



**Final Minutes of the State Board of Health  
Wednesday, March 12, 2014**

7801 NE Greenwood Dr, Vancouver, WA 98662

**State Board of Health members present:**

The Honorable John Austin, PhD, Chair  
Keith Grellner, RS, Vice-Chair  
Stephen Kutz, BSN, MPH  
Donald Oliver

John Wiesman, DrPH, MPH  
Diana T. Yu, MD, MSPH

**State Board of Health members absent:**

Fran Bessermin  
James Sledge, DDS, FACD, FICD

Thomas Pendergrass, MD, MSPH  
The Honorable Donna Wright

**State Board of Health staff present:**

Michelle Davis, Executive Director  
Desiree Robinson, Executive Assistant  
Sierra Rotakhina, Health Policy Analyst

Timothy Grisham, Communications Consultant  
Ned Therien, Health Policy Analyst  
Lilia Lopez, Assistant Attorney General

**Guests and other participants:**

Kelly Cooper, Department of Health  
Rad Cunningham, Department of Health Staff  
Vanessa Gaston, Clark County Department of Community Services  
David Madore, Clark County Board of Health  
Alan Melnick, Clark County Public Health  
Tom Mielke, Clark County Board of Health  
Cynthia Myer, Clark County Public Health  
Mark Soltman, Department of Health  
Tami Thompson, Department of Health  
Stephen Whittaker, Public Health – Seattle & King County

John Austin, Board Chair, called the public meeting to order at 9:08 a.m. and read from a prepared statement (on file).

**1. APPROVAL OF AGENDA**

**Motion:** *Approve March 12, 2014 agenda*

**Motion/Second:** *Grellner/Oliver. Approved unanimously*

**2. ADOPTION OF MONTH DAY, YEAR MEETING MINUTES**

**Motion:** *Approve the Month Day, 2012 minutes*

**Motion/Second:** *Kutz/Yu. Approved unanimously*

John Wiesman, Board Member and Secretary of the Department of Health, commented the minutes reflect that the Department of Health thought in early January the skin of geoducks is not eaten in China. It has since found out the skin of geoducks is eaten in China.

**3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Board Executive Director, explained documents in members' packets behind Tab 03. The first two are in regards to a request from a spa operator for a water recreation rule change and the recommendation from the Department of Health about it. She said Ned Therien had contacted the requester, who indicated she would pursue a variance rather than trying to change the rule. The third item is a request from the Department to update WAC 246-680-010 regarding prenatal screening definitions. Diana T. Yu, Board Member, commented there would not be a Health Promotions Committee meeting that day to discuss the request for this rule making.

Ms. Davis described the fourth item as a petition for rule making from Representatives Kretz and Short regarding the lack of a provision for water treatment in the Board's rules for Group B water systems if enforced by the Department rather than local health agencies. She said this petition was received by the Board on March 10 through Secretary Wiesman. She recommended the Board's Environmental Health Committee review it during its meeting that afternoon.

Ms. Davis said the terms of Board members Wright, Yu, and Oliver expire in July. She said she did not have an announcement whether they intended to re-apply. She said they may serve until reappointed or replaced. Ms. Davis announced the Board and Department are seeking nominations for the Featherstone Reid Award. The deadline for nominations is May 13. She said James Sledge has agreed to serve as sponsor of the nomination process. Secretary Wiesman commented it is quite an honor for him to present this award. Chair Austin reminded members that the award has been given posthumously. A press release will go out on March 13 seeking nominations.

Ms. Davis commented that Sierra Rotakhina submitted an abstract to the American Public Health Association for a presentation about the health impact review process in Washington. She commented that Ned Therien will be retiring at the end of June and announcement for applications was released last week. She said interviews would be held in April with the intention of double-filling the position starting May 1. Ms. Davis said that this is likely Desiree Robinson's last Board meeting. She said Ms. Robinson plans to leave the Board either May 1 or June 1 and pursue a real estate career. Chair Austin thanked Ms. Robinson for her great work for the Board for the past 14 years.

#### **4. DEPARTMENT OF HEALTH UPDATE**

Secretary Wiesman announced some personnel actions at the Department. Dr. Kathy Lofy has been appointed the State Health Officer and Chief Science Officer, after serving in an acting capacity for two months. Michael Loehr has been appointed the Chief of Preparedness and Response.

Secretary Wiesman commented about going to Washington D.C. during the first week of March having the opportunity to visit with 10 of the 12 members of our congressional delegation on several issues: efforts to reduce childhood obesity through a comprehensive school and community approach; the importance of emergency preparedness; and the importance of funding for estuary protection such as for Puget Sound.

He said China is still banning all shellfish from the Pacific Northwest states. He said the Department is still trying to find out how China tests shellfish for arsenic. When the Department has tested geoducks for arsenic it has found it does exceed the China standard if the skin of the geoducks is included. The Department is working through the federal government on the issue. He said it does not look like this issue will be resolved quickly.

He reported on bills of interest from the concluding legislative session. He said the Medical Commission had a bill about collecting demographics of providers that died. A bill about continuing education for auxiliary dental professionals died. A bill that would have let chemical dependency councilors work outside Department of Social and Health Services licensed facilities seems to be dead. He said the concept of a bill to modify how the Comprehensive Health Abstract Reporting System data is kept confidential is still alive after being attached to another bill. A bill regarding allowing the Department to use permanent employees on projects using money from private organizations has passed. A proviso might be added to the budget bill to fund the Governor's Healthiest Next Generation Initiative. A medical marijuana bill is still alive that would require the Department to keep establish a registry. The bill might require some rule making by the Department. Funding for tobacco and marijuana education is still being considered. Funding to allow all health professionals to apply for an initial license on-line also is still being considered.

Secretary Wiesman also mentioned an investigation of a cluster of 23 babies with anencephaly (a birth defect causing part of the brain to be missing) in Central Washington over a couple of recent years. This rate of anencephaly is four times higher than normal. The Department did a case control study in 2013. No cause was determined. The Department is continuing the investigation along with the Centers for Disease Control and Prevention (CDC) and local health officials. He said low intake of folic acid is a possible cause. The Department is recommending women be sure to get enough folic acid and have their water tested for bacteria and nitrate contamination if they are on private wells. Member Yu commented that neural tube birth defects are caused by conditions in early pregnancy and pre-conception. She appreciated the Board getting information about this investigation. Chair Austin asked if the Department has a way to declare an emergency to help get federal funding for the investigation. Secretary Wiesman said that is an option. He said the Department could also seek addition funding without declaring an emergency. Member Yu commented it was good that CDC already has someone assigned to the investigation.

## 5. LEGISLATIVE UPDATE

Michelle Davis, Board Executive Director, briefly commented on selected bills monitored by the Board during this session. She said staff monitored approximately 70 bills during the session. She explained the bills listed in the hand-out under Tab 05 in member packets. She mentioned that SB 5964 will require all Board Members to complete Open Public Meeting Act training every four years. She said in some cases, such as SB 6060 about public water systems, we identified a technical problem and asked for amendments. She mentioned for HB 2086, smoking in motor vehicles carrying minors, we provided a note to the legislative policy committee expressing the Board's support and included information about how a similar law was working in Maine. The bill died anyway. Chair Austin asked what seemed to have been the problem with HB 2086. Ms. Davis said she heard a comment from one legislator about concern the bill might disproportionately impact people of color. She said staff spent a great amount of time working to improve two bills. One was HB 2544, newborn screening, for which midwives supported being included in new provisions to assure newborn screening tests are none in a timely manner. She said the bill will help with updating the Board's rules. The other bill was SB 6388, regarding direct food distributors. Member Grellner explained SB 6388 will reassign regulation of certain direct food distributors from regulation by local health under Board food safety rules to the Department of Agriculture. Member Grellner commented that when he testified on the original bill for the Board he was cut off by legislators only part way into his testimony. He said the proponents of the bill used a video for part of their testimony, which seemed very effective. Ms. Davis said, in the end, many of our concerns about the original bill were addressed. Timothy Grisham, Board Staff, said he noticed the video is posted on YouTube and he will send out the link to members. Ms. Davis also reported that HB 2153,

eosinophilic GI disorders, came out of work of a sunrise review panel, on which Board staff participated.

*The Board took a break at 10:20 a.m. and reconvened at 10:37 a.m.*

## 6. LEVERAGING PARTNERSHIPS TO ADDRESS HEALTH ISSUES IN CLARK COUNTY

Dr. Alan Melnick, Clark County Public Health Director and Health Officer, acknowledged the former leadership at Clark County Public Health of John Wiesman. Dr. Melnick introduced Tom Mielke, Clark County Board Chair; David Madore, Clark County Board Member; and Vanessa Gaston, Director of Clark County Department of Community Services. Dr. Melnick and Ms. Gaston gave a presentation highlighting some of the community partnerships Clark County Public Health works with. The presentation is included under Tab 06 of member packets. Dr. Melnick described the *Healthy Columbia Willamette* as a partnership of four counties with other partners. This partnership is focusing on five strategies: tobacco cessation, veteran suicide prevention, affordable health care, promoting breastfeeding, and preventing opioid misuse. He said the *Healthy Living Collaborative* came out of the communities transformation grant to try to prevent chronic disease. It involves 41 partners. He said including incentives to reduce smoking in public housing was one of the issues it worked on. Ms. Gaston explained that the community health worker program in this collaborative is intended to reflect the characteristics of the various communities served. Dr. Melnick said the community health worker program is also a career development program, which is being advanced by a partnership with Clark County Community College. He said clients could become community health workers. He said the *Southwest Washington Regional Health Alliance* started in 2010 and is truly a regional approach, but allows local flexibility. Ms. Gaston explained that this is a public-private partnership serving as a model of regional collaborative health for the state. She said this partnership is also tied into the Portland Metro Area and is exploring using the Oregon Health Share model. Dr. Melnick said the goal is to allow people to get many of the issues that impact health addressed at the same location, in a health home format. Dr. Melnick explained that the *Public Health Advisory Council* is currently focusing on adverse childhood experiences. He said the *Healthcare Acquired Infections Taskforce* is focusing on trying to prevent infections associated with various kinds of health care facilities through a community approach. *Clostridium difficile* infections were one of the issues they focused on. He said another outcome has been that participating health care facilities have been able to greatly increase influenza vaccination rates of staff. He said the *Partnerships for Healthy Neighborhoods* involves communities that are ready to help take action on identified problems. One area involved is central Vancouver. Ms. Gaston said it focuses on children, but also whole families. Dr. Melnick said the *Faith-Based Coffee* partnership involves groups coming together for coffee to discuss community issues that impact health. He said churches have done things such as adopting schools. He said the *Access to Healthy Foods* partnership involves restaurants, farmers markets, and neighborhood stores in a voluntary program to encourage selection of healthier foods such as those low in sodium. He said the *Opiate Overdose Prevention* partnership targets the upswing in opiate deaths of people who developed a habit from prescription opiates. It includes a needle exchange program and distribution of the opiate antagonist naloxone. He mentioned several environmental public health partnerships, including technical advisor committees and an arrangement where WSU provides advanced food safety training. He said the *Public Health Ethics Committee* is particularly near and dear to his heart. It is important to him because of the power of regulatory agencies to negatively impact individuals and businesses. Avoiding conflicts of interest is also important. He said this committee focuses on developing agency transparency and building community trust through the help of the volunteer committee members, who think of things he never would on his own. Dr. Melnick said his community is amazing for the ease of building partnerships.

Tom Mielke thanked the Board for meeting in Clark County. He said local needs are many and funding is sparse. David Madore expressed confidence in the leadership from Dr. Melnick and Ms. Gaston. Secretary Wiesman asked about the local initiative to reduce speed limits. Cynthia Myer, Clark County Public Health, said this was part of their *Complete Streets* program. Secretary Wiesman asked about efforts to build coordinated care through multiple funding sources. Dr. Melnick and Ms. Gaston said they were trying to use leveraging and develop risk-bearing entities to make this possible. Other Board members said they had additional questions and they would appreciate the opportunity to ask them over lunch.

## 7. HEARING – ELEVATED BLOOD LEAD LEVEL—WAC 246-101-010, NOTIFIABLE CONDITIONS—DEFINITIONS

Keith Grellner, Board Member introduced Ned Therien, Board Staff, who introduced Rad Cunningham, Department of Health. Mr. Therien said the Board has filed a CR-102 since the last Board meeting when it was briefed about this rule proposal. Mr. Cunningham gave a presentation about the purpose for updating the blood lead level rule based on current CDC guidelines and outlined the changes being purposed to the rule. Mr. Cunningham said the Department had received two public comments since the CR-102 was filed, one expressing support for the rule change and the other suggesting a modification to the rule proposal regarding concerns about pregnant and lactating women. He said the Department recommends the Board adopt the proposal without changes. His presentation is included in materials behind Tab 07 of members' packets.

Member Yu said some local health agencies investigate elevated blood lead level cases and some do not. She asked what the Department does regarding elevated blood lead reports in jurisdictions that do not investigate these cases. Mr. Cunningham said they post the laboratory results in a database available to all the jurisdictions. He said the Department recently surveyed local health agencies to see if they follow-up on the reports. He said when the local health agencies do not follow-up, the Department notifies the individual's health provider or their families. However, the Department does not have resources to make home visits. Member Kutz asked if the Department had done any analysis of the increase in number of cases that will need to be reported quicker with this rule change, and what the impact will be on local health and the Department. Mr. Cunningham passed around a graph of recent laboratory reports showing the number of elevated results in the new ranges. He said some local health agencies already follow-up on cases reported at the lower levels proposed for the rule revision. Member Kutz asked what are the main contributors to high blood lead. Mr. Cunningham indicated that lead-based paint in old housing is still the largest contributor to elevated blood lead levels. Member Grellner asked about the efficacy of interventions. Mr. Cunningham indicated that in most cases the interventions are effective, but there are some chronic exposure cases that have been difficult to resolve. Member Yu said there is currently nothing a physician could do at the blood ranges covered by the rule aside from talking with the individuals about possible exposures and how to avoid them. She then asked if local health agencies know that the rule is changing and have commented about the lower lead levels proposed. Mr. Cunningham indicated that he has not received much feedback from them. He said most do follow-up at the current rule levels if not the proposed lower levels.

Stephen Whittaker, Public Health – Seattle & King County (PHSKC), said he has over 30 years of experience investigating chemical exposures. Before working with PHSKC he worked for 12 years at the Department of Labor & Industries as the lead exposure investigator. He testified in support of the proposed rule change. He said the changes are consistent with CDC recommendations and best science known today.

Member Yu recommended looking at the issue of pregnant and lactating women for possible future changes to this rule.

**Motion:** *The Board adopts revisions to WAC 246-101-010 as proposed in WSR 14-04-113.*

*The Board directs staff to monitor CDC guidelines for blood lead and recommend the Board consider updates to this rule when appropriate.*

**Motion/Second:** *Grellner/Kutz. Approved unanimously*

*Lunch Break 11:48 a.m. to 1:16 p.m.*

## 8. HEALTH IMPACT REVIEWS – UPDATE AND FINDINGS

Chair Austin introduced Sierra Rotakhina, Board Staff. Ms. Rotakhina explained that health impact reviews are initiated only at the request of a legislator or the Governor. Board staff prepared five reviews during this legislative session. During a legislative session, staff has a limit of ten days to prepare a review. During this session, Ms. Rotakhina completed a review every 7 days during the month of February. Michelle Davis and either Ms. Rotakhina or Christy Hoff visited with nearly 40 legislators before and during the session to explain the health impact review request process. She said staff are planning to continue outreach to the legislators and the Governor's staff regarding the ability to request health impact reviews. Ms. Rotakhina's presentation can be viewed under Tab 08 of members' packets.

Chair Austin asked if, after a legislator sees a review that he or she requested, they can ask that it not be released. Ms. Rotakhina said staff make it clear that when a review is prepared it becomes a public document. Ms. Davis said a review might present information that not everyone likes. Chair Austin asked what is the capacity of Board staff to do reviews. Ms. Davis said five reviews during the short session was close to the maximum that could have been handled. There would be more capacity during a long session. She also indicated that there is capacity during the interim between sessions. One legislator, who is likely to request two reviews, indicated that the interim for most legislators is until October when materials for legislative planning sessions are needed. Ms. Davis said if capacity is exceeded, the policy is that reviews will be prepared on a first-come-first-served basis. Member Yu commented she could see certain legislators requesting reviews for many bills. Ms. Davis said one of the critical resources to do the reviews is access to the UW Libraries. The Board's sponsorship runs out this June. She will be seeking assistance from Dr. Pendergrass to renew it. Members asked how the reviews were received by the legislators who requested them. Ms. Rotakhina indicated that staff post the reviews on the Board website and then send the link to the requester. Ms. Davis said she noticed changes in bills that might have been influenced by the reviews. She said she would be trying to get more information from legislators about this over the next few months. Chair Austin said the Board might need to revisit the policy of first-come-first-served, for instance if a request came in from the Governor's office.

## 9. BOARD MEMBER COMMENTS

Members thanked Desiree Robinson and Ned Therien for their work for the Board. Member Yu also said she wanted to publicly thank Mike Glass from the Department's newborn screening program for his work on the newborn screening advisory committee. Member Kutz commented on the importance of cultural competency training for health care professionals. He gave an update on the Health Disparities Council. He said it has reaffirmed its commitment to promoting culturally and linguistically appropriate services. Two new issues the Council intends to address are childhood

obesity and inequities in birth outcomes. Secretary Wiesman commented on the importance of partnerships, including regional ones, as highlighted by Clark County Health today.

Member Grellner proposed the Board send a letter of support for Ecology's petition to the Environmental Protection Agency for designation of a No Discharge Zone for Puget Sound. Member Grellner explained that marine toilets do not treat sufficiently to protect water quality for shellfish harvesting and water recreation. The designation of a No Discharge Zone would prohibit boats and ships from dumping marine toilet waste into Puget Sound. He said pump-out stations could handle the waste better. Member Grellner said he would like to draft a letter for Chair Austin to sign. Member Yu said she would like to get a report back about this issue.

**Motion:** *The Board will send a letter to the Environmental Protection Agency in support of the Department of Ecology's petition for creation of a No Discharge Zone in Puget Sound.*

**Motion/Second:** *Grellner/Yu. Approved unanimously.*

Chair Austin complimented Desiree Robinson for her work making it as easy as possible for Board members to attend meetings.

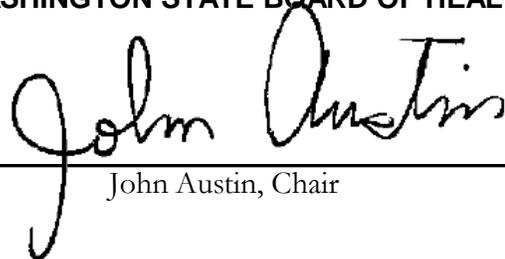
#### 10. PUBLIC TESTIMONY

None offered.

#### ADJOURNMENT

Chair Austin adjourned the meeting at 2:16 p.m.

WASHINGTON STATE BOARD OF HEALTH

A handwritten signature in black ink that reads "John Austin". The signature is written in a cursive style with a large, looping "J" and "A".

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John Austin, Chair