

Washington State Board of Health

2007 Annual Report to the Governor

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Mission

The Board's mission is to provide statewide leadership in developing and promoting policies that protect and improve the public's health.

This mission is achieved by:

- Reviewing and monitoring the health status of all people in Washington;
- Initiating and supporting policy development, analyzing policy proposals, providing guidance, and developing rules;
- Promoting system partnerships; and
- Fostering public participation in shaping the health system.

About the State Board of Health

Safeguarding the public's health is an essential government service. Since statehood, the State Board of Health has played a critical role in meeting this obligation to the people of Washington. It is the only state board mandated in the 1889 State Constitution, but Washington has a long tradition of using boards and commissions to encourage citizen participation across all levels of government.

Some of these boards and commissions are advisory—they study existing policy and make recommendations for changes or implementation. Others are policy making—they may have oversight authority over state agencies and they may have regulatory powers, performing rule-making or quasi-judicial functions. All provide important links between the public and the various parts of state government, including executive agencies, the Legislature, and the Governor.

During its history, the State Board of Health has fulfilled all of these functions. Originally its members, mainly physicians selected for their medical expertise, had authority over nearly all health-related rules in this state, including professional practices and hospital regulation. As a policy making board, it had governing authority over many activities of the Department of

Health (which was also, for a time, the Division of Public Health within the Department of Social and Health Services).

In 1984, the Legislature reconfigured the Board, giving regulatory activities implemented centrally by the state over to DSHS and later the Department of Health. Activities regulated by the state but implemented jointly or exclusively by local public health remained with the reconfigured Board. These activities include many of the traditional functions of public health, such as communicable disease control and environmental health sanitation.

The Legislature essentially created a nexus for shared policy making. The Department of Health is represented by the Secretary or a designee. Local health jurisdictions are represented by a local health officer. Cities and counties are represented by elected officials. There are two seats to represent consumers. Finally, four members represent health and sanitation, assuring that the Board has access to the medical and scientific expertise it needs to make sound decisions. One of those four must be from a federally recognized tribe, ensuring the inclusion of tribal governments, which provide public health services on their reservations.

Because of the highly collaborative nature of the state's public health system, the Board is as relevant today as it was more than a century ago. Today's Board divides its time between three related responsibilities—rule making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is also an active part of a network of public health agencies that work together to provide a safer and healthier Washington.

Rule-making

The Board is responsible for a wide range of health rules. These rules define a system that alerts us to new disease threats, keeps our food and drinking water safe, prevents and controls the spread of communicable diseases, ensures that our children receive appropriate and timely health screenings and immunizations, helps ensure that septic systems don't contaminate streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—pools, schools, restaurants, camps, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include recommending health policy in Washington State. Its authorizing statute empowers it to advise the Secretary of Health and "to explore ways to improve the health status of the citizenry." In recent years, the Board has increased its policy activities to help point the way to new opportunities for public health improvement.

Periodically, the Board identifies high priority areas for policy development. In January 2006, the Board adopted a strategic plan that will guide its policy work over the next several years. The remainder of this report discusses some of the policy initiatives the Board will undertake as it implements that plan.

Every two years, the Board is responsible for generating a state health report for the Governor's consideration. Once approved by the Governor, the report provides guidance to agency heads as

they develop budgets and craft request legislation for the upcoming biennium. The next report is due in 2008 and once adopted by the Governor will inform state priorities for the 2009–11 biennial budget.

Public Engagement

A central part of the Board’s mandate is to bring the public into the policy development process. Its meetings, which are held across the state, provide a forum for public testimony on any health subject, and it regularly holds public hearings on specific topics. At least every five years it holds public forums across the state to gather input for the state health report. In 2006, it held forums in Spokane, Kennewick, and King County. It takes seriously its commitment to engage stakeholders and the general public in all rule-making, and state government looks to the Board to convene forums on emerging health issues.

[Sidebar]

2007 Rule Reviews

- School environmental health
- Newborn screening
- Immunizations
- Dead animal remains
- Contaminated drug labs
- Shellfish
- Group A drinking water systems

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The Board is part of a statewide network of public health agencies that are always working for a safer and healthier Washington.

An Ounce of Prevention

In 2007, headlines about increasing obesity rates, especially for children, the closure of Washington shellfish beds because of illnesses from eating raw and undercooked oysters, and the emerging threat of drug resistant tuberculosis and methicillin-resistant *Staphylococcus aureus* (MRSA) reminded us of the importance of public health. The tools public health uses to try to prevent and control emerging communicable and chronic diseases include surveillance, laboratory testing, epidemiology, environmental health controls, distribution of medicines and vaccines, health education, and more. These are the same tools public health uses every day as it quietly works around the clock—and often behind the scenes—to protect the public’s health and safety from a wide array of threats.

Public health is about understanding, preventing, and controlling disease and injury across our entire population. It is a public-private partnership that improves, protects, and promotes health by applying science to medical practice, personal behavior, and public policy. Hospitals, clinics, and other medical providers focus on delivering care to individuals; public health focuses on the entire community. Public health measures are responsible for about 80 percent of the 30-year increase in life expectancy in this country in the past century. A large part of the early increases came through reducing the public’s exposure to contaminants in water, food, and air. Recent successes have been achieved through health education. Diminishing use of tobacco is such a public health success story. Fewer young people are smoking and adult users are quitting. A well-funded multi-pronged program of public awareness campaigns; cessation treatment; and community and school-based programs is responsible.

Advances in medical techniques continue to increase longevity by preventing premature death from heart disease, cancer, stroke, and diabetes. However, these diseases are largely influenced by lifestyle. Obesity and asthma rates are increasing, especially in children. The public health community has a role in helping prevent these chronic diseases by promoting healthy diets, regular exercise, and reduction of exposure to second-hand smoke.

Many people lack access to health care. Public health works in partnership with many community organizations and health care providers to try to address this problem. Preventing disease typically is more cost effective than treating disease.

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The work of public health is to:

- Prevent disease
- Promote health through information
- Help communities to be healthy places to live, work, and play

A Daily Dose of Public Health

Every day, State Board of Health policies make Washington State a safer and healthier place to live, work, and play. For example:

- Every day there are 230 babies born in Washington and each one is screened for congenital conditions, many of which could be fatal if left undiagnosed and untreated. The Board determines which conditions are included in these mandatory screenings.
- More than 5 million people enjoy safe and reliable drinking water each day due to Board rules implemented by state and local health departments.
- On a typical day, more than 2.5 million people eat in Washington State's restaurants with confidence. Board rules establish standards for restaurants, guide food safety inspection programs, and require food workers to receive training in safe food handling.
- More than 1 million children attend school each day protected against disease outbreaks. More than 160,000 children in child care facilities enjoy the same protection. That is because 95 percent of children entering child care and school are immunized against vaccine-preventable diseases identified by the Board.
- On any given night, about two-thirds of Washington State's 84,000 lodging units are occupied. Guests can sleep more soundly knowing the Board rules establish health and safety standards for "transient accommodations."
- More than 800,000 homes in this state rely on septic systems including 30 percent of new homes. Home owners and their neighbors are protected by the Board's onsite sewage system rules.
- Though the number of swimmers each day varies widely, more than 1 million Washingtonians swim at least once a year, and some 750,000 are in the water regularly. Whether at a local pool or the beach, Board rules help protect water quality and assure safe facilities.

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Everyone in Washington benefits from services like drinking water safety, restaurant inspections, and communicable disease prevention and control.

Strengthen the public health system

At the end of the 2006 mosquito season, West Nile virus appeared in earnest in Washington State. The state reported its first locally acquired human cases and several deaths of birds and horses. Based on the experiences of other states, a serious outbreak is possible in 2007. This news, along with repeated threats to our health from new and re-emerging diseases like SARS, the possibility of bioterrorism and, potentially, pandemic flu, underscore the importance of ensuring all Washington residents have access to a strong, integrated system of public health and health care programs.

The Board has been an active participant in discussions on ways to provide stable funding that will support a fully functioning public health system that is staffed, trained, and equipped to meet today's challenges. Throughout 2006, it actively participated in hearings of the Joint Select Committee on Public Health Financing and worked with the Department of Health and local health jurisdictions to assemble a list of statewide priorities for putting new funding to use. The joint select committee has recommended that the 2007 Legislature provide a \$50 million per year infusion of state dollars into the public health system.

The Board continues to be part of the Public Health Improvement Partnership, along with the Department of Health, the Washington State Association of Local Public Health Officials, Washington Health Foundation, and the University of Washington School of Public Health and Community Medicine. The Board is represented on the partnerships' governing body and staff members participate in work groups.

The Board regularly meets with local boards of health to improve communication, engage local policy makers in public health issues, solicit input for the *Washington State Health Report*, learn about local concerns, and promote local awareness of Board activities. It constantly works to improve its own organizational capacity, and it is committed to working with tribes and urban Indian groups to identify ways the Board can support their efforts to increase their public health capacity. The Board also looks for ways it can use its rule-making authority to improve public health's capacity to control the spread of human disease.

Encourage healthy behaviors

One of the most effective ways to improve the health of Washingtonians is to promote healthy behaviors. Unhealthy behaviors such as inactivity, poor nutrition, smoking, and substance abuse account for 40 percent of premature deaths. The Board is particularly concerned that Washington's children get a healthy start.

Its work in this area during 2007 primarily involved collaborating with other agencies and nongovernmental organizations on a variety of policy development activities. Board staff participated in Healthy Washington, an interagency work group established by the Governor to recommend prevention policies, and a variety of subgroups charged with looking at specific issues such as tobacco prevention and children's overweight and obesity. Staff members also participated in the statewide Nutrition and Physical Activity Policy Leadership Group, Action for Healthy Kids, the Washington State Partnership for Youth, and an interagency leadership group focused in school health issues, including nutrition and physical activity. The Board also supported successful efforts to add new funds to the soon-to-be-depleted Tobacco Prevention and Control Account.

It committed this year to participating in phase one of efforts to develop a statewide campaign to address overweight and obesity in children. This effort, led by the Children's Alliance in cooperation with several agencies, foundations, and advocacy organizations, is expected to ramp up in spring 2008. The initial phase will identify effective policy options.

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Increase access to preventive services

The Board values community health improvement above all, and promotes universal access to a core set of services as the best way to ensure health across the population. These services begin with traditional public health interventions—particularly primary prevention—but also include personal medical services (including mental health and dental services) that improve the health of the community.

One of the core functions of public health is to ensure that all members of a community can access critical health services. As part of its work with the Public Health Improvement Partnership, the Board set out to identify specific services public health should be concerned about. In other words, it set out to answer the question: Access to what? In 2001, it produced a *Menu of Critical Health Services*—a list of services that have proven to be effective in addressing community health problems. The Board continues to support implementation of the Public Health Improvement Partnership’s access standards. It also promotes the use of its *Menu* in policy and purchasing decisions and regularly invites local officials and community leaders to come before the Board and discuss local efforts to improve access.

The *Menu of Critical Health Services* listed some forms of mental health care as effective services that benefit the community. One of the Board’s new strategic objectives is to “promote access to preventive mental health services.” Exactly what constitutes prevention in the mental health field is not well understood. The Board is part of the Prevention Advisory Group, a statewide workgroup convened by the Mental Health Transformation Project, which is developing a prevention-oriented, population-based model for promoting mental health. The Board, with financial support from the Mental Health Transformation Project, spent much of 2007 developing a white paper that articulates what a system for promoting mental wellness and preventing mental illness would look like for Washington State. The document, completed in December, will provide the foundation for discussions at community meetings during the winter of 2008, followed by a policy summit in the spring.

Access is closely tied to availability and utilization. Some population-based interventions are so effective that Washington State has chosen to improve utilization by enacting mandates. Two major examples are childhood immunizations against communicable diseases and newborn screening for genetic conditions. The Board regulates both of these areas and was active on both fronts during 2007.

In 2006, the Board adopted the report *Immunization Advisory Committee: Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-100-166*. WAC 246-100-166 is the part of the Washington Administrative Code in which the Board specifies the vaccine-preventable diseases children must be immunized against to enroll in school and child care. The Immunization Advisory Committee report identified nine criteria and a process for convening a technical advisory group (TAG) for evaluating a vaccine against those criteria whenever a candidate

vaccine meets two preconditions: (1) opt out provisions exist; and (2) vaccines are available and cost is not a barrier.

In January 2007, the Board received a petition to add vaccine-preventable pneumococcal diseases to the immunization rule. The Board denied the petition but noted that the pneumococcal antigen appeared to meet the two preconditions for establishing a TAG. On July 25, 2007, the Board convened a TAG composed of immunization stakeholders from the fields of public health, childcare, school health, medicine, and child advocacy. Its charge was to provide recommendations to the Board about whether to require immunization against pneumococcal disease for children entering licensed childcare centers. The TAG concluded that pneumococcal vaccine met the criteria and in October 2007, the Board agreed to begin the process to add pneumococcal disease to the list of diseases children must be immunized against. The Board also updated its immunization rule to reference the 2007 recommendations for ages and intervals from the national Advisory Committee on Immunization Practices.

The Board also determines the conditions for which all newborns must undergo genetic screening at birth, and in this area, too, it applies an established set of criteria. A report commissioned by the American College of Medical Genetics recommended a list of conditions it believes should be screened for by all states. Sixteen of those conditions are not detected by the Newborn Screening Program in Washington. In 2007, the Board and the Department of Health convened several meetings of an advisory committee to consider these conditions (plus one additional condition) against four of the Board's five criteria (treatment availability, available technology, public health rationale, and prevention potential and medical rationale). The fifth criteria (cost-benefit/cost-effectiveness) will be applied at a later stage. Advisory committee recommendations are expected in early 2008 and will be presented to the Board for its consideration.

Reduce health disparities

The Board has a tradition of working to end health disparities in Washington State. A major way it contributes to this work is by providing staff support to the Governor's Interagency Coordinating Council on Health Disparities, which is charged with developing a strategic and coordinated state government approach to reducing health disparities. The Board may also take on its own policy development initiatives related to health disparities—as it did in 2007 when it was one of the leading organizers and sponsors of a policy summit that explored ways to simultaneously address health disparities and the academic achievement gap. The Board also prepares health impact reviews in collaboration with the Council (see sidebar).

During 2007, the Council made considerable progress toward a number of its goals. For instance, it developed an initial prioritized list of health conditions and social determinants of health. This was an important initial step in identifying the five health conditions or social determinants of health that will be the focus of the first state action plan to eliminate health disparities. In 2008, the Council will winnow a short list of six conditions and six determinants down to a combined list of five, then establish advisory committees to recommend policy interventions and other strategies for reducing health disparities in these five areas.

The Council has also made substantial progress toward identifying recommendations for improving the availability of culturally appropriate health literature and interpretive services. Specifically, the Council contracted with the Cross Cultural Health Care Program (CCHCP) to conduct focus groups and interviews aimed at identifying sources and organizers of health literature targeted for underserved communities. CCHCP suggested opportunities for improving access to such materials by building on existing infrastructures. CCHCP also conducted focus groups with cultural navigators. It sought their perspectives on barriers to and suggestions for improving health materials and services for their clients. The Council also helped to organize and participated in community meetings in Tacoma, Spokane, Olympia, and Seattle to obtain direct input from community members regarding language access in health care organizations.

In an effort to promote communication and collaboration among state agencies, communities of color, and other public and private organizations, the Council has approved a communications plan. Among other things, this plan will help the Council solicit input from communities of color as it proceeds with its work.

During the 2007 legislative session, the Board completed two health impact reviews in collaboration with the Council.

[Sidebar 1]

Each Student Successful Summit

Research shows that the students who are disproportionately affected by the academic achievement gap are often the same students who are adversely affected by health disparities.

Despite the fact that these two issues are closely intertwined, rarely do the fields of health and education have opportunities to come together to explore the link between them.

In an effort to promote dialogue and engage stakeholders, the Board, partner agencies, and a number of funding organizations planned a summit as a first step to address the health and academic needs of students concurrently. The summit was held May 18, 2007 in SeaTac, Washington. Approximately 140 people attended. Participants included students, policy makers, agency representatives, parents, school staff, health professionals, and representatives of community organizations working on health and education issues.

Breakout sessions provided an opportunity to explore: (1) a common understanding of the link between health disparities and the academic achievement gap; and (2) ways to improve the health and learning of these students. The themes that emerged from these sessions were reviewed by the summit advisory group, which also identified potential next steps. All of these ideas and summit proceedings are in a final report, which can be found on the Board's Web site at: <http://www.sboh.wa.gov/ESS/index.htm>.

[SIDEBAR 2]

Health Impact Reviews

In 2006, the Washington State Legislature established a process to evaluate whether proposed legislation and budget measures were likely to reduce or increase health disparities. The State Board of Health must complete an analysis—called a health impact review—whenever one is requested by a legislator or the Governor.

On January 5, 2007, Senator Rosa Franklin requested health impact reviews on two Office of Superintendent of Public Instruction budget proposals—the Building Bridges for Dropout Reductions Program and the Financial Incentives to Attract Excellent Teachers for Hard-to-Staff Schools and Subjects Program. Board staff completed both reviews on February 1, 2007.

The reviews demonstrated that each program had the potential to reduce health disparities. The Legislature adopted the dropout prevention program in the form of House Bill 1573. It also passed House Bill 1906, which contained provisions similar to some elements of the Financial Incentives proposal, and funded parts of the proposal in the 2007-09 state operating budget.

HIRs can be viewed on the Board's Web site: <http://www.sboh.wa.gov/HIR/HIR.htm>.

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Health disparities are differences in the burden of disease, disability, death, and other adverse health conditions that exist among specific populations or groups.

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Many factors interact to produce health disparities, including differences in education, employment, income, healthful living conditions, access to appropriate health care, and other social determinants of health.

Promote Healthy and Safe Environments

A major portion of the State Board of Health's workload typically involves maintaining numerous environmental health and safety rules—and 2007 was no exception.

The Board devoted considerable time and energy to proposed changes to the school environmental health and safety rules. Building on direction provided by the full Board in December 2006, the Environmental Health Committee and staff worked closely with Department of Health on a second discussion draft, which was released in August 2007. The Department accepted comments on the discussion draft through October and briefed the Board on those comments in November. The Board expects to publish and then adopt final rule language next year.

During 2007, the Board revised its rule for the disposal of dead animals, coordinating with the Department of Agriculture as it adopted new rules for the disposal of diseased livestock carcasses. It adopted an emergency rule for the summer of 2007 to help reduce illnesses from *Vibrio parahaemolyticus* in oysters consumed raw or undercooked. The success of this emergency rule is being evaluated for possible permanent adoption by the Board in 2008. The Board also initiated rule making related to Group B public drinking water systems; homeless shelters; and animal diseases transmissible to humans, particularly rabies and psittacosis.

The Board received briefings about the implementation of the food service rules it revised in 2004 and the septic system rules it revised in 2005. Other briefings covered prion-caused diseases, the state's persistent bioaccumulative toxins strategy, and planning by state and local health agencies for West Nile virus response. The Board also backed a multi-agency effort to provide for safer disposal of pharmaceuticals by sending a letter to the U.S. Drug Enforcement Agency in support of a waiver request from the Department of Ecology and the Board of Pharmacy.

The Board's staff participated in a workgroup trying to anticipate the health effects of climate change and suggest ways to reduce harmful impacts. It also provided input on bills before the House Select Committee on Environmental Health, worked to increase the visibility of environmental health issues at professional conferences, and explored ways to build awareness of how urban design and community planning can influence human health.

[PAGE 15—Members and staff]

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