



Annual Report

2008

Washington State Board of Health





2009 Meeting Schedule

January 14, 2009, Tumwater

March 11, 2009, Tumwater/Olympia

May 13, 2009, Tumwater/Olympia

June 30, 2009, To be determined

July 8, 2009, To be determined

October 7, 2009, Yakima

November 4, 2009, SeaTac

Meetings in italics are tentative. Meeting dates and locations are subject to change.

See www.sboh.wa.gov for updates.

Washington State Board of Health 2008 Annual Report

2009 Meeting Schedule	2
About the State Board of Health	4
2008 Rule Reviews	5
An Ounce of Prevention	6
A Daily Dose of Public Health	7
Goals	8
Strengthen the Public Health System	8
Encourage Healthy Behaviors	9
Increase Access to Preventive Services	10
Reduce Health Disparities	12
Promote Healthy and Safe Environments	14
Membership	15

This Annual Report is required by the following statute: RCW 43.20.100.

Adopted by the Washington State Board of Health on November 12, 2008

For additional copies or more information, contact:

101 Israel Road SE
PO Box 47990
Olympia, WA 98504-7990
Telephone: 360.236.4100
Fax: 360.236.4088
Email: wsboh@doh.wa.gov
Web: www.sboh.wa.gov

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

Mission

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

This mission is achieved by:

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

About the State Board of Health

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

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

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

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

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

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

tribal governments, which provide public health services on reservations.

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

Rule-making

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

Policy Development

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

Periodically, the Board identifies high priority areas for policy development. In October 2007, the Board adopted a strategic plan that will guide its policy work over the next several years. The remainder of this report discusses some of the policy initiatives the Board will undertake as it implements that plan.

Every two years, the Board is responsible for generating a state health report for the Governor's consideration. Once approved by the Governor, the report provides guidance to agency heads as they develop budgets and craft request legislation for the upcoming biennium. The next report is due in 2010 and once adopted by the Governor will inform state priorities for the 2011-13 biennial budget.

Public Engagement

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



2008 Rule Reviews

- Contaminated drug labs
- Drinking water lab certification
- Eye treatment for newborns
- Group A drinking water systems
- Group B drinking water systems
- HIV counseling, testing, partner notification
- Homeless shelters
- Immunizations
- Newborn screening
- Notifiable conditions
- Onsite sewage (septic tanks)
- Onsite drainfield remediation
- School environmental health
- Shellfish (*Vibrio* prevention)
- Water recreation facilities
- Zoonotic diseases (rabies, etc.)

An Ounce of Prevention

The work of public health is to:

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



During 2008, headlines about increasing obesity, West Nile virus activity, and outbreaks of vaccine preventable diseases in Washington communities highlighted the importance of public health. The tools public health uses to try to prevent and control emerging communicable and chronic diseases include surveillance, laboratory testing, epidemiology, environmental health controls, distribution of medicines and vaccines, health education, and more. These are the same tools public health uses every day as it quietly works around the clock—and often behind the scenes—to protect the public’s health and safety from a wide array of threats. Every day, some aspect of the life of each Washington resident is touched by activities of public health. Prevention is a good priority to help maintain the health of the public, especially in times of economic uncertainty.

Public health is about understanding, preventing, and controlling disease and injury across our entire population. It is a public-private partnership that improves, protects, and promotes health by applying science to medical practice, personal behavior, and public policy. Hospitals, clinics, and other medical providers focus on delivering care

to individuals; public health focuses on the entire community. Public health measures are responsible for about 80 percent of the 30-year increase in life expectancy in this country in the past century. A large part of the early increases came through reducing the public’s exposure to contaminants in water, food, and air. Recent successes have been achieved through health education. Diminishing use of tobacco is such a public health success story. Fewer young people are smoking and adult users are quitting. A well-funded multi-pronged program of public awareness campaigns, cessation treatment, and community and school-based programs is responsible.

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

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

A Daily Dose of Public Health

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

For example:

- ▶ Every day, approximately 240 babies are born in Washington and each one is screened for congenital conditions, many of which could be fatal if left undiagnosed and untreated. The Board determines which conditions are included in these mandatory screenings.
- ▶ More than 5 million people enjoy safe and reliable drinking water each day due to Board rules implemented by state and local health departments.
- ▶ On a typical day, more than 2.5 million people eat in Washington State's restaurants with confidence. Board rules establish standards for restaurants, guide food safety inspection programs, and require food workers to receive training in safe food handling.
- ▶ More than 1 million children who attend school each day, and more than 150,000 who attend child care, are less likely to get sick because of the Board's immunization policies. In 2007-08, 84.5 percent of the state's roughly 80,000 kindergarteners were immunized against all ten vaccine-preventable diseases identified by the Board.
- ▶ On any given night, about two-thirds of Washington State's 84,000 lodging units are occupied. Guests can sleep more soundly knowing the Board rules establish health and safety standards for "transient accommodations."
- ▶ Roughly a million homes in this state rely on septic systems including 30 percent of new homes. Home owners and their neighbors are protected by the Board's onsite sewage system rules.
- ▶ Though the number of swimmers each day varies widely, more than 1 million Washingtonians swim at least once a year, and some 750,000 are in the water regularly. Whether at a local pool or the beach, Board rules help protect water quality and assure safe facilities.



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

Strengthen the Public Health System

In 2008, Washington State experienced outbreaks of measles and whooping cough. Students were sent home from school during a chickenpox outbreak and restaurant diners became ill from E.coli. There were more human cases of West Nile virus, too, along with numerous horse and bird deaths. Such events—along with threats from new and re-emerging diseases, the possibility of bioterrorism and, potentially, pandemic flu—underscore the importance of ensuring all Washingtonians have access to a strong, integrated system of public health and health care programs.

At the same time that headlines were reminding us of the importance of public health, however, they were also informing us of shrinking budgets, program cuts and layoffs at local health jurisdictions. Staffing and funding reductions of 20 to 30 percent were common.

The Board has participated in a variety of efforts to promote stable funding that will support a fully functioning public health system staffed, trained, and equipped to meet today's challenges. These efforts have included work with the Public Health Improvement Partnership (PHIP), with the Joint Select Committee on Public Health Financing in 2006, and with the Legislature in 2007 as it decided to provide \$10 million a year in new funding.

The 2007 Legislature also called on the Secretary of Health to identify, in consultation with her department's many partners, performance measures that could determine whether the new funding was making a difference, along with a list of critical activities and services that are important across the state. The Board participated in two committees established to meet this charge.

The Board continues to be part of the PHIP, along with the Department of Health, the Washington State Association of Local Public Health Officials, Washington Health Foundation, and the University of Washington School of Public Health and Community Medicine. It is represented on the partnerships' governing body and participates in work groups. It is also part of a committee charged with identifying additional performance measures for critical activities and services.

The Board regularly meets with local boards of health to improve communication, solicit input for the Washington State Health Report, learn about local concerns, and promote local awareness of Board activities. It constantly works to improve its own organizational capacity and looks for ways it can use its rule-making authority to improve public health's capacity to control the spread of human disease.



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

Encourage Healthy Behaviors

One of the most effective ways to improve the health of Washingtonians is to promote healthy behaviors. Unhealthy behaviors such as inactivity, poor nutrition, smoking, and substance abuse account for 40 percent of premature deaths. The Board works to promote policies that make it easy for Washington families to adopt healthy behaviors.

In 2008, the Board collaborated with other agencies and nongovernmental organizations on a variety of policy development activities aimed at improving children's nutrition and physical activity.

Board staff co-chaired the Washington Action for Healthy Kids, which is an affiliate of the National Action for Healthy Kids. This organization focuses on strengthening nutrition and physical activity in schools.

Board staff also participated in phase one of an effort to develop a statewide campaign to address overweight and obesity in children. This effort, led by the Children's Alliance in cooperation with several agencies, foundations, and advocacy organizations, identified several effective policy options to pursue in 2008-2009.

The Board is also an organizational sponsor of the Washington Health Foundation's Healthiest State in the Nation campaign. Members and staff participate in campaign challenges such as the 2008 Governor's Health Bowl.

The Board's strategic plan calls for it to find ways to address childhood overweight and obesity. It established a new policy committee focused on health promotion, which is now

one of the Board's largest and most active committees. It met regularly during the latter part of 2008 to begin developing a work plan for 2009 and beyond. The Board's strategic plan reserves capacity to implement that work plan once it is finished and approved.

The Board looks for ways to support the Department of Health tobacco control efforts and held a briefing in November to call attention to the growing problem of abuse and misuse of prescription narcotics and to highlight the ways that Washington State agencies have responded.



Increase Access to Preventive Services

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

One of the core functions of public health is to ensure that all members of a community can access critical health services. As part of its work with the Public Health Improvement Partnership, the Board set out several years ago to identify specific services public health should be concerned about. In other words, it set out to answer the question: Access to what? In 2001, it produced a *Menu of*

Critical Health Services—a list of services that have proven to be effective in addressing community health problems. The Board continues to support implementation of the Public Health Improvement Partnership’s access standards. It also promotes the use of its Menu in policy and purchasing decisions and regularly invites local officials and community leaders to come before the Board and discuss local efforts to improve access.

The *Menu of Critical Health Services* listed some forms of mental health care as effective services that benefit the community. One of the Board’s current strategic objectives is to “promote access to preventive mental health services.” Exactly what constitutes prevention in the mental health field is not well understood. The Board is part of the Prevention Advisory Group, a statewide workgroup convened by the Mental Health Transformation Project, which worked to develop a prevention-oriented, population-

based model for promoting mental health. The Prevention Advisory Group agreed that what it meant by prevention is creating a system that promotes mental health, intervenes early to address emerging mental health problems, and reduces the devastating impact of mental illness.

The Board, with financial support from the Mental Health Transformation Project, spent much of 2007 developing a white paper that articulates what a system for promoting mental wellness and preventing mental illness across the lifespan might look like for Washington State. Although the report did many things, from defining terms to listing promising programs, perhaps the most significant element was a list of “cross-cutting themes” that held promise for people of all ages (see sidebar).

The document went before the project’s governing body, the Transformation Work Group, in January 2008 and was well



Prevention in the context of mental health means creating a system that promotes mental health, intervenes early to address emerging mental health problems, and reduces the devastating impact of mental illness.

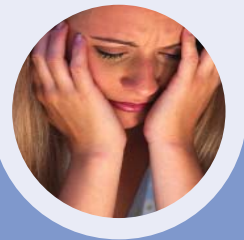
received. It became the centerpiece at a series of community meetings during the winter of 2008, and laid the foundation for a May statewide policy summit. The Board participated in several of the community meetings and was heavily involved in planning and hosting the summit, which gave participants an opportunity to select areas of emphasis for the state policy development over the next few years.

The Board continues to work with the Prevention Advisory Group and the Transformation Work Group to identify specific programs and policies that can contribute in the near term to encouraging a prevention-oriented approach to mental health. It has also participated in national meetings where participants from other states have been interested in learning about the work being done in Washington.



Access is closely tied to availability and utilization. Some population-based interventions are so effective that Washington State has chosen to improve utilization by requiring them. Two major examples are childhood immunizations against communicable diseases and newborn screening for harmful conditions. In 2008, it added 15 disorders to the list of conditions for which newborns must be screened, and it added pneumococcal disease to the list of vaccine preventable illnesses against which children in child care must be immunized. For more information on these two efforts, see the Health Behaviors discussion on page 9.

The Board also supported efforts to remove a statutory requirement that schools screen for scoliosis, since that requirement is no longer seen as being evidence-based.



Cross-cutting themes: Policy approaches to mental wellness promotion across the lifespan

- Institutionalize communication and coordination around shared outcomes
- Market mental wellness and stigma reduction
- Increase funding flexibility
- Leverage existing funding sources
- Assess community risk and protective factors
- Screen at multiple points of entry
- Provide care based on need
- Ensure age-appropriate services are available
- Provide culturally competent services
- Meet people where they are
- Support transitions across the lifespan
- Provide mental health consultation
- Increase and improve provider training
- Create trauma-sensitive or trauma-informed systems



Reduce Health Disparities

Health Disparities Council Members

Governor Representative

Vickie Ybarra, RN, MPH, Chair

Consumer Representatives

Emma R. Medicine White Crow, Vice chair

Gwendolyn M. Shepherd

Commission on African American Affairs

Winona Hollins-Hauge, MSW, LIC SW

Commission on Asian Pacific American Affairs

Ellen Abellera

Commission on Hispanic Affairs

Lourdes Portillo-Salazar

Governor's Office of Indian Affairs

Danno Ives

Department of Agriculture

Eric Hurlburt

Department of Community, Trade & Economic Development

Annie Conant

Department of Early Learning

Felecia Waddleton-Willis, DO

Department of Ecology

Millie Piazza

John Ridgway (alternate)

Department of Health

Sofia Aragon, JD, RN

Department of Social and Health Services

MaryAnne Lindeblad

Health Care Authority

Nancy Fisher, RN, MD, MPH

Office of Superintendent of Public Instruction

Martin Mueller

State Board of Health

Frankie T Manning, MN, RN

Workforce Training and Education Coordinating Board

Madeleine Thompson

The Board is committed to ending health disparities in Washington State and contributes to this work primarily by providing staff support to the Governor's Interagency Council on Health Disparities. The Council is charged with creating a state action plan to eliminate health disparities by race/ethnicity and gender.

During 2008, the Council completed a two-phase prioritization process to identify five areas of focus for the state action plan: (1) diabetes, (2) overweight and obesity, (3) education, (4) health insurance coverage, and (5) healthcare workforce diversity.

The Council selected social determinants of health and health outcomes deemed to be of significant public health concern and recognized as areas of considerable concern for the affected communities. After the Council's extensive review of existing programs, it believes opportunities are readily available to lend support in these areas through recommendations for policy and program changes at a statewide level.

In 2008, the Council made community outreach and engagement a priority. Through a federal grant from the Office of Minority Health, it hired a Community Outreach

Coordinator to travel across the state to share information about the Council and seek input to guide its work. The Outreach Coordinator meets with organizations and attends forums, health fairs, and other local events around the state, raising awareness of health equity issues and connecting communities with culturally relevant resources. In addition, Council members served as presenters, panelists, and facilitators at local health equity conferences. The Council has also provided input and technical assistance to guide health disparities reduction efforts in other states and at the national level.

These expanded outreach efforts have paid off. More individuals and organizations across the state recognize the Council as a resource for information and an avenue for input into the policy-making process. Communities have been eager to share input with the Council, and in return, the Council placed additional weight on that input when prioritizing and selecting its priorities.

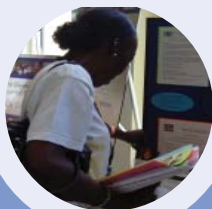
Other Council highlights during the last year include convening the Community Forum on Health Equities in Tacoma, organizing an advisory workgroup to guide the creation of a multicultural communications directory, and bringing together a panel of language

access experts to advise the Council on recommendations for culturally and linguistically appropriate health literature and interpretive services.

Looking ahead, the Council will convene advisory committees to help develop policy recommendations for its consideration in developing the action plan. The Council is on track to deliver its plan to the Governor and Legislature by 2010, two years ahead of schedule.

In addition to supporting the Council, the Board has its own policy development initiatives related to health disparities. In 2007, it co-led efforts to organize and sponsor a policy summit that explored ways to simultaneously address health disparities and the academic achievement gap. In 2008, it continued those efforts by co-sponsoring, along with the Department

of Health and the Office of Superintendent of Public Instruction, the creation of a policy report. The report, which is expected to be completed in early 2009, will document best practices in school-based policy and program interventions to improve the health and academic success of students. Areas that the report will focus on include: chronic disease self-management training; increased physical education or activity breaks; cognitive and social skills training; substance abuse self-management training; school-based health clinics; school-based mental health and counseling services; comprehensive physical and mental health services; expanded counseling and tracking programs; social and transition support and school reform plans; improved teacher and parent communication skills; and school breakfast programs. In 2008, the Board also prepared three health impact reviews in collaboration with the Council (see sidebar).



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

Health Impact Reviews

The State Board of Health, in collaboration with the Council, is required to complete a health impact review on a policy or budget proposal if a review is requested by the governor or a legislator (RCW 43.20.285). A health impact review evaluates a proposal for its potential impact on health disparities.

During the 2008 legislative session, Representative Santos submitted requests to the Board for health impact reviews on three different bills. One bill would have required certain state agencies to post bilingual or multilingual notices of public health, safety, or welfare risks in certain circumstances (SHB 1675). The second bill would have established a ten-member financial services intermediary to improve access to mainstream financial products for low-income individuals (SSHB 3221). The third bill would have limited use of chemical, mechanical, and physical restraint in public schools (SHB 2884). None of these bills passed during the 2008 session.

The Board has completed five health impact reviews to date—two in the 2007 session and three in the 2008 session. All of the reviews, as well as the request form and procedures document, can be found on the State Board of Health's Web site at: sboh.wa.gov/HIR.

Promote Healthy and Safe Environments

A major portion of the State Board of Health's workload typically involves maintaining numerous environmental health and safety rules. This was the case again in 2008.

The Board continued to devote considerable time and energy to proposed changes to the school environmental health and safety rules. Legislative interest in the rule during the 2008 session resulted in the formation of a stakeholder workgroup to review rule language for clarity and to help normalize assumptions about potential effects of the rule. This workgroup met six times in the second quarter of 2008. The Board's Environmental Health Committee and staff worked closely with Department of Health staff on a third draft and then a final school rule proposal, which was published

in August 2008. The Board heard public hearing testimony on the rule in August and September 2008. It deliberated on action in October 2008 and decided to delay a vote on the school rule until June 2009 or before to allow funding issues to be considered by legislators during the 2009 session.

During 2008, the Board amended its rule for shellfish harvesters to help reduce illnesses from *Vibrio parahaemolyticus* in oysters consumed raw or undercooked. This rule was tested during the summer of 2008 with mixed results. The Board accepted a recommendation from the Department of Health in November 2008 to develop another revision of the rule to help further reduce the number of illnesses from this organism during future summer seasons.

The Board's Environmental Health Committee, its staff, and Department of Health staff also continued rule making for Group B public drinking water systems; homeless shelters; decontamination of illegal drug manufacturing and storage sites; design of septic tanks; and animal diseases transmissible to humans, particularly rabies and psittacosis.

During 2008, the Board's staff provided input on bills before the House Select Committee on Environmental Health, particularly related to on-site wastewater disposal systems. It provided input to various legislative committees considering school funding issues regarding the Board's proposed school environmental health and safety rules. It also worked to increase the visibility of environmental public health issues among public health professionals.



"In recent years, it is estimated that there were more than 156,000 injuries annually on public playgrounds across the country that required emergency room treatment." U.S. Consumer Product Safety Commission Handbook on Public Playground Equipment, 2008

Membership

Consumers



Treuman Katz, Chair, is President Emeritus of Children's Hospital & Regional Medical Center in Seattle after serving as President and Chief Executive Officer for more than twenty-five years.



Karen VanDusen, R.S., M.S.P.H., is the Director of Environmental Health and Safety at the University of Washington.

Elected City Officials



The Honorable David R. Crump, Ph.D., Vice Chair, is a Liberty Lake City Council member and Spokane Regional Health District Board member. (Through October 2008)



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

Health and Sanitation



Keith Higman, M.P.H., is the Director of the Island County Health Department and has worked in the field of environmental health for over 12 years.



Frankie T. Manning, R.N., M.P.H., is the Associate Director of Nursing Service at the Department of Veterans Affairs Puget Sound Health Care System.



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



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

Board Staff

Craig McLaughlin, M.J., Executive Director
Heather Boe, Communications Consultant
Tamara Fulwyler, M.P.H., Outreach Coordinator
Christy Curwick Hoff, M.P.H., Health Policy Advisor

Elected County Officials



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

Department of Health



Mary Selecky is Secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District. She has 30 years of public health experience.

Local Health Officers



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

Washington State Board of Health
101 Israel Road SE, Towncenter 1
PO Box 47990
Olympia, WA 98504-7990
Telephone: 360.236.4100
Fax: 360.236.4088
Email: wsboh@doh.wa.gov
Web: www.sboh.wa.gov

