

**BEFORE THE BOARD OF HEALTH  
SPOKANE REGIONAL HEALTH DISTRICT**

**RESOLUTION # 22-07**

**RE: ADOPTING A BOARD OF HEALTH LEGISLATIVE AGENDA FOR THE 2023 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 2023 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 2023 state legislative session shall be effective immediately upon adoption.

Signed this 1<sup>st</sup> day of December 2022 in Spokane, Washington.

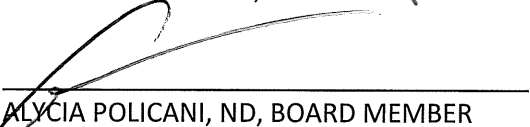
SPOKANE REGIONAL HEALTH DISTRICT  
BOARD OF HEALTH

  
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CHAIR, COMMISSIONER MARY KUNEY

**ABSENT**

AL FRENCH, COMMISSIONER

  
\_\_\_\_\_  
CHARLIE DURANONA, BOARD MEMBER

  
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ALYCIA POLICANI, ND, BOARD MEMBER

  
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VICE CHAIR, MAYOR KEVIN FREEMAN

  
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JOSH KERNS, COMMISSIONER

**ABSENT**

CHRISTOPHER PATTERSON, BOARD MEMBER

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BOARD OF HEALTH  
**Legislative Priorities**



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**Government Affairs**

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# Introduction

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The Spokane Regional Health District's Board of Health finds great agreement with the legislative priorities of its partner organizations like Washington State Association of Local Public Health Officials and the Washington State Public Health Association. These groups have already identified critical high-level needs of our organization and others like us. Some of these priorities include:



- Supporting state and local public health funding through the General Fund.
- Preserving evidence-based decision making and dissemination.
- Protecting policies that ensure the greatest number of people are vaccinated and protected from diseases.
- Support for policies that increase equitable access to mental health services to address the wide range of mental health related issues in our community.
- Supporting the expansion of prevention, recovery, and treatment options for substance use disorders.
- Supporting efforts that address community recovery from the pandemic and preparedness for the next crisis.
- Supporting policies that embrace a public health framework acknowledging the impacts of historical and intergenerational experiences, mitigates their effects, and enhances resilience in an equitable manner.

While Spokane Regional Health District's Board of health finds all these policies to be an urgent priority, we also recognize that our health district has policy and finance needs that are unique to our district. We have worked with experts and leaders from each of our programs to identify more specific legislative needs that the State Legislature should act on. These priorities are listed on the next page.

# Current Legislative Priorities



## Community Wellbeing and Resilience

Continued and increased funding for scientifically supported programs including voluntary home visiting and Nurse-Family Partnership.

Addressing suicide prevention through evidence-based strategies like expanding inclusion and reach, enhancing community competence around suicide prevention, and strengthening our social safety nets.

Secure sustainable funding for primary prevention services and programs which promote positive childhood experiences and build community resilience.



## Equity

Support for statewide Medicaid reimbursement and availability of doula services to improve the birth outcomes for Black, Indigenous, People of Color, and other birthing mothers who are disproportionately affected by high maternal and infant mortality and morbidity.

Policies that increase education on informed consent related to medical procedures and vaccines. Ensuring all information is translated in the local community languages and appropriate interpreter services are provided to all.



## Older Adults

Increase support for agencies to respond, treat, and provide resources, as well as social and health services, to address the needs of isolated older and disabled adults to mitigate the negative effects of the pandemic and address the current growth of this age demographic.

Increase workforce development in the diagnosis, treatment, and care partner support for dementia.



## Nurse-Family Partnership

We support DCYF's evidence-based review of the operational costs of this program and its potential need for additional funding.



## Substance Abuse Prevention, Treatment and Recovery

Increased access to training opportunities for health care providers around medication-assisted treatment and substance abuse disorder.

Funding for additional stocks of the life-saving drug, naloxone (known commonly as Narcan) to LHJs.

Regulating THC product sales to help prevent use by minors.



## Administration

Reforming documentation systems and requirements to combat redundancy in paperwork filed by local health jurisdictions.

# Policy Context & Rationale



## Community Wellbeing and Resilience

Positive childhood experiences support healthy development and mitigate the effects of early childhood adversity. The first three years of children's lives are crucial for optimal brain development, which is influenced by both negative and positive experiences. Research has shown that positive childhood experiences have direct impact on improved adult mental health status and decreased risky behaviors later in life.

Our community benefits from supporting families and children by providing access to healthy and safe relationships and environments which promote positive childhood experiences. Spokane Regional Health District supports strategies that prevent and reduce the impact of early childhood adverse experiences by strengthening community resilience. Supporting policies that increase family resilience, such as universal access to parental leave, quality early education programs and financial stability for all families will ensure a strong safety net for Spokane County families and children.

### Voluntary home visiting and Nurse-Family Partnership programs:

These programs are scientifically proven to promote healthy birth outcomes. Parents are coached about child development including promoting positive childhood experiences. This work has demonstrated a wide array of positive outcomes for children such as a 48% reduction in child abuse and neglect and 67% less behavioral and intellectual problems for children by age 6.

### Addressing suicide prevention through evidence-based strategies:

The Prevent Suicide Spokane Coalition has put forth three guiding strategies in their Suicide Prevention Strategic plan:

- First, by expanding inclusion and reach we acknowledge that there are certain populations within our community that have higher rates of suicide attempts, and different messages about suicide will have a greater impact with different audiences.
- Secondly, the coalition found that through enhancing community competency around suicide prevention we can break the stigma of suicide and strengthen the community's ability to address suicide within their family, among their friends and neighbors. An important step in this is educating the community

about the 988 services and intervention trainings available to them.

- Third, strengthening the safety net is about providing the appropriate care for those in crisis. Components of the safety net include:
  - Getting information out so the general population knows how to access care for themselves or a loved one.
  - Restricting the means to commit suicide for those who have or are vulnerable to suicide ideation, including a fence type barrier on the Monroe Street bridge, storing medications and firearms safely, and bringing used medications to appropriate drop off sites for disposal.
  - Ensuring our care system is adequately supportive and responsive to those in crisis.



## Equity

The importance of health equity and its effects on health outcomes are the foundations of a major update to the

10 Essential Public Health Services. Spokane Regional Health District (SRHD) recognizes that there have been long-standing, unaddressed health disparities among our Black, Indigenous, and people of color communities. We urge every sector of society to immediately take steps to address and support areas that strategically reduce the long-term impact of the social determinants

and influences for at-risk communities. Therefore, SRHD supports policies that remove barriers and provide supports and opportunities to increase access to basic, essential determinants of health for all people, regardless of race, age, gender, religion, ability, or sexual orientation. Further explanation of the equitable policies we advocate for is as follows:

### Support for statewide Medicaid reimbursement and availability of doula services:

- Full reimbursement of doula services (up to \$2,500 per pregnancy)
- The creation of a statewide, community-based doula plan to ensure services are available to pregnant mothers in each county and delivered by those most impactful
- Robust, affordable and accessible doula training offered in a variety of formats and languages to help increase diversity in the profession

Doula care is being recognized as a promising, cost-effective tool to improve maternal health outcomes and reduce racial disparities. Women of color continue to face a disproportionate percentage of poor health outcomes from childbirth, including death.

- Black women are three to four times more likely to die from childbirth related complications when compared to white women (Center for American Progress, 2018)
- Many deaths of black women due to maternal health complications are preventable (Louis, J. M., Menard, M. K., & Gee, R. E. (2015). Racial and ethnic disparities in maternal morbidity and mortality. *Obstetrics & Gynecology*, 125(3), 690-694.)
- In Spokane County Black, Asian Pacific Islander, and American Indian & Alaskan Natives populations hold significantly higher rates of pregnancies resulting in low birth weights (Black – 10.0%, AIAN – 7.48%, API – 9.50% compared to 6.72% in Whites) and more preterm births than their white counterparts (Black – 12.3%, AIAN – 11.1%, API – 12.0% compared to 8.8% in Whites).

Doulas are trained, non-clinical professionals that support birthing mothers by providing accurate information and emotional/physical support before, during and after the birth of a child. Unlike clinical professionals, doulas are afforded the luxury of time. Doulas often spend 6-11 times longer with an expectant parent than other members of their medical team. This additional time allows doulas to develop a deep, trusting relationship with the parent to be and their family. After hours of listening to them share their hopes, fears, and wishes for the birth of their child, they are able to best support the family and help them more competently interact with the health care system, especially if they share a similar background or culture.

The sense of security and support doulas provide enable the birthing mother to maintain a sense of control during a uniquely vulnerable experience. This is especially relevant to women of color where the distrust of the medical establishment often runs generations deep. The majority of those that give birth in Spokane County are unable to afford the services of a doula. Multiple studies have shown that the benefit of doula services far outweigh the costs. Benefits of doula services include:

- Shorter labor
- Higher rate of pregnancies carried full term
- Lower rates of c-sections
- Lower use of pain medications
- Higher rate of spontaneous vaginal delivery
- Higher rate of positive birth experience reported
- Cultural competency

### Ensuring all information is translated in the local community languages and appropriate interpreter services are provided to all:

- While the Washington State Department of Health currently provides translation services for several languages, we are still lacking critical translation services for several communities in Spokane. Specifically, Spokane County has large Ukrainian, Russian, and Marshallese communities which we struggle to find translation services for. It is critical to provide translation services in as many local community languages as possible for the many diverse communities across this state.



### Older Adults

The older adult population in Spokane County is growing fast, and key subpopulations with greater needs are growing even faster. For every 100 people age 60+ today, there will be 122 by 2030. And for every 100 county residents age 60+ with disability or cognitive impairments, that population will grow to 135 by 2030. The pandemic led to increased isolation, underdiagnosis, and decreased access to care for the past two years, resulting in higher percentages of people living with an increase in health disparities. Spokane Regional Health District encourages funding and legislation to support expanding services such as nutritious meals, fall prevention resources, and dementia care to meet older adult needs.



### Nurse-Family Partnership

Nurse-Family Partnership (NFP) is an evidence-based, nurse home visiting program that matches eligible pregnant mothers (Apple Health Medicaid or WIC eligible) with a free nurse starting in pregnancy, the earlier the better, and continuing until the child reaches age 2. Nurses meet the client where they're at regarding their abilities, goals, and aspirations.

Nurses walk alongside the client to provide support, education, linkages to services, and encouragement to define and attain their goals. In doing so, the nurse supports the client to achieve healthy pregnancy and birth outcomes, support the child's health and development, and improve the family's economic self-sufficiency.

As a local implementing agency of NFP, we participated

in a pilot study to serve multiparous pregnant mothers (clients with previous live births) and we are now an Expanded Eligibility site. Locally, this allows us to continue serving multiparous clients and enroll them past the original 28 weeks of pregnancy, though the goal is still as early in pregnancy as possible. This allows time for the nurse and client to build trust and rapport. Serving multiparous clients has allowed our team to grow in their ability to support any birthing mother and in doing so have a broader reach in our community. It further extends the vision of NFP, “A future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken.”

We support the actions of the Department of Children, Youth, and Families in their evidence-based review of the operational costs of this program and its potential need for additional funding.



## Substance Abuse Prevention, Treatment, and Recovery

Substance misuse is a complex and challenging issue. On average, more youth and adults in Spokane County report drug use than the overall state average, putting too many community members at risk of substance use disorder, overdose, incarceration, and other negative outcomes. Research suggests that every dollar spent on substance use disorder treatment saves \$4 in healthcare costs and \$7 in criminal justice costs. SRHD can provide scientific evidence supporting strategies that promote equitable approaches to prevent substance misuse and that support individuals with substance use disorder in receiving appropriate care rather than policies that criminalize individuals with substance use disorders. Here is further explanation of the policies and funding requests we advocate for on this front.

### Increased access to training opportunities for health care providers around medication-assisted treatment and substance abuse disorder:

- Doing so would help debunk misinformation around substance abuse disorders and help inform providers on proper care for those seeking help for drug overdoses and substance abuse disorder treatment. Currently, many seeking this kind of help are not properly treated by physicians and hospitals. This work would ensure people get the most up-to-date treatment methods for their drug-related and addiction issues.

### Funding for additional stocks of Naloxone:

SRHD and many other LHJs are constrained by the very limited stock in Narcan available to them and cannot provide the community with the adequate number of doses required to prevent overdoses. Increasing the stock of this drug would greatly decrease the number of overdose deaths our communities are experiencing.

### Regulating THC product sales to help prevent use by minors:

- Washington’s 502 laws for producing, processing, and selling THC regulate delta 9 THC, which exists naturally in a cannabis plant. Other THC’s (Delta-8, omega, etc.) can be synthesized from CBD, which is in hemp and cannabis. The Department of Agriculture regulated hemp growing, but not production of THC. The federal hemp regulations and Washington’s legalization law create a loophole for synthesized THC to be sold in non-502 stores.
- Products that contain THC – regardless of source of the THC – need to be regulated and sold through state-licensed stores. This would apply to current and new products developed with emerging chemical processing.



## Administration

### Reforming documentation systems and requirements to combat redundancy in paperwork filed by local health jurisdictions.

- Currently, staff spend an exorbitant amount of time filling out documentation about information that could be found in our systems through previously filed documents. Less time filling out redundant paperwork equates to more time focused on the community’s health and wellness.





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