



**Final Minutes of the State Board of Health
August 12, 2015**

John A. Cherberg Building, Senate Hearing Room 3, 304 15th Avenue S.E., Olympia, WA 98501

State Board of Health members present:

Fran Bessermin
Keith Grellner, RS, Chair
The Honorable James Jeffords
Thomas Pendergrass, MD, MSPH, Vice-Chair

John Wiesman, DrPH, MPH
Dennis Worsham, Secretary's Designee
The Honorable Donna Wright
Diana T. Yu, MD, MSPH

State Board of Health members absent:

Angel Reyna
James Sledge, DDS, FACD, FICD
Stephen Kutz, BSN, MPH

State Board of Health staff present:

Michelle Davis, Executive Director
David DeLong, Health Policy Advisor
Melanie Hisaw, Executive Assistant
Christy Hoff, Health Policy Advisor

Kelie Kahler, Communications Consultant
Sierra Rotakhina, Health Policy Analyst
Kristin Villas, Health Policy Intern
Tara Wolff, Health Policy Advisor

Guests and other participants:

Lori Buher, Director, National Meningitis Association
Rachel Clark, Sanofi Pasteur
Emily Firman, Delta Dental
Tami Thompson, Department of Health
Hanna Oltean, Department of Health

Curt Buher, National Meningitis Association
Kristin Peterson, Department of Health
Ellie McMillan, Department of Health
Cathy Wasserman, Department of Health

Keith Grellner, Board Chair, called the public meeting to order at 9:01 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve August 12, 2015 agenda

Motion/Second: Pendergrass/Yu. Approved unanimously

2. ADOPTION OF JUNE 18, 2015 MEETING MINUTES

Motion: Approve the June 18, 2015 minutes

Motion/Second: Jeffords/Bessermin. Approved unanimously

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director

Ms. Davis welcomed the Board to Olympia. She announced that the Governor had reappointed members Fran Bessermin and Dr. Tom Pendergrass. She directed the Board to materials under tab 3, and introduced Kristin Villas, Health Policy Intern. Ms. Davis indicated that a new CR-101 for the community water fluoridation rule had been filed and the old CR-101 was withdrawn in

response to the Board's June discussion about public notification when a community introduces fluoride or turns it off. She announced that the Department of Health had issued a preliminary draft of the rule for public comment and has scheduled a public webinar for August 17.

Ms. Davis mentioned several pieces of correspondence that the Board had received or sent since its last meeting. She listed the following pieces of correspondence: Ms. Dusbabek's response to the Board's denial of her petition for rulemaking; the Board's letter to the Washington State Democrats Central Committee's resolution regarding the Department of Health's anencephaly investigation; an email from Mr. Steel about a Newsweek article on fluoride and the Cochrane Report; a letter of support for community water fluoridation from Dr. Susan Turner, local health officer of Kitsap County; and an email regarding a 2006 ATSDR health consultation. She noted that Board members should have received copies of this correspondence via email, and that additional pieces of correspondence submitted to the Board as public testimony are located under that tab.

Ms. Davis noted that the Legislature finally passed an operating budget at the end of June. She said the Board has received its allotments, and that she planned to brief the Board on its budget in October.

4. DEPARTMENT OF HEALTH UPDATE

John Wiesman, Secretary of Health & Board Member, provided updates on salmonella and marijuana. He said we have a large outbreak of over 134 confirmed cases in the state. About 15% have been hospitalized – no deaths. Cases come from 10 counties, King County has the greatest number of cases (84). The investigation is ongoing however many cases appear to be linked to pork consumption – outreach has been ongoing for quite some time. They received an EpiAid from CDC – staff have been here for a week working with the DOH. They are releasing more information later today – press release will be shared with the Board. Key messages include safe handling of pork and cooking completely (145 degrees). Dr. Diana Yu, Board Member said the numbers of confirmed cases are way under the number of true cases – many people do not seek care. Secretary Wiesman said CDC estimates 29 cases for each confirmed case. The DOH website includes good information on how to cook a whole pig. Dr. Tom Pendergrass, Vice Chair said we have a number of infectious disease issues due to bacteria – he said a challenge is when does it exceed the capability of a local health jurisdiction and when the state steps forward. Secretary Wiesman said if a county doesn't have enough resources, the Department provides assistance. Also if an outbreak goes across jurisdiction, the department plays a coordinating role. Chair Grellner said they know that if they need help, they can always call the state. He asked if any cases have been linked back to unapproved sources. Secretary Wiesman said he didn't know the answer. Member Yu said with the increase in the farm to food movement there are difficulties in knowing what an approved source is. Secretary Wiesman said something has changed to lead to so many cases so they are trying to understand why.

Secretary Wiesman said the 2015-17 budget includes money for the Department to conduct a mass media campaign, and provide community-grants to reduce marijuana use by youth, and support a marijuana hotline. He highlighted campaign activities the Department was able to do in the past (prior to state funds). He also highlighted current activities and media campaigns, including social marketing messages. They are holding focus groups to test their messages and working with cross-cultural partners. He said they will be awarding 9 regional grants (through the Accountable Communities of Health). They are conducting community forums in Spokane and Tacoma to get feedback, and plan to move forward with the community grants and media campaign work. He said they are working closely with Colorado and other states and sharing media campaigns and building

off lessons learned. They will have a learning collaborative meeting with other states to share this information.

Vice Chair Pendergrass said emphasis has been toward combustibles and not to forget about vaping and edibles. Secretary Wiesman said that WSDA has oversight over edible kitchens.

Secretary Wiesman said they are working on budget for the next session with the Governor's office. They will be putting forward a limited agenda for the next session and the supplemental budget. They will only be focusing on details that need to be fixed and policy issues that were left undone (vaping, tobacco). Not looking to fund large new initiatives or take on large new policy issues. He is focusing on those new activities that we need to build for the 2017 biennium budget.

5. UPDATE: HEALTH IMPACT REVIEWS

Sierra Rotakhina, Board Health Policy Analyst, provided an overview of the new strength-of-evidence criteria used for health impact reviews (HIR), outlined the growth that has been seen in the HIR work over the past nine years, highlighted the reviews conducted during the 2015 legislative session, and mentioned the HIRs that Board staff are working on during the current interim. Ms. Rotakhina noted that there has been a 450% increase in the number of HIRs conducted since 2007 (presentation on file under Tab 5). She highlighted that Board staff are at capacity and actually had legislators decide against requesting HIRs during the last session because staff would not be able to conduct them in a timely fashion due to lack of additional capacity.

Member Yu acknowledged the good work of HIRs and said these reviews should have been completed for legislation all along. She asked how the Board could increase its capacity. Ms. Davis said that the Board submitted a decision package last year to increase capacity. It did not move forward. She said we had staff vacancies, which led to salary savings and allowed the Board to fund a half-time analyst during the last session. She said the Board is fully-staffed now but that staff are looking into grant options as well. Ms. Davis added that statute does allow us to seek assistance from other state agencies and acknowledged the help we received from the Department of Health on the review of the oil transportation bill. She acknowledged that we may have to deny requests in the future. She highlighted that we would like to see more review requests during the interim.

Vice Chair Pendergrass suggested using algorithms to determine which provisions of a bill to include in the scoping of the HIR. He asked about why we have seen such steep growth in the HIR requests. Ms. Rotakhina said it was because of outreach efforts with legislators to let them know that this resource is available to them. He said that data are not always sufficient to guide the political process. Ms. Rotakhina indicated that the Board's role, through HIRs, is to present what the evidence shows.

Dennis Worsham, Deputy Secretary, said that as the Department of Health develops its Center for Public Affairs and establishes itself as an academic Health Department, there may be opportunities to support the HIR work. Also within the Center for Public Affairs, they want to establish strategic partnerships and will hire a Health Equity Lead to support the Department and there may be opportunities to leverage this work. He sees this as a health in all policies approach. He asked if we can do more outreach to increase HIR requests in transportation, commerce and other areas. Ms. Rotakhina indicated that Board staff met with leadership from those legislative committees, but since we have not received many requests in these arenas there is definitely room for more outreach. She said that in the Health Impact Assessment (HIA) world, transportation is a very common topic and it is interesting that we have not received a transportation related request.

Chair Grellner said that the Board would like to pursue working with the Department to find ways to partner to increase capacity. He said the work is excellent. He indicated that these reports contain a lot of information, but the way they are organized makes them easily understandable. Member Yu said she has seen the reports and knows they are on the website and asked if there is a way to create a searchable database to find HIRs by topic. Ms. Rotakhina said we have talked about that as an internal tool to streamline processes and that making this searchable externally would be valuable as well.

Ms. Davis asked Ms. Rotakhina to share some of the national conversations she has had about the HIR work. Ms. Rotakhina said that she presented the work at the American Public Health Association Conference and the National HIA conference. She said there has been a lot of interest from other states who are interested in adopting the model.

Chair Grellner asked if we have received feedback from legislators and others. Ms. Rotakhina said that Board staff tried to meet with all of the legislators who requested HIRs in 2014 to seek feedback. She said staff have integrated the feedback, particularly feedback on the format and organization of the documents.

6. PUBLIC TESTIMONY

Chair Grellner read from an opening statement (on file).

Lori Buher, Board Member at National Meningitis Association, provided public testimony. Ms. Buher indicated that she and her husband traveled from LaConner, Washington. Their son is a survivor of meningococcal meningitis. Ms. Buher indicated that she has sent a letter to the Board asking the Board to convene an advisory committee to consider including the Meningococcal vaccine in the list of vaccines required for school entry. Ms. Buher indicated that she has also provided other materials to the Board on this issue. She shared their family's experience as their son contracted meningitis. She indicated that this is a devastating disease and that it is vaccine preventable. Ms. Buher asked the Board to convene an advisory group to consider this vaccine for possible inclusion as a school immunization requirement.

The Board moved the rules review update (agenda item 8) up.

Tami Thompson, Department of Health reminded the Department of Health is required to review all rules every five years and that the Board and the Department have decided that the Department of Health will review all rules that pertain to both the Department and the Board while Board staff will review all rules that only pertain to the Board. Ms. Thomson directed Members to Tab 8 materials which outline the status of the review for each rule.

Vice Chair Pendergrass indicated that the Health Promotion committee will be looking at the Notifiable Conditions Chapter 246-100 WAC as part of the vaccine preventable disease project and that they both have an expected conclusion date of late fall. Ms. Thompson indicated that those rules are large and that they impact almost every division within the Department. The Department also wants to review the rules on communicable disease, so the communicable disease epidemiologists will be reviewing these rules as well. The Department plans to collaborate with the Board through any updates.

Member Yu indicated that DOH, Ecology, and L&I were the three agencies were the three agencies asked to do rule reviews. She expressed that there are WACS under 246 that are under DOH and the Board, and there are rules that are under the purview of DSHS, etc. In the past they have found that the WACs for the different agencies aren't always coordinated and asked if this review will include ensuring that the rules of all agencies are coordinated. Ms. Thompson indicated that they will be ensuring that the other agency rules that the Department WACs reference are still coordinated and up-to-date. She also expressed that the other agencies often check-in with DOH if they change rules so that they can ensure that the rules stay coordinated.

The Board moved Board Member Comments and Concerns (agenda item 12) up.

Vice Chair Pendergrass indicated his concerned about the Board's limited staffing capacity in light of the number of reviews. He asked if they have a process for how to prioritize these rule reviews and other work that takes into account limited capacity.

Chair Grellner indicated that in the EH committee they have handled this several ways. They can review some rules quickly and spend more time on rules that they know need more work. He also indicated that the Board is not statutorily obligated to review their rules as DOH does, but that they have elected to do so to align with DOH.

Ms. Davis confirmed that this rule review is not required for the Board but that the Board has done these reviews because the interaction of Board and DOH rules. She expressed that there are other requirements (like some provisions of the Administrative Procedures Act) that the Board is not required to follow, but that the Board has chosen to follow. With regard to this review, state agencies were required to do a review very similar by executive order. The Legislature codified this requirement for select agencies (not including the Board). While not required, these reviews help the Board to ensure that their rules remain current.

Member Yu said that August is National Immunization Awareness Month. She indicated that this month provides them an opportunity to reflect on the impacts that vaccines have had on disease and that the reason that we have not seen many diseases in the US (e.g. Polio) in recent years is because of vaccines. When we have low levels of immunization for some diseases it provides a nest for the disease to set root again. This month provides community a chance to think about their decisions on whether or not to immunize.

The Board took a break at 10:38 a.m. and reconvened at 10:55 a.m.

7. UPDATE: GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Keith Grellner introduced the topic in the absence of Stephen Kutz, Board Member. Christy Hoff, Board Health Policy Advisor said that the Board has long included a goal in its strategic plan to reduce health disparities and that its primary strategy to achieve that goal has been to provide support for the Governor's Interagency Council on Health Disparities. Christy Hoff and Sierra Rotakhina, Board and Council staff, provided a briefing on the Council's work (presentation and report on file at Tab 7). Ms. Hoff gave an overview of the Council, its structure, and its statutory responsibilities. She shared the Council's past priorities and highlighted some of its previous recommendations. Ms. Rotakhina provided information on one of the Council's current priorities to promote equity in state government policy and program decisions. Ms. Hoff then provided information on another current priority to reduce disparities in adverse birth outcomes, such as low birthweight and infant mortality. Ms. Hoff discussed details of the Adverse Birth Outcomes

Committee's recommendations. She also provided an update on the Council's federal grant, which it has maintained since 2007, and which is ending at the end of August 2015.

Vice Chair Pendergrass expressed appreciation for the work. He indicated the most successful programs to address health disparities seem to target specific populations. He asked if the Council invites community members to be a part of these conversations and advisory committees. Ms. Hoff said the advisory committees are diverse and include representatives from the state's racial/ethnic commissions and community-based organizations who work directly with community members. She added that advisory committee meetings are open to the public. Ms. Hoff said members of the advisory committees often indicate they want to hear even more from the community, so they look for opportunities to ensure community input into the Council's work.

Member Yu applauded the Council's work. She noted that in Mason County some of the biggest disparities are for populations with mental health issues and those with substance use issues and asked there is a need in the state for other boards or commissions to focus on disparities for other populations. Ms. Hoff indicated that, while the Council focuses on racial/ethnic and gender disparities, Council Members and advisory committees do discuss and consider disparities experienced by other groups when identifying priorities and developing recommendations.

8. DOH RULES REVIEW UPDATE

Tami Thompson, Department of Health This item moved up on agenda.

The Board recessed for lunch at 11:40 a.m. and reconvened at 1:20 p.m.

9. UPDATE: 2014 HEALTHY YOUTH SURVEY

Keith Grellner, RS, Chair briefly introduced this item and Cathy Wasserman, Department of Health made a presentation on the 2014 Healthy Youth Survey. (For more detail on her presentation please refer to Tab 9.) The Healthy Youth Survey (HYS) provides important information about youth in Washington. The HYS is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Services Division of Behavioral Health and Recovery, and the Liquor Control Board.

Ms. Wasserman said that the survey is taken every two years by students in grades 6, 8, 10, and 12 in almost 1,000 schools in Washington. More than 200,000 youth took part in the survey in October 2014 by answering a wide variety of questions about their health and health behaviors. All responses were voluntary and anonymous. The student response rate is 68%. 12th graders have the lowest response rate, which may introduce bias.

Member Yu asked about enrollment in running start, and whether those students are included in the survey. Ms. Wasserman confirmed that they were included in the survey. She noted that questions at the end of the survey have a lower completion rate - 35% of students use the enhanced form. Ms. Wasserman described some of the survey results, including substance use. Alcohol use is trending down. Marijuana use is trending flat but perception of risk from use is coming down. Cigarette use is trending down. She noted that a relatively high proportion of students report Vape product use. Ms. Wasserman described data for nutrition and activity, mental health, school safety and bullying, and unintentional injury. Data is available at www.AsKHYS.net. Planning is under way for 2016 Healthy Youth Survey. Fran Bessermin, Board Member commented on the difficulty of working with the parents of children involve with bullying and the lack of reporting by children.

Vice Chair Pendergrass thanked Ms. Wasserman, and expressed concern with the definition of “weapon”, it is important to know if the weapon is a pocketknife or a pistol.

Member Yu expressed her curiosity about e-cigarettes and their nicotine content. Ms. Wasserman indicated that they will be refining survey questions for the next survey.

10. EMERGING PATHOGEN BRIEFING-COCCIDIOIDOMYCOSIS (VALLEY FEVER)

Keith Grellner, Board Chair and David DeLong introduced the topic of Valley fever and the presenters for this topic, Lauren Jenks and Hanna Oltean of the Department of Health. Ms. Jenks discussed the “One Health” model showing that human health, animal health and the environment are interconnected and can be understood, investigated and managed by paying attention to these connections. She then described valley fever as a new disease issue not thought to be endemic in Washington until 2010 when the first Washington acquired case was reported. Valley fever is typically contracted by inhaling dust contaminated with fungal spores and is often asymptomatic. Symptoms when they present can be severe and include respiratory disease, localized skin infection, or disseminated disease including meningitis.

Hanna Oltean described the *Coccidioides* fungus. *Coccidioides* fungus persists in soil of warm, arid regions with low rainfall (refer to power point materials). Ms. Oltean shared the joint efforts in disease surveillance and control. *Coccidioidomycosis* (Cocci) became reportable as a rare disease in 2014. Soil sampling is ongoing. At present, there are 9 cases identified; average time to diagnose is 61 days. Case detection is difficult in Washington perhaps because Cocci is usually associated with an out of state travel history. Joint efforts are underway to educate and inform stakeholders about Cocci in Washington.

Vice Chair Pendergrass commented that he was intrigued with this new research and work. Chair Grellner asked about prevention efforts. Ms. Oltean suggested rapid recognition of the illness and education for prompt testing and treating.

-the Board decided to skip its scheduled break

11. UPDATE: STRATEGIC PLANNING

Ms. Davis directed the Board to the materials under Tab 11. She reminded the Board about its June review of its mission and vision statements as well as its statutory list authorities and duties. She said that the Board’s Strategic Planning Steering Committee met July 8 and to review the current strategic plan goals. She reported that the committee has finalized its review of the mission statement and requested the Board’s review and approval of a revised mission statement. Ms. Davis requested input on Goal 1, Strengthen the Public Health System. Ms. Davis advised at the June meeting the steering committee revised mission statement to reflect health equity. Ms. Davis posted a summary of current workload for board staff projects, initiatives, and rules. (See Current workload list for complete contents). Ms. Davis discussed the current wording for Goal 1, objectives, examples of past work with this goal, and list of those activities that Board staff planned, but did not execute.

***Motion:** To approve and to adopt the draft amendments to the Board’s Mission Statement, as recommended by the Strategic Planning Steering Committee, to include health equity.*

***Motion/Second:** Pendergrass/Wright. Approved unanimously*

Ms. Davis advised that the board staff would post the draft mission statement on the website prior to completing strategic planning given its importance. She referenced a list of rules currently underway and anticipated rulemaking for 2016-2017. Ms. Davis announced that she has received a record number of nominations (25) for the Featherstone Reid Award.

Vice Chair Pendergrass gave a brief update on the vaccine preventable disease project. The Board will create a series of white papers. The ultimate project goal is to create guidelines of when and how the board will do emergency rulemaking in response to vaccine preventable outbreaks or epidemics. He will insure that public health officers will have opportunities for review and approval of the white papers before they are considered by a larger advisory committee. Vice Chair Pendergrass also indicated that he would like to propose a motion about convening a technical advisory group to review meningococcal given the requests the board has received and their process for considering new antigens.

Motion: SBOH be given a process for developing an advisory group for the evaluation of a meningococcal vaccine as a required vaccine in the state.

Motion/Second: Pendergrass/Yu.

Tara Wolff, Board Staff advised that the procedure is for the board to set up a technical advisory group per the Board's established procedures. The motion was revised.

Motion: SBOH will work with the department to set up a technical advisory group to consider the meningococcal vaccine for possible addition to the immunizations required for school.

Motion/Second: Grellner/Yu.

Secretary Wiesman affirmed he supports the motion, and requested an overview of the procedure.

Chair Grellner confirmed that they need motion of the Board to begin the process. Member Yu said the Board will meet with the Department of Health first and then set up the technical advisory group. Significant preparatory work is necessary. We do not have a timeline of when the process will start. The technical advisory group will make recommendations back to SBOH after reviewing the nine criteria (needed to require an immunization for school entry). Chair Grellner stated this would ultimately result in rule revision. Ms. Wolff advised that this may or may not result in rule changes. If the Board accepts the recommendations, then they initiate a 12-month (at least) rule making process. Twenty-three states require the meningococcal vaccine. Some states have used the Board's nine criteria so there may be some research reviews staff can look at. Member Yu stated that the Board would work with DOH to fill technical advisory group (TAG). The TAG considers the efficacy of vaccine itself, including the costs and benefits. The implementation of the rule is a different piece, which will be the responsibility of DOH staff to help coordinate. Ms. Wolff said the board has a guidance document which specifies who needs to be on the technical advisory committee. She will provide Secretary Wiesman with a document that outlines procedure used by the TAG to evaluate antigens for possible inclusion in school immunization requirements.

Motion: SBOH begin development of a technical advisory group for newborn screening for Pompe disease.

Motion/Second: Grellner-withdrew motion.

Member Yu advised the Board approved guidelines and will work with state health officer to convene advisory group.

Vice Chair Pendergrass offered to propose a motion to consider Pompe Disease as a possible addition to the newborn screening (NBS) panel. Ms. Wolff stated that there is a growing interest in the board's consideration of Pompe Disease. She explained that an advisory committee will review ALD in October, and then it will go to the Board for their consideration. She explained that the Board does not need a motion for Pompe Disease because it is already a candidate according to the NBS guidelines.

Michelle Davis, Board Executive Board, confirmed the Board will update work documents but will leave timelines blank. Ms. Davis returned to the subject of the Board's current Goal 1, Objective 1, contribute to the public health's response to disease. The associated completed work is that the Board changed the notifiable conditions rule regarding H1N1. Objective 2 is to strengthen the capacity of public health network PHIP, Public Health Improvement Partnership by serving on the board of directors, supporting Department of Health, and working with AIHC (American Indian Health Commission) to develop internet resources that promote tribal health. Ms. Davis listed work that has not been completed under the strategic plan, and requested guidance from the Board with regard to goal 1. Member Yu asked for clarification on what the education related travel for TB (Tuberculosis). Ms. Davis clarified that this relates to students.

Member Yu stated that strengthening the public health system is not simply disease control, but also funding. Member Yu advised consistent funding for our public health work is very important and that the community does not understand what public health does. The Board needs to find a way to promote the work it does to the community. Ms. Davis stated the funding issue is the Board's concern about what was lost during the recession. The word "maintain" does not include an explicit statement regarding funding. Ms. Davis mentioned that Secretary Wiesman has a vision surrounding foundational public health services and there may be opportunities for the board to participate in that. Ms. Davis asked how the Board can fund and build capacity in our public health system so it can do the work people expect. Chair Grellner and Vice Chair Pendergrass both agree that the Board needs to be more direct about funding and promoting its work in its strategic plan. Member Yu recommended the Board include the phrase "foundational public health" in Goal 1, Objective 1. Ms. Davis advised that the Board can continue to review the goals but they will establish the initiatives with the full Board around January.

Secretary Wiesman asserted that a work plan is separate from a strategic plan and that the Board needs to develop a more focused strategic plan given its staffing. The Board has considerable routine work and it is necessary to ensure this workload, which is somewhat tied to the strategic plan but is not necessarily strategic work, is prioritized. Chair Grellner requested additional comments. Ms. Davis confirmed the next steering committee meeting is scheduled in September.

Secretary Wiesman discussed the press release about the *Salmonella* outbreak. He stated the investigators found a connection to a slaughter facility in the state. The investigators took environmental samples at the facility and found presence in Graham, WA at Kapowsin Meats in Pierce County. This is USDA regulated facility. Secretary Wiesman confirmed that this is an active investigation, and there may be other sources that are a part of this outbreak. Chair Grellner asked if there have been any recalls. Secretary Wiesman advised that the Department of Agriculture is the lead on that, but the Department of Health is working closely with them. He stated that Kapowsin has been extremely cooperative with the investigation.

12. BOARD MEMBER COMMENTS AND CONCERNS

This item moved up on agenda.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 3:15 p.m.

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair