



**Foundational Public Health Services (HB1432/SB5353): Public health's highest priority for the 2017 legislative session.** The legislation codifies the concept of Foundational Public Health Services and the need for a near-term focus on communicable disease prevention and response and chronic disease and injury prevention. Coupled with this legislation is a request for increased funding to public health entities throughout the state of \$60 million (FY2018/2019) on top of existing funding streams. Funds are to go to local public health jurisdictions for communicable disease prevention and response and the prevention of chronic diseases and injuries. Additional funds are to improve state level capacity for disease monitoring, to expand laboratory capacity and for demonstration programs for shared services between health jurisdictions. *(Please see the attached for additional details.)*

This legislative ask is the result of several years of work to identify a core set of services that only government public health can provide and that should be paid for by the state. From there, the gap in funding needed to provide these services was identified. The funds requested are for those services that are the most critical and the most underfunded.

As we have discussed, the public's well-being is threatened by public health's inability to meet its basic responsibility to provide its core services due to changes in its funding structure, complex and new diseases and other threats, and a growing population.

The following illustrates just 3 of the challenges currently faced by Spokane Regional Health District and where we would prioritize increased funding:



Over the past five years, numbers of gonorrhea, chlamydia, and syphilis in Spokane County have been on the rise: Rates of gonorrhea have gone from 29 cases per 100,000 population in 2010 to 107/100,000. Chlamydia rates have risen from 343/100,000 in 2010 to 446/100,000 in 2015. Due to increased rates of infection and insufficient staffing levels, all gonorrhea cases are investigated, but chlamydia cases are only investigated if the patient is high risk, such as pregnancy. This has also required staff to shift their time away from prevention and outreach in order to complete their case work on high-priority disease investigation. *Additional funding would be used to hire additional STD staff for testing, treatment, partner notification and prevention education.*

Another area of need is in preschool immunizations. The current rate of the required immunizations for 19 to 35 month olds is at only 42%, putting Spokane in the bottom third of counties in Washington. The national rate is 71% and the statewide rate is 58%. In contrast, sixth graders who have complete vaccinations has rising from 61% to 83% as a result of our focus in working with elementary school students and school administrators. *Additional funding would allow us to hire immunization outreach staff to work with pediatrician offices and day care facilities to increase preschool immunization rates.*

Chronic diseases continue to be a major concern in Spokane County, with rates of diabetes, heart disease and stroke unacceptably high. SRHD has been training and supporting community health workers who live in low-income housing properties to provide coaching and encouragement to fellow residents to eat healthier, stop smoking and get more physical activity to reduce hypertension, prediabetes, diabetes, heart disease, stroke and cancer. There are currently 10 low-income housing properties on our wait list who wish to engage in this low-cost, evidence-based method of chronic disease prevention. *Additional funding would allow us to train and support additional community health workers.*