Biennial Report

to the Governor

2010

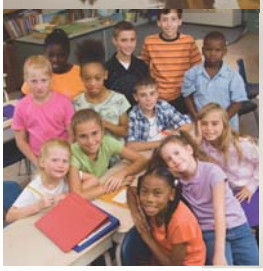
Washington State Board of Health

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 partnerships that advance the public's health; and
- Fostering public participation in shaping the health system.



Contents

4 Introduction

6 About the Board

8 A Daily Dose of Public Health

9 Six Strategic Directions

- *Restore stability to the public health system*
- *Encourage policies that promote healthy behaviors*
- *Promote healthy and safe environments*
- *Implement the state action plan to eliminate health disparities*
- *Focus health reform on delivering preventive services*
- *Integrate prevention policy across state agencies*

18 Activities of the Board

- *Goal 1: Strengthen the public health system*
- *Goal 2: Increase access to preventive services*
- *Goal 3: Reduce health disparities*
- *Goal 4: Encourage healthy behaviors*
- *Goal 5: Promote healthy and safe environments*

23 Membership

This Biennial Report is intended to meet the requirements of RCW 43.20.050(1) and RCW 42.20.100.

Adopted by the Washington State Board of Health and approved by the Office of the Governor.

For additional copies or more information, contact:
101 Israel Road SE
PO Box 47990
Olympia, WA 98504-7990
Telephone: 360.236.4100
Fax: 360.236.4088
E-mail: wsboh@doh.wa.gov
Web: www.sboh.wa.gov

For persons with disabilities, this document is available on request in other formats.

Introduction

Since 1990, the State Board of Health has been required to prepare a biennial report "that outlines the health priorities of the ensuing biennium." RCW 43.20.50 specifies that the report, known as the state health report, must be produced in even-numbered years and that the Governor must approve, modify, or disapprove the report. State health reports are intended to guide state agencies as they prepare agency budgets and legislative proposals for the start of the following biennium. The purpose of a 2010 report, therefore, would be to inform the preparation of Governor's 2011-13 biennial budget and the development of request legislation introduced during the 2011 legislative session.

Before it was amended in 2009, RCW 43.20.100 required the Board to also produce an "annual report to the Governor." Over the years, that document has highlighted major accomplishments and activities of the Board during each calendar year.

In an effort to streamline government and make it more efficient, the Governor and Legislature in 2009 looked at ways to eliminate and consolidate reports across state agencies. The Board recommended to the Office of Financial Management that the state health report and the annual report to the governor be combined in a single biennial report that contained key elements of both its predecessors. One reason for this suggestion was a recognition that the state health report increasingly overlapped with a growing number of other health care planning activities. Implementing this recommendation would have required changes to the state health report statute and the annual report to the governor statute. In the rush to draft legislation late in session, changes the Board had recommended to RCW 43.20.50 were incorporated into successful legislation, but not the changes it had recommended to RCW 43.20.100. As a result, the Board is now required to produce overlapping biennial reports within six months of one another.

Because of the extended and deep recession, the impacts of the hiring freeze on Board staffing, and significant administrative cuts to the Board's budget, it is more important than ever that the Board take advantage of all possible efficiencies. The Board has decided, therefore, that it will meet its reporting commitments for 2010 by producing a combined report and will seek statutory changes during a future legislative session.

This combined report focuses on the mandates of revised RCW 43.20.100: "The state board of health shall report to the governor by July 1st of each even-numbered year including therein suggestions for public health priorities for the following biennium and such legislative action as it deems necessary."

The core of this report describes six public health priorities recommended by the Board. One of these is new for 2010 and concerns the integration of wellness and prevention efforts across state agencies. It replaces a priority that has been common to recent iterations of the state health report: "Contain costs and improve quality." Cost containment and quality improvement remain critically important goals of government, but the Board has removed this

strategic direction for two reasons. The first is that cost containment and quality improvements are likely to flow from addressing the other priorities. The second is that the passage of national health reform has created new opportunities for promoting prevention and wellness in a coordinated, interdisciplinary fashion.

The remaining five strategic priorities are drawn directly from the goals in the Board's 2009 strategic plan and are returning elements from previous reports. The six strategic priorities are:

1. Restore stability to the state's public health system
2. Encourage policies that promote healthy behaviors
3. Promote healthy and safe environments
4. Implement the state action plan to end health disparities
5. Focus health care reform on delivering preventive services
6. Integrate prevention policies across state agencies

The discussion of these six strategic priorities is followed by a section that reviews the activities the Board has recently undertaken, or will undertake in the next few years, to advance the strategic priorities that align with the objectives in its 2009 strategic plan.

It is important to recognize that this report is not meant to describe the state of health in Washington—the diseases and injuries we experience, the causes of our deaths, our health trends, or how Washington compares to other states. That kind of information is available in other documents, such as the Health of Washington State published by the Department of Health. Nor is this report designed to inventory all the things that state health agencies are currently doing. There are far too many ongoing initiatives to capture in one document. Finally, it is not meant to capture all the things agencies could or should be doing in the next few years to improve the health of Washingtonians. That information can be obtained from agency strategic plans and other documents.

Instead, this report highlights strategic directions for public health—high-level policy objectives that deserve the attention of the Governor, the Board, the Legislature, and senior managers across state agencies—and informs the Governor about the activities of the Board.

About the Board

Safeguarding the public's health is an essential government service. Since statehood, the State Board of Health, a constitutional agency, has played a critical role in meeting this obligation to the people of Washington.

Boards and commissions in Washington State play a variety of roles. Some 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 the Department of Social and Health Services 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 and sanitation.

The Legislature had 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 reservations.

Because of the 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—rulemaking, 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 and safety regulations. These 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 November 2009, the Board adopted its most recent strategic plan, which will guide its policy work over the next several years.

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. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government sometimes looks to the Board to convene forums and advisory groups on emerging health issues.

2009-11 Rule Reviews

- Drinking water laboratory certification
- Eye treatment for newborns
- Group A drinking water systems
- Group B drinking water systems
- HIV testing and partner notification
- Immunizations
- Keeping of animals
- Notifiable conditions
- Onsite drainfield remediation
- School environmental health
- Scoliosis screening (repealed)
- Septic tanks
- Shellfish (*Vibrio* prevention)
- Visual screening of school children
- Water recreation facilities
- Zoonotic diseases (rabies, etc.)

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. Everyone in Washington benefits. For example:

- Every day, the approximately 240 babies born in Washington are 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 restaurants with confidence. Board rules establish standards, guide health inspections, and require food workers to receive training in safe food handling. In 2008, local health departments permitted almost 35,000 food service establishments, conducted more than 47,000 inspections and issued more than a quarter million food worker cards.
- Board rules require that health care providers and others report cases of communicable disease to public health. They also provide regulations related to human immunodeficiency virus (HIV), tuberculosis (TB), and sexually transmitted diseases (STDs). In 2008, local health departments received more than 26,000 STD cases reports, resulting in investigations that identified thousands of new cases. They investigated 595 HIV cases and 228 TB cases.
- More than 1 million children who attend school each day, and more than 150,000 who attend child care, are less likely to get sick because of the Board's immunization policies. In the 2008-2009 school year, over 90% of the state's roughly 80,000 kindergartners were immunized against eight of the eleven 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 soundly knowing the Board rules establish health and safety standards for "transient accommodations."
- Roughly a million homes in this state rely on septic systems including 30 percent of new homes. Homeowners and their neighbors are protected by the Board's onsite sewage system rules. In 2008, local health jurisdictions issued more than 11,000 permits for new systems or repair or replacement of existing systems.
- 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.

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

When Congress passed national health reform in March 2010, provisions to reform our health insurance system received the most attention. Major portions of the Patient Protection and Affordable Care Act, however, address public health and prevention. Large sections address policy areas that have been part of the State Board of Health's work for the last decade or more—promoting school health, encouraging medical homes, developing the public health workforce, increasing access to primary care, addressing health disparities, coordinating prevention efforts, and encouraging efforts to address obesity. Federal funding for community health and prevention is likely to be of tremendous benefit here in Washington State where public health's capacity has plummeted even as reliance on its services has soared.

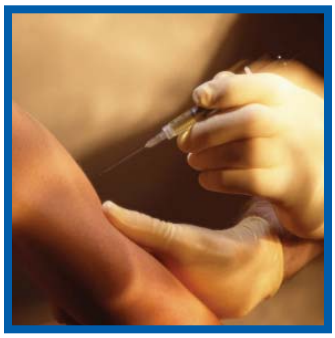
Meanwhile, the depth and duration of the recession has accelerated efforts to "reset" government—to reorganize agencies and rethink the ways that we in state government do business. These efforts are not limited to Olympia, either; they are mirrored in many city halls and county courthouses across the state.

The pace of change in state government will only accelerate in the wake of health reform's passage. The state will need to establish an American Health Benefit Exchange and a Small Business Health Options (SHOP) Program. It will need to modify insurance regulations, expand and make extensive changes to Medicaid, make any necessary adjustments to the Basic Health Plan to maximize federal funding, and respond to numerous opportunities for new federal grants.

What may not be immediately evident is the nexus between national efforts to redefine health care and efforts to redefine government. The success of many of the health reform provisions will depend on whether states are able to respond and adapt in an efficient and effective manner. New state funds will be needed eventually to pay for Medicaid expansions and savings from government efficiency is one possible source of such funds. Additionally, the new federal model for promoting an interdisciplinary, comprehensive approach to prevention policy does not have a state-level equivalent here in Washington.

The State Board of Health is selective about what it includes in its biennial health reports, focusing each time on a limited number of strategic priorities—typically five or six. In recent years, these directions have tended to be similar, addressing in one way or another the capacity of the public health system, health disparities, healthy behaviors, the environment, access to appropriate health services, and the cost and quality of medical care.

This year is different in two ways. First, the recommendations in most areas are more specific and more narrowly focused. Second, the Board believes that the confluence of current events requires a new priority that supersedes the old priority of containing cost and promoting quality—namely, the reorganizing of state government to institutionalize an interagency, multidisciplinary, comprehensive approach to promoting physical, social, emotional, intellectual, and behavioral health.



Restore stability to the public health system

Public health is about understanding, preventing, and controlling disease and injury across our entire population. Emerging threats constantly remind us of the importance of public health. The major public health event for 2009 was a pandemic of a novel strain of influenza, H1N1. There were other threats, as well. The number of Washington tuberculosis cases rose by 12 percent, for example. But perhaps the biggest public health story, one that received far less exposure, is how the recession has weakened the public health system.

Public health has long been underfunded. Over the past decade, numerous national reports have recognized this fact, as did a report this Board prepared in 2001. Despite the acknowledged risks, however, the problem has gotten worse, not better. In the past five years, states have cut $392 million for public health programs while federal funding has remained flat. The National Association of County & City Health Officials (NACCHO) estimates that local health departments nationwide cut 16,000 jobs in 2009; this followed the elimination of 7,000 jobs in 2008.

Here in Washington, local health jurisdictions experienced budget cuts on the order of 30 percent since 2007 and have eliminated roughly 9 percent of their workforce. Personnel reductions in some jurisdictions have reached nearly 30 percent. All jurisdictions anticipate further cuts in 2010 and three-quarters expect additional staffing cuts, according to a March 2010 NACCHO survey. Washington State spending on public health fell nearly 10 percent between 2008 and 2009, according to the Trust for America's Health (TFAH). Washington is in the middle of the pack when it comes to per capita spending on public health, according to TFAH.

The Board believes that ensuring a stable, adequately funded public health system should be the state's top public health priority for the 2011-13 biennium. Of special note are reductions in state support for local public health and cuts to cornerstone programs, particularly tobacco prevention and control efforts.

- In 2006, the Joint Legislative Select Committee on Public Health Financing recommended the state allocate another $50 million annually to local public health. The Legislature ended up providing $20 million from the state general fund for the 2007-09 biennium. In the face of an unprecedented revenue shortfall, the 2009 Legislature reduced this to $16 million for 2009-11.

- Efforts to reduce tobacco use were once funded through the Tobacco Master Settlement Agreement and the Initiative 773 tobacco tax. Washington was one of the few states with a comprehensive tobacco program funded at a level consistent with Centers for Disease Control and Prevention (CDC) recommendations. Budget cuts in 2009, however, reduced funding by 43 percent. The Tobacco Prevention and Control Account is expected to run dry by 2011. Tobacco funding is now a quarter of the CDC-recommended amount and no monies from the Master Settlement Agreement or tobacco taxes are directed toward tobacco prevention and control.

As the state emerges from the recession, it should keep in mind the advances in the population's health that have resulted from disease and injury

prevention activities. Public health measures are responsible for about 80 percent of the 30 year increase in U.S. life expectancy that occurred during the 20th century. Twenty-first century improvements in longevity and quality of life are likely to come primarily from controlling chronic diseases and by addressing the social determinants of health such as education and housing. These activities are also the work of the public health system and its partners.

Washington State should develop a strategy for funding public health at levels at least commensurate with the 2006 recommendations. It should provide non-categorical funding through a stable mechanism that adjusts for inflation and population growth. It should revisit recession-driven cuts to core public health programs, and should begin by restoring tobacco funding to CDC-recommended levels by prioritizing use of Master Settlement Agreement Funds and cigarette taxes for control and prevention efforts.

Encourage policies that promote healthy behaviors

Healthy behaviors contribute to healthy lives. Chronic diseases and injuries rank among the principle causes of morbidity and mortality in Washington. Illness, injury, and death can often be prevented or postponed with good nutrition, adequate physical activity, attention to safety, avoidance of harmful substances, and safe sexual behaviors.

Individuals are responsible for their behaviors, but strong policies, a supportive social and physical environment, and good information can reinforce individuals efforts. Good policies can make healthy choices easier—and unhealthy choices more difficult. The reverse can be seen when public policies and social factors work against the health of individuals and communities—for example, zoning policies that encourage reliance on the automobile to obtain basic services. The closure of public parks because of the recession and the construction of streets without sidewalks may contribute to the sad fact that one in four Washingtonians are obese.

There are numerous examples of the successful use of policy changes to improve health. The multipronged approach to tobacco, which includes workplace regulation and tax policy alongside education, personal supports, and social marketing, provides a model for success. Other advances have been achieved in injury prevention by requiring use of seat belts, child restraint seats, and helmets. The adoption of these policy approaches and others such as science-based sex education can be controversial, even when supported by well-formulated reason, which means it is important that they be developed and implemented with the support and ownership of the public that benefits.

In the area of physical activity and nutrition, the research basis for supporting specific policy approaches has been limited, but agreement is building around which policies show promise. For the most part, policy changes are likely to be most effective when they are tailored to communities and have the support of community members. Increasingly, national, state, and local efforts have focused on understanding the role of policy in addressing chronic diseases, on sharing promising practices, and on increasing the capacity of communities to respond to the most pressing local health problems.

At a national level, this can be seen in the way funding provided under the American Recovery and Reinvestment Act of 2009 was pushed out to counties and tribes for prevention and wellness. Grant-funded efforts were required to address obesity, nutrition and physical activity, and tobacco. Called Communities Putting Prevention to Work, the initiative required that applicants focus on policy and environmental change at the state, local, and tribal levels using the Media, Access, Point of Purchase/Promotion, Pricing, and Social Support and Services (MAPPS) framework. While the initiative is funding efforts to build state-level capacity, it emphasizes the mobilization of community resources.

The counterpart at the state level is the Healthy Communities Washington program at the Department of Health. This program builds on a previous federal grant initiative known as "Steps to a Healthier US" and leverages the ARRA prevention grants with funds aggregated from disease-specific programs. It focuses on creating sustainable environmental and policy changes at the community level by building long-term partnerships among public health, private business, municipal government, community advocates, transportation planners, and schools.

Local public health is a critical participant in—and often the convener of—such community-based efforts. The Board recommends that state funding for local public health take into account this emerging role. The state should look at ways to encourage local initiatives by cities, counties, and schools. Most important, many strategies from the MAPPS framework and documents such as the CDC's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* require state-level policy changes. State leaders should choose strategically from among the menu of evidence-based and promising policies and move forward with adoption and implementation.

Promote healthy and safe environments

Environmental health and protection efforts conducted by local governments, the state Department of Ecology, and other agencies do more than protect ecosystems, create recreational opportunities, promote tourism, and improve the quality of life. It has been well documented that polluted air, water, and soil, as well as contaminated food, have a huge impact on human health. For example, a study published in 2006 found that reducing fine particulates by one microgram per cubic meter lowered the death rate by 3%.

As noted above, the physical environment also can influence behaviors in ways that affect our health. Moreover, the way we construct our "built environment" impacts our consumption of fossil fuels. When we burn fossil fuels, we contribute to climate change, which will have significant health impacts. Community health can be improved by encouraging coordination between urban planners, architects, and local health officials to assure that the physical environments we build support healthy lifestyles.

Traditionally, the field often referred to as "environmental public health" has been responsible for activities such as restaurant inspections, drinking water protection, and regulation of on-site sewage systems. Today, however, environmental public health is increasingly involved in such issues as adapting to climate change, urban design, and disaster

preparedness. Such activities cannot be funded through fees like school health and safety, control of zoonotic diseases, and other environmental health programs; other ways of insuring capacity for this work must be found.

When it comes to preventing exposure to toxins, the Board's strategic plan emphasizes protection of children. Children suffer more from exposure to environmental toxins than adults. Their bodies, in particular their central nervous systems, are still developing. That, along with their smaller body mass, makes them more susceptible to environmental harm than adults. They are busy exploring. They are growing and more active, which means they take in proportionally more air, food, and fluids. Young children are more likely to put things in their mouths. These factors all increase the risk of exposure.

Efforts to address environmental exposures have recently focused on controlling "persistent bioaccumulative toxins"—contaminants like mercury, lead, and certain flame retardants that persist for many years and accumulate in the food supply. They have also focused on controlling hazardous ingredients and contaminants in children's products and products used by pregnant women. The science of toxicology, especially as it relates to child development, is evolving and should be monitored for opportunities to reduce harmful exposure.

In August 2009, the Board adopted revised rules to help ensure that schools are safer environments for children. Because of a proviso in the operating budget, these rules may not be implemented unless the Legislature provides funding. The Board agrees that successful implementation of these rules will require that schools and public health agencies have adequate resources. Discussions about the rule, however, have become complicated by the variety of agendas—ranging from implementing the rule regardless of cost, to using the rule to drive huge budget requests, to opposing the rule on the theory that schools should not be subject to public health regulation. These agendas and the lack of data about the condition of schools make it difficult to come up with accurate estimates of the rules' system costs.

As a first step to address this impasse, the Quality Education Council should recommend a funding formula for school operations and maintenance (O&M) that ensures schools can be well maintained. Once O&M is adequately funded, O&M requirements in the rules would not be an unfunded mandate; instead, they would provide a framework for assuring accountability for the funds the state has provided. Use of capital funds allocated for school repair and renovation should make student health and safety a priority over other uses such as energy efficiency. The state should work with the federal government to secure the kind of school repair and renovation funding originally proposed by the administration in the American Recovery and Reinvestment Act. Finally, the Governor's Office or the Legislature could mediate between the various parties and hold them accountable for developing system wide cost estimates that are accurate, reasonable, and free of political bias.

Implement the state action plan to eliminate health disparities

Health disparities are measurable differences in health outcomes experienced by different populations. Unequal distribution of social, economic, and political resources and structures among populations creates inequities and disadvantages for some groups. Poor access to societal benefits, increased exposure to risks, and innate predisposing conditions, all underlie health disparities.

People can experience health disparities because of gender, age, race/ethnicity, education, income, language, disability, geographic location, and sexual orientation. Reducing health disparities will require more than improving access to health care since disparities arise from social, economic, and political inequities. Broad health determinants, such as educational attainment, employment, income, lifestyle behaviors, discrimination, and environmental conditions, can all contribute to health disparities. These factors must be identified and addressed.

Health disparities equate to earlier death, greater disease and injury burden, decreased quality of life, loss of economic opportunity, and a sense of injustice for affected populations. Society also suffers from less productivity, higher health care costs, and social injustice. Health disparities can be recognized by such examples as higher tobacco smoking rates and poorer nutrition among less educated Washingtonians, or more use of chewing tobacco among rural men. Higher rates of vaccine-preventable diseases and HIV infection occur among certain racial/ethnic groups. Birth outcomes also vary by race.

In 2006, the Legislature passed a package of bills designed to implement recommendations from the Joint Select Committee on Health Disparities. One bill created the Governor's Interagency Council on Health Disparities, staffed by the Board, and tasked it with developing by 2012 a state action plan for eliminating health disparities. The plan may address only five conditions and social determinants of health in its first iteration.

In May 2010, more than two years ahead of schedule, the Council adopted its initial plan. The five social determinants and health conditions addressed by the plan are education, health insurance coverage, healthcare workforce diversity, obesity, and diabetes. The plan also includes recommendations to ensure appropriate language access services and to intentionally promote equity through state agency policies, programs, and procedures. Although the plan contains almost two dozen priority recommendations, the Council highlighted five it believes can be implemented with little or no new state funding.

- Ensure the State's schools with the largest academic achievement gaps have access to high-performing teachers and other certificated staff by reallocating funding for National Board Certification stipends and incentivizing training in culturally responsive teaching.

- Create a single, seamless, state-subsidized health insurance plan for public programs that includes options to cover all people in families with incomes below 200% of the federal poverty level and that defines a standard benefit package for all enrollees.

- Ensure all healthcare providers receive the training and resources they need to provide culturally competent care to all patients regardless of race/ethnicity, culture, socioeconomic status, or language through licensure requirements, workplace training, and reporting requirements for health professions education institutions.

- Require postsecondary institutions to set targets to increase enrollment and completion of diverse students in health care education programs until diversity reflects the population served and to report annually on progress to the Higher Education Coordinating Board.

- Appoint an endocrinologist and a certified diabetes educator to any statewide panel or policy making body created to address issues related to chronic disease management.

The state's primary focus for addressing health disparities during the 2011-13 biennium should be to begin implementing the plan, particularly the priority recommendations.

Focus health care reform on providing preventive services

Polling indicates that one of the greatest health concerns Washingtonians have had over the years is whether they can access health services when they need them. The greatest attention has been paid to the number of people who lack insurance, but even those who have insurance worry about rising out-of-pocket costs, unaffordable premiums, and difficulty getting in to see a provider. It is not enough to have the resources to access services if those services are not even available.

Once implemented, the Patient Protection and Affordable Care Act of 2010 should help address many of these problems. The Board is particularly concerned about whether people are receiving primary prevention and early screening, diagnosis, and treatment for both physical and mental health issues. When it comes to preventive services, we know access and availability are not the only problems—utilization is also an issue. It does not help if preventive services are available but insurance discourages utilization, people do not know about them, and providers do not make sure patients take advantage of them. One study of 1,536 children found that they received the indicated care (the care the literature suggests would be best for them) only 46.5% of the time. When they had immediate (acute) medical problems or chronic health conditions, they received the indicated care 67.6% of the time and 53.4% of the time, respectively. But they received indicated preventive care only 40.7% of the time.

The 2008 Healthiest State in the Nation Report Card prepared by the Washington Health Foundation ranks Washington 32nd among all states for preventive services. The foundation used a composite measure for preventive services that comprised prenatal care, cholesterol screening, colorectal cancer screening, childhood immunizations, mammography, and fluoridation of public drinking water. In Washington, 73% of children ages 19-35 months are immunized, but only 53.1% of mothers receive adequate prenatal care. A draft report by the foundation identified three factors that appear to inhibit the use of preventive care: "an inconsistent patchwork of requirements and enforcement, variations in primary care practice standards, and low public awareness of clinical preventive services."

Washington State has undertaken a variety of measures to try to increase use of preventive services. These include expanding public insurance options for children, mandating that all insurers provide benefits for specified services, providing coverage for preventive services with reduced cost sharing as part of publicly purchased insurance plans, increasing payments to primary care providers for delivering preventive services, trying to address the underutilization of Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT), and promoting person-centered health care homes. Now the state has an eager partner in the federal government.

The Patient Protection and Affordable Care Act not only promises to cover more than 40 million additional lives, it contains many provisions intended to increase the availability, affordability, and utilization of preventive services. It requires that "essential health benefits," which must be provided with limited cost sharing, include preventive and wellness services. It mandates that insurers offer coverage for a host of preventive services. It covers a wellness visit for Medicare recipients and waives coinsurance for most preventive services. It covers tobacco cessation for women on Medicaid. It strengthens the roles of the U.S. Preventive Service Task Force and the Community Preventive Services Task Force. It funds an education and outreach campaign to raise public awareness of prevention and wellness. It establishes a Prevention and Public Health Fund with $500 million in funding in federal fiscal year 2010, increasing to $2 billion a year in 2015 and beyond. It encourages better oral health, school-based health clinics, immunizations, and much more.

As Washington continues efforts to implement federal health care reform during the 2011-13 biennium, it should make sure it is as focused on prevention and wellness as it is on increasing the number of individuals covered by health insurance. It should look to the new federal programs to leverage the work it has already begun to increase the delivery of preventive services in the state.

Integrate prevention policies across state agencies

Solving complex problems often requires coordinated, multidisciplinary approaches. This fact has been readily apparent in the Board's recent work that highlights the connection between the academic achievement gap and health disparities. The Governor's Interagency Council on Health Disparities has included education as one of the five health conditions and social determinants of health addressed in its state action plan. Schools are increasingly aware that if they are going to make progress toward improving the academic proficiency of all students, they must address nutrition, physical activity, the health of the school environment, management of chronic diseases, early childhood trauma, and other health factors. School-based health clinics, for example, have been shown to do more than just improve the health of the students served; they can increase a school's performance on standardized tests. And the Superintendent of Public Instruction is coordinating with the Secretary of the Department of Social and Health Services to help children on Medicaid who are at academic risk.

More often than not, a given policy portfolio cannot be assigned to a single agency. The Governor recently recognized the complexity of policy solutions and the need for coordination across agencies when she established two subcabinets by executive order:

- On December 2, 2009, she established the Natural Resources Cabinet to coordinate programs and policies related to natural resources and environmental protections. Participating agencies include the departments of Agriculture, Ecology, Commerce, Health, Natural Resources, Fish and Wildlife, the Recreation and Conservation, Office the Puget Sound Partnership, state commissions for Utilities and Transportation, Parks and Recreation, and Conservation, the Governor's Office, and the Office of Financial Management.

- On April 1, 2010, she established the Health Care Cabinet, which is charged with implementing national and state health reform and making recommendations for the consolidation of state health care purchasing. The cabinet comprises the administrator of the Health Care Authority, the secretary of the Department of Health, the secretary of the Department of Social and Health Services, the director of the Executive Policy Office, and the director of the Office of Financial Management. The Insurance Commissioner will also participate and the cabinet can draw on the resources and expertise of the departments of Corrections, Retirement Systems, Veterans Affairs, and Labor and Industries.

The Patient Protection and Affordable Care Act takes a similar approach to coordinating prevention and wellness efforts across federal agencies, establishing a National Prevention, Health Promotion & Public Health Council. The council is effectively a cabinet intended to increase coordination and leadership for prevention and wellness programs and policies, strengthening public health and integrative health, and developing a National Prevention Policy. Housed in the Department of Health and Human Services and chaired by the surgeon general, the council includes leaders from a variety of federal departments and agencies, including Agriculture, Education, Transportation, Defense, Veterans Affairs, Interior, Labor, Homeland Security, Housing and Urban Development, and Environmental Protection.

Since part of the Washington Health Care Cabinet's charge is to implement federal health reform, and that reform has numerous prevention, wellness, and public health provisions, the cabinet presumably will address prevention to some extent. Its primary focus, however, appears to be health care coverage, cost, quality, and purchasing.

Given the pressing need to implement insurance-related reforms, it makes sense that this would be the immediate focus, but the Board believes the state eventually needs to either expand the charge and the membership of the Health Care Cabinet or create a second health cabinet equivalent to the national prevention council. This second cabinet would foster a coordinated approach to prevention of communicable diseases, community risk factors, violence, intentional injury, abuse and neglect of vulnerable populations, substance abuse, and mental disorders.

Goal 1: Strengthen the public health system

In 2009, Washington State, along with the rest of the world, experienced an outbreak of a novel strain of the influenza virus known as pandemic H1N1. It resulted in hundreds of hospitalizations and dozens of deaths. It was also the worst year yet for West Nile virus in the state, with 37 known human cases and the first death. While responding to H1N1 with a mass vaccination campaign and monitoring for West Nile virus, state and local public health agencies were also preparing against devastating floods and possible emergencies at the 2010 Vancouver Olympics while simultaneously dealing with outbreaks of foodborne illnesses and infectious diseases.

Such events underscore the importance of ensuring all Washingtonians have access to a strong, integrated system of public health and health care programs. At the same time that headlines were reminding us of the importance of public health, however, they were also informing us of shrinking budgets, program cuts, and layoffs at local health jurisdictions. Staffing and funding reductions of 30 percent have been common as local governments have struggled to deal with the loss of tax revenues during the recession.

The Board continually looks for ways it can use its rule-making authority to improve public health's capacity to control the spread of human disease.

At the state level, policy makers have also faced difficult choices. A recent $20 million per biennium infusion of state support for local public health agencies was cut by $4 million in 2009 and support for tobacco prevention programs was reduced. Additional cuts in categorical programs such as HIV/AIDS services and administrative reductions across state agencies will inevitably stretch public health further in 2010.

In recent years, the Board has participated in a variety of efforts to promote stable funding that will support a fully functioning public health system staffed, trained, and equipped to meet today's challenges. Even in difficult times, however, the public health system has maintained efforts to maximize its own capacity, and the Board has been a partner in those efforts. The Board continues to be part of the Public Health Improvement Partnership efforts to ensure that Washington State's public health system remains a national leader in accountability, efficiency, and quality.

The Board continues to meet with local boards of health to improve communication, learn about local concerns, and promote local awareness of Board activities. It constantly works to improve its own organizational capacity and looks for ways it can use its rule-making authority and policy development capacity to improve public health's ability to control the spread of human disease. Planned areas of focus for the next few years include tuberculosis and viral hepatitis. In 2009, the Board updated it rules concerning HIV/AIDS to lower barriers to testing and launched a major review of the notifiable conditions rule.

Goal 2: Increase Access to Preventive Services

The Board works to improve the health of communities and believes that providing universal access to a core set of services is one of the best ways to ensure that health care delivery contributes to a healthy population. These services begin with traditional public health interventions—particularly primary prevention—but also include personal medical services that improve the health of the community.

A core public health function is to ensure all members of a community have access to critical health services. As part of its work with the Public Health Improvement Partnership, the Board in 2001 produced a *Menu of Critical Health Services* so public health would know which services to monitor and promote. The Board encourages use of its *Menu* in policy and purchasing decisions and promotes local efforts to improve access.

Critical health services can include mental health services. The Board is part of the Prevention Advisory Group, a statewide group convened by the Mental Health Transformation Project that has developed a model for a system that promotes mental health, intervenes early to address emerging mental health problems, and reduces the devastating impact of mental illness. The Board developed a white paper in 2007 that articulates what a system for promoting mental wellness and preventing mental illness across the lifespan might look like for Washington State. It became the centerpiece at a series of community meetings and laid the foundation for a May 2008 statewide policy summit. In 2009, the Prevention Advisory Group asked the Board's executive director to serve as its chair. The group is developing a plan to continue its work when the Mental Health Transformation Project ends in August 2010.

Some population-based interventions are so effective that Washington State has chosen to pass laws to provide for early detection and screening and to improve utilization rates for preventive services. In some cases, Board rules govern the implementation of those laws. In 2009, the Board updated its rules requiring eye treatment for newborns and repealed rules requiring scoliosis screening in schools, a practice the Legislature agreed was no longer justified. In 2010, it modified rules for visual screening in schools to reflect a statutory change that allowed eye care health providers to volunteer as screeners. The Board also participated in planning efforts to maintain a system of universal purchases of childhood vaccines—when the state could no longer afford to purchase vaccines for children not covered through federal programs, insurers stepped forward to fund a purchasing pool. It will continue to review state immunization requirements for children in child care and school against federal recommendations.

A core public health function is to ensure all members of a community have access to critical health services.

Goal 3: Reduce health disparities

The Board is committed to ending health disparities in Washington State and contributes to this work primarily by providing staff support to the Governor's Interagency Council on Health Disparities. The Council is charged with creating a state action plan to eliminate health disparities by race/ethnicity and gender. The initial action plan will focus on five determinants of health and health outcomes: education, health insurance coverage, health care workforce diversity, obesity, and diabetes.

During 2009, the Council convened advisory committees to identify, assess, and prioritize policies for its five priorities. Each committee had diverse representation and balanced expertise in public health, public policy, health disparities, the particular health topic under consideration, and the needs, concerns, and assets of affected communities. Each advisory committee presented recommendations to the Council and the Council has provisionally endorsed the committees' work. The Council sought public input and will incorporate final recommendations into its state action plan, expected to be released by the end of 2010.

In the past, much of the Council's outreach work involved identifying and reaching out to community leaders and organizations serving communities of color to share information about the Council and to seek input into the Council's work. During 2009, outreach activities focused on bringing together public, private, and community sectors to leverage resources in ways that work to end health disparities. The linkages have resulted in collaborations that stretched resources—a critical need in the recent and current economic environment.

"You can't educate a child who isn't healthy and you can't keep a child healthy who isn't educated."

Other 2009 highlights include the successful redesign of the Council's Web site–HealthEquity.wa.gov–and dissemination of the *Washington Multicultural Health Communications Directory*. The directory has been used in multiple ways, including to reach Hispanic/Latino communities with information about H1N1 influenza.

In addition to supporting the Council, the Board has its own policy development initiatives related to health disparities. Since 2007, when it co-led the Each Student Successful Summit, the Board has continued to explore ways to simultaneously address health disparities and the academic achievement gap. In 2009, the Board co-sponsored the publication *Research Review: School-based Health Interventions and Academic Achievement* along with the Department of Health and the Office of Superintendent of Public Instruction. Findings in the report document a strong relationship between 13 health risk factors and self-reported grades among Washington students, including students of color. The report documents best practices in school-based interventions that improve the health and academic success of students.

During 2009, the Board, in collaboration with the Council, completed two health impact reviews—one on proposed cuts to health and social services and another on a bill to remove statewide assessments from high school graduation requirements. All reviews can be found on the Board's Web site at: sboh.wa.gov/HIR.

Goal 4: 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 works to promote policies that make it easy for Washington families to adopt healthy behaviors.

The Board collaborates with other agencies and nongovernmental organizations on a variety of policy development activities aimed at improving children's nutrition and physical activity. Examples of groups the Board works with include: Washington Action for Healthy Kids, an affiliate of the National Action for Healthy Kids; the Childhood Obesity Prevention Coalition; the Washington Health Foundation's Healthiest State in the Nation campaign; and the Coordinated School Health program, jointly administered by the Department of Health and the Office of Superintendent of Public Instruction.

In 2009, the Board along with the Department of Health and the Office of Superintendent of Public Instruction produced *Research Review: School-based Health Interventions and Academic Achievement*. Although this publication was included under goal 3 of the Board's strategic plan–reduce health disparities–it is directly relevant to efforts to encourage healthy behaviors among school-age children. For more information, please refer to the Health Disparities section, page 18.

Going forward, the Board hopes to work with the Centers for Disease Control and Prevention and other potential partners to explore ways to disseminate and track *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* at the local level. This report identifies 24 recommended strategies that communities can use to plan and monitor environmental and policy-level changes for obesity prevention. The strategies are divided into six categories:

1. Promoting the availability of affordable healthy food and beverages,
2. Supporting healthy food and beverage choices,
3. Encouraging breastfeeding,
4. Encouraging physical activity or limiting sedentary activity among children and youth,
5. Creating safe communities that support physical activity, and
6. Encouraging communities to organize for change.

The Board looks for ways to support the Department of Health tobacco control efforts. It held a briefing in 2010 to highlight the work of the department's tobacco program and the challenges and opportunities facing tobacco control efforts.

Public health is about understanding, preventing, and controlling disease and injury across our entire population.

Goal 5: 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. In 2009 and early 2010, the Board's Environmental Health Committee directed rule making efforts regarding school facilities, Group B public drinking water systems, shellfish harvesters, septic tanks, animal diseases transmissible to humans, water recreation facilities, food service establishments, and the keeping of animals. Recession-caused reductions in Board and Department of Health staff resulted in curtailment of rule making for homeless shelters and clandestine drug manufacturing sites.

The Board continued to devote time and energy in 2009 to updating its school environmental health and safety rules. Legislative interest in the rules during the 2008 and 2009 sessions resulted in the Board postponing a decision on the rules until June 2009 and then directing staff to file a supplemental proposal to make revisions consistent with restrictions enacted by the Legislature in 2009 that prohibited implementation of new or amended rules unless funded. In August 2009, the Board adopted rules with language clarifying that the existing rules, chapter 246-366 WAC, would remain in effect until legislative action allows them to be superseded by the new rules, chapter 246-366A WAC.

"In recent years, it is estimated that there were more than 156,000 injuries annually on public playgrounds across the country that required emergency room treatment."

—U.S. Consumer Product Safety Commission Handbook on Public Playground Equipment, 2008

During 2009, the Board twice revised its rules for shellfish harvesting—once to reduce illnesses from *Vibrio parahaemolyticus*, which can be contracted by eating raw or undercooked oysters, and once to reference current national shellfish sanitation standards. It also adopted new septic tank design standards. It began reviewing an antiquated rule about disposing of animal manure, and it agreed to a Department request to revise the food service rules to reflect updates to the U.S. Food and Drug Administration's model food code. In addition, it delegated authority to the Department for two rule revisions intended to make state rules more compatible with federal laws and regulations. One revision would make the water recreation rules consistent with pool safety provisions contained in the Virginia Graeme Baker Act. The other would make the Group A drinking water systems rules compatible with new Environmental Protection Agency requirements to better protect consumers from lead and copper.

The Board has worked to increase the visibility of environmental public health issues among public health professionals. During the 2009 and 2010 legislative sessions, its staff provided input on bills related to the Board's school environmental health and safety rules; food safety rules; on-site wastewater disposal system inspections; unwanted drug disposal; and bisphenol A in consumer food and beverage containers.

Health and Sanitation

Keith Higman, M.P.H., Chair, is the Environmental Health Director for Island County Health Department and has worked in the field of environmental health for more than 11 years.

Frankie T. Manning, R.N., M.P.H., retired in 2010 from the Department of Veterans Affairs Puget Sound Health Care System where she served as the Associate Director of Nursing Service.

Patricia Ortiz, M.D., is a family practice physician at the Wenatchee Valley Medical Center.

Mel Tonasket served on the Colville Confederated Tribal Council for 19 years and was formerly chairman of the School Board for Paschal Sherman Indian School in Omak.

Local Health Officers

Diana T. Yu, M.D., M.S.P.H., is a board certified pediatrician who has been in public health practice since 1986. She serves as Health Officer for Thurston and Mason counties.

Department of Health

Mary Selecky is Secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District.

Elected City Officials

The Honorable Donna Wright, is a member of the Marysville City Council and the Snohomish Health District Board.

Elected County Officials

The Honorable John Austin, Ph.D., Vice Chair, has served as Jefferson County Commissioner since 2007 and also serves as a member of the Jefferson County Board of Health.

Consumers

Maria C. Hernandez-Peck, Ph.D., is the Associate Professor of Social Work at Eastern Washington University and has been the Director of the Center for Studies in Aging since 1983.

Karen VanDusen, R.S., M.S.P.H., retired in 2008 from the University of Washington where she served as the Director of Environmental Health and Safety.

Board Staff

Craig McLaughlin, M.J., Executive Director
Heather Boe, Communications Consultant
Christy Hoff, M.P.H., Health Policy Advisor
Desiree Day Robinson, Executive Assistant
Ned Therien, M.S., M.P.H, R.S., Health Policy Advisor
Tara Wolff, M.P.H., Health Policy Advisor