SBOH 2017-2022 Strategic Plan: Status Report

Goal 1: Strengthening the Public Health System

Objective 1: Contribute to Public Health's Capacity to Control Disease and Respond to Public Health Emergencies

| Activities | Outcomes and Examples of Work |
|---|---|
| Hold a briefing following emergency event exercises to identify potential gaps in public health response. | Not started. The Board has not had a formal briefing on this topic. However |
| | about emergency event response in regular updates to the Board. |
| Assure Notifiable Conditions rules are up to date. | Complete. Notifiable Conditions rules related to communicable disease we |
| | into effect January 1, 2023. Rulemaking regarding non-communicable dise |
| Monitor the impact of multi-drug resistant infections to understand the state's response capacity. | Not started. The Board has not had a formal briefing or monitored multi-d |
| | future briefing on the regulatory authority of the Board, Department of He |
| | prevent and control tuberculosis. |
| Develop a protocol for emergency rulemaking to prevent and control the spread of infectious disease during emerging | Underway. The Board will incorporate lessons learned from COVID-19 and |
| outbreaks and epidemics. | |
| | |

Objective 2: Maintain and Strengthen the Organizational Capacity of the Public Health Network

| Activities | Outcomes and Examples of Work |
|---|--|
| Work in partnership with local health to advance public health and promote stronger state/local coordination by | *Complete. Board staff participated in WSALPHO membership meetings in |
| participating in WSALPHO membership meetings. | legislative session, monthly Environmental Health Director meetings (and |
| | pandemic), ad hoc participation in joint WSALPHO/WSAC meetings to disc |
| | conferences organized by WSALPHO. |
| Provide a public forum to promote local health successes and identify challenges and opportunities within the public | |
| health system (e.g., oral health strategy, local health's drinking water/on-site efforts, CAFOs). This activity will include: | |
| Inviting local health officials and local Boards of Health to join Board of Health Meetings. | Complete . The Board routinely invited local health officials and local board |
| | meetings were held in person in various jurisdictions, the Board included a |
| | host LHJ (e.g., wildfire smoke response when meeting in Ellensburg). |
| Holding Board of Health meetings in locations outside of Thurston County. | Complete . The Board routinely held meetings in locations across the state |
| | COVID-19 pandemic. |
| Maintaining a website that provides information about local Boards of Health. | *Complete. The Board maintains information on local boards of health on |
| Endorse strategies to implement and fully fund Foundational Public Health Services (FPHS). This activity will include: | |
| • Participating in FPHS workgroups. | *Complete. Board staff participate in FPHS Steering Committee meetings |
| Monitoring FPHS efforts through regular updates to the Board. | *Complete. Executive Director provides regular FPHS updates to the Board |
| | necessary. |
| • Participate in active communications such as webinars and social media to promote awareness of FPHS to engage | Underway. Executive Director participated in a FPHS panel during one of N |
| local communities. | with WSALPHO on a new member training for local boards of health funde |
| Increase awareness of the Board's role and authority and communicate information regarding how to engage the Board to | *Complete. The Board increased its efforts to engage community partners |
| other agencies, organizations, and community groups. | staffing. Board staff have conducted outreach meetings with community g |
| | providers, local foundations, policy and advocacy groups, and local public |
| | bridges across various sectors of the governmental public health system. T |
| | additional communication activities to increase awareness of the Board's |
| | communications office has developed and implemented a strategic social |
| | public health organizations. Board staff have also employed the use of cor |
| | |

*Indicates activities have been completed during the 2017-2022 timeframe; however, work is ongoing.

ever, the Department of Health may include in information

were adopted by the Board in March 2021. These rules will go sease is forthcoming, as early as 2023.

-drug resistant infections. The Board may want to consider a Health, and Department of Social and Health Services to

nd on-site sewage emergency rulemaking into future protocols.

s including weekly legislative priorities meetings throughout ad weekly COVID-19 response meetings during the height of the iscuss specific rulemaking projects, annual statewide

ards of health to participate in regular Board meetings. When d agenda items to showcase the work and key issues of the

te from 2017-2020. This practice was put on hold during the

on its website and is updated annually.

gs as well as FPHS subject matter expert workgroups. ard at regularly scheduled Board meetings and via email as

of WSPHA's annual conferences. The Board is also collaborating inded through FPHS dollars.

ers in its work through additional Community Engagement y groups representing the social service sector, local medical ic health, and have set goals for ongoing outreach to build n. The Board also hired a Communication Consultant to support 's work and role within the public health system. The al media campaign to connect with core community groups and community listening sessions to solicit feedback on rulemaking

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Goal 2: Promote Prevention to Improve Health & Wellness

Objective 1: Increase the Availability, Accessibility, and Utilization of Preventative Health Services

| Activities | Outcomes and Examples of Work |
|--|---|
| Work with the Department of Health to engage stakeholders to identify possible inconsistencies in the immunizations | Complete. Immunizations rulemaking completed in 2019 and went into |
| rules, and strategies to reduce the administrative burden to schools while decreasing the number of children who are out | |
| of compliance with school immunization requirements. | |
| Convene an advisory committee to review the Board's 2006 immunization criteria and make recommendations to the | Complete. Immunization criteria updated in 2017 following a technical a |
| Board on potential revisions. | |
| Engage in conversations with partners (e.g., DOH, LHJs) to identify ways to improve the public health system's response to | Underway. Conversations were initiated during emergency rulemaking |
| disease outbreaks. | disaggregated data is needed for enhanced response. |
| Work with partners to promote fluoridation of drinking water and its oral health benefits. | Complete. During the 2022 legislative session the Board advocated for t |
| | fluoridation. |
| Hold briefings on, and endorse when appropriate, partner activities supporting the Oral Health Initiative. | Complete. The Board received a briefing regarding strategies to promot |
| | Smile Survey, in 2017. |
| Assure child health rules are current (Newborn Screening, Vision Screening, Immunization rules, etc.) | Complete. The Board revised its Vision Screening rules in 2017, Immuni |
| | 2019, and 2021. The Board completed a review of its Auditory Screening |
| | for auditory and vision screenings during the COVID-19 pandemic. |

Objective 2: Promote a Preventative Approach to Improve Behavioral Health and Wellness

| Activities | Outcomes and Examples of Work |
|---|--|
| Support and promote statewide efforts and partnerships (such as the State Prevention Advisory Group) that work to | Complete. Board staff regularly participated in Strategic Prevention Enhan |
| improve behavioral health and wellness and expand capacity to address behavioral health infrastructure. | |
| | |
| Hold briefings on pertinent behavioral health and wellness topics (e.g., Adverse Childhood Experiences, mitigation of toxic | Complete. The Board received briefings on the Washington State Suicide F |
| stresses, Accountable Communities of Health activities, Healthier WA initiative, etc.) and identify how the Board's work or | |
| authority intersects with each topic. | |

Objective 3: Encourage Healthy Behaviors

| Activities | Outcomes and Examples of Work |
|--|--|
| Improve nutrition and increase physical activity/access to nutritious foods by participating in Washington's Food Insecurity | Complete. The Board participated in the Food Insecurity Nutrition Incentiv |
| Nutrition Incentives Project to improve the nutrition status of low income households participating in the Supplemental | |
| Nutrition Assistance Program. | |
| Support efforts to reduce youth access to tobacco and vaping by encouraging the state to increase the age for purchasing | Complete . The Board identified this topic as a legislative priority in its 201 |
| tobacco from 18 to 21. | legislative session, the Board advocated for the passage of HB 1074 which |
| | from 18 to 21 (effective January 1, 2020). |
| Identify and pursue opportunities to highlight the adverse health impacts of vaping. | *Complete. The Board adopted emergency and permanent rules to prohib |
| | continues to highlight the adverse health impacts of vaping through legisla |
| | such as State Health Reports and Legislative Statements. |
| Monitor the use of vaping products among youth and the emerging evidence regarding health impacts. | *Complete. The Board adopted emergency and permanent rules to prohib |
| | continues to highlight the adverse health impacts of vaping through legisla |
| | such as State Health Reports and Legislative Statements. |
| Hold a briefing on opioid abuse and unintentional overdose deaths in Washington, and statewide efforts to address this | Complete . The Board received an update on the State Opioid Plan in 2018 |
| issue. | |

effect August 2020.

advisory group process.

for COVID-19 and Notifiable Conditions. Collection of

he passage of HB 1684 concerning community water

e equity in oral health, as well as results from the 2015-2016

ization rules in 2019, and Newborn Screening rules in 2017, grules in 2020. In 2020 the Board provided updated guidance

ancement (SPE) Policy Consortium meetings.

Prevention Plan in 2018.

ntives Advisory Network from 2015-2019.

017-2018 and 2019 Legislative Statements. During the 2019 ch increased the purchase age of tobacco and vapor products

hibit the use of Vitamin E Acetate in vapor products, and islative advocacy, Health Impact Reviews, and in publications

hibit the use of Vitamin E Acetate in vapor products, and is is a statistic advocacy, Health Impact Reviews, and in publications

18.

| ĺ | Hold a briefing on youth marijuana use. | Complete. The Board received a briefing on marijuana use prevention in 20 |
|---|--|--|
| | | discussed the use of marijuana vaping products at a briefing regarding the |
| | | public health crisis in 2019. |
| | Explore authorities related to and feasibility of rulemaking to increase the utilization of immunization registries. | Not started. |
| | | |

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2019 with a focus on youth prevention. The Board also ne Governor's Executive Order 19-03 addressing the vaping use

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Goal 3: Promote Health Equity

Objective 1: Support Statewide Initiatives to Reduce Health Disparities

| Activities | Outcomes and Examples of Work |
|---|---|
| Support the Governor's Interagency Council on Health Disparities. This activity will include: | |
| Annual updates to the Board regarding Council recommendations. | *Complete. Executive Director provided regular updates to the Board reg |
| | (e.g., Social Equity in Cannabis Task Force, Office of Equity Task Force, Env |
| r r | recommendations to Board members as they were updated. |
| Incorporate Council recommendations in the Board's State Health Report. | *Complete. The Board regularly incorporated Council recommendations in |
| Complete Health Impact Reviews for the Governor and Legislature. * | *Complete. From July 1, 2016 through June 30, 2022, staff completed 87 |
| Support partners work to promote health equity through activities such as writing letters, resolutions, sharing | *Complete. In 2020, the Board adopted a resolution declaring racism as a |
| communications, etc. | of Equity's comment letter regarding Council on Environmental Quality's b |
| f | failure to include race or ethnicity as indicators to identify "disadvantaged |
| | |

Objective 2: Integrate Health Equity Awareness into Board Activities

| Activities | Outcomes and Examples of Work |
|---|---|
| Include disparities data and other equity considerations in Board briefings and reports. | *Complete. The Board regularly includes data on health inequities and equities and |
| | State Health Report, annual Legislative Statement, and more. |
| Require cultural humility training for Board staff (and members when resources allow). | *Complete. Prior to the COVID-19 pandemic, Board staff participated in qu |
| | have been on an ad hoc basis on relevant and timely topics. Board staff pa |
| | systemic racism, through the Department of Health's Equity & Social Justic |
| Assure government to government (tribal relations) training for Board staff (and members when resources allow). | *Complete. Board staff routinely participate in opportunities to learn mor |
| | in tribal relations training with DOH Tribal Relations Director Tamara Fife i |
| | Governor's Office if Indian Affairs. |
| Establish and integrate processes for applying an equity lens to Board policy development. | Underway. Board staff are currently working to incorporate community en |
| | processes, as well as closely following and collaborating with the Environm |
| | related to the HEAL Act. |
| Develop a plan to implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS). | Underway. In alignment with the National CLAS Standards Blueprint, the E |
| | implementation in a variety of venues: The Board and Council supported e |
| | trainings for program staff. The Council and Department conducted a poir |
| | groups. Council staff supported COVID-19 response through developing a |
| Explore opportunities to use an equity lens in Board communications. | *Complete. The Board implemented an Equity in Communications framew |
| | 2018, the Board conducted a website audit to ensure readability, accessib |
| | updated materials to meet ADA and accessibility compliance and offered t |
| | Board and Council staff ensure that Health Impact Reviews contain termin |
| | research is concerned. In 2022, Board staff participated in a cultural humil |
| | |

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egarding the Council's work, including the work of its task forces nvironmental Justice Task Force), and provided the Council's

s in the State Health Report.

7 Health Impact Reviews

a public health crisis. In 2022, the Board signed onto the Office s beta Climate and Economic Justice Screening Tool, and its ed communities," and limiting language to English.

quity considerations in Board publications such as the biennial

quarterly cultural humility trainings. Since then, these trainings participated spaces for learning and unlearning, examining tice Collaborative in 2020.

bre about tribal engagement. Most recently, staff participated in 2022. Select staff have also received training through the

engagement and equity best practices into rulemaking mental Justice Council's Interagency Work Group on activities

Board and Health Disparities Council supported CLAS efforts at the Department of Health to initiate curated CLAS pints-of-contact language access assessment with community a comprehensive language access plan.

ework in 2017 as guidance for external communication. In ibility, and ADA requirements were met. In 2019, the Board I training to staff on ADA and accessibility related matters. inology that respects and honors the individuals to whom the nility training that highlighted the use of preferred terms.

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Goal 4: Promote Healthy and Safe Environments

Objective 1: Promote Environmental Health in Urban, Suburban, Rural, and Recreational Settings

| Outcomes and Examples of Work |
|---|
| |
| Underway . The Board completed a review of the On-site Sewage rules in 2 |
| COVID-19 response, staffing changes, and other factors have delayed rule |
| Underway. FPHS includes funding support for local on-site sewage progra |
| regional on-site sewage loan programs for system repair and replacement |
| Complete. In 2018, the Board received a briefing on zoonotic disease rega |
| focusing on ticks, mosquitos, and the soil fungus Coccidioides, as well as the |
| its statutory authority related to zoonotic disease in 2021 after receiving a |
| |
| Complete. The Board supported strategies to address lead remediation in |
| 2016, including addressing lead in school and childcare facility drinking wa |
| water service lines at risk of producing lead exposure. In 2021, the Board a |
| drinking water standards for five PFAS as State Action Levels (SALs); requir |
| follow-up actions; criteria and procedures for adopting SALs and state max |
| and reporting requirements. |
| ss Not started. The Department of Ecology and Department of Health Washi |
| the highest risks to human health and the environment through chemical |
| appropriate. |
| |

Objective 2: Promote School Environments that Protect Health

| Outcomes and Examples of Work |
|--|
| Outcomes and Examples of Work |
| Underway. Board staff meet regularly with Department of Health partner |
| |
| Complete. In 2016 the Board and Department of Health completed a revie |
| 06 on lead and provided numerous recommendations for improvement. S |
| opportunities for improvement through. The rules cannot be formally revi |
| Underway. Board staff meet regularly with DOH partners on school enviro |
| preliminary conversations with public health partners regarding the Board |
| prioritizing FPHS funds for inspections. |
| Underway. The Board has worked closely with DOH, OSPI, OFM, and the O |
| proviso restricting rule implementation. Board staff meet regularly with D |
| topics. School environmental health and safety, including school inspectio |
| funding. |
| Complete. The Board has supported legislative proposals to mitigate lead |
| |

Objective 3: Monitor the Health Effects of Climate Change

| Activities | Outcomes |
|--|--------------|
| Adjust rules for effects on water systems, sewage systems, food supply, air quality, and zoonotic effects. | Not started. |
| Monitor health effects (need for cooling, stress, health disparities) associated with climate change. | Not started. |

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n 2018; efforts to revise the rule have been ongoing since. lemaking progress.

rams and other related areas such as data management, and nt has been expanded statewide.

garding the state's surveillance of vector-borne disease,

the impacts of the changing climate. The Board also discussed g a petition for rulemaking related to canines in the workplace.

in the built environment since the Governor's Directive 16-06 in water, improved blood lead monitoring, and identifying drinking d adopted amendments to Group A water systems to establish uirements for monitoring, recordkeeping, reporting, and other naximum contaminant levels (MCLs); and laboratory analytical

shington identify and take action against chemicals that pose al action plans. The Board will support these efforts as

ers on school environmental health and safety topics.

view of the school rules as part of the Governor's Directive 16-. Since then, the Board has periodically assessed the rules and evised and implemented due to the budget proviso.

ironmental health and safety topics. The Board has also had ird's school environmental health and safety rules, including

e Governor's Office regarding possible removal of the budget DOH partners on school environmental health and safety ion programs, has also been identified as a priority for FPHS

d in drinking water.