

BEFORE THE BOARD OF HEALTH
SPOKANE REGIONAL HEALTH DISTRICT

RESOLUTION # 16-08

RE: ADOPTING A BOARD OF HEALTH LEGISLATIVE AGENDA FOR THE 2017 STATE OF WASHINGTON LEGISLATIVE SESSION

WHEREAS, according to its Governance Responsibilities, the Board of Health of Spokane Regional Health District leads and contributes to the development of policies that protect, promote and improve public health and health equity; and

WHEREAS, according to its Governance Responsibilities, the Board of Health of Spokane Regional Health District ensures the availability of adequate resources to perform essential public health services; and

WHEREAS, the Board of Health of Spokane Regional Health District has duly considered and prioritized matters of public policy and budget in the interests of public health and the sustainability of the activities of Spokane Regional Health District; and

WHEREAS, the Washington State Legislature has the authority to enact statewide legislation to protect, promote and improve public health and enact funding to support the public health system;

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE BOARD OF HEALTH, that the attached Board of Health Legislative Agenda for the 2016 State Legislative Session is adopted, and

BE IT FURTHER RESOLVED, that the Spokane Regional Health District's Board of Health calls upon the Washington State Legislature to consider this Legislative Agenda as it works to enact legislation and budgets in the interests of public health, and

BE IT FURTHER RESOLVED, that the attached Board of Health Legislative Agenda for the 2017 State Legislative Session shall be effective immediately upon adoption.

Signed this 1st day of December, 2016 in Spokane, Washington.

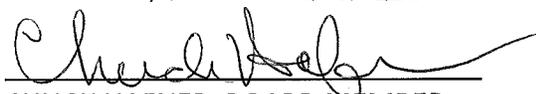
SPOKANE REGIONAL HEALTH DISTRICT BOARD OF HEALTH

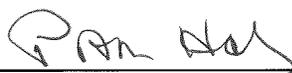

BREEAN BEGGS, COUNCILMEMBER


SUSAN BOYSEN, BOARD MEMBER


KEVIN FREEMAN, CHAIR

ABSENT
AL FRENCH, COMMISSIONER

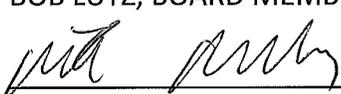

CHUCK HAFNER, BOARD MEMBER

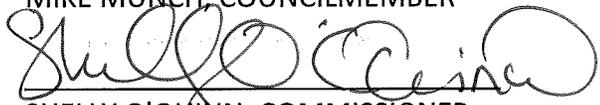

PAM HALEY, COUNCILMEMBER

ABSENT
JOSH KERNS, COMMISSIONER

ABSENT
LORI KINNEAR, COUNCILMEMBER


BOB LUTZ, BOARD MEMBER


MIKE MUNCH, COUNCILMEMBER


SHELLY O'QUINN, COMMISSIONER

ABSENT
AMBER WALDREF, COUNCILMEMBER



2017 Legislative Agenda
ADOPTED December 1, 2016

- I. **Issues of highest priority to the SRHD Board of Health: SRHD staff and board members will actively participate in efforts to create statewide support and will directly advocate with local legislators and in Olympia concerning policy and budget priorities that substantively and directly impact SRHD operations.**

Essential Public Health Services Fully fund the basic set of public health capabilities that must be present in every community in order to efficiently and effectively protect all people in Washington state. Public health emergencies, such as food contamination, new viruses and wildfires, are becoming more frequent and more complex. Coupled with budget cuts, this means public health entities across the state lack the resources needed to meet demands for monitoring, preventing and responding to all forms of public health threats. *DOH funding request of \$60M for FY2018/2019 for communicable disease prevention and response and chronic disease and injury prevention; and service delivery pilot programs to explore potential for shared services among local health jurisdictions.*

Substance Abuse Prevention and Treatment Support increased drug addiction and overdose prevention efforts and increased access to treatment services. Particular focus on addressing opioid addiction through such means as expanding the prescription monitoring program and access to medication supported treatment. *Governor's Executive Order 16-09 and WA Interagency Opioid Working Plan include: amending state pain guidelines; developing a communications strategy geared toward prevention; support behavioral health integration into primary care; expanding medication-assisted treatment; and identifying and intervening with those at high risk of opioid overdose. See also Safe Medication Return under priority level II.*

Mental Health/Substance Abuse System Reform Support additional efforts to improve the mental health and substance abuse system and availability of care. Mental disorders are strongly related to the occurrence and treatment of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity, and to many risk behaviors associated with chronic disease, such as physical inactivity, smoking, excessive drinking, and insufficient sleep. Substance abuse has direct physical effects. These effects are also cumulative to the individual, families and communities, significantly contributing to costly social, physical, mental, and public health problems, including teen pregnancy, domestic violence, child abuse, vehicle crashes and homicide.

Oral Health Support efforts to increase access to oral health services, with a focus on services for low income community members and residents of long-term care facilities, including expanding education for dental professionals, exploring new categories of dental providers (including Mid-Level Dental Providers) and increasing insurance coverage. Dental disease is a serious problem and can lead to overall poor health outcomes. It is the most common childhood disease, affecting five times as many children as asthma. Without dental care, many children and adults live in pain, miss school or work, and in extreme cases, face life-threatening emergencies. *Support capital funding for proposed new low income dental clinics (including \$700,000 for East Central Community Center and \$2 million for Providence) and \$1.96 million for the addition of the second year of dental education at University of Washington Regional Initiatives in Dental Education in collaboration with Eastern Washington University.*

II. Issues of priority to the SRHD Board of Health that are being led by other stakeholders: SRHD staff and board members will support other organizations that are taking the lead on these issues and communicate with local legislators and other officials statewide as requested by stakeholder leadership.

Tobacco 21 Support increasing the minimum age to purchase tobacco and vaping products from 18 to 21. Tobacco use remains a leading cause of preventable death in Washington, contributing to 8,300 deaths annually and costing the state more than \$5 billion a year in healthcare costs and lost productivity. There are more than 104,000 Washington kids alive today who will ultimately die prematurely from smoking. Youth generally access tobacco products from older individuals in their social network, which can include 18-year-old high school seniors. Nearly 90% of smokers begin smoking before the age of 18 and people who do not smoke by the age of 21 generally do not initiate smoking. In addition to raising the legal age to 21, explore new sources of funding to offset revenue losses.

Rapid Health Information Network Data Support legislation that mandates hospitals with emergency departments to report syndromic surveillance data to Department of Health. The data is used to identify, investigate, and design data-driven, rapid responses to emerging public health threats and provides a comprehensive portrait of chronic disease burden, environmental threats, and injuries that impact the health of Washington citizens. Federal reporting requirements are changing, so state legislation is needed to continue existing mandated reporting. *Support Department of Health request legislation.*

Safe Medicine Return Support efforts to create a statewide program to collect and dispose of unused medicines through a convenient, safe, environmentally sound and sustainable system, such as one funded by the pharmaceutical industry. Program elements should include convenient drop boxes at pharmacies, hospitals, police stations and other DEA authorized collection sites, as well as collection events and return mailers.

III. Issues supported by the SRHD Board of Health: SRHD staff will monitor legislative activity on these issues, keep board members up to date and share the importance of these issues to the Board of Health with local legislators.

Youth Marijuana Prevention Account Protect funding stream dedicated to marijuana education and prevention programs and secure maximum allowed appropriation. Under State law, a portion of marijuana revenue is provided to public health for a hotline for referrals to treatment, grants to local health departments for strategies for prevention and reduction of marijuana use by youth, and media-based education campaigns. Competition for marijuana revenues continues and, to date, funding has been insufficient to meet the needs. *Department of Health allocation estimated at more than \$40 million annually. Appropriation in current biennium was \$19M.*

Lead Poisoning Protection Support increased efforts to protect Washington residents from lead exposure, through such means as increased inspections of schools. Exposure to lead can occur from a variety of sources (such as paint, gasoline, solder, and consumer products) and through different pathways (such as air, food, water, dust, and soil). Lead exposure can affect nearly every system in the body. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized.

No safe blood lead level in children has been identified. *Governor's budget proposal: \$1.5M for lead monitoring in schools; funds for schools to fix problems; \$3M for local public health to assist in lead water monitoring.*

Commute Trip Reduction Expansion Support efforts to expand commute trip reduction programs to include all drive-alone vehicle trips, not just commute trips. Such expansion will save fuel, while reducing congestion and vehicle emissions, and will promote active transportation options that support health. *Department of Transportation requests program expansion to include a new competitive-grant program to invest in better transportation system efficiency for decreasing the number of vehicles on the road by promoting active and shared transportation choices and empowering local jurisdictions and organizations to implement all-trips plans and projects.*

Traffic Safety Address deaths and serious injuries of drivers, cyclists and pedestrians resulting from impaired driving as a result of alcohol, drug and wireless communication devices. One function of public health is to prevent accidents and death. A relatively recent concern has been with the use of wireless communication devices while driving. Wireless communication devices have been shown to create distracted driving. Texting or talking while driving is dangerous, increasing crash risk by a factor of 4 (talking) to 23 (texting). Texting is like driving with a blood alcohol level of 0.19, well over the legal limit of 0.08.

Immunizations Protect the public from communicable diseases by increasing immunization rates, including through restrictions on exemptions to immunization requirements. Vaccine-preventable diseases, such as measles, mumps, and whooping cough, are still a threat. They continue to infect children and adults, resulting in hospitalizations and deaths every year. Outbreaks of preventable diseases occur when many parents decide not to vaccinate their children.

Educational Opportunities and Learning Environment Support legislation to reduce educational opportunity gaps, increase graduation rates and provide for safe and healthy learning environments. An individual's overall physical and mental health and life expectancy are directly correlated to their income, and research has shown that educational attainment is one of the strongest predictors of income. For most people, educational attainment reflects material and other resources of the family and the knowledge and skills attained by young adulthood. Therefore, education captures both the long-term influence of early life circumstances and the influence of adult circumstances on adult health.

Homeless Youth Assist homeless students and their families through increased supports within and outside of the school environment. Analysis between homeless youth and their housed peers reveals significant differences in physical and mental health outcomes. In addition, youth who are homeless are more likely to suffer from learning disabilities and have lower grade point averages. They are also less likely to graduate from high school, leading to life-long consequences to their health, life expectancy and economic opportunity.