Larson, Michelle L (SBOH)

From: Monica R McLemore <mclemor@uw.edu>
Sent: Tuesday, August 1, 2023 6:30 PM
To: DOH WSBOH Health Disparities Council
Cc: RUBY DE TORO
Subject: My comments
Attachments: HDC redesign_summary of proposed changes_7.10.23_MM.docx; HDC redesign_draft statute for community partner review_7.10.23_MM.docx

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

All: Please feel free to distribute this to the attendees of the Governor's Health Equity Committee.

Monica

Governor's Interagency Council on Health Disparities Statute Redesign

Community Partner Conversations
July 10, 2023 draft

1. Health Equity and Justice Council—Findings—Intent—Purpose.

The legislature finds that health and wellbeing are interconnected between people and the natural environment. Health and wellbeing are different for each person and each community. Health and wellbeing can include mental, physical, occupational, social, emotional, spiritual, intellectual, environmental, and financial wellness. Supporting and sustaining health and wellbeing require holistic approaches that uplift the whole individual, whole family, and whole community across the lifespan.

The legislature finds that good health and wellbeing require individuals and communities to have access to power, opportunities, resources, knowledge, and services according to their unique needs. The legislature finds that improving and sustaining health and wellbeing for all individuals, communities, and environments in Washington State requires state government to undo all forms of racism and bias and heal wounds caused by colonization and other acts of violence and oppression.

The legislature finds that Black, Indigenous, and People of Color communities, women, transgender individuals, non-binary individuals, people experiencing poverty, rural communities, refugees and immigrants, people with disabilities, youth, and LGBTQ+ communities experience poor health outcomes that are unfair, unjust, and avoidable. Eliminating health disparities requires addressing inequities in our systems, structure, and culture.

Our state has a painful history of exclusionary policies impacting Tribes, communities of color, and immigrants, including colonization of Tribal lands and the Hawaiian and Pacific Islands, nuclear testing and decimation in the Compact of Free Association Islands, Chinese exclusion, Japanese American incarceration, redlining, segregation, and laws banning interracial marriage, just to name a few. The legislature finds that centuries of colonial and imperial practices aimed at destruction of communities and cultures have resulted in historical trauma[1] and intergenerational trauma that continue to negatively impact health and wellbeing in Washington

[1] RCW 43.71B.010 (10): "Historical trauma" means situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent.

Commented [HL(1]: One of the challenges of the current Council statute is that it is limited to race, ethnicity, and gender, which overlooks so many people.

Commented [HL(2R1]: Will this list help make the Council's statute enduring? This list is incomplete and ever changing. Can we achieve the same purpose without listing out groups and using more encompassing, general wording?

Commented [MRM3R1]: However, focusing on those who are most burdened should improve things for everyone, or do we not want to state that as a hypothesis and then test it?

Commented [HL(4]: We want to be intentional about the actions and impacts we're talking about (colonization, genocide, displacement, etc.) while also avoiding examples that could be interpreted as placing one group above or prioritized compared to another group. How can we make the balance?

State. Southeast Asian communities, and refugees in particular who have survived the trauma of war, genocide, and displacement, continue to suffer physical and mental health challenges. Throughout history, state policies have systematically excluded people of color and other communities from the power, opportunities, and resources we all need to thrive. Structural racism, in its many current forms across all sectors, have roots in historic harms to Black and Indigenous peoples through slavery and genocide.

The legislature finds that racism harms us all by causing dire impacts on public, community, and individual health. The American Public Health Association recognizes racism as a driving force of the social determinants of health and as a barrier to health equity. Studies show that racism, income, and neighborhood location have a bigger impact on health than medical care genetic code.

The legislature finds that racism is a public health crisis and negatively impacts everyone in Washington. Events such as the COVID-19 pandemic and response have worsened health inequities for communities most harmed by racism and inequity. Black, American Indian and Alaska Native, Latina/o/x, and Native Hawaiian and Pacific Islander community members have experienced significantly higher rates of contraction, hospitalization, and death from COVID-19 than their white counterparts.[2] Additionally, access to unemployment benefits for individuals with limited English proficiency has been sparse.

The legislature finds that recovery efforts should focus on building resilience across the state, especially in communities most affected by racism and inequities. Climate change threatens the health and livelihoods of all beings. It negatively affects specific groups more than others and often makes existing social and health inequities worse. Advancing health equity will benefit everyone and will make Washington state more resilient to respond to public health threats, such as racism and climate change.

The legislature finds that every Washingtonian has the right to achieve optimal health and wellbeing. Health equity only exists when we all have the opportunity to reach our full health potential. Working toward health equity requires state government to be led by the inherent power of community, fully serve individuals who experience intersecting forms of oppression, and support communities in building sustainability and connection.

It is the intent of the Washington state legislature to advance health and wellbeing, health equity, and social justice through creating social, economic, and environmental conditions where all individuals and communities are free from racism and other forms

Commented [MRM5]: This comes too late in my opinion

Commented [MRM6]: I would alphabetize this list or put it in a meaningful order then use throughout.

Commented [MRM7]: Are white people our counterparts when risks for conditions are not equitably shared and structural racism ensures inequity?

[2] Washington State Department of Health. COVID-19 morbidity and mortality by race, ethnicity and spoken language in Washington state. May 17, 2023. Accessed at: https://doh.wa.gov/sites/default/files/2022-02/COVID-19MorbidityMortalityRaceEthnicityLanguageWAState.pdf

of oppression and have full access to the social determinants of health, so we can be the healthiest version of ourselves and reach our full potential.

In meeting the intent of this chapter, the Health Equity and Justice Council shall partner with the legislature, the Office of the Governor, state government, and community to create a statewide vision for health and wellbeing as well as policy recommendations that promote health equity.

Commented [HL(8]: Note the proposed renaming. Additional ideas for a name?

Commented [MRM9]: Based on whose definition?

2. Council – Membership.

(1) In collaboration with staff whom the office of financial management may assign, and within funds made expressly available to the State Board of Health for these purposes, the State Board of Health shall convene and provide assistance to the Council.

(2) The Council consists of 32 voting members, which shall include one representative from each of the following groups:

Commented [HL(10]: The highlighted seats would be new additions. Do we want to retain current membership and add these new seats, thereby expanding membership?

Commented [MRM11]: Where did this number come from?

(a) Each of the statutory commissions pursuant to RCW 43.06D.900 [Commission on African American Affairs (CAAA); Commission on Asian Pacific American Affairs (CAPAA); Commission on Hispanic Affairs (CHA); Governor's Office of Indian Affairs (GOIA); LGBTQ Commission; Women's Commission; Human Rights Commission];

(b) the State Board of Health;

(c) the Department of Health;

(d) the Department of Social and Health Services;

(e) the Department of Commerce;

(f) the Health Care Authority;

(g) the Department of Agriculture;

(h) the Department of Ecology;

(i) the Office of the Superintendent of Public Instruction;

(j) the Department of Children, Youth, and Families;

(k) the Workforce Training and Education Coordinating Board;

(l) the Department of Transportation;

(m) the Department of Labor and Industries;

(n) the Department of Corrections;

(o) the Attorney General's Office;

(p) the Department of Revenue;

(q) the Employment Security Department;

(r) the Office of Equity or its designee; and

(s) Eight members of the public, including two youth representatives, who have direct lived experience with health inequities and will bring the voices of communities that have been systematically excluded from the power, opportunities, and resources needed to attain health and wellbeing.

(3) Nongovernmental members of the Council shall be appointed by the Governor with guidance from the Office of Equity.

(4) Council members must be persons who are committed to and well-informed regarding principles of health equity and who, to the greatest extent practicable, represent diversity in race, ethnicity, age, disability status, sexual orientation, gender, urban and rural areas, and different regions of the state. For state agency seats, each agency shall nominate a member of its leadership team. The youth representatives must be 25 years or younger at the time of appointment. The members of the council shall elect two members, from among the council members representing the statutory commissions or the community, to serve as co-chairs.

(5) When representing the Council, Council members shall communicate policy recommendations and positions on behalf of the Council instead of their respective agency or organization.

(6) The council is a class one group under RCW 43.03.220. Nongovernmental members of the Council must be compensated and reimbursed in accordance with RCW 43.03.050, 43.03.060, and 43.03.220.

Commented [12]: In this draft, council membership would include 8 community members and 24 state agencies, boards, and commissions. This is a large council! For comparison, our current council has 17 members; and the Environmental Justice Council has 16 members.

Commented [HL(13R12]: Would appreciate ideas on membership and structure, especially structures that would build solidarity and trust between agencies and community members working toward the same cause, without displacing the majority of the work onto community members or removing accountability from agencies.

Commented [HL(14R12]: Would appreciate information on models that have worked well (steering committee; people's assemblies; etc.). Also, are there other ways (besides membership via statute) to ensure meaningful collaboration?

Commented [MRM15]: What if this is someone who is known to be harmful?

Commented [16]: Election procedure, vote count, term limits, and exact Chair roles and powers could be specified in council bylaws instead of statute.

Commented [17]: Class one groups are primarily advisory in nature. Community members with lived experience or limited income of a class one group can be eligible to receive compensation/stipends pursuant to RCW 43.03.220. https://app.leg.wa.gov/rcw/default.aspx?cite=43.03.220

3. Council – Authority – Duties – Reports.

(1) The Council shall work with governmental and nongovernmental partners to create a statewide vision and universal goals for health and wellbeing as well as policy recommendations to move Washington toward achieving the vision and goals.

Commented [HL(18]: Influenced by the Targeted Universalism approach: https://belonging.berkeley.edu/targeted-universalism

(a) The vision, goals, and policy recommendations shall provide an actionable framework to support the legislature, the Governor, state government agencies, and community in advancing health equity in Washington state.

(b) The vision, goals, and policy recommendations shall guide state agencies as they continue to fulfill requirements pursuant to RCW 70A.02 [Environmental Justice] and RCW 43.06D [Office of Equity].

(2) The Council's recommendations shall address the structural and social determinants of health. The Council shall submit reports to the governor and legislature every two years, beginning in [YEAR].

(3) In the development of the vision, goals, and policy recommendations, the Council shall engage community and may use participatory methods that promote democratic engagement, so that communities who are disproportionately impacted by inequities have meaningful opportunity and power to shape narratives, priorities, and policy recommendations.

(4) The Council shall promote and facilitate communication, coordination, and collaboration among relevant state agencies, "for and by organizations," communities of color, and the private and public sectors to support health equity, wellbeing, truth and reconciliation, and healing. "For and by organizations" means organizations that have been established for the people and by the people most impacted by an issue, such as racism and health inequities.

Commented [19]: Definition borrowed from Office of Equity workgroup compensation guidelines: https://equity.wa.gov/people/community-compensation-guidelines/compensation-best-practices

(5) The Council shall conduct public hearings, research, inquiries, studies, or other forms of information gathering to understand how the actions of state government ameliorate or contribute to health inequities.

(6) The Council, with assistance from the State Board of Health, shall assess through public hearings, review of existing data, or other means, and recommend initiatives for improving the availability of culturally and linguistically appropriate information and services within public and private health-related agencies.

(7) The Council shall collaborate with the Environmental Justice Council, the State Office of Equity, and other state agencies, boards, and commissions to ensure state government efforts are coordinated, mutually reinforcing, and rooted in anti-racism, access, belonging, and justice and that these efforts benefit all of us.

(8) All state agencies must coordinate with the Council's efforts.

(9) The Council may:

(a) Use topics and findings from Health Impact Reviews [authorized by **RCW** 43.20.285] to inform priorities, strategies, and recommendations;

(b) Develop policy positions;

(c) Form advisory committees or implement participatory models, such as collaboratives or community assemblies, to support in gathering information and developing policy priorities, recommendations, and positions. These groups may include members of community and other state agencies;

(d) Independently endorse or comment on policy recommendations and positions of other state and governmental entities, including but not limited to agencies, boards, commissions, committees, and task forces; and

(e) Independently endorse or comment on policy recommendations and positions of community-based and non-governmental entities.

Summary of Proposed Statutory Changes

Community Partner Conversations
July 10, 2023 Draft

The table below outlines the Health Disparities Council's current authority and responsibilities by statute area (intent, purpose, etc.). The table also compares the Council's current statute with draft recommended updates. Notable changes are ***underlined***.

Some highlights include:

- The Council would remain a class 1 group (advisory workgroup), expand its membership, and be renamed the "Health Equity and Justice Council."
- The Council would create a statewide vision, goals, and policy recommendations for health and wellbeing.
- The vision, goals, and recommendations would provide an actionable framework to support lawmakers, the Governor, state agencies, and community in advancing health equity.
- The Council would align efforts with partners such as the Office of Equity and Environmental Justice Council.
- The Council would be able to form positions on policy proposals and endorse partners' recommendations to promote coordination and alignment.
- Engage in work where the p~~P~~roposed changes expressly include community engagement and participatory methods.

Area of Statute	Current Statute (RCW 43.20.270 – 43.20.280)	Draft Statute Recommendations
INTENT What the state hopes to achieve.	"It is the intent of the Washington state legislature to create the healthiest state in the nation by striving to eliminate health disparities in people of color and between men and women."	*"It is the intent of the Washington state legislature to advance health and wellbeing, health equity, and social justice through creating social, economic, and environmental conditions where all individuals and communities are free from racism and other forms of oppression and have full access to the social determinants of health, so we can be the healthiest version of ourselves and reach our full potential."* *Statute language is more gender inclusive and intentionally anti-racist.*

PURPOSE
Reason for being, including main role and need(s) we must address.
	Purpose
	• Create an action plan and statewide policy to include health impact reviews that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition.
	• Promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color, and the private sector and public sector
	
	Focus topics
	• Health disparities by race/ethnicity and gender
	• Social determinants of health
	• How government actions ameliorate or worsen health disparities
	• Culturally appropriate health literature and interpretative services in public and private health-related agencies
	• Priority diseases, conditions, and health indicators
	  ○ In RCW: Diabetes, asthma, infant mortality, HIV/AIDS, heart disease, strokes, breast cancer, cervical cancer, prostate cancer, chronic kidney disease, sudden infant death syndrome (SIDS), mental health, women's health issues, smoking cessation, oral disease, immunization rates of children and senior citizens, etc.
		Purpose
		• Create a *statewide vision and goals for health and wellbeing*, which shall:
		  ○ *Provide an actionable framework*
		  ○ *Guide agencies as they implement requirements set by the Office of Equity and the HEAL Act*
		• Create policy recommendations that:
		  ○ Move WA toward the statewide vision and goals
		  ○ *Promote health equity and wellbeing*
		  ○ ~~Address~~ Working to resolve the negative structural and social determinants of health
		• Promote and facilitate communication, coordination, and collaboration among relevant state agencies, *"for and by organizations,"* communities of color, and the private and public sectors
		• *Collaborate with partners to ensure that government efforts are coordinated, mutually reinforcing, and rooted in anti-racism, access, belonging, and justice and that these efforts benefit all of us*
		
		Focus topics
		• *Health inequities and health equity*
		• *Racism and intersecting systems of oppression*
		• *Multiple dimensions of health: mental, emotional, physical, economic, etc.*
		• *How health looks different for each individual and community*
		• Social determinants of health: social, economic, and environmental conditions for health equity
		• *Truth, reconciliation, and healing wounds caused by historical and intergenerational trauma*
		• How government actions can ameliorate or worsen health inequities
		• Culturally appropriate health literature and interpretative services in public and private health-related agencies

Commented [MRM1]: Can they get a budget?

Commented [MRM2]: Convene?

Commented [MRM3]: By centering the most impacted communities?

Commented [MRM4]: Convene

Commented [MRM5]: Whose definition?

Area of Statute	Current Statute (RCW 43.20.270 – 43.20.280)	Draft Statute Recommendations
		• *Removed: List of specific diseases and health conditions*
POWER & RESPONSIBILITIES How we operate; channels we use; interaction with key partners; accountability measures.	**How we operate & channels we use** • Interagency and cross-sector coordination • Develop policy recommendations for agencies, legislature, and Governor • Gather information to understand how state government actions impact health disparities • Form advisory groups on specific topics • Research and information gathering (public hearings, inquiries, studies, literature reviews, review of existing data, etc.) **Key partners** • All state agencies must cooperate with the Council • Communication, coordination, and collaboration among state agencies, communities of color, and the private and public sectors **Accountability** • Interagency membership and coordination • Measure social determinants of health and disparities • Submit action plan and updates to the Governor and legislature	**How we operate & channels we use** • Interagency and cross-sector coordination • Develop policy recommendations for agencies, legislature, and Governor • Gather information to understand how state government actions impact health inequities • Form advisory groups *or implement participatory models, such as collaboratives or community assemblies* • Research and information gathering (public hearings, inquiries, studies, literature reviews, review of existing data, etc.) • *Use topics and findings from Health Impact Reviews to inform recommendations* • *Develop positions on policy* • *Independently endorse or comment on other groups' policy recommendations* **Key partners** • All state agencies must *coordinate* with the Council • Coordinate with relevant state agencies, *"for and by organizations,"* communities of color, and the private and public sectors • Collaborate with *Office of Equity, Environmental Justice Council*, and others **Accountability** • Interagency membership and coordination • *Engage community and implement participatory methods* • *Collaborate with Office of Equity, Environmental Justice Council, and other state groups to align efforts* • *Statewide vision and goals for health and wellbeing shall guide agencies as they implement PEAR and HEAL* • *Removed: measure social determinants of health and disparities*

Commented [MRM7]: Convening?

Commented [MRM6]: Budget?

Commented [MRM8]: Define

Area of Statute	Current Statute (RCW 43.20.270 – 43.20.280)	Draft Statute Recommendations

DELIVERABLES
Products we must deliver; to whom; and the frequency.
	Deliverables
	• State action plan (update every 2 years)
	  ○ Measure social determinants of health and disparities
	  ○ Policy recommendations
	  ○ Address priorities on an incremental basis by adding no more than five diseases, conditions, and health indicators to each update or revised version of the action plan
	  ○ Recognize the need for flexibility
	• Progress updates to the Governor and legislature (every four years in odd-number years)
	• Collaborate with the State Board of Health on Health Impact Reviews (HIR)
		Deliverables
		• *Report every 2 years, beginning in (YEAR?)*
		  ○ *Statewide vision and goals for health and wellbeing*
		  ○ Policy recommendations
		  ○ *Removed: measure social determinants of health and disparities; address priorities on an incremental basis*
		• *Removed: progress updates submitted every four years in odd-numbered years*
		• Collaborate with the State Board of Health on Health Impact Reviews (HIR)

STRUCTURE
Group classification; membership; subcommittees; etc.
	Name: Governor's Interagency Coordinating Council on Health Disparities
	
	Membership
	• Diversity in race, ethnicity, and gender
	• Class 1 group (advisory)
	• 17 members
	  ○ 14 state agencies, including 3 ethnic commissions and the Gov's Office of Indian Affairs (GOIA)
	  ○ 2 members of the public representing interests of health care consumers
	  ○ 1 chair appointed by the Governor
	
	Structure
	• Must form advisory committees to assist in plan development. Must include members of other state agencies and local communities, and reflect diversity in race, ethnicity, and gender.
		Name: *Health Equity and Justice Council*
		
		Membership:
		• ~~Diversity in~~Representation of race, ethnicity, *age, disability status, sexual orientation*, gender, *urban and rural areas, and different regions of the state*
		• *Each member agency must nominate a person from its leadership team to serve on the Council.*
		• *Committed to and well-informed regarding principles of health equity*
		• Class 1 group (advisory)
		• *32 members*
		  ○ *24 state agencies*, including *6 commissions*, the Gov's Office of Indian Affairs (GOIA), and Office of Equity
		  ○ *8 members of the public, including 2 youth representatives,* who *have direct lived experience with health inequities and will bring the voice of communities*
		  ○ *Members of the council elect* two members, from among the council members representing the statutory commissions or the community, to serve as *co-chairs*
		• *When representing the Council, Council members shall communicate policy recommendations and positions on behalf of the Council instead of their respective agency or organization*
		
		Structure
		• *May* (vs. must) establish advisory committees
		• *Must engage community and may use participatory methods that promote democratic engagement*
		• *Provide disproportionately impacted communities opportunity and power to shape narratives, priorities, and policy recommendations*

STAFFING & FUNDING Staffing and funding to achieve our purpose and sustain efforts.	**Staffing** • Staffing and support from the State Board of Health • 1.0 FTE Council Manager (WMS 2) • Administrative and communications support from the State Board of Health **Funding** • May obtain federal or private funding to implement duties (RCW 43.20.290).	**Staffing** • Staffing and support from the State Board of Health • Additional details to be determined... **Funding** • To be determined...

Commented [MRM9]: Only the negative ones?

Commented [MRM10]: This is not enough!

From:	Nadine Shiroma
To:	Birch, Sue (HCA)
Cc:	Huynh, Quyen (HCA); Hasegawa, Toshiko (CAPAA); Prince, Ed (CAAA); DOH WSBOH Health Disparities Council; Michael Byun; Shomya Tripathy; Wren Wheeler; debbie@eastsideforall.org; lujab@hotmail.com; Pritchard, Faaluaina; Kuno, Van Dinh (ESD Partner); lincrowley; brian_lock; Ryann Louie; Sarah Dixit; Paul Tabayoyon; Chen, Anthony L-T, MD, MPH (DOHi); Apoorva Mallya; jean.j.kayembe@gmail.com; ahmed@workingwa.org; knomura@ichs.com; mohammedak@ichs.com; Chari Cohen
Subject:	Request"g HCA Support for a State HBV Eliminat"n Prog This Year
Date:	Sunday, August 13, 2023 2:08:30 PM
Attachments:	2023 8 12 HBV Ellim Prog Rqst -6 PPT slides and Facts re HBV and Liver Cancer.docx
Importance:	High

External Email

IMPORTANT: This email mssg and attachment replaces the message that went out in error at 6:04 PM, Aug 12, 2023. When I realized what had occurred, it was too late to recall the mssg for which had yet to undergo a final edit. Worse, it did not include the referenced attachment. Please replace the Aug. 12th mssg and use this one instead. Thank you for your understanding.
Nadine Shiroma

Dear Director Birch:

RE: Requesting Support for a Washington Hepatitis B Virus (HBV) Elimination Program As Part of Comprehensive State Viral Hepatitis Elimination

BACKGROUND FOR THIS REQUEST:

I write on behalf of the Asian Pacific Islander Coalition of Washington and its HBV coalition partners who initially contacted Gov. Inslee in December 2018 to advocate for an HBV elimination program to be created along with the one mandated for hepatitis C virus (HCV) elimination on September 28, 2018, via Directive 18-13. NOTE: Your office was copied on the letter Governor Inslee received on December 22, 2018.

A month later APIC leaders reiterated its HBV ask in a meeting in Olympia to brief the governor on APIC's 2019 legislative and policy priorities. **We pointed out that chronic HBV disparately impacts large swaths of disadvantaged, at-risk U.S.-born, as well as foreign-born immigrant communities from regions throughout Asia, the Pacific, Africa and parts of Eastern Europe and So. America, where there is moderate to high HBV prevalence.**

Also noted: In U.S.-born and foreign-born communities alike, adults who are at-risk for HBV were often not vaccinated or screened for HBV. Stigmatizing questions necessary to assess if a patient was at risk of being infected or perhaps, chronically infected and at risk of infecting others, often proved uncomfortable for both providers and patients. Missing were educational materials, muti-language public health outreach and frank discussion regarding how and why to prevent HBV transmission or mitigate chronic HBV sequelae, including hepatic decompensation, cirrhosis or liver cancer.

Chronic HBV is a serious, silent, infectious disease that is not well known and generally misunderstood by the public and communities disparately impacted by it. IRONICALLY, THOUGH CHRONIC DISEASE IS A HEALTH DISPARITY, HEALTH EQUITY AND SOCIAL JUSTICE ISSUE, THE DISEASE ITSELF IS CAUSED BY A VIRUS THAT DOES NOT DISCRIMINATE. Vaccine-preventable and medically treatable, chronic HBV has yet to receive the focused public health attention, resources, and policy action required to eliminate it.

4.5 years have passed since APIC initially reached out to the governor and the state responded by initiating a Dept. of Health (DOH) HBV epidemiology survey. In 2020 the covid pandemic and its aftermath halted and further delayed the survey and action to create the elimination program. As a result, annual numbers of acute HBV and first-time-reported chronic HBV and related cirrhosis and liver cancer cases and deaths continue to reflect the results of 40+ years of suboptimal "at-risk" U.S. adult HBV screening and vaccination recommendations, inadequate public health education and outreach, and greater numbers of HBV transmission linked to shared needles for injected opioid and drug use.

On a positive note, to avoid having progress stymied while we awaited an official HBV elimination program, APIC initiated legislative budget proviso requests in 2019 and 2021. Along with their renewals, the appropriations now total $801K over the three biennia between July 1, 2019 and June 30, 2025. These funds have enabled the state Dept. of Health to develop some of the basic infrastructure needs for HBV elimination, including the provision of no-cost, weekly HBV virtual online training and consultation for primary care providers – previously available only for the hepatitis C virus – and the launch in 2023 of a first-time online HBV Hub on the state Dept. of Health website. Featured on the Hub are downloadable HBV educational amd outreach materials in 38 languages.

In April 2023 the Centers for Disease Control and Protection (CDC) issued new and greatly anticipated universal adult HBV screening recommenda-tions which, along with the new universal adult HBV vaccination recommendations published by CDC a year prior, **now pave the way for Washington to initiate a bold program capable of making the concept of comprehensive HBV elimination a practical reality.**

An HBV elimination program is needed if Washington is to systematically increase adult HBV screening and vaccination rates to save lives, prevent new infections, and link to care those who are unknowingly living with chronic HBV. Data resulting from increased diagnostic and preventive care may also help qualify the state sooner for a cooperative agreement available through the CDC to support core viral hepatitis outbreak response, surveillance, and prevention activities, and special projects for the prevention, diagnosis, infectious disease consequences of drug use

OUR ASK OF YOU AS DIRECTOR OF THE HEALTH CARE AUTHORITY (HCA):

- **Support the creation of a state HBV elimination program and encourage timely action by state and local agencies to address the gap in comprehensive elimination of viral hepatitis in Washington state;**
- **Direct HCA staff to utilize the state purchasing process to reduce laboratory costs for HBV blood panel screening; and costs for HBV vaccines and antiviral medications, as well as the hepatitis A virus (HAV) vaccine, for all persons covered by healthcare programs administered by the HCA; and to explore similar strategies to lower these costs for patients enrolled in private insurance programs; and**
- **Encourage and assist in identifying and implementing alternate ways by which public health, nonprofit and private primary care medical providers can systematically implement CDC's universal hepatitis B screening and vaccination recommendations and linkage to care with the goal of eliminating HBV transmission by Year 2030.**

In anticipation of the 2024 legislative session and HBV advocacy through December 2024, we would appreciate receiving notice by September 6, 2023, of your response to our request for HCA support of a state HBV elimination program as part of comprehensive viral hepatitis elimination.

Attached is a Word document that includes 6 Power Point slides created for graphic presentation of APIC's request to close the gap in hepatitis B elimination in Washington, along with a page of relevant "HBV and Liver Cancer" facts.

Please note that APIC chapter leaders and HBV coalition partners are copied on this message along with HCA Health Equity Director, Dr. DoQuyen Huynh and equity program administrators to Gov. Inslee. My contact information is provided for any questions or concerns or to schedule a meeting.

Thank you in advance for your attention and consideration.

Respectfully,

Nadine Shiroma

Nadine Shiroma
Hepatitis B Representative,
Asian Pacific Islander Coalition of Washington,
and Policy Advisor to the Hepatitis B Foundation
Ph: 425-753-1257

Our "action plan is structured around five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for ; sustainability; and innovation for acceleration.

--- Executive Summary, "Action plan for the health sector response
to viral hepatitis in the WHO European Region"

cc: Dr. DoQuyen Huynh, HCA Health Equity Director
Toshiko Hasegawa, Executive Director, Commission on Asian Pacific American Affairs

Ed Prince, Executive Director, Commission on African American Affairs
Dr. Benjamin Danielson, Chair, Governor's Interagency Council on Health Disparities
APIC CHAPTER LEADERS AND HBV COALITION PARTNERS:
Michael Byun, Co-Chair, Asian Pacific Islander Coalition of King County
Shomya Tripathy, Co-Chair, Asian Pacific Islander Coalition of King County
Wren Wheeler, Co-Chair, Asian Pacific Islander Coalition of King County
Debbie Lacy, Co-Chair, Asian Pacific Islander Coalition of East King County
Lalita Uppala, Co-Chair, Asian Pacific Islander Coalition of East King County
Fa'aluaina Pritchard, Chair, Asian Pacific Islander Coalition of Pierce County
Van Dinh-Kuno, Chair, Asian Pacific Islander of Snohomish County
Lin Crowley, Co-Chair, Asian Pacific Islander of South Puget Sound
Brian Lock, Co-Chair, Asian Pacific Islander of South Puget Sound
Ryann Louie, Co-Chair, Asian Pacific Islander of Spokane County
Sarah Dixit, Co-Chair, Asian Pacific Islander of Spokane County
Paul Tabayoyo, Chair, Asian Pacific Islander Coalition of Yakima County
Dr. Anthony Chen, Director of Health Emeritus, Tacoma Pierce County Health Dept
Apoorva Mallya, Executive Director, Hepatitis Education Project
Dr. Jean Jacques Kayembe, Founder and Exec Dir, WA Congolese Health Board of WA
Ahmed Ali, Chair, Somali Health Board of King County
Kelli Nomura, Executive Director, International Community Health Services
Mohammed Abdul-Kadir, Coordinator, Hepatitis B Coalition of WA
Chari Cohen, President, Hepatitis B Foundation, Pennsylvania
Frank Hood, Director, Hep B United; Associate Director Policy and Partnerships, Hepatitis B Foundation
Attachment

SUMMER 2023 ~

CLOSE THE GAP IN HBV ELIMINATION
WITH A STATE HEPATITIS B ELIMINATION PROGRAM
AS PART OF COMPREHENSIVE VIRAL HEPATITIS ELIMINATION IN WASHINGTON

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2 IMPORTANT TIMELINES:

I. **U.S. HBV PREVENTIVE CARE POLICY& 1965 - 2023**

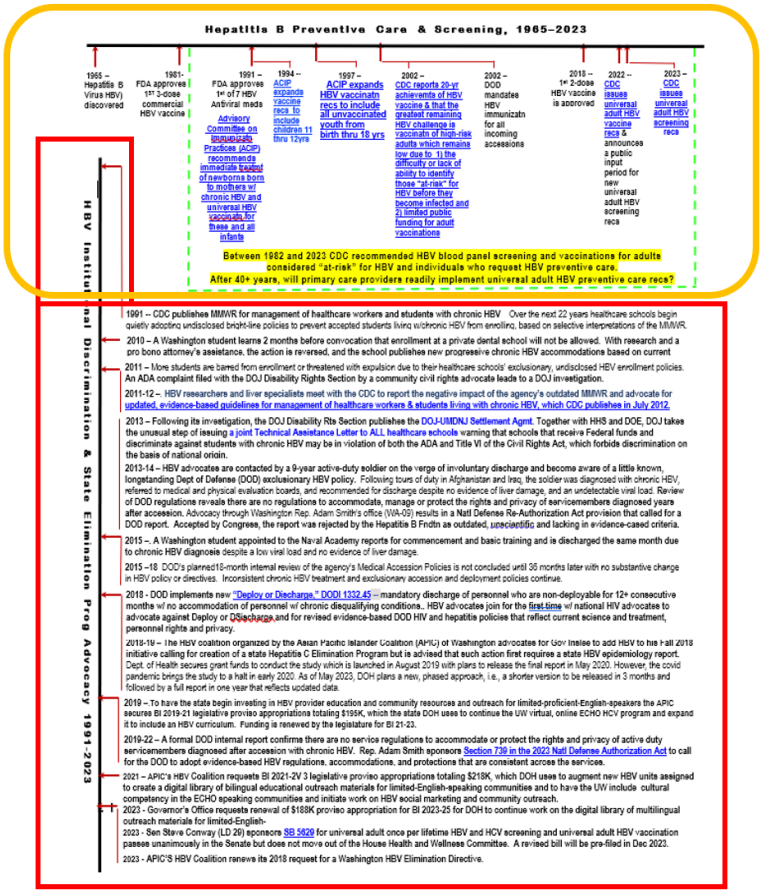
II. **HBV CITIZEN ADVOCACY, 2010 - PRESENT**

A. HBV INSTITUTIONAL DISCRIMINATION, 2010 - PRESENT

1) **Undisclosed healthcare school enrollment and/or clinical program exclusion policies**

2) **Dept of Defense Discriminatory Policies & Practices, 2013 - present**
   a. Exclusion of HBV-infected personnel
   b. Failure to document HBV policies to inform, manage, accommodate, or protect the rights and privacy of personnel that DOD failed to timely diagnose with chronic HBV.

B. APIC WA ADVOCACY FOR A WASHINGTON STATE HBV ELIMINATION PROGRAM, 2018 - PRESENT



APRIL 2023 -- TURNING POINT IN HBV ELIMINATION

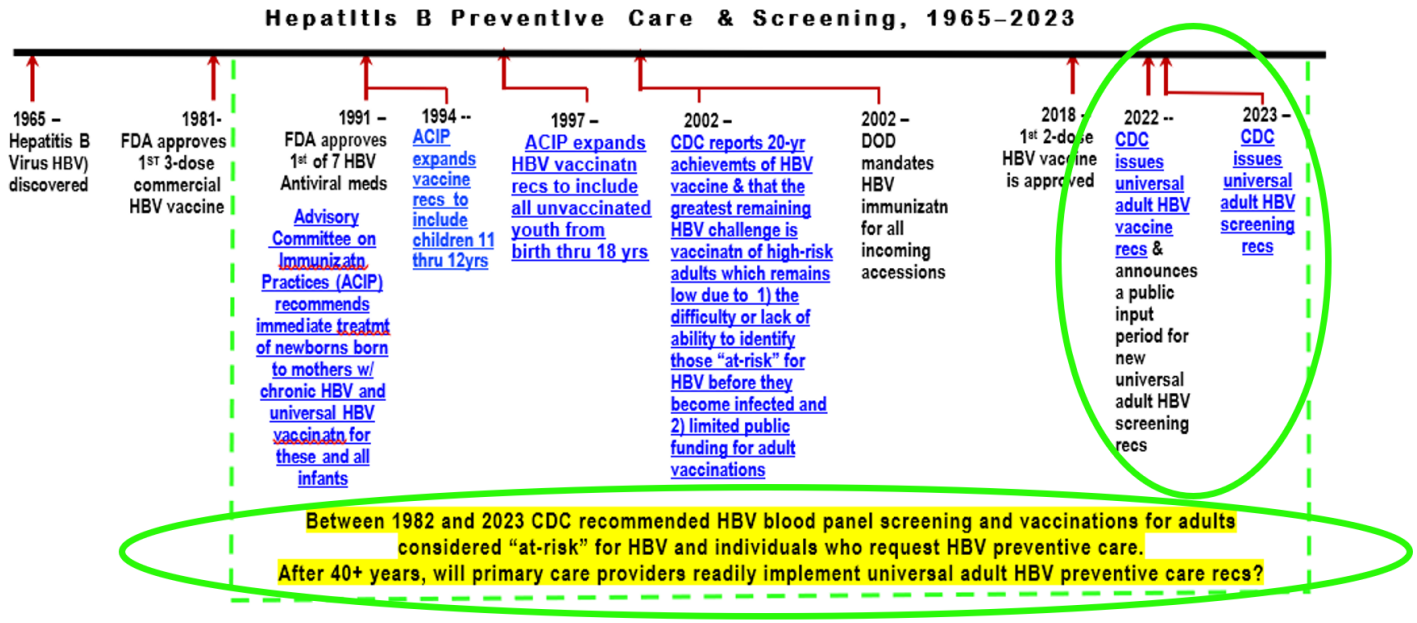
AS OF APRIL 2023 newly published CDC recommendations for universal adult HBV screening, along with recommendations published in 2022 for universal adult HBV vaccination, are

CENTRAL TO SYSTEMATIC ELIMINATION OF HBV TRANSMISSION

and the potential long -term sequelae of chronic HBV infection:
hepatitis D infection, hepatic decompensation,
liver cirrhosis and/or hepatocellular carcinoma (liver cancer),

WHICH CAN AFFLICT U.S -BORN AND FOREIGN -BORN ALIKE

AFTER 40+ YRS OF SUBOPTIMAL, STIGMATIZING "AT-RISK" ADULT SCREENING AND VACCINATION POLICIES, HOW WILL THE STATE SYSTEMATICALLY IMPLEMENT UNIVERSAL ADULT HBV SCREENING & VACCINATION?



APIC WASHINGTON's HBV ADVOCACY

Dec 2018: **APIC's HBV Coalition contacts Gov. Inslee to request an executive directive that will add HBV to the hepatitis C elimination program announced by the governor 3 months earlier**

2019 and 2021: **Sen. Bob Hasegawa sponsors 3 separate budget proviso requests prepared by APIC. The appropriations and renewals total $801K from Jul 2019 thru Jun 2025.**

With this funding, the State DOH expands the weekly online virtual viral hepatitis provider training to include an HBV curriculum and develops the HBV Hub (open & click "Expand all") for the DOH website, featuring HBV outreach materials in English & 37 other languages

2023 Legislative Session: **APIC works with Sen. Steve Conway to pass SB 5629 encouraging primary healthcare providers to offer universal adult HBV vaccination and HBV and HCV once-per-lifetime screening to all adults and stipulating no violation for noncompliance by provider or patient. Passed unanimously in the Senate, the bill awaits action in the House in 2024.**

Summer 2023: **APIC RENEWS ITS 2018 REQUEST FOR A STATE HBV ELIMINATION PROGRAM**

Jan-Mar, 2024: **APIC TO RESUME ADVOCACY FOR PASSAGE OF SB 5629**

With once per lifetime universal HBV and HCV screening, and HBV and hepatitis A virus (HAV) vaccinations now universally recommended by the CDC for U.S. adults 19 years and older; online UW ECHO HBV and HCV provider training and consultation programs accessible to medical providers across the state; and HBV outreach resources posted in 38 languages and downloadable from the state's new DOH HBV Hub (open & click "Expand all"),

THE APIC HBV COALITION RENEWS & EXPANDS ITS CALL FOR STATE ACTION TO:

- **Establish a state HBV elimination program and call for timely action to address the gap in comprehensive elimination of HAV, HBV and HCV in Washington state;**
- **Direct the Health Care Authority (HCA) to 1) utilize the state purchasing process to reduce the costs for appropriate viral hepatitis blood screening, vaccines and antiviral medications for patients covered by healthcare programs administered by the HCA, and 2) explore similar strategies to lower costs for patients enrolled in private insurance programs; and**
- **Inform and call for systematic implementation of appropriate CDC universal adult screening and/or vaccination recommendations for HAV, HBV and HCV, respectively, by public and private primary care providers alike to meet the goals of preventing transmission; diagnosing and linking patients with chronic hepatitis infection to care and/or treatment; and eliminating viral hepatitis transmission by Year 2030.**

CHRONIC HEPATITIS B INFECTION AND LIVER DISEASE

NOTE: Background information re chronic HCV is not provided here. The state HCV Elimination Program was established in Sept 2019 and implemented in July 2019. HCV information and the state elimination plan can be accessed at **https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150nonDOH-HepCFreeWA-PlanJuly2019.pdf?uid=63bcdfac3c89c**

- **HBV infection is a bloodborne disease transmitted by direct blood contact – e.g., when infected persons share needles to inject opioids or drtaugs; engage in sexual practices with a higher risk of bleeding and blood exchange; through accidental blood-to-blood contact; or when the virus from an infected mother is transmitted to her newborn during the birth process or shortly thereafter.**

- Chronic HBV is asymptomatic. **If not diagnosed and properly monitored or treated, chronic HBV infection can lead to liver disease, including cirrhosis or liver cancer. Globally, individuals living with chronic HBV have a 25% to 40% lifetime risk of developing liver cancer.**

- There are 296 million cases of chronic HBV worldwide with an estimated 2.4 million cases in the U.S Chronic HBV infection is a health disparity in U.S. foreign-born communities, who account for 70% of U.S. cases and were born in world regions with moderate to high prevalence of HBV, where infection generally occurs at birth or in early life. **Without medical treatment in the first hours of life, the immune system of an infant is generally too weak to overcome the virus, and the infection continues to become** asymptomatic chronic HBV infection.

  90% of HBV-infected infants and young children go on to develop chronic HBV. By contrast, among unvaccinated adults infected with HBV, 10% will develop chronic HBV. The remaining 90% who recover and develop immunity will continue to carry the hepatitis B core antibody that may be re-activated if the individual later undergoes chemotherapy or immunosuppressive therapy.

  Since 1980 U.S. liver cancer incidence rates have more than tripled, and the death rates have more than doubled. In 2022 the American Cancer Society estimated that about 41,260 individuals -- 28,600 men and 12,660 women -- would be diagnosed with primary liver cancer and intrahepatic bile duct cancer. And in the same year an estimated 30,520 individuals -- 20,420 men and 10,100 women -- would die of these cancers.

- **Initially approved in 1981 by the Food and Drug Administration, the Centers for Disease Control and Prevention (CDC) HBV vaccination recommendation for children evolved to include all infants and children under 19 years and only those adults in at-risk groups.** The CDC expected the recommendations to result in a highly immune population and the elimination of HBV transmission in the United States, but **the increased numbers of HBV cases have proven the decades old stigmatizing CDC recommendations inadequate to stem or eliminate HBV infections.**

- **Research on an HBV cure is ongoing, and seven highly effective FDA-approved treatments now exist to manage chronic HBV infection and reduce chronic HBV viral loads** to low or undetectable levels the CDC has declared safe for an HBV-infected healthcare provider to perform invasive, exposure-prone procedures.

- **With the announcements in 2022 and 2023 of new recommendations for HBV vaccination and screening of all U.S. adults over 18 years, the CDC has changed the landscape for diagnosis and prevention of HBV transmission and chronic HBV infection, disease sequelae and deaths in ways that now align with the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025). The plan was created to provide a framework to eliminate viral hepatitis as a public health threat in the United States.**

Green New Deal Oversight Board Application Open Through August 28, 2023

Hello,

Please consider applying and/or sharing this exciting opportunity with your communities and networks to **apply by August 28** to become a Green New Deal Oversight Board (GND Oversight Board) member and shape how the City of Seattle is investing in and implementing Seattle's Green New Deal. GND Oversight Board Members have successfully advocated for community-driven climate and environmental justice solutions as City government works to rapidly eliminate fossil fuel pollution. Visit the GND Oversight Board's website for more information, including how to apply to become a Board Member and Board Member roles and responsibilities.

The City of Seattle's Office of Sustainability and Environment is now seeking applicants for the following GND Oversight Board 3-year term seats:

- Environmental justice organization representative
- Representative with experience in greenhouse gas reduction and/or climate resiliency strategies relevant to cities
- Two youth representatives between the ages of 16 and 25 who are directly impacted by racial, economic, and environmental injustices
- Representative directly impacted by racial, economic, and environmental injustices

Stipends are available for Board members, with an expected time commitment of 6-8 hours each month on Board activities.

How to Apply:
Complete this application by **August 28**. The application will ask you to submit your resume and respond to two short answer questions. Email equityenviro@seattle.gov with questions or to learn more.

More information about the Green New Deal Oversight Board:
Seattle's Green New Deal seeks to eliminate climate pollution by 2030 while creating jobs that advance a just and equitable transition from fossil fuels to renewable energy by prioritizing investments in communities most harmed by economic, racial, and environmental injustices.

The City of Seattle is seeking passionate individuals to serve on the GND Oversight Board to provide budget, policy, programmatic, and project recommendations to advance Seattle's Green New Deal and collaborate on climate solutions that promote justice and equity for frontline communities who are most affected by the climate crisis.

Elise Rasmussen (she/her)
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City of Seattle, Office of Sustainability & Environment
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