

SENATE BILL REPORT

2SSB 5347

AS PASSED SENATE, MARCH 19, 1991

Brief Description: Establishing regional health promotion and disease prevention programs.

SPONSORS: Senate Committee on Ways & Means (originally sponsored by Senators West, Wojahn, L. Smith, Stratton, Johnson, Niemi, Roach, Vognild, Anderson, Amondson and Erwin).

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5347 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, L. Kreidler, Niemi, and Wojahn.

Staff: Suzanne Brown (786-7483)

Hearing Dates: January 17, 1991; February 20, 1991; March 6, 1991

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5347 be substituted therefor, and the second substitute bill do pass.

Signed by Senators McDonald, Chairman; Craswell, Vice Chairman; Bailey, Bauer, Bluechel, Cantu, Gaspard, Johnson, L. Kreidler, Matson, Metcalf, Murray, Newhouse, Niemi, Owen, Rinehart, Saling, L. Smith, Talmadge, West, Williams, and Wojahn.

Staff: Karen Hayes (786-7711)

Hearing Dates: March 8, 1991; March 11, 1991

BACKGROUND:

Legislation creating Washington's Department of Health states the Legislature's intention to "...improve illness and injury prevention and health promotion..." and to fill the need for a "...clear focus on health issues in state government and among state health agencies to give expression to the needs of individual citizens and local communities as they seek to preserve the public health..." This reiteration of public responsibility regarding public health protection has caused some to reassess current programs and responsibilities.

Most public health programs were developed to prevent and eradicate contagious and infectious diseases such as tuberculosis, small pox, and polio. These diseases accounted

for the majority of illness, disability and death in the early part of the century. Today however, the Office of Financial Management reports that the leading causes of death in Washington include accidents, cancer, heart disease, cirrhosis, homicide and suicide. These are not contagious or infectious diseases, but rather maladies which result from personal choices regarding lifestyle and behavior.

In recent years, public health experts have begun isolating certain "high risk behaviors" which are correlated with causes of illness and death. A September 1989 draft report by the U.S. Public Health Service suggests health promotion and disease prevention objectives for the nation which involve reducing these illnesses and some of the correlating risk factors.

Washington's new Department of Health has created a sub-unit entitled Health Promotion and Chronic Disease Prevention. The unit lacks specific authority to set health promotion objectives, to work with local health departments to mount health promotion strategies, or to address risk factors correlated with today's major causes of illness and death. Other authority to promote health and prevent injury or disease is scattered throughout the Department of Health, the Department of Social and Health Services, the Department of Labor and Industries, the Traffic Safety Commission, the Department of Ecology and other state agencies with no single agency responsible for leadership and coordination.

SUMMARY:

The Legislature finds that state, local and private agencies have been established to plan and deliver social and health services to arrest, treat or cure illnesses and injuries, not to prevent them or the conditions under which they are known to spread. The Legislature further finds that no entity in the state or local government is presently charged with the duty to determine the risk factors that cause illness, injury and death, or to oversee and coordinate action to reduce these risk factors, prevent illness or promote health.

The Legislature finds these duties and the provision of leadership in health promotion are essential to the protection of public health and should be pursued by state and local health departments, while individual citizens, communities, local governments, businesses and private agencies should pursue health promotion efforts.

A Center for Health Promotion and Disease and Injury Prevention is established within the Department of Health which must contain those functions the secretary determines are most directly related to the promotion of health and the prevention of injury and disease. The center, in collaboration with state, local, federal and private groups must use available information to (1) identify the leading causes of illnesses and injury in Washington, (2) isolate the causes and risk factors for these illnesses, (3) identify geographic areas and population groups at risk for these

illnesses, (4) identify strategies that have been demonstrated effective in reducing these illnesses, injuries, causes or risk factors, (5) act as a clearinghouse for local health departments or private groups wishing to implement these strategies, and (6) receive funds and, in consultation with the State Board of Health, provide grants to local health departments.

In addition, the center must biennially establish statewide health promotion and disease and injury prevention objectives, after consultation with local health jurisdictions and the state Board of Health. A minimum list of objectives is stated involving reductions in: smoking among adults and children; breast cancer deaths; cholesterol levels; certain cancer deaths; non-fatal head injuries; drowning deaths; diabetes related hospital admissions; physical abuse of children; alcohol-related motor vehicle deaths; infants born to chemical abusing women; and alcohol, and other specified drug use among teenagers. The center must also biennially evaluate local health jurisdictions' efforts in achieving these objectives. The department, in collaboration with local health jurisdictions and the State Board of Health, must designate health promotion and disease prevention regions by January 1, 1992. Health promotion and illness and injury prevention regions must be consistent with the organizational principles of the Department of Health except as necessary to promote efficient and responsive local programs. The regions must reflect unique groupings of disease and injury within areas of the state, to the extent possible.

All regions must submit health promotion and injury and disease prevention strategies within six months of designation or by July 1, 1993 and biennially thereafter. The Department of Health must prepare a biennial statement of regions' progress toward meeting the objectives of the act.

Health promotion and disease and injury prevention strategies must be proven effective and must include screening, assessments and educational efforts. These strategies may not include the delivery of primary health or social services.

Regions must involve local school districts in planning strategies for children and adolescents. If a district declines to participate, they must submit a written statement to that effect to the region.

Local health jurisdictions must administer the regions, and they may combine to do so. Combined jurisdictions may determine by mutual agreement which will assume lead responsibility. If no such agreement is reached, the department must determine the lead jurisdiction, or it may contract directly with nonprofit agencies to develop and implement strategies.

Available funding for the regions must be allocated in grants based on priorities established under the act and the relative cost of interventions.

The state Board of Health must review the health promotion objectives established by the act and recommend modifications as part of the state health report.

The Secretary of Health is added to the Washington Traffic Safety Commission.

The bill contains a null and void clause making the act contingent upon funding in the budget.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

The proposed legislation provides a valuable mechanism to address behaviors and conditions which contribute to preventable death and disabilities. The establishment of local objectives and strategies allows health departments to develop measures appropriate to their community's needs.

TESTIMONY AGAINST: None

TESTIFIED (Health & Long-Term Care): Mary Selecky, Tri-County Health District (pro); Dr. Larry Jecha, Benton-Franklin Health District (pro); Ray Day, Tacoma/Pierce County Health Department (pro); Ken Stark, Department of Social and Health Services; Linda Lutz, Washington State Hospital Association (pro); Margaret Casey, Washington State Dietetic Association (pro); Kristine Gebbie, Secretary of Health; Dale Broderick, Washington State Hospital Association (pro); Ward Hinds, Snohomish Health District (pro); Elise Chayet, Seattle/King County Department of Public Health (pro); Kurt Sharar, Washington State Association of Counties (pro); Willa Fisher, M.D., Bremerton/Kitsap County Health District (pro)

TESTIFIED (Ways & Means): Dr. Mimi Fields, Dept. of Health (pro); Margaret Casey, WA State Dietetic Assn. (pro)