities, to leverage new interoperability tools, to establish standardized data practices, and to professionally develop and retain the diverse workforce across the state who have stepped up to support the COVID response. This funding request is critical to our states' ability to support timely health data for action beyond COVID with an eye towards providing the public and policy/decision makers with information that can effect change at a community level and begin to drive down the health inequities impacting communities and underserved populations across Washington.

Additionally, recent assessments such as one conducted by Micro Strategy of over 500 companies in the US and internationally have emphasized the significant importance of timely, accurate, quality data as critical to the success of decision makers across organizations. With over 94% of companies acknowledging as the list of customers/stakeholders grow so does the need to make data more accessible and transparent. Additionally, they found that investing in data infrastructure led to improved efficiency and productivity across their teams (to the tune of a 64% increase) while fostering growth in innovation and improving organizational flexibility to changing environments/approaches. The significance of these findings has led us to evaluate continued investment in our data support infrastructure similar to our federal colleagues. Thus, DOH is proposing to foster similar transitions to assist public health professionals, policy makers and community members in making data informed decisions for themselves while also assuring appropriate privacy and security measures are in place. To truly address health inequities in Washington, the team must be broad and include constituents and community groups working together with local, tribal, state and federal public health partners

The department and the state is in a unique position to affect real change and transform our agencies practices to come into alignment with the private sector practice on using data to inform decision making and action. This alternatively will lead to positive health outcomes for all Washingtonians and ease of decision making for policy makers and public health program staff.

The solution DOH proposes is to extend investment in the expanded, diverse data focused workforce brought on through short-term COVID funding through broader community engagement and leveraging cross-agency collaborations. With broad participation, DOH will initially establish and begin implementing roadmap for data democratization, transparency, governance, best practice standards, data training and professional development, accessible tools and platforms for equity-focused data sets, data visualizations, and other prioritized data products for the public and decision-makers as well as public health professionals.

The roadmap will identify the tools, applications, training, best practices and diverse PH workforce needed to support those efforts. High-level

milestones for the proposed funding include:

- Engagement with key cross-sector stakeholders (constituents and community groups, legislators, academics, and tribal, local and state governmental partners) to develop a roadmap for data democratization and accessibility- in the first fiscal year of funding
- Initiate first steps in piloting of the roadmap around a single use case to meet the data access needs and training needs of a diverse set of stakeholders (i.e. data visualizations vs query-able data platforms vs raw dataset) for novice to proficient data users
- Establishment of evidence-based and community informed standards and guidance related to data equity with respect to race and ethnicity, gender identity, disability, agricultural and migratory working status, sexual orientation, and social determinants of health.
- Establishment of best practices for data collection related to race and ethnicity, gender identity, disability, agricultural and migratory working status, sexual orientation, and social determinants of health (e.g., employment, income, housing, incarceration, transportation, etc.)
- Establishment of training materials and resources to support access, dissemination, and utilization of tools to support novice to proficient public data users.
- Establish resourcing needs assessment to support right-sizing workforce/resources to expanded needs identified in the roadmap
- Professional development for the public health and technology workforce to bridge the gap between public health data users and data engineers to better support data system interoperability and timely decision-making.
- Increased use of innovative and best practice analytical methods and data translation by epidemiologists and data analysts across tribal, local and state public health through training programs, academic partnerships, and cross-sector collaborative networking.

The work outlined above provides us with the opportunity to assess and evaluate the extensive gaps in our departmental data strategies and allows us an opportunity to right-size our data portfolio to meet our constituents needs. This work notably is the starting off point for this broader effort to improve and iterate on the information DOH shares as a department with a diverse set of stakeholders. As the roadmap work is completed DOH will seek additional funding in the biennia to support expanded resourcing needs at a state level to provide ongoing infrastructure support and collaboration across a diverse set of stakeholders.

By not funding this work DOH will continue to be limited in our ability to make data accessible to decision makers timely enough to effect change, DOH will continue to cripple our ability to inform health equity challenges across our communities, DOH will continue to expand the unfilled expectations of state/local/tribal employees, private sector partners and all Washingtonians in using public health data to address inequities, and DOH will continue to support a data culture where information collected is not effectively being used to inform policy and program decision making.

DOH is now more than ever uniquely positioned to effect real changes that would allow us to address historically underfunded data needs of decision makers across the state and strengthen relationships with community partners to have the greatest impact on reducing health inequities. This program will serve all DOH, local, tribal and community-based data users, epidemiologists and decision makers by making public health data more transparent and understandable, establishing and streamlining data presentation and access, implementing best practice methods and standards, developing policies and procedures for better engaging with communities using public health data.

DOH has explored funding opportunities from federal partners but have been limited by the terms of those funds to focus solely on COVID and not expand to the over 100 other notifiable disease conditions and countless chronic diseases, injuries and overdoses, maternal child health issues, aging concerns and environmental health challenges the public and legislators look to public health to report. Thus far, given the widespread needs, there has been limited foundational public health funding awarded to statewide infrastructure needed to meet expectations of policy makers and public health partners. DOH is looking to secure funding to support the infrastructure needed to enhance data use in support of health equity by all community and governmental partners. There are no other teams or programs across the state that are addressing these issues from a public health data needs perspective.

DOH has also explored the opportunity for funding under the Federal Strengthening Public Health Workforce grant and were limited by the term and scope of the funding award. Additionally, DOH is proposing to carry forward a portion of the workforce into FY24 through continuation of COVID Funding request while DOH works to conduct an initial evaluation of need and develop a roadmap for data democratization in the state WA. If these funds or the COVID DP funds are not awarded DOH will lose our opportunity to address these issues head on as a state and will set Washington back decades as it relates to the growing health inequities across our communities.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

The solution DOH proposes is to extend investment in the expanded, diverse data focused workforce brought on through short-term COVID funding through broader community engagement and leveraging cross-agency collaborations. With broad participation, DOH will initially establish and begin implementing roadmap for data democratization, transparency, governance, best practice standards, data training and professional development, accessible tools and platforms for equity-focused data sets, data visualizations, and other prioritized data products for the public and decision-makers as well as public health professionals.

Detailed Assumptions and Calculations:

PROPOSED – Staffing profile (2023-25) –

Assumptions: 1) This profile supports all 35 LHJs and Tribal partners

Staffing profile

- Informatics
- Surveillance
- Data Support
- Epidemiological Methods and Training
- Community Relations and Equity
- Strategic Partnerships
- Health Technology Solutions

FY 23-25 Cost Assumptions \$14,262,000

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement, risk management, and facilities management.

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
2.0	EPIDEMIOLOGIST 1	\$170,000.00	\$65,000.00	\$8,000.00	\$15,000.00
5.0	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$493,000.00	\$178,000.00	\$21,000.00	\$38,000.00
6.0	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$653,000.00	\$226,000.00	\$25,000.00	\$45,000.00
1.0	SENIOR EPIDEMIOLOGIST (NON-MEDICAL)	\$123,000.00	\$41,000.00	\$4,000.00	\$8,000.00
1.0	HEALTH SERVICES CONSULTANT 2	\$66,000.00	\$28,000.00	\$4,000.00	\$8,000.00
2.0	HEALTH SERVICES CONSULTANT 3	\$150,000.00	\$61,000.00	\$8,000.00	\$15,000.00
1.0	IT DATA MANAGEMENT - JOURNEY	\$105,000.00	\$37,000.00	\$4,000.00	\$8,000.00
1.0	IT BUSINESS ANALYST - JOURNEY	\$100,000.00	\$36,000.00	\$4,000.00	\$8,000.00
1.0	COMMUNICATIONS CONSULTANT 4	\$75,000.00	\$30,000.00	\$4,000.00	\$8,000.00
3.0	COMMUNICATIONS CONSULTANT 5	\$261,000.00	\$99,000.00	\$12,000.00	\$23,000.00
3.0	WMS03	\$388,000.00	\$127,000.00	\$12,000.00	\$23,000.00
26.0		\$2,584,000.00	\$928,000.00	\$106,000.00	\$199,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This proposal directly aligns with the Governor's Results Washington Goals: **Goal 4: Health and safe communities:** Fostering the health of Washingtonians from a healthy start to safe and supported future—these funds go directly to supporting the state's ability to drive change towards ongoing health disparities within our communities by making data and information accessible to all to inform personal and policy driven decision making.

Goal 5: Efficient, effective and accountable Government: Fostering a Lean culture that drives accountability and results for the people of Washington—these funds are to assure that the state fosters efficient, effective and accountable public health programs that support a better health outcome for all Washingtonians. This is achieved through right-sized workforce dedicated to assuring data driven programs and resourcing to continue to mitigate disease transmission across our communities.

This proposal is in direct alignment with the new agency transformational plan in the areas of HEALTH SYSTEMS AND WORKFORCE TRANSFORMATION. All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust. These funds go directly to mitigating a communicable disease that has implications globally and gains complexity due to the evolving landscape of variants across the world thus DOH leans into best practice across the nation to further improve and refined our efforts to respond. Additionally, DOH will work to assure our system and data practices are in alignment with innovative strategies that support an enterprise focused approach and lean in towards data standards and data equity approaches. Lastly, DOH aims to assure timely, accurate and decision-oriented data is made available for situational awareness of our stakeholders.

Performance Outcomes:

Outcomes:

These funds will go to directly strengthening public health data system infrastructure through increased data interoperability in turn increasing the availability and use of public health data

Fundamentally this effort will also support strengthening foundational capabilities of public health professionals at a state, local, tribal, community and federal level in accessing and using data to inform prevention activities across sectors and driving towards improving inequities within their communities.

Results:

Address health disparities/inequities by including community and data user input in efforts to enhance existing data systems and development of best practices and standards for collection, management, analysis, reporting and visualization.

Address health disparities/inequities across WA communities by providing communities with actionable data and information.

Establishment of new or enhancement to existing systems to support internal, local, tribal, and partner needs for access to public health data in multiple formats (e.g., raw data, tables, data visualizations, and query-able systems) from proficient to novice data users.

Sustain and align state and community-based infrastructure needed to maintain (to evolving standards) these systems and support internal, local, tribal, and partner data practices through underlying policies and practices.

Performance Measures:

Completion of an approved ELT reviewed roadmap for data democratization

Performance Management plan with targeted milestones to meet deliverables defined in the roadmap for data democratization

Deployed easily accessible and transparent public interface for data and documentation along with established tools for internal stakeholder engagement with more real-time action-oriented data products

Quality Assurance and Continual process improvement plan established after 3 months of successful implementation of roadmap initial scope

Establishment and maintenance of ongoing Community of Practice to inform the evolving standards and data needs of communities

Equity Impacts

Community outreach and engagement:

The intent of this proposed funding request is the support the formation of a workgroup that will develop a roadmap and implementation plan across a diverse set of community stakeholders to inform current and future state public health data and information needs of our community. It's the first step in our engagement effort in seeking to support the broader community needs for access to timely actionable public health data.

Data democratization will make public health data more transparent, accessible, and understandable for communities. It will create space for communities from diverse backgrounds and lived experience to better collaborate with governmental public health across Washington to remove systemic racist practices from programs and policy that promote health inequities. Lifting the veil of secrecy between governmental public health and communities will also strengthen trust and relations between government and traditionally marginalized communities through consultation and inclusion related to data collection, management, interpretation, and reporting. A lack of trust typically exacerbates health inequities resulting in lower vaccine uptake, a disregard to public health messaging, delayed access to health care, and a lack of engagement. In addition, social determinants of health, including employment, income, housing, incarceration, transportation, and access to basic needs compound and impact health inequities. Enhanced social determinants of health data will allow more contextual understanding and interpretation, providing information for innovative and community driven solutions and approaches.

Disproportional Impact Considerations:

We aim to establish an implementation plan to strategically tackle to barriers communities face in their ability to access public health data and information.

Target Populations or Communities:

Disproportionately underserved and historically marginalized communities facing health inequities will benefit the most from this proposal.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

This plan goes to providing statewide infrastructure support in the establishment of data strategies, standards across data collected via statutory authority by the state and shared with local health and tribal health to inform local, regional, state, tribal and other stakeholders decision making practices. DOH expects support from local health jurisdictions, tribal health, and community-based stakeholders. Additionally, DOH anticipates collaboration with other state agencies and the HHS coalition to assure continued alignment in our approaches.

Stakeholder Response:

General Public, non-profit community-based organizations, healthcare stakeholder, university partners, others in support.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[FinancialCalculator_2023-25_ver24.0_Data Analysis for Public Health.xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$3,135	\$6,322	\$9,457	\$7,438	\$8,694	\$16,132
Obj. B	\$1,192	\$2,393	\$3,585	\$2,815	\$3,289	\$6,104
Obj. E	\$156	\$293	\$449	\$359	\$419	\$778
Obj. G	\$30	\$30	\$60	\$30	\$30	\$60
Obj. J	\$107	\$0	\$107	\$0	\$0	\$0
Obj. T	\$196	\$408	\$604	\$476	\$552	\$1,028

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