

WASHINGTON STATE BOARD OF HEALTH

State Health Report

2016





“YOU CANNOT EDUCATE A CHILD WHO IS NOT HEALTHY, AND YOU CANNOT KEEP A CHILD HEALTHY WHO IS NOT EDUCATED.”

– *Joycelyn Elders, MD*

TABLE OF CONTENTS

Introduction.....	1
Key Accomplishments.....	3
Overview of Board Rulemaking and Policymaking.....	4
Board Priorities and Recommended Strategies to the Governor and Legislature	5
Foundational Public Health Services	
Promoting Health Equity	
Advancing School Health	
Conclusion.....	16
Board Membership.....	17
Appendix	18



The Washington State Board of Health has been responsible for producing a biennial State Health Report for more than 25 years.

The purpose of the report is to “outline the health priorities of the ensuing biennium.” RCW 43.20.50 requires that the report must be produced in even-numbered years and that the Governor must approve, modify, or disapprove the report.

The 2016 report highlights strategic directions - high level policy initiatives - that deserve the attention of the Governor and Legislature; and senior management across state agencies.

WHO WE ARE

Health begins where we live, learn, work, and play.

The Washington State Board of Health was established by the Washington State Constitution in 1889 to serve the health and safety of the people living in Washington.

Since the beginning of statehood, the Board has played a critical role in meeting its obligation to the people of Washington to understand and prevent diseases across the entire state population.

By providing leadership through rulemaking and policy development, and by offering a public form that enables the people of the state to help shape health policy, the Board works to *provide statewide leadership in advancing policies that protect and improve the public's health* in an effort to ensure the health, safety, and well-being of all people in Washington will improve.

What We Do

The Board formulates statewide policy recommendations, develops health and safety rules, engages the public through public meetings, and conducts outreach to local boards of health and advisory groups.

The Board staffs and supports the Governor's Interagency Council on Health Disparities, which is charged with creating recommendations for eliminating health disparities by race/ethnicity and gender in Washington.

Additionally, the Board conducts Health Impact Reviews at the request of the Governor or Legislature. A Health Impact Review is an objective analysis of how a proposed legislative or budgetary change may impact health and health disparities.

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. The Board divides its time between three related responsibilities through which the public can help shape health policy. It is also part of an active network of public health agencies that collaborate to provide a safer and healthier Washington.

Rulemaking

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, and prevents and controls the spread of communicable diseases. We assure children receive appropriate and timely health and vision screenings, and immunizations. We assure that septic systems don't contaminate streams and groundwater. We enhance the safety of a wide range of facilities we use every day – pools, schools, restaurants, camps, outdoor concert venues, hotels, 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 "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 the new opportunities for public health improvement through its recent recommendations to improve the Oral Health of Washington residents.

Public Engagement

A central part of the Board's mandate is to bring the public into policy development process. Its meetings, which are held across the state, provide a forum for public testimony on any health subject. The Board has a long history of holding public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rulemaking. In all aspects of its works, the Board prides itself on encouraging collaboration. In recent years, the public has approached the Board on newborn screening rules, fluoride in drinking water, and environmental health related to nitrates in drinking water.

KEY ACCOMPLISHMENTS

Your opportunity for health starts long before you need medical care.

Every day, the Board policies make Washington State a safer and healthier place to live, learn, work, and play. Recent key accomplishments include:

- The Board has the duty under RCW 70.83.050 to define and adopt rules for screening Washington-born infants for heritable conditions. WAC 246-650-020 lists conditions for which all newborns must be screened. *In January 2016, the Board approved and adopted the added recommendation for screening of the Adrenoleukodystrophy (ALD). The Newborn Screening Advisory Committee added ALD to the newborn screening list.*
- RCW 43.20.050 authorizes the Board to adopt rules regarding drinking water systems. The Board, in partnership with the Department of Health, worked to update WAC 246-290-460, Fluoridation of Drinking Water. *In June 2015, the Board initiated rulemaking to adjust the state's Fluoridation of Drinking Water rule in accordance with DHHS recommendations. In March 2016, the Board adopted proposed revisions to WAC 246-290-460, Fluoridation of Drinking Water.* These rules assure that water systems that choose to fluoridate provide the optimal level of fluoride to their community.
- RCW 43.20.050 requires the board to provide a public forum for policy development in Washington State. *The Board, in partnership with the Washington Dental Service Foundation and Empire Health Foundation, held two symposia on oral health in April 2015.* Each symposium included keynote and panel presentations from dental and oral health experts as well as community and stakeholder participation regarding implementation of the Board's seven Recommended Strategies to Improve the Oral Health of Washington Residents.

- RCW 43.20.285 authorizes the Board to conduct Health Impact Reviews (HIRs) in collaboration with the Governor's Interagency Council on Health Disparities. A HIR is an objective analysis of legislative or budgetary proposals to identify likely impacts on health and health disparities. *To date, Board staff have completed 31 HIRs. For the 2015 - 2015 Biennium, staff was asked to testify on health impact review findings at 11 public hearings for seven different bills. HIRs have been referenced in bill reports, mentioned in staff reports, cited by legislators during public hearings, and mentioned in media reports. During the 2015 legislative session, health impact review requests exceeded staff capacity.*

280 newborns are screened daily for genetic disorders, many of which could be fatal if left undiagnosed and untreated.

The Board determines which disorders are included in these mandatory screenings.

More than 5.5 million people enjoy safe and reliable drinking water each day due to Board rules implemented by state and local health departments.

More than 1 million children attend school each day protected against disease outbreaks. That is because 85 percent of children entering child care and school are immunized against vaccine preventable diseases regulated by the Board.

People eat in Washington 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.

OVERVIEW OF BOARD RULEMAKING AND POLICYMAKING POWERS AND DUTIES

Your neighborhood, school, or home shouldn't be hazardous to your health.

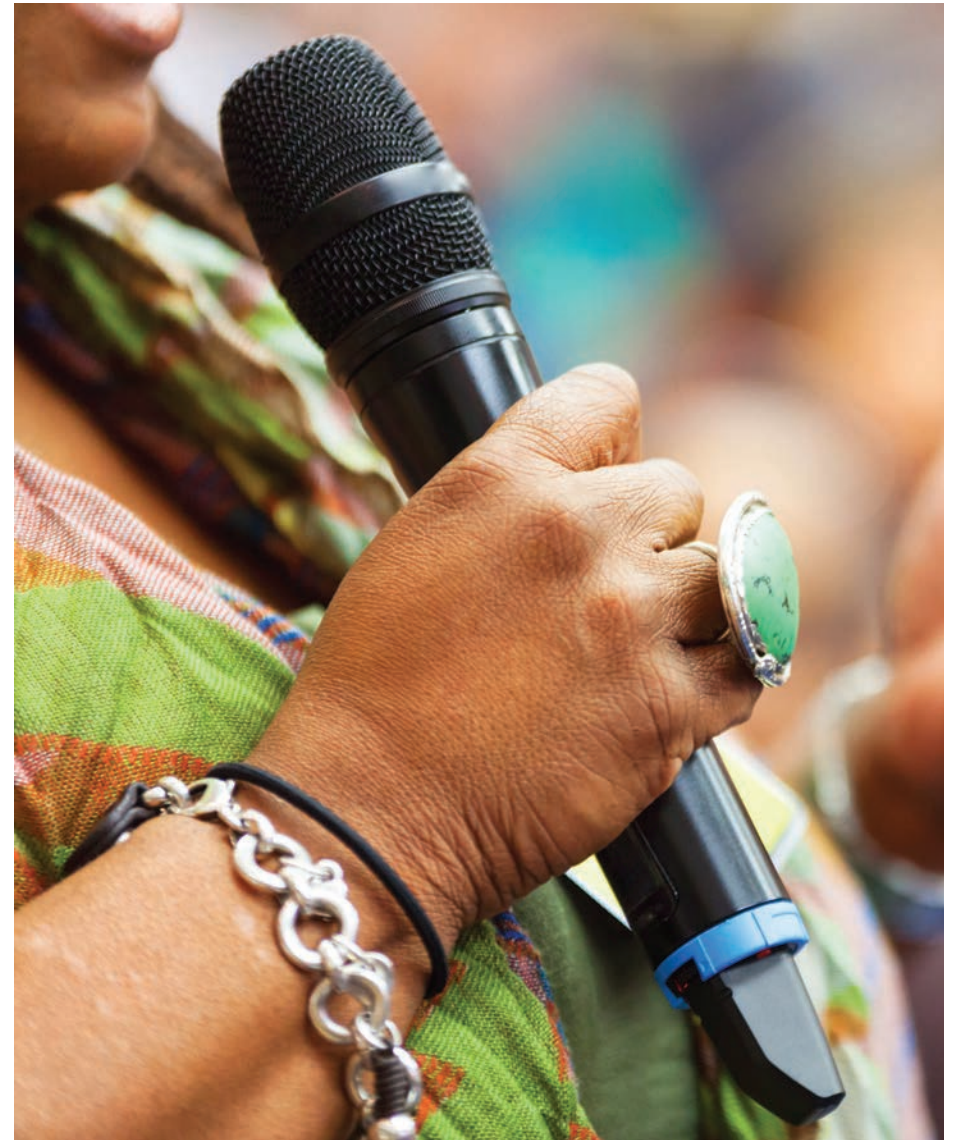
The Washington State Board of Health is part of a statewide network of public health agencies that are always working for a safer and healthier Washington.

Membership of the Board includes the Department of Health as 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 slots to represent consumers, and four members represent health and sanitation. This assures the Board has access to the medical and scientific expertise it needs to make sound decisions.

Washington State Board of Health Statutory Authority

The Board is a constitutional agency of the state of Washington. Article XX, Section 1 states: "There shall be established by law a state board of health and a bureau of vital statistics in connection therewith, with such powers as the legislature may direct."

The Board's primary authorizing statute is chapter 43.20 RCW. Section 020 describes the composition of the Board, while section 050 describes most of its powers and duties. This latter section contains the broad and the general authorities that underlie most traditional public health activities in this state including drinking water standards, communicable disease control and reporting, food safety, and regulation of on-site septic systems. In addition, some three dozen statutory sections outside of chapter 43.20 RCW grant the Board a variety of authorities to help ensure the health and well-being of people living in Washington. The Board also provides staff to the Governor's Interagency Council on Health Disparities and conducts Health Impact Reviews in collaboration with the Council.



BOARD PRIORITIES AND RECOMMENDED STRATEGIES TO THE GOVERNOR AND LEGISLATURE

The opportunity for health begins in our families, neighborhoods, and schools.

BOARD PRIORITY

Foundational Public Health Services

Public health affects everybody. People who lack access to safe and reliable drinking water, eat contaminated food or are exposed to vaccine-preventable disease, can become ill, and significantly impact their families and community.

The public health system is made up of a network of state, local agencies that work together to identify and prevent the spread of disease. But public health in Washington is at a crossroads.

After a century of effectively preventing death and illness and increasing the quality of life of our residents, today we face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. These new realities require a rethinking of how the governmental public health system does our work if we are to:

- Sustain our past successes – protect the capabilities of our communicable disease response, public health laboratory services, core environmental public health work, and emergency preparedness and response.
- Confront our emerging challenges – address chronic diseases such as diabetes and heart disease resulting from underlying causes such as tobacco use, poor nutrition, and physical inactivity, as well as address preventable injuries and giving everyone a chance to live a healthy life regardless of their income, education, racial, or ethnic background.

- Use our available resources most efficiently and effectively – forge new partnerships and use technology to shape a better, more effective public health system.

In short, we need to modernize our governmental public health system to address these new realities.

The governmental public health system, comprised of the Department of Health, Board, local health jurisdictions, and tribes work together to identify and prevent the spread of disease and illness in our state. The system is stretching to its breaking point, where funding and service levels vary significantly across the state, system-wide chronic underfunding and resulting critical gaps in the basic infrastructure of the system is compromising the health of our communities and leading to widening health disparities across the state. The system's efforts go largely unnoticed until people become seriously ill or die.

For example, critical services such as adequate capacity to respond to a communicable disease outbreak such as measles or monitoring returning travelers for Ebola are no longer available in some communities. The ability to collect and analyze health data to guide investments in improving the health of our communities is limited at a time when our state is implementing a major change in health care delivery and information to guide this work is critical.

The Board is a critical part of the governmental public health system and monitors the health of people in Washington. It develops policy, rules and recommendations that state and local health agencies use to prevent illnesses and protect the health of people living in Washington. Funding for Board activities has also been reduced over the past few years resulting in limited capacity to perform its critical leadership role.

Vision for a 21st Century Public Health System

The governmental public health system, comprised of the Department of Health, Board, local health jurisdictions, and tribes are working together and with key stakeholders to create a modern and sustainably funded governmental public health system. Washington State needs a governmental public health system that is organized and funded to meet the specific community health challenges of the 21st century and that ensures that all communities throughout the state can rely on a core set of public health services that are essential to protecting and promoting healthy communities statewide.

Implementing the Vision

Foundational Public Health Services (FPHS) are the core services for which the state or local health jurisdictions are the only or primary provider, statewide. FPHS includes basic programs like communicable disease control, chronic disease and injury prevention, maternal child health, access to health care, vital records and environmental public

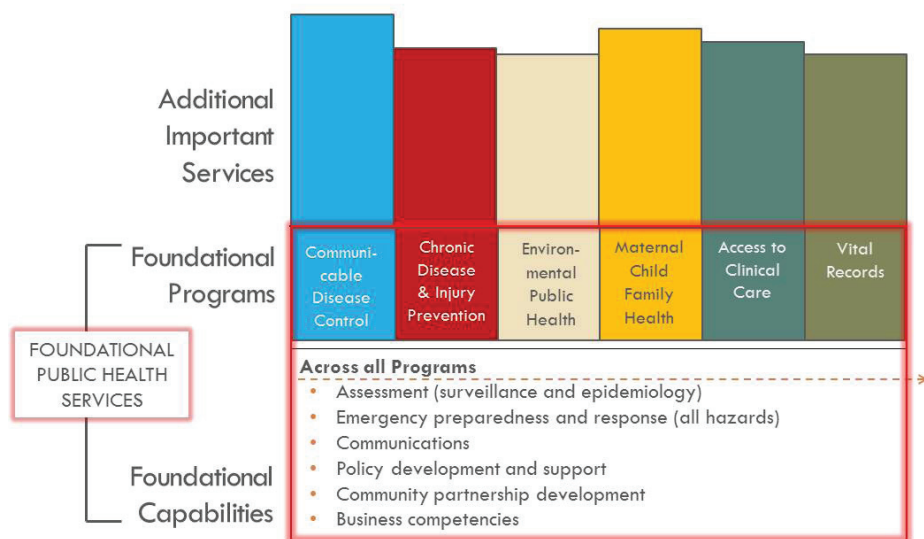
health; as well as basic competencies such as assessment, emergency preparedness and response, communications, policy development, community partnership development and the infrastructure to support this critical work.

Examples include: collecting and using data to identify community health problems and health disparities to guide public health planning and decision making; helping communities plan for and respond to disasters or emergencies in accordance with national and state guidelines; communication to inform stakeholders about public health services and issues and to promote positive change; developing evidence-based and emerging public health policy recommendations that promote health and reduce health disparities; mobilizing community partnerships to identify and solve health problems including the reduction of health disparities.

While FPHS are the core services needed in every community in Washington, they also provide a strong foundation from which the state and local communities can deliver Additional Important Services (AIS) that address specific community needs. AIS are those services which are critical locally but do not necessarily need to be provided by governmental public health for all people throughout Washington.

A crucial component of modernizing our governmental public health system is to enhance the overall efficiency and effectiveness of the current state/local governmental public health service delivery model. To maximize return on investment and ensure that the foundational services are available statewide, the department and local health jurisdictions must identify strategies that would maximize the opportunities to deliver services through cross-jurisdictional sharing (collaboration among several providers) and cross-jurisdictional delivery methods (services provided by one provider on behalf of others).

FRAMEWORK FOR THE FOUNDATIONAL SERVICES



A fair chance for good health begins by lifting everyone up.

During the 2016 legislative session, the Legislature included a budget proviso in the Department of Health budget that reads:

“Recognizing the financial challenges faced by the public health system, which comprises state and local entities, and the impact that those financial challenges have had on the system’s ability to deliver essential public health services throughout the state, the legislature directs the department and local public health jurisdictions, within amounts appropriated in this section, to provide a proposal outlining a plan for implementing foundational public health services statewide to modernize, streamline, and fund a twenty-first century public health system in Washington state. Current fees that support the work of public health should be reviewed, and the proposal should identify those fees that are not currently supplying adequate revenue to maintain compliance or enforcement. The first report regarding the proposal is due to the appropriate committees of the legislature no later than December 1, 2016, and subsequent reports shall be submitted biennially, thereafter.”

State and local public health leaders have been working on a 2017 Legislative Proposal to implement the framework for a 21st Century Public Health system in Washington. The proposal will include a policy request to add the framework for a modern public health system into state law and a funding request to address some of the most pressing FPHS gaps at the state and local level.

The Board supports the following recommendations developed by the FPHS Policy Workgroup and state and local public health leaders.

- State funding for public health should ensure that the costs of the Foundational Public Health Services are covered in every community.
- Foundational Public Health Services should be funded with statutorily directed revenues placed in a dedicated Foundational Public Health Services account.

- Allocation determinations should be a collaborative process between state and local stakeholders
- A robust accountability structure that aligns with the Foundational Public Services framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment
- Tribal public health, with support from the Department of Health, should convene a process to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people of Washington.
- Local spending on Additional Important Services should be incentivized.

Over the next several months the Board will participate with its partners in local, tribal and state health to help refine the legislative proposal to implement foundational public health services and the new framework statewide. They will also participate in the development of a phased implementation plan as directed in the 2016 budget proviso.

Board Recommendation

The Board recommends that the Legislature approve the governmental public health system’s policy and budget proposals as the first step towards achieving the new vision and approve the implementation plan to modernize and fund a 21st Century public health system.



Photo courtesy of Renton Technical College

*All Washingtonians should have the opportunity to make the choices that allow them to live long, healthy lives
- regardless of their income, education or racial/ethnic background.*

BOARD PRIORITY

Promoting Health Equity in Washington State

Setting a fair and adequate baseline of health for all is critical to giving all people in Washington a fair shot at good health. Too many families and individuals live in resource poor neighborhoods that do not offer sufficient choices to pursue paths to better health.

Enabling people to choose the right path to better health cannot be achieved when distribution of social, economic, and political resources and its systems create inequities for some populations.

Health is influenced more by the opportunities we have to get a good education, find a good job, and live in a safe and supportive community than by what happens in a doctor's office.

Inequities exist by gender, age, race/ethnicity, education, income, language, disability, geographic location, and sexual orientation. Health disparities can include premature 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 inequity.

The Governor's Interagency Council on Health Disparities

Under RCW 43.20.275 the Board convenes and staffs the Governor's Interagency Council on Health Disparities. The Council is charged with identifying priorities and creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender in Washington.

The Council was created by the Legislature in 2006 through the passage of Second Substitute Senate Bill 6197. The bill's prime sponsor was by Senator Rosa Franklin. It was one of four bills that passed in 2006 resulting from recommendations of the Joint Select Committee on Health Disparities. This year marks the Council's 10 year anniversary.

The Council's primary responsibility is to create an action plan for eliminating health disparities by 2012, followed by biannual updates. Statute includes a list of health topics that the Council is directed to prioritize and address on an incremental basis along with addressing the social determinants of health.

The Council convenes advisory committees to help develop policy recommendations for each of its priority health topics. Committees represent diversity in race, ethnicity, and gender, and include participation from state agencies and the public, including community-based and non-profit organizations from across the state.

Current recommendations from the Council include eliminating health disparities in adverse birth outcomes and promoting equity in state policy and program development.

Eliminating Disparities in Adverse Birth Outcomes

In order to contribute to ongoing efforts in the state to address adverse birth outcomes, the Council convened an advisory committee to assist with developing recommendations. The committee represented community-based organizations and coalitions, health care practitioners, state and local governmental organizations, tribal organizations, and other nonprofit entities. The committee originally met six times from February through April 2015 and presented its recommendations to the Council at its May 13, 2015 meeting. It then decided to continue working to develop further recommendations and met four more times from June through October 2015. **The six recommendations from the committee are:**

- *To fund local communities at high risk for adverse birth outcomes to develop and implement community-driven prevention programs.*
- *To increase funding for First Steps to enhance the Maternity Support Services program.*
- *To provide medical reimbursement for doula care.*
- *To support the American Indian Health Commission's Maternal-Infant Health Strategic Plan.*
- *To promote equity in state government through cultural humility and Government-to-Government training for state employees, the use of equity assessment tools in agency decision making, and increased capacity for Health Impact Reviews.*

More detail about these recommendations is available in the Council's June 2015 and December 2015 Action Plan Update reports.

Promoting Equity in State Policy and Program Development

Most recently, the Council approved a recommendation for the Governor to consider issuing policy to create a comprehensive initiative to promote equity in state government. The Council offers to serve as a resource in the creation of the policy, and suggests the **Governor's Office consider a policy that includes the following actions:**

- *Ensure that diverse racial/ethnic communities, Tribes, low-income communities, and others are included and have a voice in state government decisions.*
- *Improve access to information and services for people who speak languages other than English.*
- *Increase the diversity of the state workforce at all levels to reflect the growing diversity of Washington State, including racial/ethnic, language, and disability diversity.*
- *Improve the cultural humility of the state workforce at all levels to better serve all people in Washington State.*
- *Assess potential impacts of policy, program, and budget decisions on equity and make necessary changes to maximize benefits and limit harms.*
- *Improve equity in grant and contracting practices, including increasing the percent of grants and contracts awarded to community based organizations serving diverse communities.*
- *Ensure that organizations that receive state support are also accountable for promoting equity.*
- *Promote the exchange of information and best practices to promote equity across state government.*
- *Collect, analyze, and distribute disaggregated data to uncover and raise awareness of inequities that exist within our state's diverse communities.*
- *Create performance metrics and track progress in making state government more equitable, such as through Results Washington.*

Additionally, the Council collaborates with the Washington State Board of Health to conduct Health Impact Reviews (HIR) as mandated by RCW 43.20.285.

Health Impact Reviews

A HIR is an objective analysis of a proposed legislative or budgetary change to determine if it will likely have an effect on health and health disparities. HIRs provide a review of scientific evidence that policymakers can use to promote health and equity in decision making and minimize any unintended adverse consequences.

HIRs can only be requested by the Governor or members of the Legislature. During legislative session staff must complete HIRs within ten days. In the interim, staff works with the requester to determine a deadline.

Over the course of the 2015 legislative session, the Board was able to use some savings resulting from a short term position vacancy to hire a part-time, 4-month project analyst to assist with reviews. Despite the additional support, staff capacity to conduct HIRs was exceeded and several legislators who inquired about making a request opted not to after learning there was a waiting list.

During the last two years, staff has completed 20 HIRs. Policy topics have been diverse and have included education, emergency response, mental health, public safety, environment, oral health, wage and labor, and juvenile justice.

As HIR requests have increased and the reviews have become more normalized and integrated into legislative processes, additional staff capacity is needed to assure Health Impact Reviews are completed within statutory deadlines.

The Council recently included a recommendation for the Legislature to provide additional funding to the State Board of Health to **increase capacity for Health Impact Reviews** in its recommendation to promote equity in state government.

Executive summaries and full reports for each review are available on the State Board of Health's [Health Impact Review web page](#).

For information about the Council and its members, a historical list of its recommendations delivered to the Governor and Legislature, or to read an overview of their work, please visit their website at: www.healthequity.wa.gov

Board Recommendation

The Board recommends the Governor and Legislature implement the recommendations of the Governor's Interagency Council on Health Disparities; as well as support and fully fund Health Impact Reviews.



Health starts - long before illness - in our homes, schools, and jobs.

BOARD PRIORITY

Advancing School Health

All Washingtonians should have the opportunity to live long, healthy lives, regardless of where they live, work, play or go to school.

We are social by nature, and when the ties that bind begin to unravel, so does our health. Health begins with good education where children learn not only how to read, write, and prepare for fulfilling, prosperous life, but how to treat each other with dignity and respect. Every child deserves safe and clean environments, and access to safe and reliable drinking water is a foundational public health service for our children.

Primary and Secondary School Health and Safety

RCW 43.20.050(2)(d) mandates the Washington State Board of Health to “Adopt rules controlling public health related to environmental conditions including but not limited to heating, lighting, ventilation, sanitary facilities, and cleanliness in public facilities including but not limited to food service establishments, schools, recreational facilities, and transient accommodations[.]”

The Board has had some form of school environmental health and safety rules since 1960. Chapter 246-366 WAC Primary and Secondary Rules has been in effect since 1971 and the last update to this rule was in 1991. In 2009, after significant public input, the Board adopted updates to the school rules to modernize the rules and to address parent and teacher concerns regarding school safety, drinking water and air quality.

Chapter 246-366 WAC will be superseded by chapter 246-366A Environmental Health and Safety Standards for Primary and Secondary Schools, if the Legislature lifts the suspension of the implementation that has been in each operating budget since the 2009-11 biennium.

The legislative proviso reads:

The department of health and state board of health shall not implement any new or amended rules pertaining to primary and secondary school facilities until the rules and final cost estimate have been presented to the legislature, and the legislature has formally funded implementation of the rules through the omnibus appropriations act or by statute.

News media regarding the Flint Michigan water crisis in 2016 has generated significant interest and concern regarding the safety of drinking water in Washington schools. Some, but not all school districts voluntarily test their drinking water fixtures for lead and copper. The Department of Health recently posted a testing protocol on its website that will help assure that schools that choose to test their water use a consistent, valid testing protocol. Mandatory school drinking water testing was one of the important components of the school rules that have been suspended since 2009. The water quality monitoring sections would have required schools to sample all fixtures, regularly used for drinking or cooking for lead and copper. If water testing yielded elevated lead samples, schools would need to take corrective actions, including preventing use of the fixture and notifying staff, students, parents and the local health official.

The Governor has directed the Department of Health, Office of Financial Management and Board to review the suspended rules and prepare a decision package to implement the School Rule, with an emphasis on implementing the portion of the rules related to lead exposure.

The Board supports this directive, and applauds the Governor's leadership to identify and address potential sources of lead that impact Washington's children and families.

The suspension of the school rules also impacts several other important health, sanitation and maintenance requirements for school facilities. Some of the suspended rules focus on modernization, and include updated references to the state building code. Other sections address the most common sources of injuries at schools, including assuring that playground equipment meets national consumer safety standards, and laboratories and shops have basic safety equipment such as eyewash stations and emergency showers, as well as emergency shut-offs for gas and electricity. The rules modernize heating and ventilation requirements to assure and that they meet best practices preventing contaminants such as pesticides, herbicides or exhaust from being drawn into the building or ventilation system. The appendix compares the existing school facility requirements to the suspended rules.

In 2015, the Joint Administrative Rules Review Committee reviewed the suspended rules and found that rules appear to be within the intent of the Legislature as expressed in statute, and the rules were adopted in accordance with all applicable provisions of law, and that the Board had complied with the Administrative Procedures Act, Open Public Meetings Act, and Regulatory Fairness Act. The school rule assures that all schools regardless of their size or district meet basic health and safety standards. The rules require local health jurisdictions and schools to work together to regularly inspect schools to ensure they are safe and to identify potential hazards to prevent injuries and potential health risks.

All Washington children should have equal opportunity live a long, healthy life, regardless of their level of education, income, or ethnicity.

Board Recommendation

The Board recommends the legislature authorize implementation of Chapter 246-366A WAC. The Board believes that the school rule is needed to provide an up to date, consistent statewide standard for operating and maintaining schools.

The Board recommends the Governor and Legislature provide funding for drinking water testing for lead and copper in all schools. The Board encourages a grant program that is flexible enough so schools can apply for funds for water quality testing and for remediation. The Board further recommends that funding be prioritized based on the facility age, and focused on elementary schools first, followed by middle and high schools.

If the legislature elects to retain the suspension of the school environmental health and safety rule, the Board recommends that the legislature provide funding to local health jurisdictions to enable local health jurisdictions that do not currently have school Environmental Health programs to establish regular inspections and provide technical assistance to schools under the current rules Chapter 246-366 WAC.

The Board also recommends the legislature require Office of Superintendent of Public Instruction and Department of Health to work with schools and local health jurisdictions to update the school health and safety guide, to assure that schools have the most up to date information needed regarding best practices for maintaining and operating school facilities.

People's health is significantly affected by their schools, jobs, and homes.

BOARD PRIORITY

Advancing School Health (CONT'D)

Vision Screening

Where people live, learn, work, and play has an enormous impact on whether they stay well in the first place.

Health starts in schools that educate our children for the jobs of the 21st century so they can compete in the world economy, that offer supports to ensure all children can learn, that feed them healthy meals rather than junk, and that send them home safe at the end of the day.

RCW 28A.210.020 requires every school director to provide for and require screening for visual and auditory acuity of all children attending schools in their districts. This law also tasks the Board with setting the procedures and standards for screening in rule. It also requires the Board to seek the recommendations of the Superintendent of Public Instruction prior to making revisions to the vision screening rules. The Board's auditory and vision screening rules (Chapter 246-760 WAC) currently require distance vision but not near vision screening in schools.

During the 2016 legislative session, the legislature passed and Governor signed SB 6245, which requires visual screening that includes both distance and near vision screening. The Board was asked to complete a Health Impact Review on House Bill 1865 (which was identical to SB 6245). Evidence from that review indicates that near vision screening in schools has potential to increase the number of students who have near vision problems detected and treated, which in turn has potential

to improve educational performance, future income, and health outcomes for these students. These positive health and education outcomes align with several Results Washington Goals including the overarching goals of creating world-class education and creating healthy and safe communities.

The Board is concerned about fiscal impacts that SB 6245 imposes on school districts. Funding for this bill was not included in the budget. The lack of funding to purchase new screening tools may undermine implementation and place a burden on local school districts, particularly those with limited resources. Additionally, the screening of each child will add at least 5 minutes to the screening process, creating additional staff resource impacts to schools, particularly on school nurses.

Board Recommendation

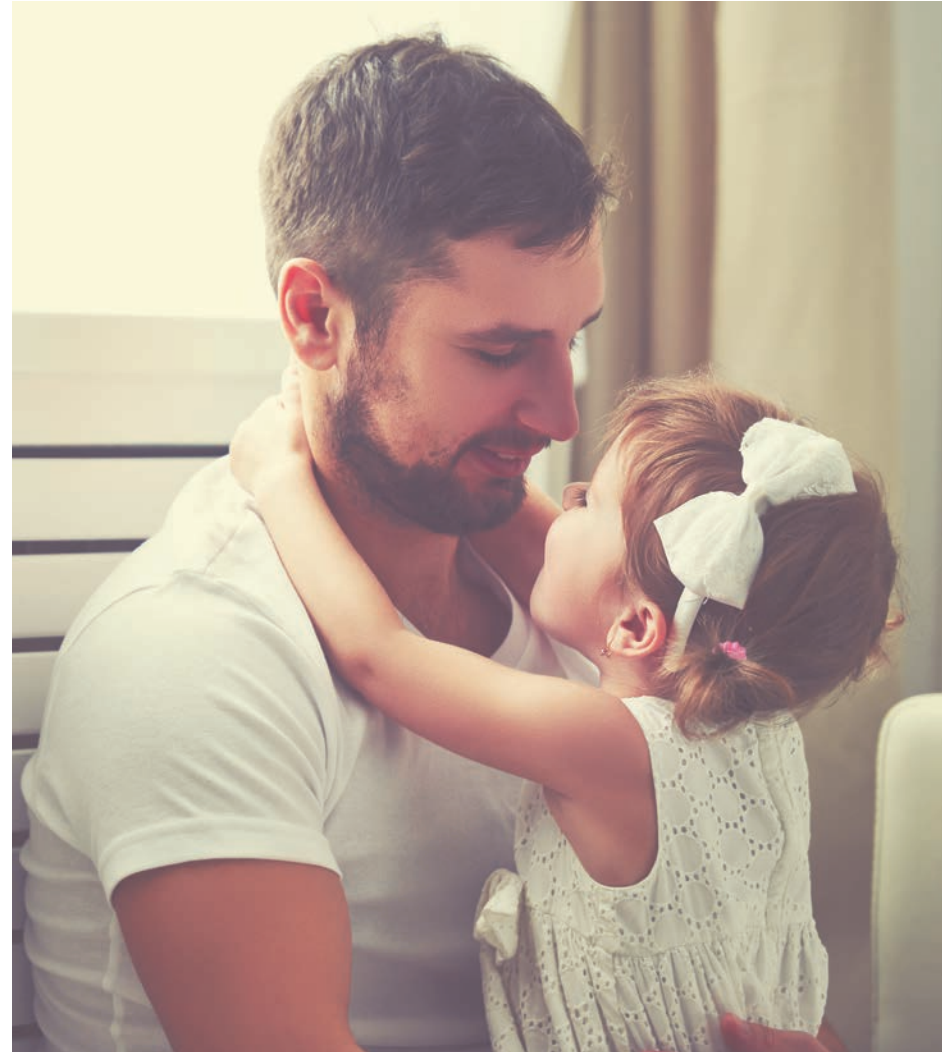
In order for schools to successfully carry out the new legislative mandate for near vision screening, the Board recommends that the Governor and Legislature provide school districts adequate funding to purchase the screening devices and conduct the tests.

CONCLUSION

Health starts where people live, learn, work, and play.

Health starts in strong, loving families and in neighborhoods with sidewalks safe for walking and grocery stores with fresh vegetables. Health starts in jobs we can get to without hours of commuting and in work places free of unnecessary hazards. Health starts in schools that educate our children for the jobs of the 21st century. And health starts in having the time and financial resources to play at the end of a hard day's work, because unrelieved stress takes a toll on our hearts and immune systems.

This is the 13th state health report. Reports have appeared every even-numbered year since 1990 (except for 2000). The strategic directions proposed in this report are not all-inclusive, nor are they meant to be prescriptive. State agencies provide numerous health-related services that are not covered by these strategic directions, but are important and appropriate. The report includes recommendations that highlight the need for sustainable public health funding and an increased focus on promoting health equity.



BOARD OF HEALTH MEMBERSHIP

Opportunities for better health choices begin by setting a fair and adequate baseline of care for all.

HEALTH AND SANITATION

Keith Grellner, Chair

Mr. Grellner was appointed Kitsap Public Health District Administrator in April 2016; he currently serves as the District's Director of Environmental Health. Mr. Grellner has been employed by the District since 1989 and has managed their onsite septic, water quality, and solid waste programs during his career.

Dr. Thomas Pendergrass, Vice Chair

Dr. Pendergrass is recently retired from the University of Washington in Seattle where he served as professor of pediatrics and adjunct professor of epidemiology since 1978.

Stephen Kutz

Mr. Kutz is a member of the Southwest Washington's Cowlitz Indian Tribe. He is also employed by the Tribe and manages its medical and mental health clinics. Mr. Kutz is Chair of the American Indian Health Commission for Washington.

Dr. James Sledge

Dr. Sledge is recently retired from the University of Washington in Seattle where he was a faculty member at the School of Dentistry since 2007 with the Regional Initiatives in Dental Education program at the Riverpoint campus in Spokane.

ELECTED CITY OFFICIAL

The Honorable Donna Wright

Ms. Wright is a member of the Snohomish Health District Board of Directors. She has been a Marysville City Council member for 25 years, served as mayor pro tem, and is a former planning commissioner.

ELECTED COUNTY OFFICIAL

The Honorable Jim Jeffords

Mr. Jeffords is currently a county commissioner for Asotin County. He has lived in Eastern Washington for over 42 years and resided in Asotin County for the last 30 years.

LOCAL HEALTH OFFICER

Dr. Diana T. Yu

Dr. Yu is a board certified Pediatrician, and an active public health practitioner since 1986. She has served as the Health Officer for Thurston County for more than 24 years and has been the Mason County Health Officer since 2005.

DEPARTMENT OF HEALTH

Mr. John Wiesman, DrPH, MPH

Mr. Wiesman is the Secretary for the Department of Health. He was appointed by Gov. Jay Inslee and joined the Department April, 2013. He is an accomplished transformational leader with more than 22 years of local public health experience.

CONSUMERS

Fran Bessermin

Ms. Bessermin is a former Stevens County Commissioner and a retired Spokane business owner. She is a passionate advocate for the senior community and is a member and past chair of the State Council on Aging.

Angel Reyna

Mr. Reyna was selected as Vice President of Instruction at Renton Technical College in 2016. He was previously the Dean of Workforce Education at Walla Walla Community College and worked at Yakima Valley Community College. He was the Mayor of the City of Mabton in 2010 and served as a councilmember in 2006.

BOARD STAFF

Michelle Davis, Executive Director	David DeLong, Policy Advisor
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Comparison of School Health and Safety Rules

Differences between the New and Old Rules

This document briefly summarizes the differences between Chapter 246-366 WAC (the old rule) and Chapter 246-366A (the new rule). The information in the chart below is from the 2009 Preliminary Significant Analysis. The table lists each section of the new rule and briefly describes how it differs from the old rule. Sections that are consistent with *Health and Safety Guide for K-12 Schools in Washington* are marked with an asterisk. These items, though new to the rule have been listed in the Guide, which describes best practices for creating and maintaining safe and healthy schools. The table is color coded:

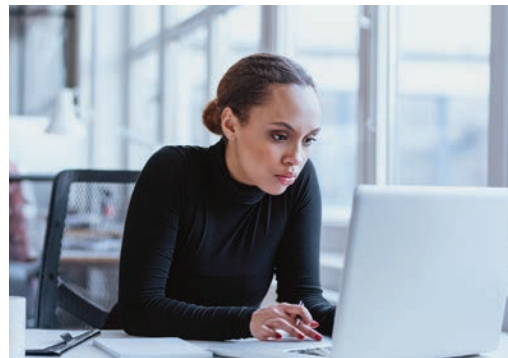
- Green shading means the old and new rule mostly agree.
- Yellow shading indicates minor changes.
- Blue shading indicates major changes.

All of the changes listed in the chart below were identified in the Preliminary Significant Analysis as potentially having cost implications for schools or health jurisdictions. However, the yellow shaded areas are generally things that are listed as best practices in the Health and Safety Guide or are procedures already in use by jurisdictions with active school programs.

Chapter 246-366A WAC by section and topic	Description of change
WAC 246-366A-001: Intro and Purpose	No significant changes.
WAC 246-366A-005 Applicability	Applies to schools and pre-schools at k-12 facilities
WAC 246-366A-010 Definitions	Some new terms & new definitions.
WAC 246-366A-015 Guidance	K-12 safety guide – more frequent updates
WAC 246-366A-020 Responsibilities–General	School Officials must help identify hazards. School Officials have new notification/communication requirements. Health inspections must be conducted 1x per year
WAC 246-366A-030 Site Assessment	Phase 1 ESA required.* 60 day review time.
WAC 246-366A-040 Construction Review	School districts must consult with health during preliminary planning* 60 day review time
WAC 246-366A-050 Preoccupancy Inspections	New rules add specificity to the administrative requirements
WAC 246-366A-060 General Construction Requirements WAC 246-366A-065 General Operation and Maintenance Requirements	New fall protection requirements* New health room HVAC and supervision/privacy requirements* Requires selection of safer products (chemicals, art supplies)* All hazardous materials must be approved by school* Requires notification of sewage backups to Health district
WAC 246-366A-070 Moisture Control, Mold Prevention and Remediation	New requirements to monitor and remediate moisture intrusion and mold growth.* New notification requirements.
WAC 246-366A-080 Animals in School Facilities	School Officials must develop an Animal Policy
WAC 246-366A-090 HVAC: Construction Requirements WAC 246-366A-095 Operation and Maintenance Requirements	Ducted air returns required – open plenums not allowed. Non-friable material when lining ducts* Exhaust ventilation required for some office equipment*

Chapter 246-366A WAC by section and topic	Description of change
WAC 246-366A-100 & 105 Noise construction and operation	No significant changes
WAC 246-366A-110 & 115 Lighting—Construction & Operation	No significant changes
WAC 246-366A-120 & 125 Restrooms/Showers—Construction & operation	No significant changes
WAC 246-366A-130 Water Quality Monitoring for Lead WAC 246-366A-135 Copper WAC 246-366A-140 Other contaminants	These are completely new sections with new requirements to test fixtures for lead and copper. Testing for other contaminants is required if directed by the local health officer.
WAC 246-366A-150 & 155 Playgrounds—Construction and operation	Possible construction review of playground plans* Install and maintain complaint with ASTM F1487-01* and CPSC Handbook for Public Playground safety, 2008.*
WAC 246-366A-160 & 165 Laboratories and Shops—Construction & operation	Eyewash facilities required* Magnetic switches on shop machinery Prohibit shock sensitive explosives and lethal at low concentration chemicals*
WAC 246-366A-170 Variances	No significant changes
WAC 246-366A-175 Temporary Emergency Waivers for Disaster Situations	No significant changes
WAC 246-366A-180 Appeals	No significant changes
WAC 246-366A-190 Complaints	Schools are required to have a complaint process with communication and notification requirements.

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