



**Final Minutes of the State Board of Health
October 14, 2015**

**Kitsap Public Health Building - "Norm Dicks Government Center"
345 6th Street, Suite 300
Bremerton, WA 98337
Chambers Conference Room**

State Board of Health members present:

Fran Bessermin	The Honorable Donna Wright
Keith Grellner, RS, Chair	Diana T. Yu, MD, MSPH
James Sledge, DDS, FACD, FICD	Angel Reyna (by phone)
Dennis Worsham, DOH Secretary's Designee	The Honorable Jim Jeffords

State Board of Health members absent:

Stephen Kutz, BSN, MPH
Thomas Pendergrass, MD, MSPH

State Board of Health staff present:

Michelle Davis, Executive Director	David DeLong, Health Policy Analyst
Melanie Hisaw, Executive Assistant	Tara Wolff, Health Policy Analyst
Kelie Kahler, Communications Manager	Lilia Lopez, Assistant Attorney General (by phone)
Sierra Rotakhina, Health Policy Analyst	

Guests and other participants:

Karen Bevers, Public Information Officer, Kitsap Public Health District
Grant Holdcroft, Environmental Health Specialist, Kitsap Public Health District
Ian Rork, Environmental Health Specialist, Kitsap Public Health District
Leslie Banigan, Environmental Health Specialist, Kitsap Public Health District
Susan Walther, Environmental Health Specialist, Kitsap Public Health District
Patty Lent, Mayor, City of Bremerton
Skylar Godwin, Peninsula Community Health Services (PCHS)
Lynette Bird, Peninsula Community Health Services (PCHS)
James Deal, Attorney, Lynnwood
Kelly Cooper, Washington State Department of Health
Mike Means, Washington State Department of Health
Tami Thompson, Washington State Department of Health
Ginny Stern, Washington State Department of Health
Lauren Jenks, Washington State Department of Health
Glenn Patrick, Washington State Department of Health
Dr. Susan Turner, Kitsap Public Health District Health Officer
Katie Eilers, Kitsap Public Health District Staff
Kody Russell, Kitsap Strong
Stuart Whitford, Kitsap Public Health District Staff
Dr. Frank, Clallam County Health Officer

Keith Grellner, Board Chair, called the public meeting to order at 9:15 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve October 14, 2015 agenda

Motion/Second: Sledge/Bessermin. Approved unanimously

2. ADOPTION OF AUGUST 12, 2015 MEETING MINUTES

Motion: Approve the August 12, 2015 minutes

Motion/Second: Jeffords/Wright. Approved unanimously

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director

Ms. Davis welcomed the Board to Bremerton. Ms. Davis reported that Board and Health Disparities Council staff and members had met with Retired Senator Rosa Franklin, who shared her background and how her life experiences inspired and influenced the legislation that created the Health Disparities Council and our health impact review work. She directed members to a letter the Chair submitted to Department of Ecology regarding the NPDES permit for Combined Animal Feeding Operations (materials under Tab 3), and a letter to the Building Code Council, requesting changes to their proposed rules on swimming pools. She noted that Dave DeLong also provided testimony at the Council's rules hearing. Ms. Davis noted that on October 2, the Board had received a new petition for rulemaking that it will review at its November meeting.

Ms. Davis thanked Dr. Sledge for sponsoring and leading the review of nominations for the Featherstone Reid Award for Excellence in Health Care; and reported that committee had submitted its recommendations to the Secretary, who accepted them. Ms. Davis announced that she attended the Seattle Race Conference in Seattle and that Christy Hoff and Sierra Rotakhina presented on Integrating Equity into Washington State Government. She also attended the Washington State Public Health Association conference in Wenatchee earlier in the week.

Ms. Davis asked Kelie Kahler, Communications Manager for the Board to report on the outcome of the August social media campaign. Ms. Kahler reported on the increase in public engagement through Twitter and Facebook as a result of this campaign. Ms. Kahler noted during the six-day campaign, the Board's Facebook likes doubled, and this engagement has been maintained since the campaign ended. She also used the campaign to promote the Board's website, and we saw an increase in website views by 339%. On Twitter the Board received 594 profile visits and added 25 new followers. This engagement has also continued since the campaign ended. These followers include community based organizations, state agencies, and others. Ms. Davis noted that campaign was funded through grant dollars and the total cost of the campaigns for the Board and Council was \$650.00.

Ms. Davis announced that October 16 is the 30-year anniversary of the Secretary's Task Force Report of Black and Minority Health, also known as the Heckler Report. She noted that this Centers for Disease Control and Prevention report was the first to document the existence of health disparities and analyze the major factors that contribute to the health status of people of color.

Ms. Davis reminded the Board that the next meeting will be in on Thursday November 19 in Skamania, and that it would be collocated with the Washington State Association of Counties and Washington State Association of Local Public Health Officials meetings. Melanie Hisaw is working on travel and meeting arrangements.

4. DEPARTMENT OF HEALTH UPDATE

Dennis Worsham, Secretary's Designee and Board Member noted that there are several divisions within the Department, and that they are putting together the Center for Public Affairs in the Director's Office. He noted that they are currently recruiting for the Assistant Secretary of Prevention and Community Health, which was recently vacated by Allene Mares as she moved to lead the Center for Public Affairs. He also noted that they will be recruiting to fill the Assistant Secretary position in Environmental Public Health which will soon be vacated by Maryanne Guichard, who is retiring. Member Worsham provided an overview of their legislative agenda for the 2016 session (materials under Tab 4). He noted that the Department's agenda includes vaping products and devices and noted that Washington has some of the greatest disparities in tobacco use in the nation. Member Worsham stated that vaping devices are not regulated. Since efforts to regulate these products in Washington did not pass last session, the legislature will revisit the issue this session. He said that vaping devices may be a gateway to other tobacco products for youth. He identified increasing the legal age of tobacco to 21 as another legislative priority. Hawaii passed similar legislation last year. Member Worsham indicated that there is evidence that raising the legal age for tobacco can help reduce tobacco use. The consolidated drinking water loan is another piece of legislation that the Department is focusing on. This is bill related to federal dollars that come into the state to repair and maintain water systems, and creates efficiencies in the loan system. The Department will also be focusing on the Health Professions Account, syphilis testing, the scope of practice for certified counselors and advisors, the licensee compact for medical and osteopathic physicians, allopathic physician licensure requirements, and FBI criminal background checks.

Member Yu remarked that the immunization bill removing the personal exemption did not pass. She asked whether the Department is engaged in this issue. Member Worsham said that Representative Robinson has formed a legislative taskforce to decide how to move forward on this this session.

Member Jeffords asked where DOH stands on foundational public health issues and budget issues at the state level. Member Worsham indicated that there was an IOM report that looked at public health funding across the nation. The report noted that there is a need to identify the core aspects of governmental public health. Washington has been a leader in this work, and DOH is continuing to work on this with the Governor's Office to introduce something in the 2017 biennium.

Chair Grellner said he was pleased that DOH is still working with the legislature on increasing the tobacco age to 21 and on the vaping issues because at the local they have been waiting for action on this at the state level. Some LHJs have already taken action on these issues. He noted that the differences between ordinances passed at the local level may lead to confusion in the future that could be mitigated by action at the state level. Member Worsham noted that it is important that what happens at the state level does not preempt what has already happened at the state level. Member Yu also noted that many local Boards of Health prefer not to act at the local level so action at the state level is important.

Members highlighted the great work that Maryanne Guichard has done for the Department and in her support of the Board's work.

Chair Grellner moved the Washington Tracking Network briefing up in the agenda.

5. BRIEFING: WASHINGTON TRACKING NETWORK

Ms. Davis introduced Lauren Jenks, Director of the Office of Environmental Public Health Sciences, Department of Health. She said she invited Ms. Jenks to share a little about the Department's Washington Tracking Network (WTN). The Network collects and analyzes data about environmental health hazards, exposure to hazards and health outcomes based on exposure. The department is sharing a lot of this information on its website. Ms. Jenks described and demonstrated the type of information that is now publicly available on the department's website.

Lauren Jenks, began her presentation with the map and history of the 1853 Cholera epidemic in England. She said that John Snow, along with his colleagues and friends were able to map public health problems and take the issue to the Board of Health for solutions. In 2002, the CDC financed the National Tracking Network to monitor happening in our communities. The goal is to improve access to environmental and public health data and information, for state and local decision-making and action. Secure and protected data use is called CHAT (Community Health Assessment Tool), which then filters to the WTN for public use. The public can search WTN on the internet to track a variety of issues, e.g. Zoonotic Diseases, Lung Cancer, Wildfires, etc. Data notes, charts, and other tools are available. This system first went live in 2008. The mapping tool has been refined ever since. The WTN-IBL site shows Health Disparities and Social Determinants. Glenn Patrick, Department of Health, helped demonstrate this mapping tool. (Presentation on file).

Member Worsham commented on the information regarding Health Disparities. He used the example of Women Infants Children (WIC). He talked about the progression and challenges. Member Yu remarked on the value of potentially including emergency preparedness information from the last twenty-five years, and how advantageous it would be to incorporate and report this information through WTN. Chair Grellner brought up an earlier comment from Member Jeffords about making the public health money available for this type of reporting. Member Worsham commented that this strong data, along with personal stories are what helps to move good policy forward.

Ms. Davis, commented how this tracking tool can have a huge impact in our communities. She shared the example of an geographical area showing high for single mothers that had no WIC facilities in the area.

The Board took a break at 10:40 a.m. and reconvened at 10:54a.m.

6. BRIEFING: WASHINGTON STATE DROUGHT

Ginny Stern, Washington State Department of Health
Keith Grellner, Board Chair, introduced David DeLong, Board Staff. Mr. DeLong noted that Washington's drought this summer is historic, and that it has had ramifications on the state including fires and harm to crops. Mr. DeLong introduced Ginny Stern, Department of Health. Ms. Stern noted that Washington is still considered to be in a state of drought and provided a presentation on the drought (materials on file). Half of the state is still in extreme drought and half is still in severe drought. She said that this drought started as a snow drought and was declared a state emergency. She noted that last winter's temperatures were higher than usual, and although precipitation was normal, the high temperatures led to inadequate snow pack. Ms. Stern provided data on historical snowpack in Washington showing both past years of drought and normal snowpack. She noted that public health is concerned about drinking water supply and water quality—and that there were water systems across the state that were at risk early in the season. Public health is also concerned with other repercussions such as the impacts to shellfish, recreational water, treatment plants, air quality, pests and related disease, fisheries, and fire. This fall and winter,

the El Nino forecasts predict slightly warmer weather than normal; as a result, snow is predicted later than normal—which could mean that the drought runs into 2016. The odds of a multiyear drought are therefore higher than they have been in the past.

7. **KITSAP PUBLIC HEALTH DISTRICT WELCOME & PRESENTATIONS; ADVERSE CHILDHOOD EXPERIENCES AND POLLUTION IDENTIFICATION AND CORRECTION**

Dr. Susan Turner, Kitsap Public Health District Health Officer, welcomed the Board to Kitsap County, gave an overview of the district and introduced Kitsap leadership team in attendance. She noted that Kitsap health district is led by a high performing team, and is a nationally accredited health district. She spoke of the district's grant work focused on detecting pre- hypertension and pre-diabetes. She said her Board is working to modify smoking in indoor spaces to cover electronic devices.

Dr. Turner shared a power point (on file), she mentioned the district's annual report and root factors of health and wellbeing. The district serves a population of 256,000, most of which lives in unincorporated areas. She described the county's demographics, and noted favorable health trends: more adults with education, fewer smoking, and increased physical activity. She also shared some concerning trends: an increase in STDs, increasing poverty, more homeless, fewer receiving prenatal care, more suicide, and more fast food outlets. She shared 2014 priorities, including reducing ACES, improving mental health service and affordable housing, and reducing obesity. She said the district received some grant funding to address ACES.

Katie Eilers Assistant Director for Community Health, provided a presentation on Kitsap Strong, an initiative focused on ACES and community resiliency. She described how ACES influences adult well-being and noted that ACES are common and destructive and can last a lifetime. Adversity is predictive of adult health. New research has changed how we view public health in Kitsap. The district uses ACES screening, and they have found that this pop benefits from more intensive services. The Kitsap ACES partnership engages key staff and community partners, and provides training in the community. They also use this information at schools, and noted a decrease in truancy (BRFFS data and Healthy Youth Survey).

Kody Russell, Director of Kitsap Strong noted that funders aligned around ACES. For these initiatives to be successful, communities must be invested in the work, have a voice, and must share common goals to develop framework. Goals for Kitsap Strong were to integrate knowledge across the community; and to provide training to develop a compassionate community. He said there has been lots of learning and skill development, and shared about Community Impact Project: new initiative to support local initiatives around community priorities. He emphasized the importance of taking concerns to a systems and policy level, and that data experts are needed to help others understand what is happening in Kitsap communities.

Member Worsham thanked the presenters for their leadership in this area and asked whether their work is doing a pathway to treatment, and inquired what is the change once successful? Ms. Eilers said they are looking for ways to disrupt transmission. Mr. Russell noted that solutions and information has to be across the community—parents, daycares, and schools must foster resiliency.

Stuart Whitford, Manager of Streams, Lakes, & Shoreline Quality presented information regarding the districts environmental health program's work to protect the community from EH exposures. He shared Water Pollution Prevention Program efforts and introduced staff. He said that the Water

PIC program began with sanitary surveys that impact shoreline. He noted that funding in other counties is not as stable as Kitsap. Stable and consistent funding is needed to continue this work as it requires intensive monitoring. Staff sometimes identify problems by going door to door to find sources. They are compassionate, good at getting information, help people get resources to fix problems. They use a variety of tools to gain compliance, including search warrants, fines and other enforcement. Fixing nonpoint problems locally is best achieved through partnership. Clean Water Kitsap, a multi-agency partnership, receives cooperative extension funding of 1.1 million per year to reduce flooding, prevent pollution and restore fish habitat. The county has lots of shoreline and streams to monitor, and relies on state and federal grants for stable funding. He reviewed data on failing systems as well as stream and marine water quality.

Chair Grellner recognized Bremerton Mayor, Patty Lent, and invited her to address the Board.

Patty Lent, Mayor of Bremerton welcomed the Board. She mentioned that Bremerton is located in the county with the most shoreline in the state. Mayor Lent provided examples of how they work to make Bremerton healthier through growth plans, bicycles and walking. She recognized the strength of their health district and the good things they do. She commented that it takes a long time to reverse some problems, and encouraged the Board to take a walk to the 911 memorial.

Member Yu thanked the Mayor for hosting the Board. She recognized Kitsap health district as a leader in local health. She also recognized the quality of their publications, and thanked the district for leadership in public health.

The Board recessed for lunch at 12:35 p.m. and reconvened at 1:31 p.m.

8. PUBLIC TESTIMONY

Skyler Godwin, Dental Assistant for Peninsula Community Health Services, noted that because Bremerton does not fluoridate its water, she has noticed that there seems to be a lot more decay in the area, where in the Port Orchard clinic there does not seem to be as much tooth decay. She highlighted the areas cities in the area that fluoridate water. She expressed that it is very important for the water to be fluoridated and that water fluoridation would benefit this area.

9. PETITION FOR RULEMAKING: WAC 246-290-460 FLUORIDATION OF DRINKING WATER

Keith Grellner, Board Chair introduced Member Sledge. Member Sledge introduced the petition for rulemaking under Tab 9. David DeLong, Board Staff walked Board members through the materials under Tab 9. Mr. DeLong outlined the rules petition policy under Tab 9g which states that any person may petition an agency to adopt, repeal or amend any rule within its authority. An agency must respond to the petitioner within 60 days. On September 8, 2015, the Board received a petition for rulemaking from James Deal. Mr. DeLong outlined the assertions of the petition as well as the petition request to add rule language to WAC 246-290-460-Fluoridation of Drinking Water. Mr. Deal proposed that a new paragraph (6) be added to this section of rule that would put new requirements on the Department of Health to independently evaluate toxicity data for fluoridation additives in order to ensure that these products comply with NSF/ANSI standard 60. Further, the proposed rule language would disallow the use of fluoride additives until the Department has confirmed that toxicity data indicate that these additives comply with NSF/ANSI standard 60. Mr. DeLong provided an overview of the NSF testing lab and standards organization. He noted that many Board rules reference NSF standards. NSF standard 60 applies to drinking water chemicals. The petition claims that NSF did not follow its own process in approving fluoridation additives. Mr.

DeLong provided an overview of the standard's requirements for determining allowable concentration of a water "contaminant" provided under Tab 9. The standard allows for two basic tracks to setting this allowable concentration or SPAC. The first track (fluoride falls under this track) is used for contaminants that have an EPA established Maximum Contaminant Level (MCL). This track uses EPA's determination of risk as the starting point for establishing the SPAC concentration. Mr. DeLong noted that Annex A, Section A.3.2 of the standard clearly states: "[i]f a substance is regulated under the USEPA's National Primary Drinking Water Regulations and USEPA has finalized a Maximum Contaminant Level (MCL) or other means of regulation such as a treatment technique (see Annex A Section A.2.18) no additional collection of toxicological data shall be required ..." If the EPA has not established an MCL for an additive, standard 60 requires a toxicological risk analysis in order to determine a SPAC. But because fluoride has an EPA established MCL, it does not require any additional toxicological analysis. Instead, the NSF standard 60 uses the following formula to calculate the SPAC: SPAC is equal to the MCL divided by the estimated number of sources. The denominator in the formula has a default value of 10 unless additional information on source of substance is provided (e.g. the CDC has provided additional information on fluoride sources). Mr. DeLong indicated that the NSF has followed standard 60 in relation to fluoride. He directed Members to Tab 9h—a memo from the Department of Health to the Board. This memo indicates that the Department's understanding is that the NSF standard does not require additional toxicological tests for fluoride for the approval pathway that it would follow according the standard 60.

Chair Grellner indicated that the reason that standard 60 allows these two tracks for approval is because when the EPA sets an MCL, EPA does the toxicological tests and risk assessments to set the MCL.

Member Yu indicated that the MCL is often set at the level that is not the level where you start seeing health problems—that it is much more conservative.

Mr. DeLong stated that the MCL was set at a level to be protective against skeletal fluorosis - but at a level where dental fluorosis could potentially occur.

Member Yu asked at what level we start seeing dental fluorosis. Member Sledge expressed that at levels in excess of 2 or 3 ppm (with all sources combined) could result in dental fluorosis.

Chair Grellner reopened the public comment period to allow Mr. Deal to provide testimony.

Mr. Deal, expressed that this is not the first time that we have been scammed, but that we have been scammed by tetraethyl lead. He noted that lead was added to gasoline because it limits knocking, but that ethanol would have done the same thing. He expressed that this shows that industry to will create a scam to make a profit. He expressed that fluoridation is a scam. Mr. Deal indicated that (fertilizer background) and that this byproduct is now put into drinking water systems. He expressed that the MCL set by EPA does not provide permission to add fluoride to the water but sets as limit after which point the water should not be consumed. He said that NSF has indicated that it has not done toxicological studies of fluoride.

He said that 43% of kids are showing dental fluorosis. He said that 10% of these have mild, moderate, or sever fluorosis of the teeth. He said that there should at least be a fluoride-free source of drinking water for children, pregnant women, and older adults.

Chair Grellner closed public testimony and asked if there was additional discussion on the petition. Dr. Sledge offered the motion below:

Motion:

The Board denies the petition for rule-making to amend WAC 246-290-460 and directs the Executive Director to draft a response to the petitioner advising of the Board's decision.

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

10. **UPDATE: BOARD BUDGET**

Michelle Davis, Board Executive Director provided a brief budget history, described the Board's current budget, and efforts to control costs (materials under Tab 10). She thanked Jodine Sorrell, Department of Health, for her technical support with the Board's budget. The current budget is \$1,597,750, which includes the last month of the federal grant that recently ended. She said that this budget has less flexibility than the 2013-15 budget due to salary and other savings based on staff and board member vacancies. This enabled the board to double-fill positions on staff to provide additional support for health impact reviews and the newborn screening criteria review. She noted that this year, one staff person requested a voluntary reduction in hours that has had a significant positive impact on the budget, but the reduction in hours may impact our ability to complete certain work products within anticipated timeframes. Ms. Davis mentioned that she requested a small maintenance level decision package with the Department of Health as part of a rules backlog request. If this request is accepted, funds from this maintenance level decision package will help cover assistant attorney general time. She said that staff are also submitting a preliminary non-solicited grant proposal to the Robert Wood Johnson Foundation to improve health impact review capacity and support health equity work. She said she would be consulting with the Board to seek additional performance level funding for additional staff capacity in 2017.

Member Yu said that collocating a Board meeting with WSALPHO can be very productive, but that if they coordinated the Board agenda to reflect topics that are interesting to WSALPHO members they may encourage more members to stay for the meeting.

Chair Grellner asked if there are any additional opportunities to collaborate with the Department of Health to help reduce costs for the Board. Ms. Davis noted that when the Department is working with the Board on a rule, the Department will often work with their AAG so that the Board is not fully depending on its AAG.

Member Yu noted that the majority of costs are staff salary—and that because this is a volunteer Board, the Members depend on staff to get all of the work completed.

Member Yu expressed that in person meetings in Olympia without traveling is a better option than having video conferencing because that in-person connection is important. Member Worsham agreed that in-person meetings are important, and that it is particularly important that the public is able to provide public testimony in-person to the Board. Member Yu asked if the legislature will fund health impact reviews. Ms. Davis expressed that the legislature had funded the health impact review work, but they have only funded one analyst. She noted that we are above capacity though—we receive more HIR requests than we can complete with one analyst.

11. **BOARD MEMBER COMMENTS**

Diana T. Yu, MD, MSPH, Board Member, noted that October is domestic violence awareness month. She encouraged all of the Members to have a Twitter account and to share information. She said that an injury and violence prevention summit sponsored by the NWCPH will be held on November 13th in the SeaTac area. She pointed out that October is breast cancer awareness month and that there are many disparities for people of color related to breast cancer. She thanked Dr. Frank and Dr. Turner for staying for the full meeting. She highlighted that the Opioid taskforce is about to come out with a strategic plan to address opioid misuse in the state.

Keith Grellner, Board Chair, thanked the Members for coming to Kitsap County.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 2:51 p.m.

WASHINGTON STATE BOARD OF HEALTH

, Chair