

Department of Health Updates



Speakers



Public Health Updates

Tao Sheng Kwan-Gett, MD, MPH
Chief Science Officer



Agency Budget Requests

Amy Ferris
Chief Financial Officer



Agency Proposed Legislation

Kelly Cooper
*Policy and Legislative
Director*

What is Public Health?

“What we as a society do ***collectively*** to assure the conditions in which people can be healthy.”

- *The future of the Public's Health in the 21st Century, Institute of Medicine, 2003*



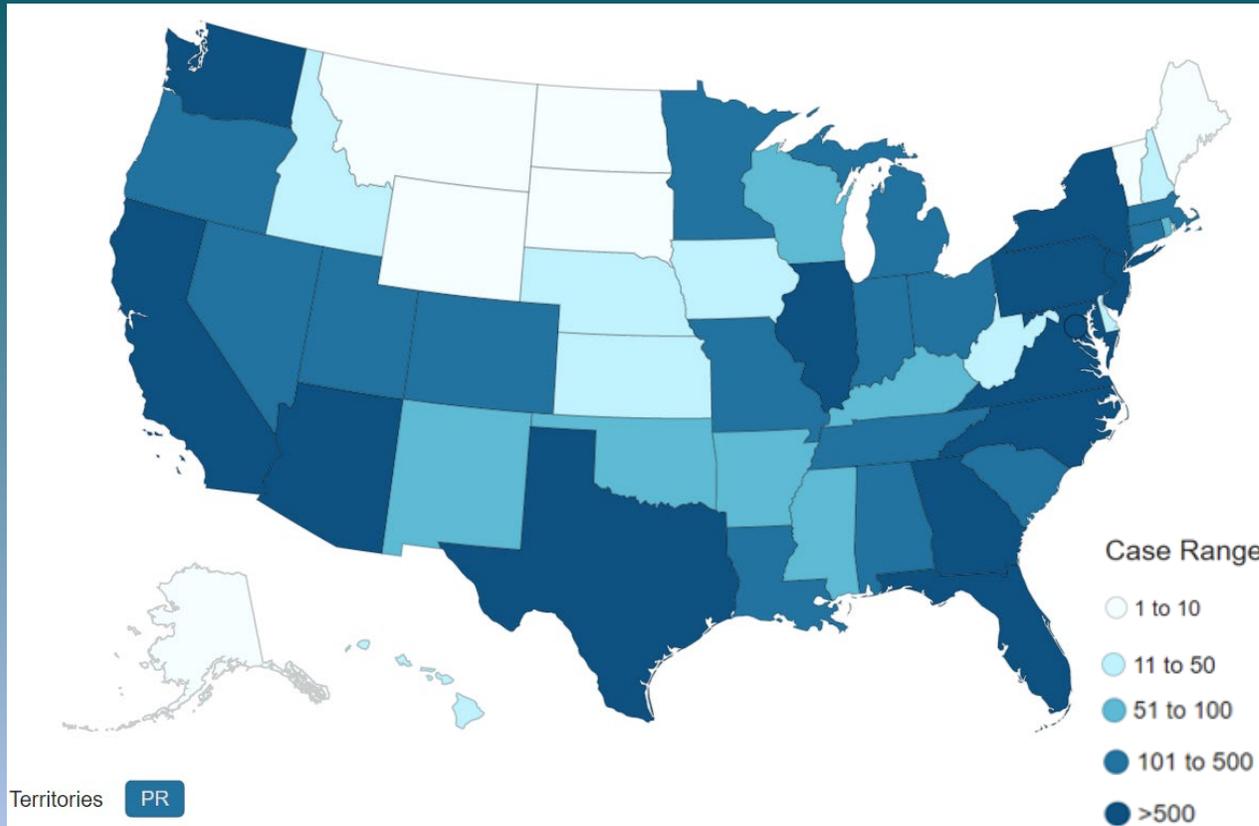
Health

*Where Equity,
Innovation and
Engagement meet*

MPV (Monkeypox)

MPV Cases in US

28,004 Confirmed and Probable Monkeypox Cases



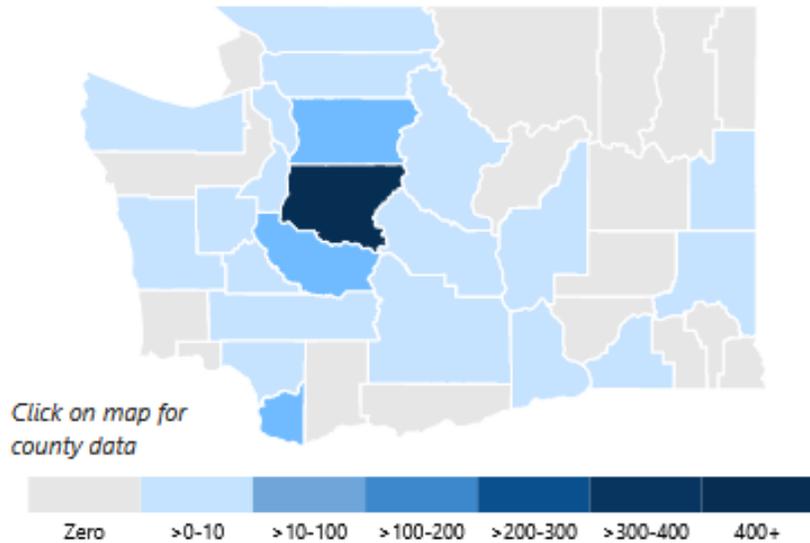
Top 10 US Jurisdictions with Monkeypox Cases (as of 10/31/22)

1	California	5,372
2	New York	4,071
3	Florida	2,688
4	Texas	2,672
5	Georgia	1,895
6	Illinois	1,364
7	Pennsylvania	827
8	New Jersey	743
9	Maryland	702
10	Washington	640

MPV in Washington State

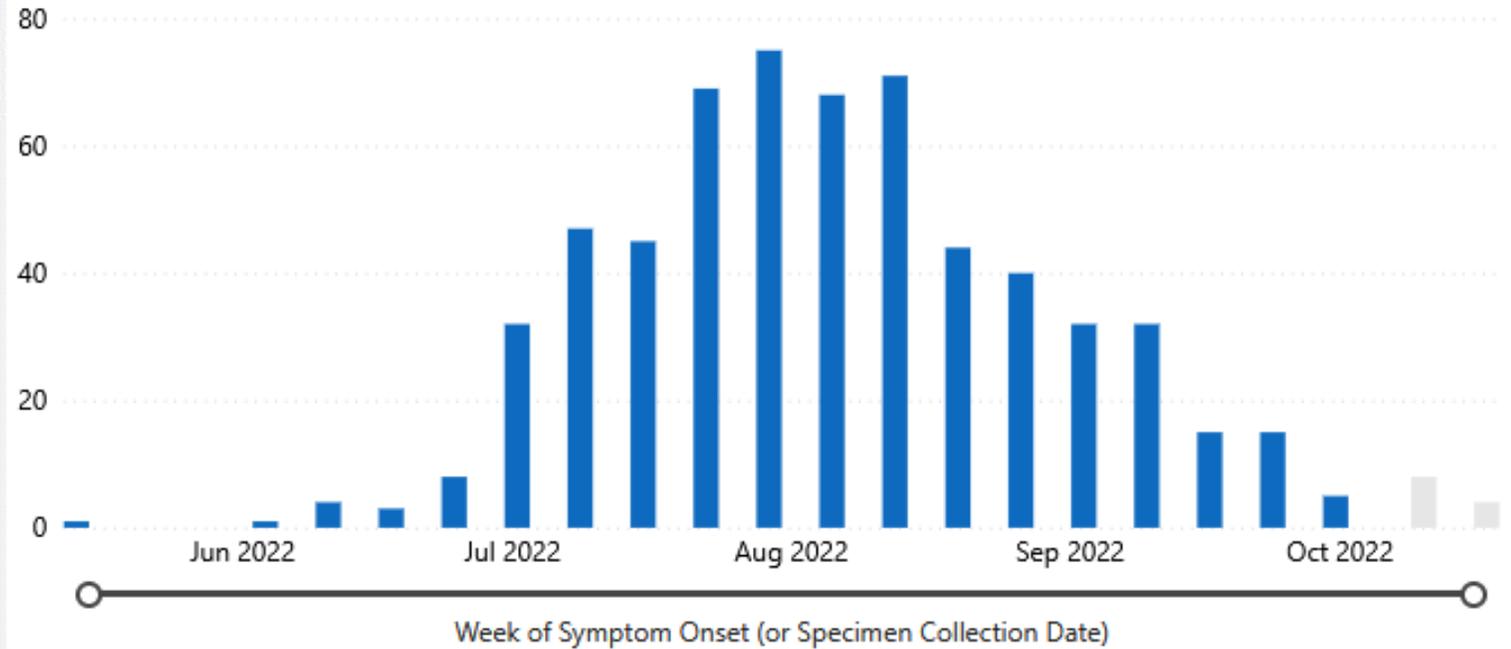
Map View Table View

TOTAL CASES



0 of the 620 total cases do not have an assigned county.

TOTAL WEEKLY CASE COUNTS



Less than 10 of the 620 cases do not have a symptom onset or specimen collection date.

Source: DOH MPV data dashboard <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/monkeypox/monkeypox-mpv-data> (10/31/2022)

MPV Vaccinations

Over 25,000 MPV vaccines administered!

8,020 people fully vaccinated



16,631 people partially vaccinated



Source: DOH MPV data dashboard <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/monkeypox/monkeypox-mpv-data> (10/31/2022)

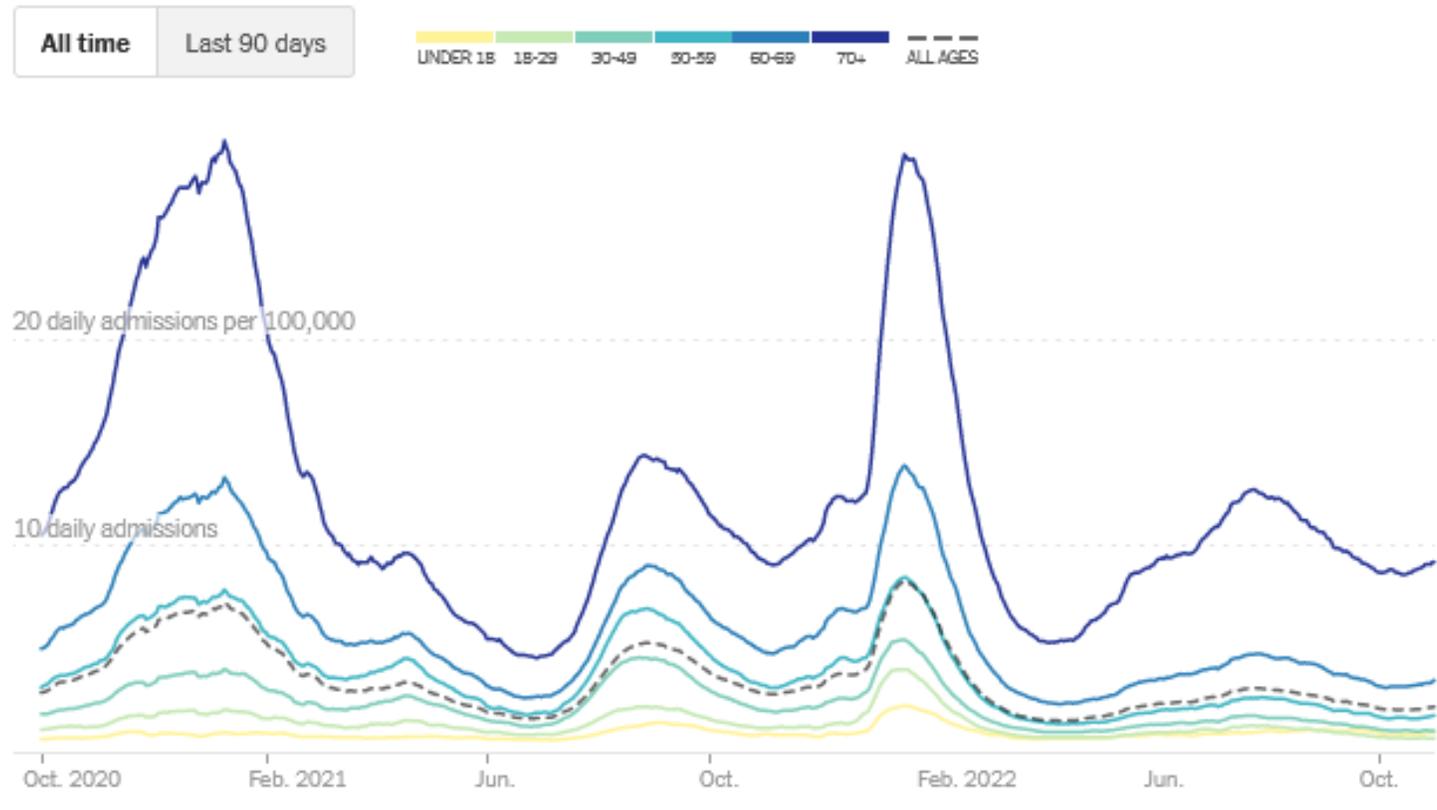
COVID-19



November 2022

Daily new hospital admissions by age

This chart shows for each age group the number of people per 100,000 that were newly admitted to a hospital with Covid-19 each day, according to data reported by hospitals to the U.S. Department of Health and Human Services.



Source: The New York Times <https://www.nytimes.com/interactive/2021/us/covid-cases.html> (11/1/2022)

COVID-19 Washington Snapshot

State Summary

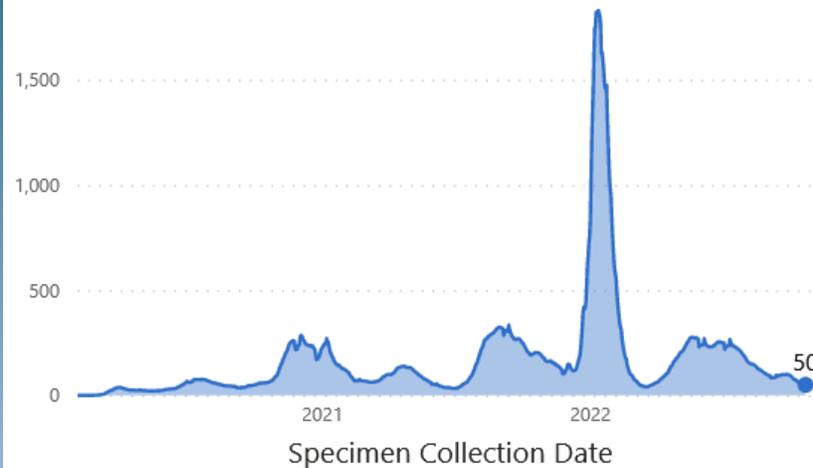
50 CASES PER 100,000 POPULATION

5% OF HOSPITAL BEDS OCCUPIED BY COVID-19 PATIENTS

66% OF POPULATION COMPLETING PRIMARY SERIES

● Low ● Moderate ● Substantial ● High

TREND IN 7-DAY RATE OF NEW COVID-19 CASES PER 100,000 POPULATION

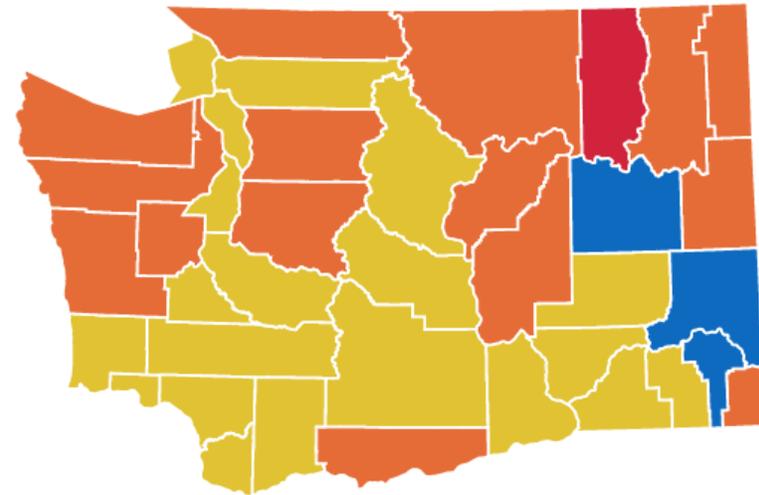


Cases from the last 8 days are not reported

Hospital bed occupancy is reported only at the state level

7-DAY CASE RATE PER 100,000 POPULATION

Measurement Period: 10/15/2022-10/22/2022



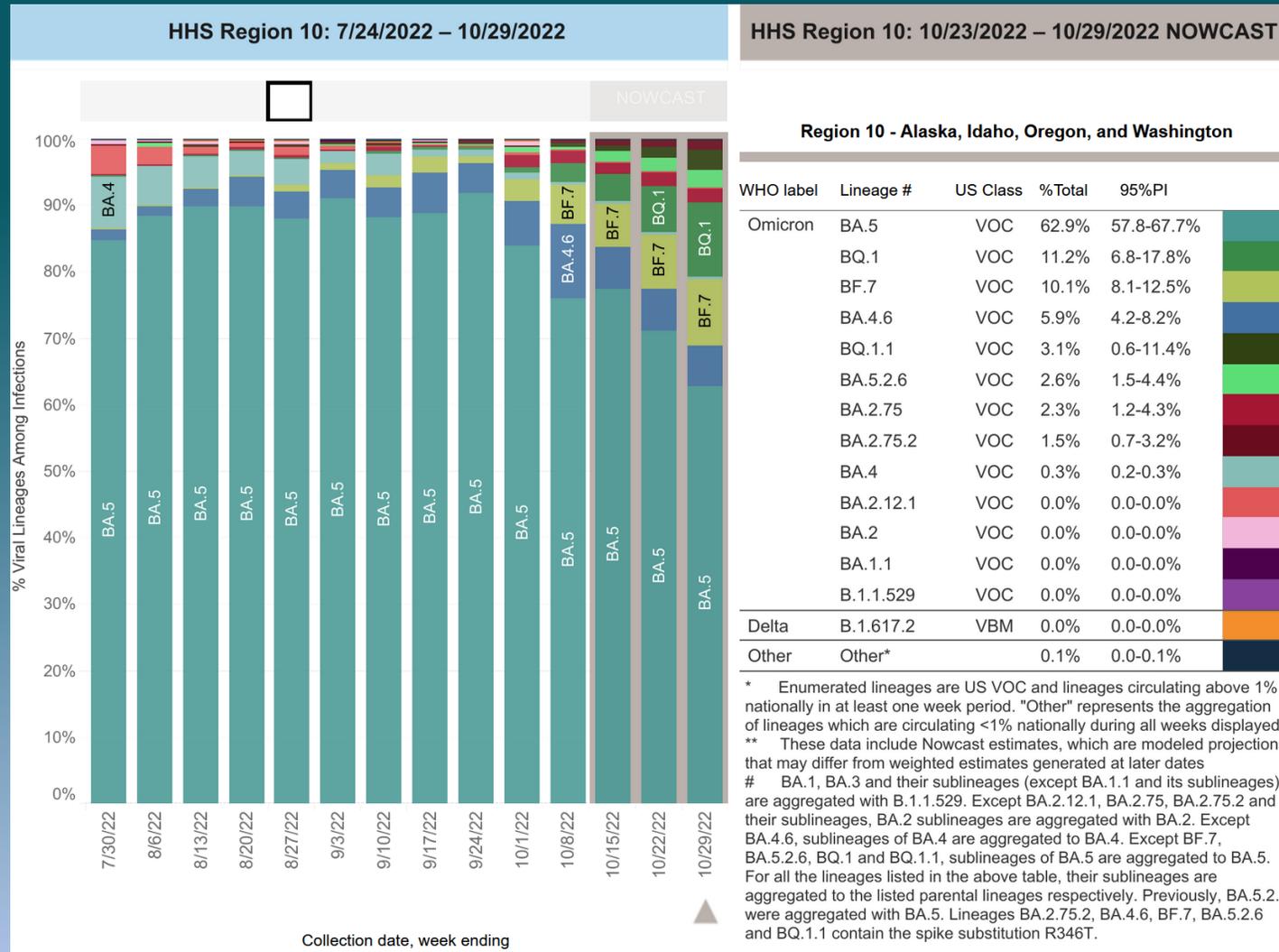
Click on the map for county data



0 cases in the measurement period do not have an assigned county

Source: DOH COVID-19 data dashboard <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard> (10/31/2022)

COVID-19 Variants

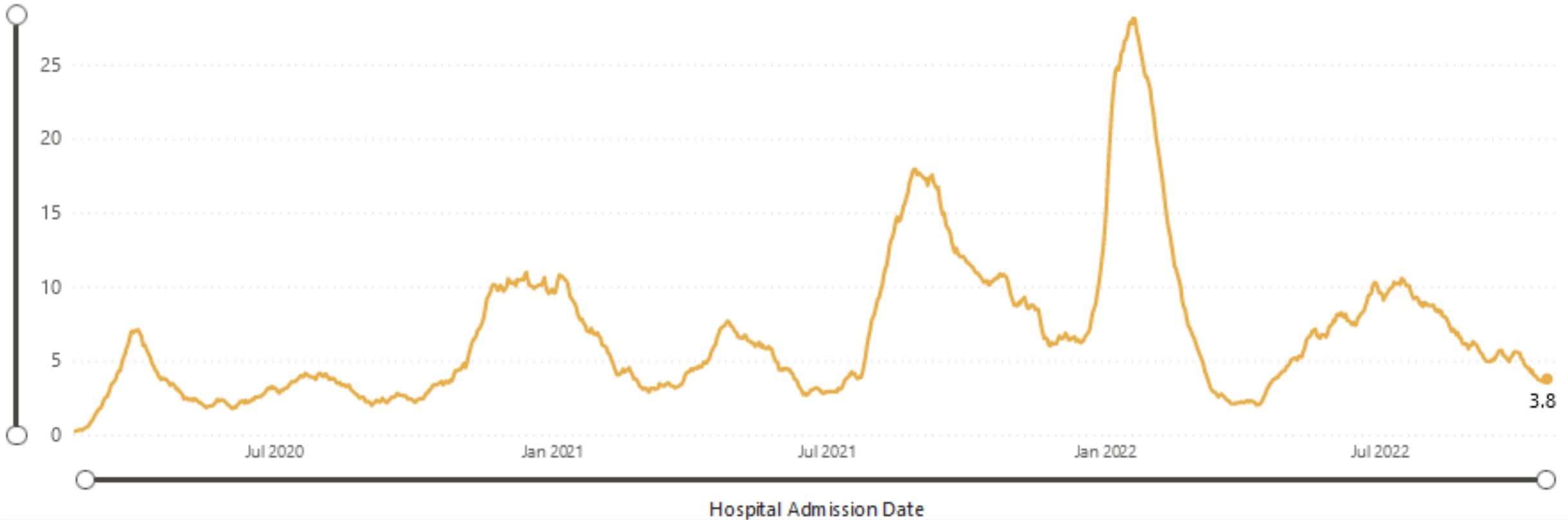


Source: CDC Nowcast: <https://covid.cdc.gov/covid-data-tracker/#variant-proportions> (10/31/2022)

COVID-19 Hospital Use - Washington State

TREND IN 7-DAY RATE OF NEW COVID-19 HOSPITALIZATIONS PER 100,000 POPULATION

—● 7-Day Hospitalization Rate

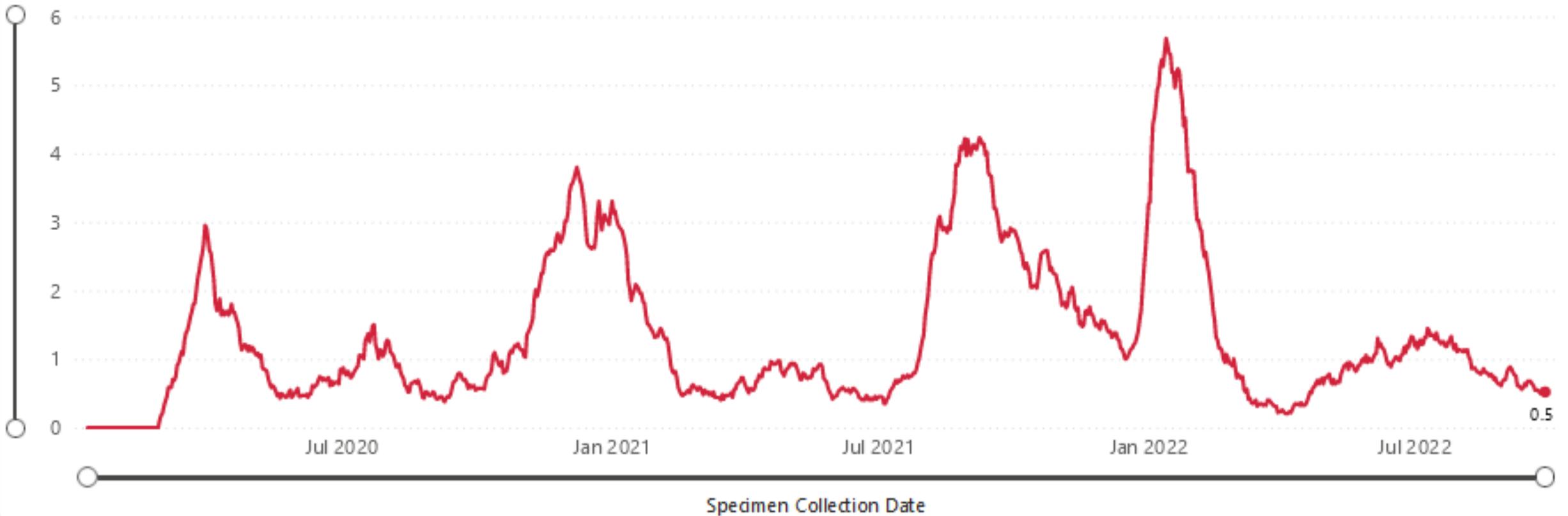


Source: DOH COVID-19 data dashboard <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard> (11/1/2022)

COVID-19 Deaths - Washington State

TREND IN 7-DAY RATE OF NEW COVID-19 DEATHS PER 100,000 POPULATION

● 7-Day Death Rate



Source: DOH COVID-19 data dashboard <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard> (11/1/2022)

Priority Areas Moving

FORWARD➤

1. ENGAGEMENT AND EMPOWERMENT

2. PREVENTION, TOOLS AND ACCESS

**3. SYSTEM READINESS,
SUPPORT AND CAPACITY**

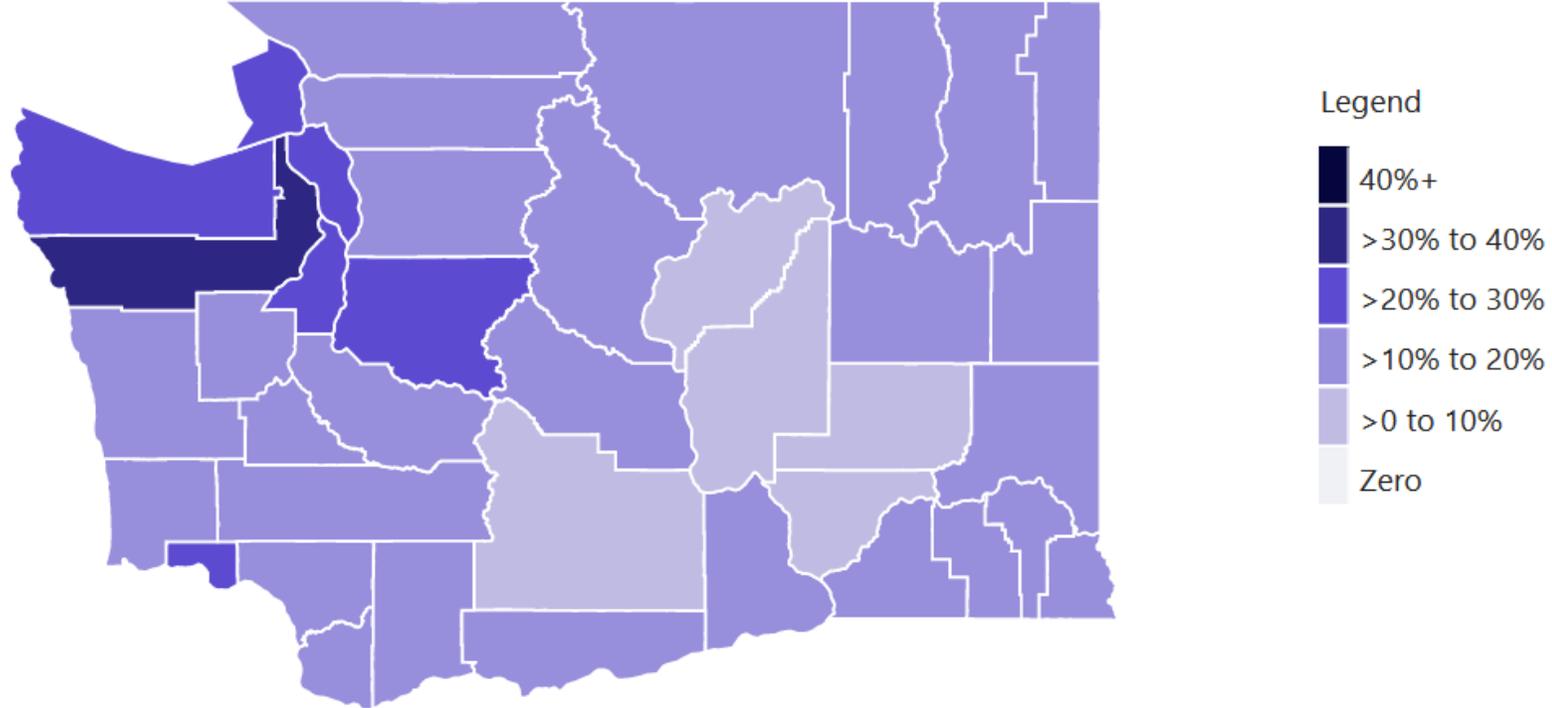


FORWARD➤

The next phase of WA's
COVID-19 Response
(through 2022)

Bivalent Doses by County

PEOPLE THAT RECEIVED A BIVALENT BOOSTER AMONG ELIGIBLE POPULATION

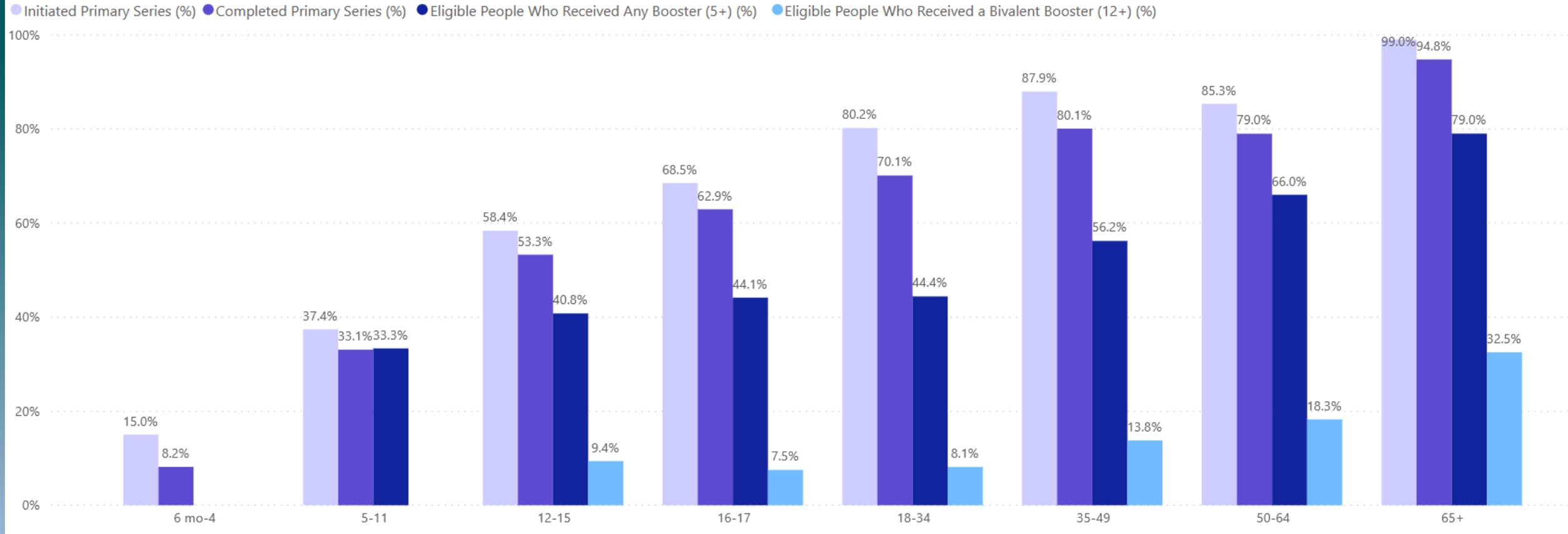


County data for people with a bivalent booster is based on recipient's county of residence. 1,074 people receiving a bivalent booster do not have a county reported.

Source: DOH COVID-19 data dashboard <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard> (10/31/2022)

Bivalent Doses by Age

PERCENT VACCINATED, WITHIN AGE GROUP



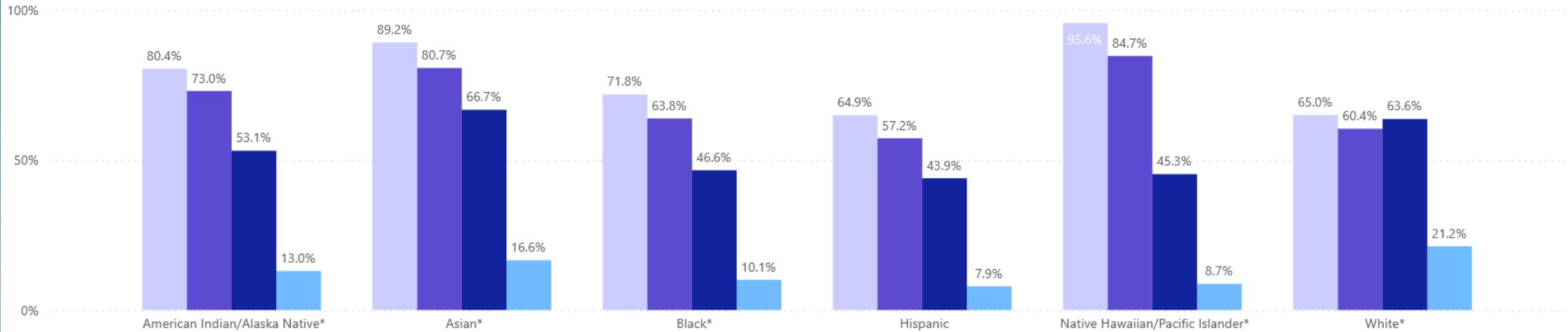
Source: DOH COVID-19 data dashboard <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard> (10/31/2022)

Bivalent Doses by Race

State Level County Level

PERCENT VACCINATED, WITHIN RACE/ETHNICITY GROUP

● Initiated Primary Series (6mo+) (%)
 ● Completed Primary Series (6mo+) (%)
 ● Eligible People Who Received Any Booster (5+) (%)
 ● Eligible People Who Received a Bivalent Booster (12+) (%)



*Non-Hispanic

See Learn More above for information on the reporting of these data as well as info about eligibility and approved vaccination age groups.

955,411 people initiating, 801,656 completed, 401,200 who received any booster, and 101,332 who received a bivalent booster have race and ethnicity reported as Unknown, Multiracial or Other Race/Ethnicity.

Source: DOH COVID-19 data dashboard <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard> (10/31/2022)

173,922

bivalent doses

have been administered
since September 1st



Flu Activity in Washington State

- Flu activity remains low
- Two deaths reported
- Vaccine takes 2 weeks to be effective
- Now is the time to get your shot



Respiratory Syncytial Virus (RSV)

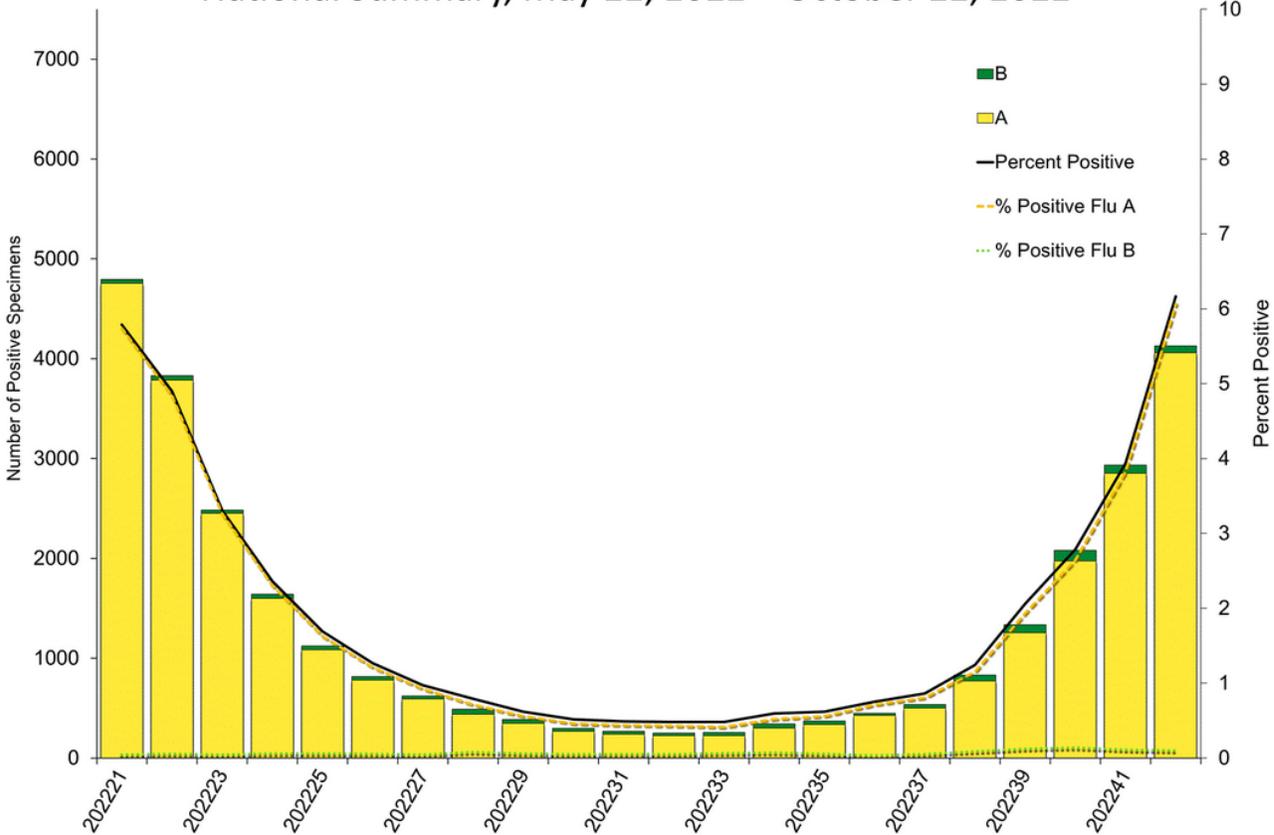
- RSV commonly circulates in late fall and winter
- Children and adults who catch RSV often develop cold like symptoms
- RSV can be more serious for infants, older individuals, and immunocompromised



Source: CDC RSV: [https://www.cdc.gov/dotw/rsv/index.html#:~:text=Respiratory%20syncytial%20virus%20\(RSV\)%20is,similar%20to%20the%20common%20cold](https://www.cdc.gov/dotw/rsv/index.html#:~:text=Respiratory%20syncytial%20virus%20(RSV)%20is,similar%20to%20the%20common%20cold)

Concern for Flu / Respiratory Season

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, May 22, 2022 – October 22, 2022



Source: <https://www.cdc.gov/flu/weekly/index.htm>



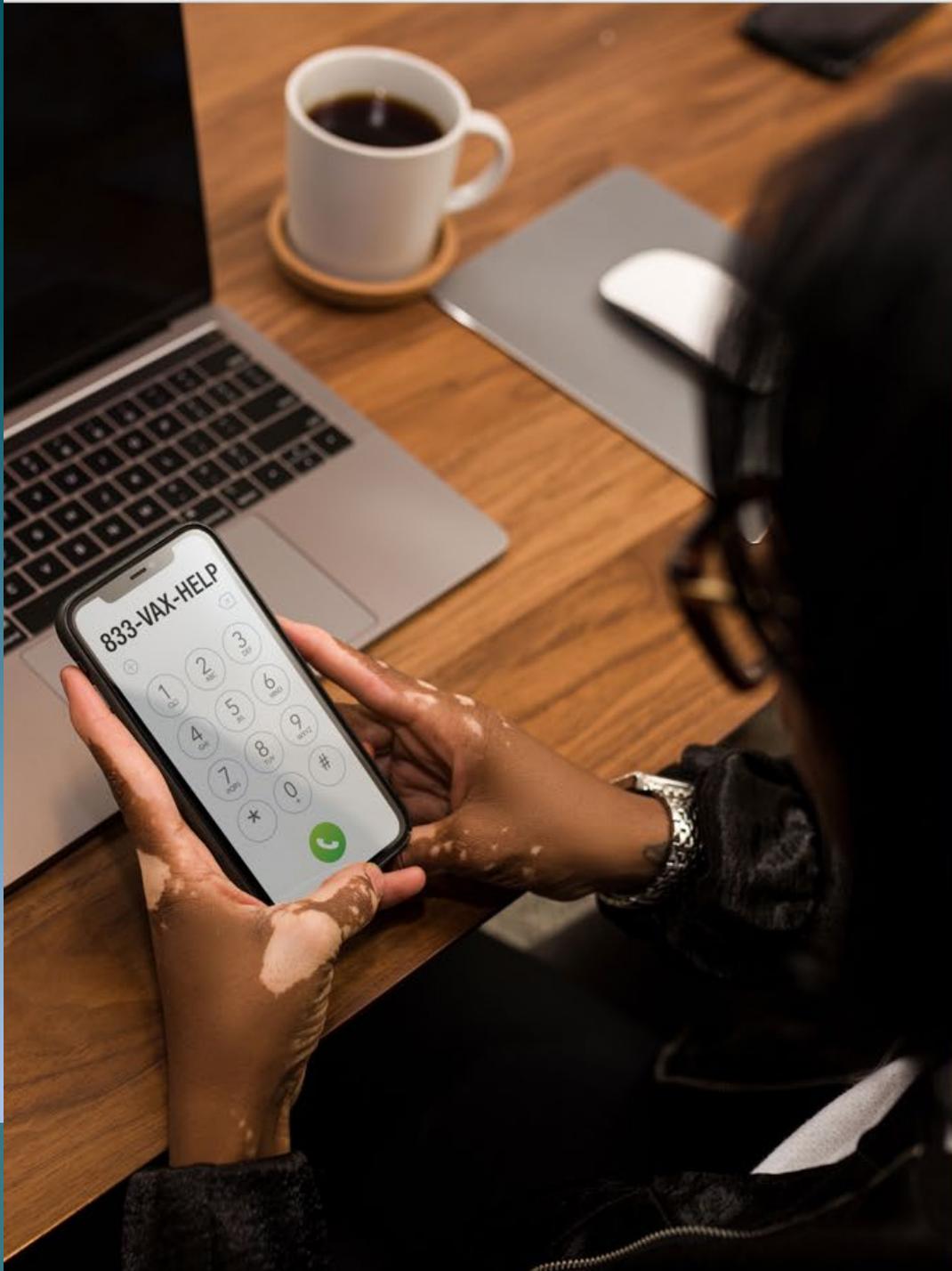
September 23, 2022 · 4:59 AM ET

Flu is expected to flare up in U.S. this winter, raising fears of a 'twindemic'

YOUR HEALTH



@WaDeptHealth
@WaHealthSec



Need to make a vaccine appointment?

Visit

VaccineLocator.doh.wa.gov

or Vaccines.gov

or call

833-VAX-HELP

Language assistance is available

6 a.m. to 10 p.m.
Monday

6 a.m. to 6 p.m.
Tuesday – Sunday
& observed state holidays

**Vaccinate
WA** 
CovidVaccineWA.org

Department of Health

Legislative and Budget Proposals

Transformational Plan

- I. **Health and Wellness.** All Washingtonians have the opportunity to attain their full potential physical, mental and social health and well-being.
- II. **Health Systems and Workforce Transformation.** All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.
- III. **Environmental Health.** All Washingtonians will thrive in a broad range of healthy environments — natural, built and social.
- IV. **Emergency Response and Resilience.** All Washington communities have the information and resources they need to build resilience in the face of myriad public health threats and are well-positioned to prepare for, respond to, and recover from emergencies and natural disasters.
- V. **Global and One Health.** All Washingtonians live in ever-connected environments that recognize and leverage the intersection of both global and domestic health as well as the connections of humans, animals, and the environment.



Overall DOH 2023-25 Biennium Budget Requests

- **Over \$800 million of state resources** to support funding shortfalls, continue and enhance public health services with:
 - Nearly \$335 million for continuation of COVID-19 response resources;
 - \$100 million to support Legislatures next commitment to Foundational Public Health Services (FPHS);
 - Over \$200 million building on learnings from COVID – 19 to continue support resources and services;
 - Remainder for other public health services.

- **Over \$100 million for spending authority** to other fund sources.

Health and Wellness



Secure Reproductive Health Services

- Cover reproductive care related services and travel for people who are otherwise unable to afford or access them.
- Approximately 26 states have active abortion bans and DOH anticipates a sharp increase in people seeking abortions from outside the state.
- Provide safe, legal abortion procedures for clients who can't afford them as well as provide training to increase the number of providers to meet the anticipated increase in need for these procedures.

Cancer Screening & Prevention

- Federal grant shortfalls and widening gaps in access to care have led to widening disparities in cancer screening, prevention, and treatment.
- Disparities primarily impact people who live in communities with poor access to providers, those who earn low incomes, and communities of color.
- If funded, 7,000 people can be screened and treated for breast and cervical cancer.

Care Connect Washington (CCWA)

- State-supported, locally controlled system that provides coordinated, human-centered supports to individuals with a wide range of health-related social needs.
- Focus on supporting, training, and growing the community-based workforce, through community health workers, braiding resources, and creating low-barrier access to benefits and services for those who need them, to meet prevention, population health, and emergency response needs.
- The CCWA system has positioned it to increase community resilience and help communities emerge from the pandemic stronger and healthier, while also supporting future health emergencies.

Health and Wellness



Sustainment of Watch Me Grow Washington (WMGW) Program

- State's ability to communicate critical health information to families through Watch Me Grow Washington has been compromised by reduced and one-time resources.
- Ensures families with children under six are given the information they need such as immunization information and healthcare visit reminders.
- Without continued funding, DOH will be forced to reduce communication or completely discontinue the program. Impacting 300,000 families with reduced access to critical health information.

Statewide Investigative and Epidemiological Surge Support

- Washington state experienced an average of 2-3 outbreaks per year of communicable diseases including Mumps, Measles, and Acute Flaccid Myelitis.
- Developed a capacity to assist local health jurisdictions with case investigation and other surge support.
- Without sustained funding, the most under-resourced local jurisdictions, which already disproportionately experience health inequities, will lose this service.

HIV/AIDS Pharmaceutical Rebates Expansion

- DOH is requesting the creation of a non-appropriated fund for the rebate revenue generated by the purchase of HIV and other medications for people living with HIV. The federal Ryan White grant is a funder of last resort and all pharmaceutical rebates received by the department must be spent prior to spending the federal grant. Rebate revenues are very sizeable and unpredictable. This legislation will also raise the federal poverty level for Early Intervention Program to serve more people living with HIV.
- This proposal will allow DOH to disburse more community contracts in areas of highest need and fewest resources for HIV care and focus on reducing documented HIV health disparities for Black and Latina populations. Additionally, by raising the federal poverty level we expect to serve an additional 210 individuals living with HIV who have previously been ineligible.

Health Systems and Workforce Transformation



Expanded Foundational Public Health Services

- \$450 million biennial shortfall in foundational public health services, including disease surveillance and epidemiology and all hazards emergency response, among other capabilities.
- The legislature took a vital step in filling 40% of this gap through the passage of 2SHB 1497 in 2019. Further investment can expand services related to housing and homelessness, climate change, chronic disease, maternal and child health, and access to health care.
- Investment to address health inequities and close health disparities which will continue to widen.

Uniform Facilities Enforcement Framework

- Establishes a standard framework for facilities enforcement based on acute care and psychiatric hospital laws. No such framework for other healthcare facilities regulated by DOH. Under current law, DOH's only compliance option is to suspend or revoke a facilities license in response to a violation.
- Creates a uniform framework for all health facilities including intermediate enforcement tools and giving the department the ability to work with facilities to address repeat violations quicker.
- Adds enforcement tools that allow the department to take swift action when a situation poses immediate risk to the public.
- Increase patient safety and facility compliance, while ensuring continued access to care.

Maintaining Core Public Health Data Systems

- Funding for DOH data systems related to electronication of paper records, infectious disease and environmental incident reporting, emergency department encounter reporting, and immunizations.
- These systems have the capability of responding to general public health emergencies and applicability to other emerging communicable diseases such as MPV, Ebola, and Measles.
- Adverse impacts will result including the halting of critical data collection and reporting to the CDC as well as state level visibility to health impacts across Local Health Jurisdictions.

Health Systems and Workforce Transformation



Sustainable Enhancement of the Washington State Public Health Laboratories Infrastructure

- Washington State's Public Health Laboratories and our local partners tracked the progression and evolution of COVID-19 throughout the pandemic, furthering our understanding of the virus and strategies to address it.
- This capability is applicable to current and future outbreaks of MPV, Ebola, Measles, and any novel infectious diseases that may emerge in Washington.
- Failing to sustain the Public Health Laboratories critical capabilities will reduce the state's capacity during the next crisis.

Home Care Aides and Agency Affiliated Counselors

- Home Care Aides and Agency Affiliated Counselors are low-wage, high demand professions with severe workforce shortages affecting access to behavioral health and long-term care.
- These regulatory programs have significant negative fund balances (\$9.7M combined); we are raising licensure fees for both professions to bring revenue into alignment with current program expenditures.
- However, recovering the historical deficits through fees alone risks driving workers out of the profession and worsening access to care for vulnerable populations; therefore, Requesting \$8.2 million GF-S to offset the historical deficit and reduce the impact of a fee increase.

Expanding Access for Faculty at Dental Schools

- Current statute allows the commission to issue a license to practice dentistry to persons who are licensed in another state and are teaching faculty members at the University of Washington (UW), allowing the license holder to practice at UW facilities for one year while employed there. DOH is requesting to generalize the statute to apply to all accredited dental schools in Washington.
- DOH is also requesting to change the name to the Washington Dental Commission, which would align with the Washington Medical Commission (WMC) and other states.

Environmental Health



Meeting DOH's Statutory Obligations under the Healthy Environment for All (HEAL) Act

- Established new standards for environmental justice that many state agencies must implement, including DOH. Funding will ensure DOH can meet its obligations to comply with the act as environmental justice is incorporated into the agency's policies, rules and budget decisions.
- DOH is also tasked with staffing and supporting the work of the Environmental Justice Council and the Environmental Health Disparities Map, both of which are integral for all HEAL agencies as they implement the law and the Climate Commitment Act.
- Without additional funding the agency runs the risk of maintaining the status quo and may be unable to fulfill the obligations of the HEAL Act.

Climate and Health Program Expansion

- Impacts of climate change are negatively affecting the health of people in Washington and these impacts are expected to become more severe in the future.
- DOH seeks to improve engagement with partners, coordination with local health departments and investment in existing programs to reduce the threat of climate change.
- Washington residents need better access to air quality information, more access to seek refuge in public spaces, and assistance implementing climate change plans.
- Improve coordination between local agencies and DOH will help ensure local adaptation efforts get implemented and state and federal resources are accessed to support climate action plan.
- Provide grants to small school districts to improve ventilation, filtration, and cooling systems in school buildings for students and the public seeking shelter during heat and smoke events.

Emergency Response and Resilience



COVID-19 Funding Gap

- Mass testing, vaccination, and responses to COVID-19 outbreaks as they emerge has led to the reopening of the economy and a return to a new normal in Washington state.
- Despite that success, over the last year an average of 11.6% of all hospital beds in the state were occupied by COVID-19 patients, pushing system-wide capacity to 91.7%. Over that same time, an average of 16 people per day died of COVID-19.
- Without replacing the depleting federal funds, the department's ability to respond to future surges will be severely strained and, in turn, leave the state vulnerable to additional waves that could push the state's hospital capacity to critical levels and cause preventable loss of life.

Establishing a Statewide Medical Logistics Center

- At the onset of the COVID-19 pandemic, the country watched as critical supplies such as ventilators and personal protective equipment quickly disappeared.
- In response to that failure, DOH acquired a 4.5 acre warehouse which now stores and distributes COVID-19 test kits as well as masks and other personal protective equipment to tribes and local health jurisdictions.
- The center has also distributed equipment throughout the MPV outbreak as well as in response to wildfires throughout the state.
- Without this proviso, DOH will return to a pre-COVID model which will yield the same results in future emergencies as came in the medical supply collapse of the pandemic.

Emergency Response and Resilience



Continued State Isolation and Quarantine Center Operational Costs

- DOH was able to support the isolation and quarantine of nearly 600 residents and travelers who required assistance with food, medical care, or shelter during their I&Q timeframe.
- Through maintained investment, this facility and procedure can be applied to many emerging, endemic communicable diseases including current and future COVID-19, MPV, Ebola, and/or Measles outbreaks.
- Without this investment, the state will be incapable of rapidly containing emerging outbreaks, whether the cases are domestic or imported via international travel, potentially exacerbating the spread of disease.

Medical Reserve Corps (MRC)

- To leverage the talents and resources of Washingtonians in response to communities impacted by disaster and emergency, DOH is requesting the creation of a State Medical Reserve Corps that can organize, train, equip, and mobilize volunteers in support of public health and healthcare needs.
- This capacity supports underserved local health jurisdictions by creating a structure to deploy volunteers across the state to assist with public health, medical, and mortuary response tasks.
- The creation of a State MRC managed and directed by DOH allows credentialed medical professionals and support staff to provide volunteer services to any incident in the State declared or non-declared. This centralized service allows counties without local volunteer management or MRC programs to utilize the skills and resources of responders from across the state.

Global Health



Global and One Health

- Requesting funds to create a Global and One Health team to lead the development and implementation of creative solutions improving the health and well-being of Washingtonians by emphasizing the connectedness of a strong bidirectional global-domestic health ecosystem.
- The COVID Pandemic, along with numerous other diseases including monkeypox (MPV), measles, and avian influenza has made it clear that global conditions impact our communities and that the complex intersection of human health, animals, and the environment requires sustained efforts to prevent, detect, and respond to global public health threats with domestic health impact whether infectious disease or otherwise.

Birth Equity Project

- Requesting funds for expanding the Birth Equity Project and other initiatives that support prenatal and perinatal health, with a focus on funding culturally appropriate, community-led, evidence-based, and evidence-informed projects that enhance prenatal and postpartum health and parent social support for communities experiencing the most extreme perinatal health disparities.
- In Washington state, at least 60% of pregnancy-related deaths from 2014–2016 were preventable. DOH is requesting funding to implement several recommendations made by the Maternal Mortality Review Panel to reduce preventable maternal deaths and improve health care for people before, during, and after pregnancy.

Key Takeaways

1. Monkeypox outbreak is **slowing** as availability of vaccine has increased and people have become more aware of how to avoid infection.
2. COVID-19 pandemic still ongoing and people should **get** bivalent COVID-19 **booster vaccine** to maintain **protection**. Flu shot is **best** bet to avoid influenza. People can get both vaccines on same day.
3. DOH has developed proposed agency request legislation to **achieve Equity and Optimal Health for All Washingtonians** through the priorities set forth in our **Transformational Plan**.

Working together for a healthier tomorrow...



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