Washington State Board of Health

2018 State Health Report

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EXECUTIVE SUMMARY

Since 1891, the Washington State Board of Health (Board) has been responsible for providing suggestions for legislative action related to improving the public's health. The Board has been producing biennial State Health Report since 1977. The purpose of the report is to identify "public health priorities for the ensuing biennium and such legislative action as it deems necessary." RCW 43.20.100 requires the Board to produce the report in even numbered years for the Governor's review and approval.

The 2018 report highlights key statewide public health policy initiatives that we believe deserve the Governor and Legislature's attention and focuses on recommendations that will:

- Help modernize and stabilize Washington's public health system;
- Reduce the burden of smoking and opioid related disease;
- Improve community engagement and equity in state government;
- Update state law to eliminate HIV/AIDS exceptionalism, reduce stigma and improve the control of sexually transmitted disease and blood borne pathogens; and,
- Make sure school environments are safe and healthy places for children to learn, play, and grow.

Strengthen and Transform Washington's Public Health System

The Washington governmental public health system is comprised of the Board, Washington State Department of Health (Department), 35 local health jurisdictions (LHJs) and tribal nations. The governmental health system has a unique and critical public safety role that is focused on protecting and improving the health of Washington's families and communities by providing Foundational Public Health Services (FPHS). FPHS are the unique skills, and population-based programs and activities that are provided by the governmental health system, and are mandated by state or federal law. To have a fully functional public health system that can respond to disease outbreaks and emerging health threats, FPHS (e.g., vital statistics, disease surveillance and food and drinking water safety) must be available in every community. In the 2017-2019 biennium, the Legislature made an initial investment of $15 million in the public health system for the purposes of modernizing and stabilizing the system. The Board recommends the continuation and expansion of this initial investment, review of the 2018 statewide assessment and comprehensive and stable funding for assessing and controlling communicable disease and enhancing environmental public health services should be prioritized earliest. Additionally, the Board recommends the Legislature and Governor continue the $3 million funding focused on implementing the Governor's lead directive. This funding is aimed at modernizing blood lead surveillance. This investment allows the public health system to test children at highest risk for lead poisoning, provide appropriate follow up for these children, reduce exposure to lead in drinking water and test school drinking water fixtures. It is an important investment in foundational work that the public health system should be doing.

Improve Health by Decreasing Use of Tobacco and Vapor Products

Since 2015, Washington State lawmakers have proposed legislation that would change the minimum age for purchasing tobacco and vapor products. Smoking and tobacco product use is responsible for 17-19 percent of all deaths in Washington, and most adult smokers begin smoking before they turn 21[1]. Increasing Washington's age for purchasing these products will help prevent our youth from starting to smoke, reducing health care costs, and improving health care savings. This is a smart, evidence-based approach to reducing illness and death associated with smoking. The Board recommends that the Governor and Legislature raise the minimum age of legal access to tobacco and vapor products to age 21.

Continue to Combat Opioid Use Disorder

Opioid use disorder is a public health crisis that affects Washington's families and communities, and inundates our law enforcement health care and social services systems. Between 2012 and 2016 more than 3,400 people died from opioid use disorder in Washington State[2]. In recent years, Washington's lawmakers have worked to tackle the crisis, passing legislation to update health professional prescribing rules, expand access to the Prescription Drug Monitoring Program (PDMP), and allow for safe and secure collection and disposal of unwanted medicines. For the 2019 legislative session, the Board recommends the Legislature build upon these successes and include the following strategies to prevent overdoses: increase access and use of opioid overdose reversal medications, and access to treatment services for individuals with opioid use disorder, and promote use of the state's PDMP among health care providers to improve prescribing practices.

Improve Access and Equity in State Government

In order to improve health for all people in Washington State, we need to assure that all people have the opportunity to achieve the best health possible. Health equity means all people have the opportunity to attain their full health potential regardless of race/ethnicity, income, education, gender identity, sexual orientation, disability, or other socially determined circumstances[3]. The Governor's Interagency Council on Health Disparities (Council) advises the Governor and Legislature on actions to eliminate health disparities, and has been focused on equity in state government for the last two years. The Board recognizes that racism and other forms of discrimination can be institutionalized and unintentionally perpetuated through policies and practices that prevent meaningful community engagement and limit access to important public services. The Board endorses the Council's recommendation to the Governor to issue an Executive Order to create a comprehensive, enterprise-wide equity in state government initiative.

Modernize Laws to Reduce Stigma and HIV Exceptionalism

In 2014, Governor Inslee issued a Proclamation to End AIDS. This proclamation set in motion statewide efforts reduce mortality and health disparities among persons living with HIV (PLWH), and increase the percentage of individuals with suppressed viral loads and their quality of life. For the last two years, the Department has worked with partners and stakeholders to review and modernize Washington's laws that perpetuate unfair discrimination based on HIV positive status. The Board endorses the Department's recommendations to End AIDS in Washington by 2020. The Board also supports its 2019 legislative proposal, which will transform our state laws and help eliminate HIV/AIDS exceptionalism; improve access to preventive care; ensure the efficacy of health orders related to sexually transmitted disease; and modernize the control of sexually transmitted diseases and blood-borne pathogens.

Make School Environments Healthy and Safe for Washington's Students

There are more than 1.2 million students that spend over 1,000 hours in public and private school facilities each year. Since 1960, the Board has had school environmental health and safety rules intended to assure that these facilities are clean and safe places for kids to learn, play, and grow. The Board modernized these rules in 2009, and that same year, the Legislature suspended the implementation through a budget proviso. Children are more vulnerable to toxics and hazards than adults. The suspended rules establish consistent minimum statewide standards that assure schools are designed, built, and maintained to protect children and help prevent illness and injury. Local health jurisdictions play a key role in providing site plan review and pre-operation inspections for new schools. Regular health and safety inspections can help prevent illness and injury, but only 10 local health jurisdictions have school environmental health and safety programs. The Board urges the Governor to remove the budget proviso that suspends the updated school environmental health and safety rules; continue and increase the initial investments made in testing drinking water fixtures for lead and water fixture remediation; and provide funding so every community has regular school environmental health and safety inspections.

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[1] Washington State Department of Health. 2018 Washington State Health Assessment. Accessed on 4/23/2018

[2] Washington State Department of Health. Fact sheet 346-083 Summary Opioid Overdose Data

[3] Centers for Disease Control and Prevention. Attaining Health Equity. Accessed on 4/16/2018.

STRENGTHEN AND TRANSFORM WASHINGTON'S PUBLIC HEALTH SYSTEM

Washington State has a fundamental responsibility to protect the public's health[4]. The governmental public health system, comprised of the Board, Department of Health (Department), local health jurisdictions (LHJs), and tribes has a critical and unique public safety role that is focused on protecting and improving the health of families and communities. As a system, we work to help people live healthier, longer lives. When our people are healthier, the economic health and vitality of our communities is improved.

As of April 2017, Washington's population is estimated at 7,310,300. The state's population grew 1.76 percent from the previous year, which is the largest percentage increase since 2007. Seventy-two percent of Washington's growth is due to people moving to the state, and 28 percent represents in state births[5]. As our population grows, greater demands are placed on our public health system while funding for core services has been declining for years. This leaves the public at increasing risk of unnecessary disease and even death.

Washington's governmental public health system provides unique services to communities across the state. The public relies on and expects this system to identify disease outbreaks early and prevent them from spreading; keep our food and drinking water safe; and work with community partners to plan, prioritize, and implement services that meet the communities' greatest needs and make the best use of resources. In order to achieve a fully functioning public health system that can provide these services, the state must adopt and fund the Foundational Public Health Services (FPHS) so they are available in every community.

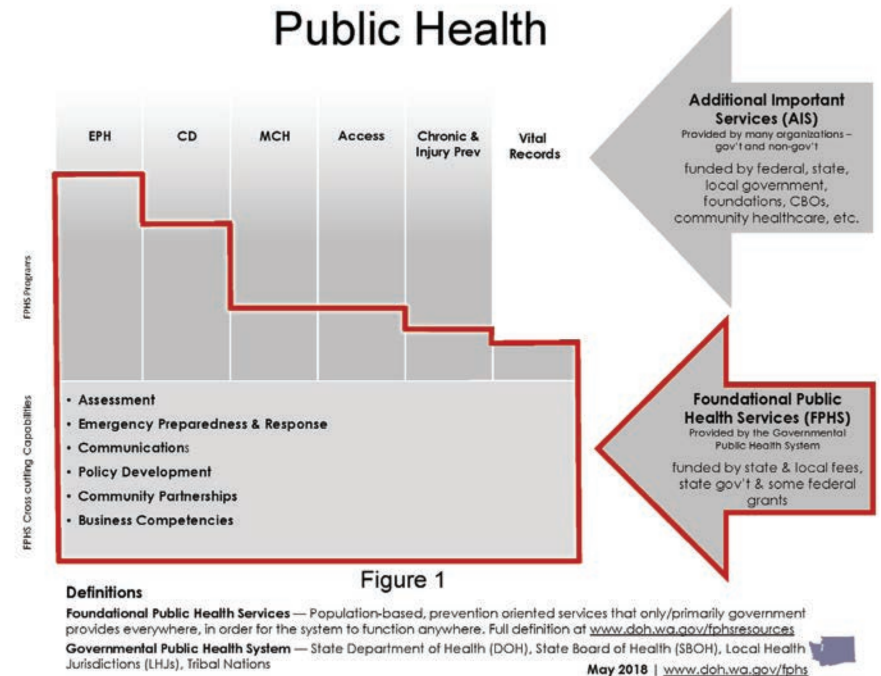

Figure 1 illustrates the core services provided by the governmental public health system.

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[4] RCW 43.70.512

[5] Office of Financial Management. State of Washington 2017 Population Trends Accessed May 2018

Unfortunately, the infrastructure that helps support the delivery of FPHS by the governmental public health system has been put at risk due to cuts in federal, state and local funding. The public health system is hard pressed to serve the diverse needs of our growing population. The system is in crisis and is struggling to fulfill its basic statutory responsibilities.

For the last five years, the Board has worked as a part of the governmental public health system with state and local public health leaders to better understand the challenges that the system faces to rebuild and maintain a fully functional public health system that is capable of meeting its legal mandates to protect the public's health. In the 2017-2019 biennial budget, the Legislature made an initial one-time $15 million investment to support efforts to improve and transform the governmental public health system.

The Legislature also provided a one-time appropriation of $3 million to implement the Governor's lead directive. The distribution of these funds is described below. The 2017-19 budgets included a $12 million investment in the public health system. **The funding was distributed across the public health system in the following manner:**

1. Ten million was provided to 35 LHJs to patch gaps in critical communicable disease infrastructure, such as measles and mumps outbreak response and expedited partner therapy for sexually transmitted infections.

2. One million of that has been invested in three service delivery projects focused on:
    - Tuberculosis prevention and control expertise, technical assistance, coordination and a response team available to all LHJs, statewide
    - Epidemiology and community health assessment expertise to multiple LHJs in Eastern Washington
    - Expertise and technical assistance to LHJs in making timely information available to health care providers in their communities

Two million was invested at the state level to implement strategies to control the spread of communicable diseases and other foundational work:

- Staffing for microbiology and radiation testing at the state lab
- Information technology staff for system consolidation and modernization
- Health impact review staff at the State Board of Health
- Conducting a statewide FPHS assessment

Additionally, the 2018 supplemental budget included a one-time, one year, $3 million appropriation to Seattle and King County Public Health to prevent and stop the spread of communicable disease including but not limited to zoonotic and emerging diseases, chronic hepatitis B and hepatitis C. This is critical work that must be continued.

The Department also received a one-time $3 million appropriation to implement the Governor's lead directive. This investment helped the department in its efforts to modernize blood lead surveillance, test children at highest risk for lead poisoning, provide public health services for children with elevated blood lead levels, reduce exposure to lead in drinking water, and test water in schools for lead. In 2017, 23,452 children were tested for lead, and 582 children identified with elevated blood lead levels. In the first year of funding, 247 schools had their drinking water tested for lead. Of the 4990 water taps that the Department has results for already, 5% were over the EPA action level of 20 ppb, and 13% were over 10 ppb. The Department is working with the Office of the Superintendent of Public Instruction to provide funding to replace all taps that were over 10 ppb. This is foundational work that the public health system should be doing. The Board believes that funding for this activity should be continued.

In December 2017, the Department submitted a progress report to the Legislature that described the challenges the public health system is facing and how the funds were distributed within the governmental public health system. The report included FPHS steering committee recommendations to the Legislature:

- Fully implementing FPHS across the state will require a phased, multi-year effort. It is important that the one-time initial investment provided by the state Legislature for 2017-19 is a short-term event and that a fully implemented FPHS will require continued in and consistent support in future biennia.
- Promote continued local investment in the public health system and consider opportunities to incentivize funding of community priorities by local government and partners, including options to raise revenue[6].

The statewide FPHS assessment will be completed in summer 2018. The assessment will identify the degree to which FPHS is currently implemented, estimated costs and funds needed for full implementation, and services most likely to benefit from possible new service delivery models. The Board recommends that the Governor and Legislature continue to view the $15 million investment as a start, and build upon it. As the Governor and Legislature review the assessment results, the Board recommends new funding for FPHS be focused on fully funding communicable disease control and environmental public health for the 2019-2021 biennium. Additional funding will be needed in subsequent biennia to achieve a transformed, fully functional governmental public health system.

Environmental public health is closely linked with communicable disease control efforts. Environmental public health focuses on stopping disease by preventing pollution, reducing exposure to environmental hazards, and practicing sound sanitation to prevent disease from occurring in the first place. Local environmental health professionals help identify conditions in the environment or facilities like restaurants, schools and swimming pools where pathogens like E.coli, Salmonella and Norovirus can grow and spread. Environmental public health also helps identify hazards in the environment and helps eliminate them, reducing risk for illness and injury.

One example of how environmental public health and works to prevent disease, illness and injury in the community is the school environmental health program. In Washington, just ten local health jurisdictions have school inspection programs that partner with community schools to provide regular inspections that help identify and address issues of indoor air quality, toxic mold, and other safety issues.

These programs:

- Conduct site approvals, plan reviews and assure schools are well designed and safe for children
- Conduct routine inspections of food service operations
- Investigate complaints about school safety or health
- Provide current and reliable information about school safety for parents and school staff.

The Board believes that FPHS in environmental public health and communicable disease, such as these, provide essential protections that must be available statewide. FPHS supports the health care system and contributes to economically vital communities across Washington. The Board urges the Governor and Legislature to carefully review the statewide assessment and increase funding to assure a modern, functioning system that is responsive to current and emerging public health threats. The Board recognizes that to achieve this goal Foundational Public Health Services will need to be funded and implemented over the course of multiple biennia.

RECOMMENDATION

For the 2019-2021 biennium, the Board recommends comprehensive and stable funding for assessing and controlling communicable disease and enhancing environmental public health services should be prioritized earliest. State funding for the public health system is critically important to ensure that Foundational Public Health Services are provided in every community.

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[6]Washington State Department of Health Rebuilding and Transforming Washington's Public Health System: Preliminary Report December 2017 Publication Number 820-074 Accessed May 2018

IMPROVING HEALTH BY DECREASING USE OF TOBACCO AND VAPOR PRODUCTS

Smoking and tobacco products are the leading cause of preventable disease, disability, and death in the United States. Tobacco use is responsible for approximately 17-19 percent of all deaths in Washington. About 95 percent of adult tobacco smokers began smoking before they turn 21. Each year, 3,900 Washington youth (under age 18) become daily tobacco smokers. In 2015, the Institute of Medicine released its report Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products[9], which concluded that raising the minimum age of legal access to tobacco products to 21 will prevent or delay initiation of tobacco use by adolescents and young adults and therefore lead to a "substantial reduction in smoking-related mortality."

With the changes in smoking options, the Board has begun using the generic term 'smoking' to include exposure to all forms of inhaled products, including tobacco, vaporized products with electronic devices, and marijuana smoking. This more comprehensive terminology is important because all sources of inhaled substances have an adverse effect on health, which worsens with long-term use.

Since 2015, Washington State lawmakers have proposed, but have been unable to pass, legislation that would change the minimum age for purchasing tobacco and vapor products. In 2018, the Board conducted a Health Impact Review on SB 6048 which prohibits selling or giving tobacco or vapor products to a person under the age of 21[10]. The Health Impact Review found a fair amount of evidence that changing the minimum purchase age will likely decrease use of tobacco and vapor products among youth and young adults. For example, after Needham, Massachusetts raised the minimum age for purchase, the smoking rate among high school students decreased by 47%[11]. The Review also found very strong evidence that decreasing the use of tobacco and vapor products among youth and young adults will likely improve health outcomes for those youth as well as for others who would have been exposed to secondhand smoke or smoking in utero.

Five states (Oregon, California, Hawaii, Maine, and New Jersey) and nearly 300 cities and counties have successfully raised their tobacco sales age to 21. Support for raising the age of sale to 21 extends beyond state and local lawmakers. A national survey of U.S. adults found that nearly three quarters of individuals, including close to 70% of current smokers, favored raising the legal minimum age of purchase[12]. The Department of Defense, and the Army, Air Force, Navy, and Marines have all set goals to become tobacco-free and have stated their willingness to comply with the new law in states that have already raised the age of tobacco sales[4,13].

One of the arguments used against the legislation pertains to the potential loss of revenue. Washington State Department of Revenue released a fiscal note[14] that estimated increasing tobacco's age for purchase in Washington would reduce revenues by $2.7 million, but the fiscal note did not estimate health care costs associated with smoking or the potential savings that could occur if we can help prevent our youth from starting to smoke.

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[7]Washington State Department of Health. 2018 Washington State Health Assessment. Accessed on 4/23/2018

[8]Washington State Department of Health. 2016 Washington State Healthy Youth Survey Data Brief: Tobacco and Vapor Products. Accessed on 4/23/2018

[9]IOM (Institute of Medicine). 2015. Public health implications of raising the minimum age of legal access to tobacco products. Washington, DC: The National Academies Press.

[10]Washington State Board of Health. Health Impact Review of SB 6048. Accessed on 5/14/2018

[11]Kessel Schneider S, Buka SL, Dash K, et al. Community reductions in youth smoking after raising the minimum tobacco sales age to 21. Tobacco Control 2015;Epub ahead of print.

[12]King, Brian A., and Amal O. Jama. "Attitudes Toward Raising the Minimum Age of Sale for Tobacco Among U.S. Adults." American Journal of Preventative Medicine, Oct. 2015.

[13]Bondurant, S, and R Wedge. "Combating Tobacco Use in Military and Veteran Populations." 2009.

It is estimated that the health care cost directly attributed to cigarette smoking in Washington State is close to $2.8 billion annually[8]. These adverse costs are an underestimation as it does not take into account additional costs related to secondhand exposure to tobacco smoke, the use of other tobacco products such as cigars and smokeless tobacco, or the impact of smoking-caused fires and property damage[8]. Further, estimates from the Centers for Disease Control and Prevention suggest that smoking-caused productivity losses in Washington cost the state another $2.2 billion annually[15].

With regard to health care savings, the Department conducted an analysis to determine near-term cost savings from changing the minimum purchase age of tobacco from 18 to 21. The Department determined that the policy would reduce adverse birth outcomes, including preterm birth and low birth weight, saving approximately $2 billion to $3 billion in health care costs (including $1 million to $3 million in Medicaid cost savings) in the first five years after the policy was implemented[16].

The Board believes that the potential reduction in morbidity and mortality with raising the age of purchase, and the health care cost savings associated with this reduction, could greatly improve the health and welfare of people in Washington. Many local governments would be willing to raise the minimum age of tobacco sales in their jurisdictions but are restricted from doing so by preemption. **We need the State to take this action.**

RECOMMENDATION

The Board recommends that the Governor and Legislature raise the minimum age of legal access to tobacco and vapor products to age 21.

[14]Washington State Department of Revenue [Fiscal Note Bill Number 6048 S SB]

[15]Campaign for Tobacco-Free Kids. [The Toll of Tobacco in Washington.] Accessed 5/14/2018

[16]Washington State Department of Health. "Unpublished data, Averted adverse pregnancy outcomes in Washington State attributable to the passage of a law increasing the minimum legal age to purchase cigarettes from 18 to 21 in the first five years." 2016.

CONTINUE TO COMBAT OPIOID USE DISORDER

Washington State recognizes that opioid use disorder is a public health crisis that affects families and communities and inundates our law enforcement, health care, and social services systems. The opioid epidemic cost the state of Washington more than $9 billion in 2016, according to an analysis by the U.S. Senate Committee on Health, Education, Labor and Pensions. Of that total economic cost, more than $7 billion comes from opioid-related deaths. The remaining $2 billion is attributed to health care costs, addiction treatment, criminal justice, and lost productivity[17].

It is estimated that between2012-2016 more than 3,400 people died from opioid-related overdose in Washington State[18]. Further, there were 1,431 nonfatal opioid-related drug overdose hospitalizations in 2016, which accounts for 26.82% of all drug overdose hospitalizations during that year[19]. However, these data fail to capture the large number of individuals who are likely victims of non-fatal opioid overdoses who were not hospitalized, and the impact that opioid use disorder has on families, friends, and communities.

In 2016, Governor Inslee issued Executive Order 16-09, Addressing the Opioid Use Public Health Crisis. In an effort to tackle the ongoing opioid epidemic in a comprehensive manner, Washington State issued the Washington State Interagency Opioid Working Plan in 2016. This plan outlines goals and strategies that are being implemented across the state by diverse stakeholders that include state agencies, professional groups, local health departments, and community organizations. The Board supports the strategies outlined in the plan and believes it can help reduce morbidity and mortality associated with the opioid crisis.

Over the last two years, Washington's lawmakers have also worked to tackle the opioid crisis. In 2017, the Legislature passed ESHB 1427 (C 297 L17) Concerning Opioid Treatment Programs. This bill required an update of health professional opioid prescribing rules, expanded access to the prescription monitoring program (PMP) for patient follow up, coordinated care and quality improvement, and improved access to medication assisted treatment. Implementation for that work is currently underway.

In 2018, the Legislature passed HB 1047 (C 196 L18) Protecting the Public's Health by Creating a System for Safe and Secure Collection and Disposal of Unwanted Medications. This new law will help establish statewide prescription drug takeback programs in Washington that will be paid for by drug manufacturers. Secure takeback programs can reduce unintentional poisonings, limit drug diversion and access to youth, and help keep prescription drugs out of the environment.

During the 2018 legislative session, Governor Inslee also included some of the Plan's strategies and goals in request legislation (SB 6150 and HB 2489). Unfortunately, these bills did not pass. The Board believes that the components within this legislation that reflect the Plan's strategies are critically important to helping reduce health complications and deaths and reducing health disparities associated with opioid use and abuse.

[17] "The Economic Cost of the Opioid Epidemic in Washington State." U.S. Senate Committee on Health, Education, Labor & Pensions, 2018.

[18] Washington State Department of Health. Fact sheet 346-083 Summary Opioid Overdose Data. Accessed May 30, 2018

[19] Washington State Department of Health. Center for Health Statistics- Death Certificates and Comprehensive Hospital Abstract Reporting System (CHARS). Accessed June 5, 2018.

At the Governor's request, the Board conducted a Health Impact Review on the legislation, and found evidence to support the policy direction outlined in the bills. The Review focused on bill provisions that fell into three broad pathways to health:

- Promoting access to and use of opioid overdose reversal medication
- Promoting access to medication-assisted therapies for opioid dependence
- Expanding use of the state prescription drug monitoring program

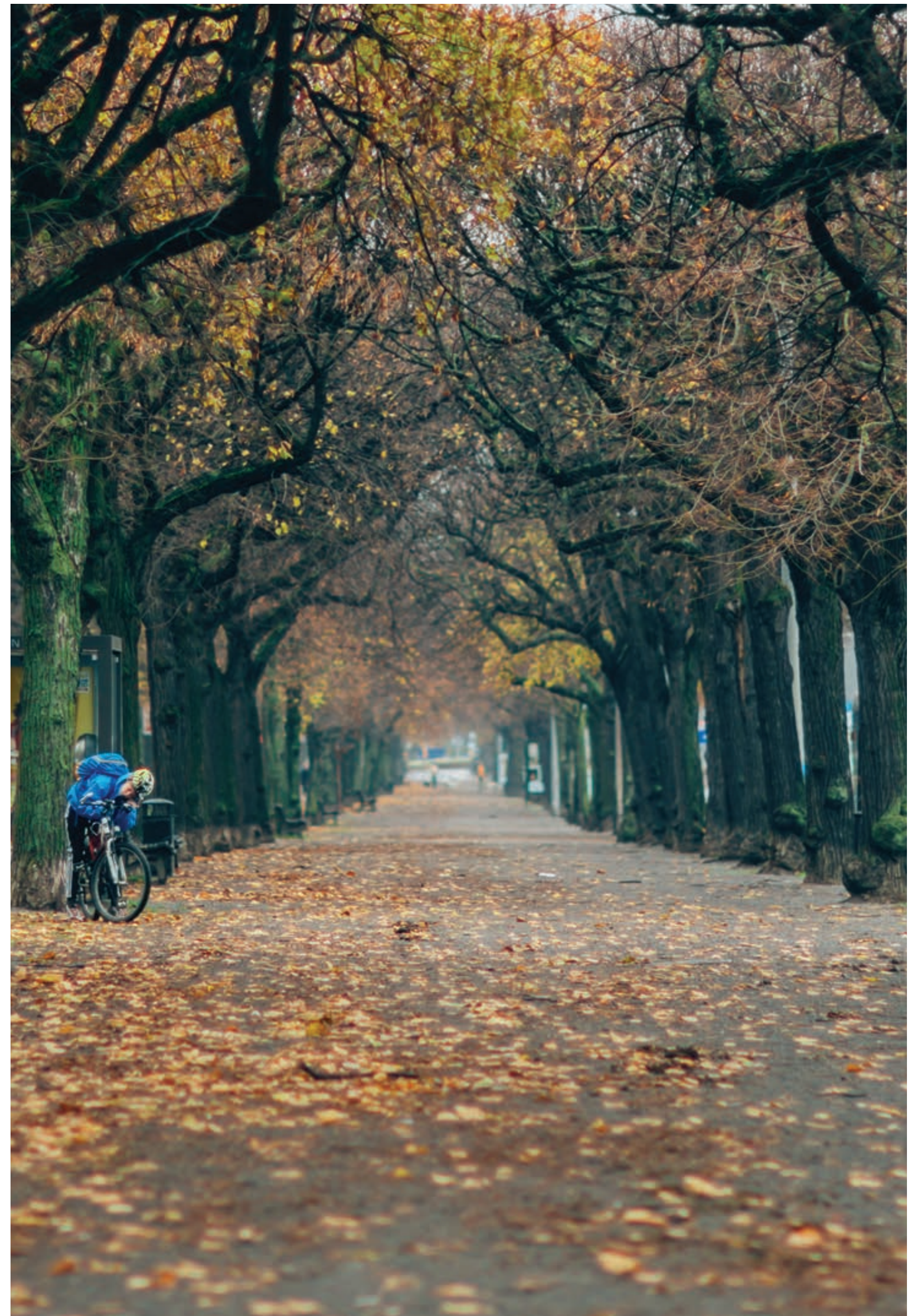
Overall, the Health Impact Review found strong or very strong evidence that each of these pathways will likely decrease health complications and deaths from opioid use. The Review also found strong evidence that decreasing health complications and deaths from opioid use will likely decrease health disparities by race and ethnicity.

During the 2018 legislative session, state lawmakers appropriated more than $10 million to support opioid abuse treatment. The Board applauds this investment.

RECOMMENDATION

The Board recommends that future opioid legislation include the following strategies:

- Increase access and use of the opioid overdose reversal medication naloxone to help prevent death by overdose;
- Promote access and use of evidence-based treatment for opioid-use disorders, including medication-assisted treatments including methadone, buprenorphine and naltrexone. Expand access to non-medication treatments for acute and chronic pain.
- Improve the state's Prescription Drug Monitoring Program, including integration with existing electronic medical records, to help health care providers improve prescribing practices



EQUITY IN STATE GOVERNMENT

Health starts where we live, learn, work, and play. That statement has become a mantra in the public health community, highlighting that our health is determined by so much more than what happens in a doctor's office. Far more than health care, our health is influenced by the level of our education, our jobs, our income, and our environment, as well as by how we are perceived and treated by society. Unfortunately, because we are not all starting from the same place, we do not all have the same opportunities to achieve optimal health.

Health equity is defined as all people having the opportunity to attain their full health potential regardless of social position, race/ethnicity, income, education, gender identity, sexual orientation, disability, or other socially determined circumstances[20]. In order to achieve health equity, we need educational equity, housing equity, pay equity, environmental justice, and equity in all our other systems, including criminal justice.

The Governor's Interagency Council on Health Disparities (Council) is the state entity charged with advising the Governor and Legislature on actions to eliminate health disparities. For the past two years, the Council has focused on promoting equity in state government as a key strategy toward achieving health equity. In June 2016, the Council submitted a recommendation to the Governor to create a statewide equity in state government initiative with a focus on community engagement, language access, state workforce diversity and cultural humility, equity assessment, contracting equity, and using data to identify and address inequities[21]. The Council has recently reiterated that recommendation in its latest report[22], and the State Board of Health strongly endorses it here.

Washington State has historically been a leader in promoting values of fairness and social justice. For more than ten years, the City of Seattle has implemented its Race and Social Justice Initiative, which is focused on ending institutional racism across city government. Similarly, King County launched its countywide Equity and Social Justice Initiative in 2008 and recently released its 2016-2022 strategic plan[23]. Moreover, Governor Inslee has demonstrated consistent leadership in standing up against racism and other forms of inequity.

As examples, he issued an executive order to improve employment opportunities and outcomes for people with disabilities in 2013; convened a subcabinet to improve contracting opportunities for diverse businesses in 2015; issued a directive launching a Safe Place WA initiative to promote LGBTQ inclusion practices and policies throughout state government in 2016; convened the Governor's Race and Equity Summit in 2016; issued an executive order to reaffirm the state's commitment to diversity and inclusion, particularly with respect to immigrant communities in 2017; and most recently convened a Results Washington meeting focused on equity, diversity, and inclusion in 2018.

Now is the time for a comprehensive equity initiative to build on past commitments and successes and to create a state government that intentionally and systematically upholds equity in all its work.

The Council has issued recommendations to eliminate barriers to meaningful community engagement. Recognizing that community input is an important strategy in ensuring equity is considered in decision making, the Council assessed state policies and processes and identified several that may unintentionally discourage meaningful community engagement.

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[20]Centers for Disease Control and Prevention. Attaining Health Equity. Accessed on 4/16/2018.

[21]Governor's Interagency Council on Health Disparities. June 2016 State Action Plan to Eliminate Health Disparities. Accessed on 4/16/2018.

[22]Governor's Interagency Council on Health Disparities. 2018 State Policy Action Plan to Eliminate Health Disparities. Access on 4/16/2018.

[23]King County. Equity and Social Justice Strategic Plan: 2016-2022. Access on 4/16/2018.

The Board endorses the recommendations[24], which are briefly reiterated here.

- **Remove application questions for boards and commissions about an applicant's citizenship status and criminal history.** Use those questions only as additional screening questions for successful candidates and only for those boards and commissions as required by statute. A limited number of state boards and commissions require consideration of an applicant's citizenship status in the appointment process; however most do not. In order to encourage diverse applicant pools, the questions about citizenship and criminal history should be removed from the initial application and be considered only on a case by case basis and only as required.

- **Ensure that reimbursements are provided for subsistence, lodging, and travel for non-legislative members of work groups or task forces that are created by the Legislature.** When the Legislature creates a task force or work group, reimbursement for subsistence, lodging, and travel are not always provided for non-legislative members. Public representatives, who are often selected because they are primary members of historically marginalized groups, may lack resources necessary to participate.

- **Eliminate the prohibition of using State General Fund dollars to reimburse members of boards, commissions, councils, and committees identified as class one through three and class five for travel.** Currently, members of class one through three and class five boards, commissions, councils and committees are not allowed to receive an allowance for travel and related expenses if the cost is funded by the State General Fund—an exemption process does exist. The prohibition discourages public participation in state decision making, particularly from communities that may lack resources to participate.

- **Investigate alternate ways to reimburse community members for participation that do not require a social security number.** In order for a community member to be reimbursed by a state agency they must register with the Statewide Payee Desk at the Department of Enterprise Services by filling out a registration form, which requires either a social security number or an employer identification number. Requiring a social security number may prohibit meaningful engagement from individuals that are unable to provide such documentation and for whom the costs associated with participation, such as travel, are prohibitive.

- **The Board has reaffirmed health equity as one of its central goals in its 2017-2022 strategic plan.** The Board is taking steps to integrate equity considerations into its activities. For example, cultural humility and government-to-government training are required for all staff and the Board is taking steps to consider equity in policy development and communication.

These are some examples. There are other examples of agency programs implementing best practices and others testing new strategies; however, the work is fragmented and inconsistent across state government. Therefore, the Board endorses the Council's community engagement recommendations and its recommendation for a statewide initiative as essential for enduring change to occur.

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[24]Governor's Interagency Council on Health Disparities. 2018 State Policy Action Plan to Eliminate Health Disparities. Access on 4/16/2018.

END AIDS BY 2020

There are approximately 13,810 people in Washington living with HIV and approximately 461 new cases diagnosed each year[25]. Rates of new HIV and AIDS diagnoses have been declining since 2010. However, HIV-related stigma and health disparities continue to create barriers to assuring individuals that are HIV positive have appropriate access to services such as screening, health care, and treatment[26].

In 2014, Governor Inslee issued a proclamation to End AIDS in Washington by 2020. The proclamation tasked the HIV Planning Steering Group with engaging community input to draft recommendations focused on achieving the following goals:

- Reduce new HIV diagnoses by 50%
- Increase to 80% the percentage of people living with HIV (PLWH) who have suppressed viral loads
- Reduce mortality by 25%
- Decrease HIV-related health disparities among PLWH
- Increase quality of life for PLWH

In November 2017, the Department updated the Board on the progress of achieving the End AIDS goals and highlighted recommendations for legislative action, including:

- Updating and modernizing Washington's laws,
- Ending HIV/AIDS exceptionalism,
- Reducing HIV stigma,
- Decriminalizing HIV exposure, and
- Removing barriers to routine HIV testing.

The Board believes that Washington's HIV exposure and transmission laws need to be modernized to reflect current science and reduce HIV-related stigma. The Board commends the Legislature for passing Senate Bill 6580 during the 2018 legislative session. This is an important first step in eliminating some of the AIDS exceptionalism that currently exists in state law. This legislation helps assure that HIV testing is now subject to the same notification and consent requirements that apply to other medical test laws. More work is needed to modernize our communicable disease laws.

Since 2016, the Department has been working closely with partners and stakeholders to develop a legislative proposal to achieve that goal. The Department's proposal modernizes the control of sexually transmitted diseases and blood-borne pathogens by eliminating HIV and AIDS exceptionalism, improving access to care, eliminating outdated statutory requirements, and ensuring the efficacy of the public health tools available for the control of sexually transmitted diseases. Specifically, the proposed legislation:

- Expands the ability of minors aged 14 and older to access sexually transmitted disease preventive care (such as PrEP);
- Gives local public health officers needed flexibility to address behaviors that endanger the public health by simplifying health order procedures, permitting orders for additional types of medical treatment, and extending the maximum length of a health order to 12 months;
- Eliminates HIV exceptionalism from existing criminal laws and creates a criminal penalty when a person who has a known sexually transmitted disease of special public health significance has sexual intercourse with a partner who is not informed;
- Authorizes blood-borne pathogen testing (rather than HIV testing) in the context of at-risk employee exposure and detainee and inmate testing;

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[25] Washington State Department of Health Fact Sheet A Glance at Washington's HIV/AIDS Epidemic DOH Pub 150-007 Accessed May 2018

[26] Washington State Department of Health End AIDS Washington 2020 DOH Pub 410-069 August 2016 Accessed May 2018

- Eliminates statutory requirements for HIV/AIDS education and training for health care professionals and certain categories of employees;
- Eliminates HIV exceptionalism in the context of public school education regarding sexually transmitted diseases;
- Repeals statutes that are no longer used or are not based on current science, including statutes related to HIV/AIDS testing and counseling for certain categories of people, detention for behavior that endangers the public health, preparation and dissemination of educational materials, allocation of funding, annual reporting on unauthorized disclosures of confidential information, the UW Center for AIDS Education, and the AIDS Advisory Committee; and
- Consolidates and clarifies rulemaking authority.

RECOMMENDATION

The Board supports the Department's recommendations to End AIDS in Washington by 2020, as well as the Department's 2019 legislative proposal to eliminate HIV/AIDS exceptionalism, improve access to preventive care, ensure the efficacy of health orders for the control of sexually transmitted infections, and modernize the control of sexually transmitted infections and blood-borne pathogens.

MAKE SCHOOL ENVIRONMENTS HEALTHY AND SAFE FOR WASHINGTON STUDENTS

There are over 295 public school districts serving 1,102,579[27] students and 750 private schools serving 101,225 students[28] in Washington. Each school year students spend over 1,000 hours in school facilities, not including after-school activities. RCW 43.20.050(2)(d) requires the Board to adopt rules for environmental health and safety in all schools. The Board has done so since 1960.

The Board initiated rulemaking in 2004 in response to significant public comment that chapter 246-366 WAC, Primary and Secondary Schools was outdated and needed to be modernized to address issues related to indoor air quality, drinking water safety, and safety in areas such as laboratories and playgrounds. In July 2009, the Board adopted an updated set of rules, chapter 246-366A WAC, Environmental Health and Safety Standards for Primary and Secondary Schools in July 2009. That same year, the Legislature suspended implementation of the rules through a budget proviso.

If implemented, Chapter 246-366A WAC will supersede chapter 246-366 WAC once the Legislature lifts the suspension of the implementation that has been in each operating budget since the 2009-2011 biennium.

The 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*[29].

Children are more vulnerable to toxics and hazards in the environment than adults. Because children spend so much time in school facilities, it is important to assure that schools provide safe and healthy environments where children can learn and play. The suspended school environmental health rules would establish consistent statewide standards that will help assure that schools are designed, built, and maintained to protect children and help prevent illness and injury.

The suspended rules are intended to address the most common environmental causes of injuries and illness at schools. For example, the suspended rules assure that: playground equipment meets national consumer safety standards; that laboratories and shops have basic safety equipment such as eyewash stations, showers, and emergency shut offs for gas and electricity; heating and ventilation requirements are modernized and consistent with best practices to prevent contaminants such as pesticides, herbicides, or vehicle exhaust from being drawn into the building or ventilation system; and internal building temperatures are regulated to prevent temperature extremes and to facilitate a comfortable learning environment so that all children have the chance to succeed.

Environmental public health professionals play a critical role in helping identify risk and potential problems and solutions to improve health and safety. Only ten of Washington's thirty-five local health jurisdictions have school environmental health and safety programs. To assure schools are designed, built, and maintained to protect student's health requires regular, ongoing inspections and technical assistance.

School environmental health and safety is a foundational public health service for all local health jurisdictions. In order to provide the essential services to assure adequate health and safety protections for all school children across the state, school environmental health and safety inspections must occur in every community and should be funded by the state.

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[27]Office of Superintendent of Public Schools, Washington State Report Card, Accessed May 2018

[28]Private School Review (Washington Private Schools) Accessed May 2018

[29]Chapter 299, Laws of 2018, Sec. 219 (1)

Over the last six years, Governor Inslee has focused on improving children's health, through Results Washington goals and other important efforts such as the Healthiest Next Generation Initiative. Through Directive 16-06, the Governor sought to assist local communities with lead testing and reduce and prevent children's exposure to lead. The Board supports this focus and urges the Governor continue important investments to prevent exposure to help our children have every opportunity to achieve the best health possible.

The 2017 – 2019 operating budget included one-time funding of $3 million to the Department to focus on preventing lead poisoning. A portion of these funds have been set aside to test school drinking water, and the Department's goal is to test fixtures at 500 schools of the over 2300 schools in the State before the end of June 2019.

At the Board's March 2018 meeting, the Department updated the Board on this work. As of May 28 2018, the Department has sampled water fixtures at 181 schools. They have received results back from 247 schools. At these schools 4,990 fixtures were tested, 234 fixtures (5 percent) exceeded the EPA action level of 20 ppb, and 625 fixtures (about 13 percent) tested above 10 ppb.

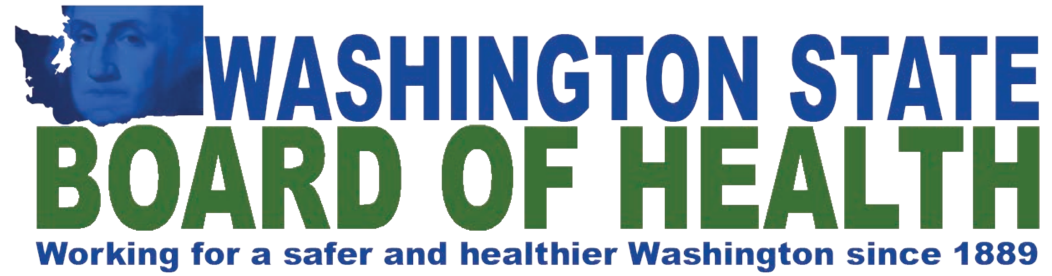
As the Department finds elevated lead levels, it shares the findings with the school district and provides recommendations for addressing the problem and guidance for sharing the results with the community. Almost every school that had results above 10 ppb has replaced the fixtures. Some fixtures were removed instead of being replaced, and some were converted to hand wash only stations. The Department posts test results to its website and plans to issue a data report summarizing its findings for the first year of tests.

Unfortunately the funding is not adequate to test every school in Washington, and without enacting the suspended school rules there is no state requirement for schools to conduct lead testing. It is critical that the information we gain through water testing efforts be used to inform policy and budgetary decisions. The Board applauds the Governor's leadership and Department's efforts to identify and address sources of lead that impact Washington's children and families. We believe this is a good start for lead but more needs to be done to identify and address potential health and safety issues in schools.

RECOMMENDATION

The Board recommends the Governor and Legislature:

- Remove the budget proviso that suspends amendment and implementation of the school environmental health and safety rules. The Board believes that the school rule is needed to provide current, consistent statewide standards for operating and maintaining schools.
- Continue funding drinking water testing for lead so that testing is done in all schools, prioritized based on the age of the facility, and focus on elementary schools first, followed by middle and high schools to protect students most at risk.
- Continue to provide funding to remediate those school fixtures that are high in lead content.
- Recognize that school health and safety inspections are a Foundational Public Health Service and provide funding to local health jurisdictions so all schools receive regular health and safety inspections and have access to technical assistance to improve environmental health and safety.
- Require Office of Superintendent of Public Instruction and the Department to work with schools and local health jurisdictions to update the school health and safety guide. This guide has not been updated since January 2003. It is an important resource that complements the school rules and provides the most up-to-date information and guidance regarding best practices for operating and maintaining schools.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