

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

RESOLUTION # 23-10

RE: ADOPTING A BOARD OF HEALTH LEGISLATIVE AGENDA FOR THE 2024 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 2024 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 2024 state legislative session shall be effective immediately upon adoption.

Signed this 7th day of December 2023 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH


CHAIR, MAYOR KEVIN FREEMAN


COMMISSIONER MARY KUNEY

ABSENT

BOARD MEMBER, CHARLIE DURANONA


BOARD MEMBER, ALYCIA POLICANI


VICE CHAIR, COMMISSIONER JOSH KERNS


COMMISSIONER AMBER WALDREF

ABSENT

BOARD MEMBER, CHRISTOPHER PATTERSON

BOARD OF HEALTH

Legislative Priorities





Government Affairs

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Introduction

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.

Changing the reporting age from child death fatalities from 17 to 18 to incorporate data for students through high school.



Equity

Support for increased number of languages health materials is available in at the state level, specifically languages that reflect the Spokane community such as Ukrainian, Russian, and Marshallese.



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.

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.

Understanding and preventing child fatalities:

Children are precious and our future. The death of a child is a community responsibility and a sentinel event that should urge communities to identify other children at risk for injury, maltreatment, or death. Spokane Regional Health District, supported by Foundational Public Health Services (FPHS) funding, is establishing a child fatality

review process, guided by RCW 70.05.170. The case definition of deaths to be reviewed focuses on non-natural causes including suicide, homicide, accidents, and sudden unexpected infant deaths. A multidisciplinary panel of Spokane County community members will be assembled to increase understanding of risk and protective factors and develop effective local and community driven recommendations and actions to prevent death and to keep children healthy, safe, and protected.

Spokane County families and children would benefit from modernizing the language of RCW 70.05.170 by:

- Expanding the age of deaths to be reviewed from infants and children less than 18 years to infants and children less than 19 years
- Strengthening the language enabling local health jurisdictions to collect records and data from other sources to aid in the review process
- Clarifying the role of process participants regarding mandated reporting
- Establishing a review process of county level child death review findings at the department level to inform statewide prevention initiatives

Expanding the age range enables our community to review deaths of young people all the way through their secondary education. Approximately 20% of the infants and children, 0-18, who died by non-natural causes in the past two years in Spokane County were in their 18th year. Using the child fatality review process to understand the factors leading to these deaths will help in developing prevention strategies to save lives. Enhancing the local and state level collaboration to inform statewide prevention initiatives and recommendations will bolster protection for children statewide. Modernizing the language for records and data collection provides consistent language with other fatality review laws.



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 communities of color. We urge every sector of society to immediately take steps to address, fund, and support areas that strategically reduce the long-term impact of social determinants of health and their influence on the health of at-risk communities. SRHD supports policies that remove barriers and provide support and opportunities to increase access to basic, essential determinants of health for all people, regardless of race, age, gender, religion, ability, national origin, or sexual orientation. Further explanation of the equitable policies we advocate for is as follows:

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 (DOH) currently provides translated materials for several languages, we still lack critical translated materials for several communities in Spokane. Specifically, Spokane County has large Afghan, Ukrainian, Russian, and Marshallese communities which we struggle to find translated materials for and often must create our own. It is critical to provide translated materials in as many local community languages as possible for the many diverse communities across the state.

The Culturally and Linguistically Appropriate Services Standards developed by the U.S. Department of Health and Human Services recommend providing services and materials in languages spoken by at least 5% of the population or 1,000 people, whichever is less. DOH's Language Access Plan identifies the need to translate materials into 37 languages, including languages that are commonly spoken in Spokane County. Increased access to materials which reflect the primary language of Spokane community members is vital for providing health information in an equitable way. Increased access will also increase health literacy and knowledge within these communities, while decreasing barriers to health information.



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 birth 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 is committed to providing treatment to our community and collaborating with partners and stakeholders to support recovery efforts for all. Here is a further explanation of the policies and funding requests we advocate for on this front.

Mandatory training for health care providers regarding substance use disorders and medications for treatment:

Doing so would help prevent misinformation and decrease negative stigma that individuals face around substance abuse disorders and help inform providers on proper care for those seeking 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 recovery efforts. Additionally, it ensures that the provider is educated regarding the disease of addiction and that this is a treatable condition with proper whole-person care to include medications, counseling, peer supports, and community resources.



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.

Reforming documentation systems is imperative to effective operations across our programs. Staff, as well as clients, have an overarching burden with the overwhelming requirements in redundant paperwork. Data sharing systems would improve quality of care and efficient work practices. It would also bring forth a greater collaborative relationship across programs and health systems, both public and private. This would also ensure clients do not receive conflicting care and information. A data sharing system between state programs is key to creating standardized work processes, reducing costs, and boosting productivity. Eliminating redundancies is essential in modernization and equity within the community.



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