



**Draft Minutes of the State Board of Health
April 13, 2016**

Department of Health, Point Plaza East, Rooms 152/153, 310 Israel Road S.E., Tumwater, WA 98501

State Board of Health members present:

Keith Grellner, RS, Chair
James Sledge, DDS, FACD, FICD
Diana T. Yu, MD, MSPH
The Honorable Jim Jeffords
Stephen Kutz, BSN, MPH
Thomas Pendergrass, MD, MSPH

Fran Bessermin
Kathy Lofy, State Health Officer, Secretary's
Designee
The Honorable Donna Wright

State Board of Health members absent:

Angel Reyna

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Kelie Kahler, Communications Manager
David DeLong, Health Policy Advisor

Christy Hoff, Health Policy Advisor
Sierra Rotakhina, Health Policy Advisor
Lilia Lopez, Assistant Attorney General

Guests and other participants:

Michele Roberts, DOH
Bob Woolley, Citizen, Lake Jeane Federal Way
Kristin Peterson, DOH
John Austin, Jefferson County Board of Health
Marie Dressler, Jefferson Healthcare
Ellie McMillan, DOH
Linda Barnhart, DOH
Trang Kuss, DOH

Keith Grellner, Board Chair, called the public meeting to order at 9:00 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve April 13, 2016 agenda

Motion/Second: Sledge/Jeffords. Approved unanimously

2. ADOPTION OF MARCH 9, 2016 MEETING MINUTES

Motion: Approve the January 13, 2016 minutes

Motion/Second: Wright/Pendergrass. Approved unanimously

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director, announced that staff had completed the interviews of eight candidates for the vacant Public Health Advisor position that conducts Health Impact Reviews. She thanked Greg McKnight, from the Department of Health who participated in the screening and interview process.

She directed the board to several pieces of correspondence (on file), including recent rule petition correspondence, and a letter from Ms. Dusbabek regarding her B&B operation. She noted that Ms. Dusbabek sent a communication to the Board last night, and would be forwarding it to the Board. Ms. Davis announced that the adopted fluoride rule was filed on Friday, April 8 and will be effective on May 9, 2016. She indicated that the legislature adjourned special session on March 29, 2016, and that the legislature had passed a supplemental state budget that includes \$28,000 for the Board's AAG costs. She announced that she and other Board staff would attend the Governor's Race and Equity Summit at Cascadia College in Bothell on Friday. She also mentioned that Christy Hoff would be presenting the Health Disparities Council's work to promote equity in state government at the Rachel Carson Forum at the Evergreen State College on April 21. Ms. Davis asked Board members to let her know if they had an interest in attending the Washington State Association of Local Public Health Officials membership meeting on June 7 and 8. She asked Board members to let her know if they were interested in attending. She indicated that Member Reyna would not be attending today's meeting, and announced that the Strategic Planning Steering Committee would be meeting following the Board meeting. At least one policy committee will meet during the lunch hour.

4. DEPARTMENT OF HEALTH UPDATE

Kathy Lofy, State Health Officer, Secretary's Designee updated the Board on two bills that passed during the legislative session SB 6328 regulating e-cigs and vaping products. She noted that there was no regulation prior to this legislation, making it difficult to know who was selling, age of buyers, ingredients etc. The bill requires child safe packaging, ID checks by retailers and fines for under age sales. Retailers and distributors required to have licenses. The bill allows for compliance checks, and provides some regulation for internet sales. It included consumer protections such as label for nicotine level, and the ability for local health to act in emergency such as unsafe devices. The legislation bans the use of vape products in places where children congregate and gives locals the ability to ban indoor use, it does however, allow tastings in retail stores. Member Jim Sledge inquired about nicotine labeling. Chair Grellner indicated that the bill does not require disclosure of all ingredients and described the Kitsap County's effort to regulate vaping. He noted that the long-term effects of use of these products is unknown but they may provide some harm reduction for people who switch from cigarettes. Kitsap plans to pass an indoor prohibition but may have an exemption for places that exclude minors.

Member Yu voiced her concerns about the quality of the lab sampling and the devices themselves, noting that some people are beginning to manufacture their own e-juice. Labs may not be certified and only test for what the customer requested. Member Bessermin reflected on a recent health class discussion she led. She noted that teenaged students indicate that vaping is not harmful. Member Kutz noted that with vaping getting off cigarettes does not mean a person is no longer on nicotine, an addictive substance. He said that e-cigs serve as a gateway to cigarettes and other drugs, and that people using addictive substances are more inclined to use other addictive substances.

Chair Grellner noted that vaping is illegal within 500 feet of a school, and Member Kutz remarked that this law is not enforced for tobacco, and doubted it would be enforced for vaping. Chair Grellner suggested that vaping may be a topic for another meeting. He conveyed the testimony he heard from vapers was how e-cigs help them get off nicotine, and that reputable shops have formed a network to help each other lower nicotine use. He said that the bill was a good compromise Ms. Davis acknowledged that vaping as a topic of high interest to the board. She noted that the Governor hadn't acted on bill yet, and the Liquor and Cannabis Board was responsible for developing the rules. She said that staff would monitor the rulemaking and report the board. Member Yu agreed that public health should remain involved in the rule development, due to the concerns raised in today's discussion.

Member Lofy also updated the Board on a second bill related to prescription monitoring. The bill will enable health care providers to see opiates that have been prescribed, and expands access to the Prescription Monitoring Program (PMP) for all prescribers of legend drugs. PMP will connect electronic records to better control opiates.

Member Lofy then provided an update on the budget. She described a proviso related to foundational public health services. She announced that the budget included \$500,000 to enable the department to better track student immunization, it will also enable schools to track immunizations IIS to ensure students are up to date. Member Yu asked whether schools can enter data from other systems, and Member Kutz asked whether schools would. Member Lofy indicated that doing so would be an advantage and said that this model has been successfully piloted with several schools. Member Pendergrass was pleased to hear about the expanded access and questioned whether the data could be standardized. He cautioned that care was needed when data was entered from other systems. Member Lofy noted that the immunization system keeps records separate and that nurses accessed the system through a different portal than health care providers. Member Yu remarked on the difficulty of adding military records and the need for 100 percent participation.

Member Lofy said that the legislature included \$200,000 in the budget for maternal mortality review. She noted an increase in maternal mortality, and the funding would allow the department to look more closely at the issue. She said that the budget also included \$100,000 for suicide education and the safe houses task force, as well as \$1.6 million for vaping bill. The budget also included a small amount of money for OFM to examine local government investment strategies.

Member Lofy reflected on the previous meeting's discussion on lead. She said there was a lot of work being done in response to Flint experience. A recent article used old national data that identified 34 drinking water systems with elevated lead in Washington. She indicated that there are currently no Group A water systems with problems with lead. She said there have been some lead leaching problems, and the department has received some interest from schools about testing their water supplies, Office of Drinking Water has developed guidelines for proper lead testing. Dr. Lofy indicated the department is working on a new state health assessment to replace the Health of Washington State report. It will include 60 different health indicators broken down by the social determinants of health. They are currently in the process of getting feedback from stakeholders on the indicators.

Member Lofy provided an update regarding Zika Virus. There are currently 4 positive tests out of 250 submitted to CDC, 70 tests remain. Member Lofy announced that DOH has received a prescription opioid grant to monitor use of prescriptions, identify people at high risk, and to better understand prescribing practices. Member Yu said she felt the prescription monitoring system was clunky, but noted its value in assuring that your DEA license is not being used by others.

Member Pendergrass reflected on an increased requirement for lead testing in a pediatric practice, and noted that Washington does not have a problem with lead. He said that testing children is a low yield activity and identifies few problems. He feels the public needs to be aware of these issues. Member Lofy said the department developed targeted set of screening requirements to help identify which kids to screen for lead. Medicaid requires universal screening for the kids it covers. DOH is seeking a waiver for targeted screening. Member Pendergrass noted that not all states are the same, and mandated screening is not a good use of funding.

Chair Grellner indicated that the data suggest that instead of testing, the limited funds available should be used to replace old fixtures first. As soon as fixtures are replaced and testing is done correctly lead values are low. None of the children that have been tested for lead poisoning due to concerns over school drinking water have blood lead levels above action level.

Member Kutz asked whether the unauthorized use of provider DEA numbers was a common issue. Member Yu responded that she found her number had been misused as a result of an audit, and encouraged physicians to check prescription monitoring to assure that their DEA numbers are not being used to prescribe opioids.

Member Lofy announced the Cascadia rising emergency preparedness exercise scheduled for June. She said multiple states would be participating and that the scenario is a large earthquake.

5. PUBLIC TESTIMONY

Chair Grellner read a prepared statement about testimony. He granted 10 minutes to Mr. Bob Wooley for testimony.

Mr. Wooley stated that he considers this an opportunity to address a unique situation. The Board is not the first audience to hear this presentation but the Board deserves to hear about an environmental issue that plagues the entire state – toxic algae. There are 261 lakes monitored by Dept. of Ecology. Mr. Wooley stated, “My lake, Lake Jeane, is one of top five lakes for toxicity.” Lake Jeane is owned by the Twin Lakes Golf Club. There is no reason that residents should be expected to live on lake that is toxic and has been for the last 4 years. There has been no treatment of the lake for 2 years and we have no expectation that it will be treated in 2016. Mr. Wooley has reached out to other involved agencies and to his legislators. Legislators have written to Director of Ecology and Department of Health. It is Mr. Wooley’s expectation that the Secretary of Health may do something about this issue. Toxic conditions are statewide. Last year, the residents asked the health agencies to do a field visit of twin lakes. The report was written by Terry Barclay with King County Health Department. The report gave advice to the golf club, the city and the residents. The club has done nothing regarding suggestions in report. There is a nuisance issue – the toxicity of the lake prevents access to the lake. The lake is posted per Department of Ecology rules. We have asked City of Federal Way to change their codes so that toxic algae is considered a nuisance that requires treatment. It is not a certainty that this change will be made by the City. A group of residents have filed a lawsuit against club in an effort to get the club to treat the lake. There is no indication that the club will come forward and treat the lake and the lawsuit will move forward to force them to treat. Mr. Wooley stated, “Because we live on lake owned by the golf club, we are forced to pay annual dues to the club of 1000 dollars per year, no voting rights or say into how the dues are used.” Dues finance club activities, but they have used none of the money to treat Lake Jeane. I expect that the Secretary will respond to the 30th district legislators request in an appropriate manner. We are asking for a response by the end of this month because the permits, issued by Ecology, have a deadline in the first week of May. We would like the health agencies to chime in on Ecology’s permit decision. Thank you.

Chair Grellner asked: From his experience with this issue, everything that has occurred is consistent with his understanding of the rules. You stated there are few things in process right now, from all accounts, this is a civil matter; it is a disagreement by residents and owners of the lake. What are you asking this board to do?

Mr. Wooley responded that his board has a statewide perspective; Lake Jeane is an example of what other lakes may face. They want the successful program of treatment in use on Lake Lorene to be implemented on Lake Jeane. This is a health issue on a private residential lake. They want this board to be responsive in an advisory capacity in steps that can be taken to eliminate this health hazard. The Seattle paper reported that Long Lake and Paterson Lake were declared to be toxic. They are part of a lake management district and are actively managed. The golf club at Lake Jeane has refused to become a lake management district and treat the problem.

The Board took a break at 10:15 a.m. and reconvened at 10:30a.m.

6. UPDATE – HEALTH DISPARITIES COUNCIL

Stephen Kutz, Board Member, referred Board Members to the memo at Tab 6 (on file). He said staff would provide an update on recommendations and activities of the Council since the last update in August. Christy Hoff, Board Staff, shared information on the Council recommendations to address adverse birth outcomes, activities to promote equity in state government, and the Council’s review by the Joint Legislative Audit and Review Committee (on file at Tab 6). Ms. Hoff said the Council is celebrating its 10 year anniversary and will be holding two community forums this year in Wenatchee and Tacoma to report back to the community. Member Kutz commented that the Board plays an integral role in supporting the Council.

7. LEGISLATIVE UPDATE

Michelle Davis, Executive Director, provided an overview of some of the bills that Board staff followed this legislative session (on file), and gave a brief budget update.

Chair Grellner expressed his thanks to the Board and staff for their thoughtful attention and support on E2SHB 2061, regarding Group B Water Systems. He commented that he would rather oppose a bad bill than compromise on a bad bill. Member Kutz asked if SB 6245, regarding Vision Screening in Schools, requires schools to report to the legislature on screening results. Member Pendergrass commented on the potential challenges and complications with follow-up, such as the steps associated with the parents, the child, the eye doctor, the glasses, the insurance, Medicaid, etc. He also asked about the breadth of ESB 6620 School Safety. Ms. Davis responded that she would provide more information, but it appeared the bill was primarily focused on prevention and planning regarding emergency incidents in schools.

Sierra Rotakhina, Board Staff, provided an overview of the nine Health Impact Reviews requested for the 2016 legislative session (one-page summary on file). She summarized the bills' content, the HIR findings, and the outcomes of the bills. Ms. Rotakhina noted that there will be an external evaluation of Health Impact Reviews this summer which will provide information on how HIRs are being used in decision-making.

Ms. Davis reminded Board members that HIRs are objective tool that provide evidence from the scientific literature for decision-makers.

8. STATE HEALTH REPORT

Michelle Davis, Executive Director, announced that the Board is required to develop a State Health Report every even number year that outlines public health priorities for the coming biennium. She said that the report is due July 1, and shared ideas for possible report content. She suggested the report focus on promoting foundational public health services, health disparities council recommendations, and listed other additional items that could be included. She noted that this was a priority work project for the Communications Manager. She provided examples of previous reports. She noted that this year, the Board has been asked to take action that has fiscal implications such as ALD screening, and noted that the vision screening bill did not include funding for schools to carry out the work.

Member Yu inquired about the status of the school rule. Ms. Davis said that the current effective date for the rule is July 1, 2017, unless the legislature takes no action to lift the proviso, in that case the Board would have to file another order of adoption to extend the effective date. The Board could make recommendations regarding funding the rule, or ask for funding for lead free fixtures or other funding requests for school safety in this year's report. She asked if there was an interest in including oral health, and reflecting upon recommendations from the symposia

Member Yu shared her support for a piece that focuses on foundational public health. She thought the report should include a statement about unfunded mandates—the legislature tasks the Board with adopting rules, but then doesn't provide the funding to carry them out. She reflected on the school rule, and shared her disappointment that rule has been held up for so many years. Member Pendergrass favored the idea of foundational public health as an overriding theme, and the consequences of cracks in the foundation. He suggested that the concepts link to foundational health. Member Jeffords agreed with the recommendation.

Member Lofy agreed with the suggested approach, and stated that the public is not fully aware of all public health does. Member Kutz said that the priorities of the Health Disparities Council should be included. Ms. Davis thanked the Board for their suggestions. Chair Grellner asked that staff provide an early draft to the Board.

The Board recessed for lunch at 11:50 a.m. and reconvened 1:20 p.m.

9. BRIEFING – IMMUNIZATION RATES IN WASHINGTON STATE

Kathy Lofy, State Health Officer, Secretary's Designee, noted that the Board and the Department of Health work together to ensure that children enrolling in school and child care centers are protected against vaccine-preventable diseases. Dr. Lofy introduced Michele Roberts, Department of Health, to present information on immunization rates in Washington and actions that the Department has already taken and plans to take to increase these rates (presentation on file). Ms. Roberts highlighted the community-led work that has been happening in the Vashon, Finley, Spokane, and Seattle school districts to increase vaccination rates and how these districts are starting to see increased vaccination rates.

Member Kutz asked how much of the progress is a result of an improvement in documentation and how much is from actual increases in immunization rates. Ms. Roberts noted that improving documentation does increase the vaccination rates that show up in the data. Chair Grellner asked if the Department works to connect school nurses who have expressed concerns about low immunization rates in their districts with districts who are successfully increasing rates. Ms. Roberts noted that they do make those connections.

Member Yu noted that we have two Board members from the Spokane area, and that we could have a Board member present an award or letter of recognition to the schools that are showing great progress in increasing their rates. Ms. Roberts noted that Spokane's good work has actually had a positive impact on the overall state immunization rates as well.

Member Pendergrass highlighted that one of the challenges for youth that enter the foster care system is that they often do not have their immunization records with them. He asked if the Immunization Information System (IIS) helps identify those children. Ms. Roberts noted that the IIS does help with this challenge as providers and employees in the foster care system have access to the immunization information.

Ms. Roberts indicated that the data on immunization rates is improving over time and becoming more accurate. She provided an overview of the three main sources of data that we have in the state (IIS, the National Immunization Survey [NIS], and school data). Data from the IIS show that many children are being vaccinated late when compared to the recommended schedule. Member Yu asked what percentage of providers are currently using the ISS. Ms. Roberts noted that over 99% of providers who give childhood vaccines are entering data in the ISS and that many pharmacies are also entering data.

Member Kutz asked if the Department has had conversations with the border states about coordinating their immunization databases. Ms. Roberts noted that they have direct interfaces with states that use the same vendor that Washington does. They are currently working with both Oregon and Idaho on coordination. Member Pendergrass noted that one of the strengths of NIS is that it asks parents about their child's immunizations and then verifies with a medical provider. Ms. Roberts noted that they compared parent report data to ISS records and found that these rates were highly correlated.

Ms. Roberts indicated that we are seeing an increase in immunization coverage in Kindergarteners in Washington. However, Measles, Mumps, and Rubella (MMR) coverage in 2015 among Kindergartners did not meet the 95% goal and that Washington has one of the lowest coverage rates in the nation. These rates are not consistent across Washington counties, with some having high rates and others having very low rates. The Department analyzed the data to see if there are disparities in completion or out of compliance rates by percentage of students in a school that qualify for free and reduced lunch, and the data do not show large differences in school immunization rates based on this variable. She outlined several factors affecting school immunization coverage (e.g., access to immunization services, vaccine confidence, and administrative burden for parents and schools).

Member Pendergrass reiterated that we are expecting a lot from school nurses—and that many of the Board rules (e.g. vision screening, auditory screening, etc.) do add additional work for nurses. He applauded that the IIS makes it easier to enter the data and ensure the records are updated. Ms. Roberts highlighted actions the state is

talking to increase vaccination rates (e.g. enhancing access to vaccinations, health promotion, and technology support).

Member Pendergrass asked if the school immunization rates only represent student immunization or if they include the school's teachers and staff. Ms. Roberts noted that these are student immunization rates, but that there is a place to have a conversation with the Board about how to track information on staff and teacher immunization rates as well.

Ms. Roberts highlighted current immunization work that the Board and Department are collaborating on, and discussed future projects. She then provided an overview of the IIS Immunization Validation Tool and School Module, which were funded in the 2016 supplemental budget.

Member Pendergrass noted that this does partially address the issue of the administrative burden related to conditional status. He also noted that the Department may want to encourage schools to provide a comparison of completion rates in the beginning of the year versus the end of the year in order to incentivize schools to increase immunization rates.

Member Yu asked if the IIS is going to rely on the school nurse to use the module. Ms. Roberts said that other school staff can look at the data, but the school nurse (or other medical professional) must be the one to enter immunization data. Member Kutz noted that perhaps there is a way that paraprofessionals could be certified to enter immunization data in order to elevate the burden on school nurses.

10. BOARD MEMBER COMMENTS

Keith Grellner, Board Chair, thanked former Chair John Austin for attending the meeting.

Tom Pendergrass, Vice Chair, informed the Board that the Health Promotion Committee had met that afternoon and discussed the breadth of work that the Committee is working on.

Diana T. Yu, Board Member, announced that the upcoming week is Healthy Child Week.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 2:25 p.m.

WASHINGTON STATE BOARD OF HEALTH

, Chair