



## Draft Minutes of the State Board of Health

November 19, 2015

Skamania Lodge

1131 SW Skamania Lodge Way

Stevenson, WA 98648

Chambers Conference Room

### State Board of Health members present:

Fran Bessermin

Keith Grellner, RS, Chair

James Sledge, DDS, FACD, FICD

The Honorable Donna Wright (by phone)

Stephen Kutz, BSN, MPH

Thomas Pendergrass, MD, MSPH

Diana T. Yu, MD, MSPH

The Honorable Jim Jeffords

John Wiesman, DrPH, MPH

### 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 Analyst

Tara Wolff, Health Policy Analyst

Lilia Lopez, Assistant Attorney General (by phone)

### Guests and other participants:

Doreen Hersh, WA State Association of Local Public Health Officials (WSALPHO)

Kristin Peterson, Department of Health (DOH)

Clark Halvorson, DOH

Eric Johnson, Washington State Association of Counties (WSAC)

David Sauter, Klickitat County Commissioner, WSAC

Gerald Steel, WA Action for Safe Water (WASW) and King County Citizens Against Fluoridation (KCCAF)

Audrey Adams, WASW and KCCAF

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

### 1. APPROVAL OF AGENDA

*Motion: Approve November 19, 2015 agenda*

*Motion/Second: Member Sledge/Member Kutz. Approved unanimously*

### 2. ADOPTION OF OCTOBER 14, 2015 MEETING MINUTES

*Motion: Approve the October 14, 2015 minutes*

*Motion/Second: Member Sledge/Member Pendergrass. Approved unanimously*

### 3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director welcomed the Board to Skamania. Ms. Davis reported that the Governor had selected the nominees for the Featherstone Reid Excellence in Health Care

award (letters on file). Secretary John Wiesman, Board Member thanked the Board for its work on the Award. She also directed the Board's attention to the letter sent on behalf of the Board to Mr. James Deal regarding his fluoride petition. Ms. Davis mentioned a meeting with Representative Peterson that she attended with Chair Grellner and others regarding on-site sewage (OSS) legislation from the 2015 legislative session. She said the bill was intended to provide sustainable funding to local health jurisdictions within the Puget Sound region. The bill changed late in session, and the Representative continued to have an interest in looking at OSS, as well as potential safety issues that can occur when OSS systems are not properly maintained.

Keith Grellner, Board Chair described the fee problems Puget Sound counties faced and the solution proposed by a DOH committee regarding mandated funding. He suggested it was a solid recommendation, and while locals have the authority to charge a fee, some county elected officials may not have the fortitude to adopt adequate fees, which vary considerably by jurisdiction. He said that this has been a frustrating process for local health, especially since the bill moved away from its original intent.

Ms. Davis said that the Legislature was in Olympia for interim assembly and that she and Chair Grellner planned to meet with several legislators on Group B water systems. She said there were a number of work sessions considering issues of interest to the Board, such as OSS management and program funding, confined animal feeding operations, poverty and adverse childhood experiences. Although staff is unable to monitor some sessions due to the Board meeting they plan to listen in to the recorded meetings when they return to the office. She said that board staff has just completed a health impact review for Representative Orwall on the Attorney General's SHB 1458 that would change the age that individuals must be to purchase tobacco products.

Ms. Davis shared that Mike Glass, who worked with the Board earlier in the year had passed away. Diana Yu, Board Member recognized Mr. Glass's dedication and commitment to newborn screening. She suggested that the Board dedicate the Newborn Screening criteria in Mr. Glass's name.

***Motion:** The State Board of Health's newborn screening criteria for including conditions on the newborn screening panel be dedicated to Mike Glass.*

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

Member Yu said that the memorial will occur in February and she encouraged Board members to attend.

Chair Grellner announced that Snohomish and Tacoma/Pierce counties adopted rules to address vaping in public places. He said that Kitsap County would be considering rules in the spring. Member Yu asked if the larger jurisdictions could share these rules with the smaller jurisdictions. Secretary Wiesman said that Grant County had also adopted and San Juan County were poised to adopt rules. King and Clark counties also have rules. Chair Grellner said most new proposed rules correspond with the current smoking rules, and some counties have implemented permitting programs for vaping distributors. Thomas Pendergrass, Vice Chair shared the problem of accidental poisonings among children, due to drinking the vaping liquids, as well as evidence of harm from all tobacco products. Safety caps and safety packaging must be considered. He said that one of the attractions to vaping is the flavoring, and the density of vapor, which is attractive to youth. Smoking remains a key issue. Chair Grellner said that the rules prohibit possession and require child-proof packaging. Member Yu said the vapor and smell of vaping has an impact to sensitive bystanders.

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Steve Kutz, Board Member said that we do not know the additives that are added by the owner or user, additives may be illegal, the vapor does not dissipate the way smoke does.

Ms. Davis said that the Board's January 13 meeting will be at the Labor and Industries Building in Tumwater.

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

Board Member Secretary Wiesman updated the Board regarding last session's vaping bill, and some of the challenges it faced. He raised concern regarding vaping devices/menus that incorporate THC, and pose a concern for our youth. He mentioned emerging research regarding impacts of vaping versus smoking, but indicated many questions remain. He emphasized the importance of preventing pre-emption in any legislation. Member Kutz asked whether the state had passed any policy on vaping in state-owned vehicles. Secretary Wiesman responded that the state has not, however DOH's policy prohibits vaping in facilities.

Secretary Wiesman reported on the thorough investigation of 30 cases of e-coli associated with Chipotle restaurants. The *shiga* toxin is not clear, but Chipotle was very cooperative and described the efforts the restaurants undertook to improve safety. He said that the majority of foodborne illnesses start in our homes from inappropriate handling of food. Chair Grellner commented on the popularity of the chain. Member Yu applauded Chipotle on the steps it had taken, and emphasized the importance of washing hands.

Secretary Wiesman announced that Chelan County had four cases of legionnaire's disease, a severe pneumonia caused by waterborne bacteria. The cases may have originated at a Safeway; however water testing at the store came back negative. Local health continues to check nearby water sources. Secretary Wiesman indicated Puget Sound area local health departments would receive a notice from Department of Agriculture about spraying for gypsy moths in the spring. Spraying will cover over more than 10,000 acres. DOH is working with Department of Agriculture and the public to address concerns regarding the spraying.

Member Yu asked for any updates on influenza. Secretary Wiesman reported that as of November 13, there were 5 lab confirmed influenza deaths reported for the season. Member Yu reiterated the importance of getting a flu shot and that healthy and younger people without chronic health conditions are still at risk. Fran Bessermin, Board Member mentioned that doctors are also recommending for immunizations against strep pneumonia.

#### **5. FOUNDATIONAL PUBLIC HEALTH SERVICES**

Board Member Secretary Wiesman, provided an overview of the department's Foundational Public Health Services (FPHS) work, which has been underway for four years and built upon the Agenda for Change. The goal of this work is to assure stable and adequate funding for local public health (materials on file). The FPHS framework identifies services that government should pay for and provide, and include foundational programs and foundational capabilities. Often work is funded by grants, which may go away, leaving fundamental capabilities unfunded. He said that the State Board of Health fits in its policy development, and expressed his regret that the Board had not been included earlier in this process. Secretary Wiesman provided examples of core governmental functions. Chair Grellner requested that statutorily mandated services be included in the list of core governmental functions.

Vice Chair Pendergrass indicated that FPHS needs to include genetic disease identification. He urged funding infrastructure before the emergencies arise. He said that deferring maintenance is problematic. Secretary Wiesman agreed and noted that no one wants to fund infrastructure, and that this is the impetus behind identifying these active services. Estimated cost to implement is \$380 million dollars per year for the whole system (not including WSBOH, WSALPHO, or tribes). Secretary Wiesman identified three criteria used to determine whether an activity is foundational: the degree to which it is population based; the extent to which government has to conduct or provide the activity; and whether the activity is mandated.

Member Kutz mentioned Adverse Childhood Events (ACES) and their impact across the lifespan. Secretary Wiesman said the opportunities to prevent ACES should be available in every community. However, this may not have to be a statewide government-provided service. Member Yu commented that assessment was governmental, and perhaps reaching out and encouraging providers to come to the table may be governmental, but actual services vary by community, family, and the particular situation. The ability to perform these functions varies by county. Secretary Wiesman agreed and noted that what we call “shared services” is a critical conversation that must occur. Chair Grellner added that this is why funding public health with grants is untenable. Vice Chair Pendergrass voiced his concern that we cannot just shift to a population based funding model.

Secretary Wiesman shared how the FPHS leaders convened a policy workgroup to develop cost estimation—the result was \$380 million a year, however at that time there was \$280 million going into the system (multiple funding sources, some were not sustainable). The elected officials on the group agreed with the activities identified under FPHS, the top recommendation was that FPHS should be primarily funded by the state, with one exception-- those services currently supported by fees, such as restaurant inspections. Locals should be responsible for funding additional important services. The group also felt funding should be flexible, and that allocation decisions should be determined by DOH and WSALPHO. He said that the conversation needed to include tribes through formal consultation. He summarized the remaining steps and indicated that they had one year to prepare the legislative request (January 2017). He said that Ms. Davis will represent the Board on the steering committee, and are adding two at-large members to the committee (Patty Hayes and Dave Windom).

Secretary Wiesman pointed to the “Statutory Review/Proposal Drafting Subgroup” and said that public health needed to be able to describe in a systematic way shared services and how the LHJ’s and regions work together. Public health statutes need to be revised to address governance. Member Yu pointed the importance of the powers and duties of the local public health officer, indicated that role and how it’s defined and practiced needs to be examined. Secretary Wiesman acknowledged the importance of regionalized models and back-ups. Next steps include identifying funding gaps, structures, and an allocation scheme. He said that similar conversations are happening at the national level.

Member Kutz said that tribes understand that the federal government has a responsibility in the provision of FPHS, and thought the process could be used to point out gaps. He inquired about the elements included in business competencies. Secretary Wiesman identified Human Resource functions, contracts, etc. Vice Chair Pendergrass indicated he liked many concepts and features, but worried about the construct and concept of statutory funding, which does not provide flexibility. He said that the state does not have a good track record of funding for sustainability, or using incentives. He pointed out the need for a super majority to increase revenues.

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*The Board took a break at 10:51 a.m. and reconvened at 11:06 a.m.*

## **6. WASHINGTON STATE ASSOCIATION OF COUNTIES (WSAC) FISCAL SUSTAINABILITY INITIATIVE**

Eric Johnson, Executive Director of the Washington State Association of Counties (WSAC), introduced the Honorable David Sauter, WSAC President and Klickitat County Commissioner, then referred the Board to three handouts in the board packet (on file), and recognized Jim Jeffords as the WSAC representative serving on the Board. Mr. Johnson shared WSAC's fiscal sustainability initiative, and explained that one of the responsibilities of county government is to fund public health. Counties are an arm of the state constitutionally, and are responsible for carrying out duties of legislature, and implement rules from bodies such as the Board. He noted that the manner of funding county government is structurally flawed. Counties receive 60 percent of their general funds in property taxes, which is capped and based on new construction. That revenue grows at one percent; however, significant costs grow at a pace that exceeds revenue. A number of counties are in financial crisis (in real dollars they are at less than in 2011 revenue). Cities have a more balanced revenue sources.

Mr. Johnson explained that counties are seeking a more balanced tax structure, and new revenue sources, including: 1) a new cap for property tax (tied to inflation plus population growth); and 2) unincorporated utility tax. Mr. Johnson explained WSAC wants flexibility with existing revenues, like last year's real estate excise tax, and they are interested in flexibility within existing funds. WSAC is constantly looking at reforms for business practices such as reducing harassing public disclosure requests or reducing the need for public notices in newspapers. The sales tax model is not sufficient for funding services that the counties conduct on behalf of the state (including criminal and civil justice, elections).

Commissioner Sauter requested the Board's attention on the fiscal state of counties, due to its impact on public health, and its interface with the public. Klickitat public health department took some of the largest cuts because to the public doesn't recognize the value of public health-- it has done too good of a job of preventive work and helping prevent crises. WSAC spent last 2-3 years identifying what the concerns and issues are for counties and identifying whether the problem was authentic and credible. The solution is finance reform, which will require legislature action. Many counties are approaching insolvency. WSAC is looking for allies who understand this issue. Without action, there will be a crisis.

Mr. Johnson acknowledged the work on FPHS and that funding of public health services is something WSAC watches closely. There are certain set of services people need to have access to regardless of where they live, the sales tax structure is not an appropriate way to pay for these services.

Member Bessermin indicated that part of the tax structure problem is due to I-695. She noted that Stevens County used to receive a tax equalization dollar from Spokane County, which was lost under I-695, and funding has been inadequate since then. Mr. Johnson explained that with I-695 a back fill came in once and has been stagnant since then, and the criminal justice back fill went away after a year. The I-747 one percent cap on property tax also adversely impacted local government, and while it was a citizen's initiative, the legislature reinstated it after it was ruled unconstitutional.

Commissioner Sauter said that counties are having this conversation with its citizens. Citizens may not have all the information or understand the implications of what they are proposing. Good

governance highlights fiscal issues facing counties. He explained there is some opportunity to make structural changes and that does not happen very often.

Member Kutz questioned whether sales taxes could go back to the county of origin of the shopper. Rural counties are harmed when people do their shopping outside of their own county. Mr. Johnson explained the different sales tax structures currently in place, and discussed possible future online or e-commerce tax structures, supported by WSAC.

Vice Chair Pendergrass indicated that he had not appreciated how responsible the county was for criminal justice, and applauded counties for their efficiency. He shared concern that changes to statutory funding may reduce funding for counties; and he shared thoughts about outreach to citizens, including doing more with social media. He also asked how to incentivize the public to acknowledge we need to change funding.

Chair Keith Grellner acknowledged previous comments about the risk associated with changing statutory funding. He indicated the board's support for WSAC's plan. He shared examples of funding gaps that he has experienced in Kitsap County, including federal installation services and providing public health services to cities. Member Jeffords explained the costs of criminal justice to a county. In Asotin County, the costs for public defenders have increased dramatically over 4 years. The county is shouldering the cost as cases are growing.

Vice Chair Pendergrass asked Mr. Jeffords how the county communicates with the public regarding its funding. Member Jeffords indicated that the county talks about it constantly, and the media has been good to cover these issues so people know what is going on. Commissioner Sauter replied that he believes all counties are engaged in these conversations, and reminded the Board about the potential benefits of WSAC's initiatives. He noted that having a statewide initiative would help with conversations with the public.

## **7. REVIEW: STATEMENT OF POLICY 2015 LEGISLATIVE SESSION**

Michelle Davis, Board Executive Director reminded the Board that each year the Board reviews a document called the "Sense of the Board" and directed the Board to the 2015 document in their packets. She explained that the 2016 legislative session would be a 60-day session, the primary purpose of the short session would be to develop a supplemental state budget for the second half of the 2015-17 biennium. She identified topics and mentioned bills that carry over from the 2015. She indicated that budget issues would likely continue to dominate the Legislature. Ms. Davis reminded Board members that staff activities are directed through the Board's 2015 Statement of Likely Legislative Issues. She asked the Board to review the 2015 statement (on file) and provide input for changes. The Board will be adopting a 2016 statement at its January meeting. She directed the Board to Policy 2001-001; Monitoring and Communicating with the Legislature About Legislation relevant to the State Board of Health.

Member Kutz commented that the section regarding vaping could be strengthened. Member Yu suggested that Strategic Goal 1 be revised to fully support foundational public health services. Ms. Davis asked board members to forward edits to her, and indicated that they would be presented for the Board's consideration in January.

## **8. PROPOSED 2016 MEETING SCHEDULE**

Michelle Davis, Board Executive Director introduced the 2016 proposed meeting schedule to Board members, and reviewed meeting dates and locations. She recommended the Board retain the

locations listed as TBD on the schedule, and that those locations could be determined later based on budget, agenda items, and past meeting locations. Chair Grellner asked for a motion to approve the dates as they are now and then Board will review later.

Member Yu asked for clarification about statewide travel and co-locate with other organizations. Ms. Davis clarified that there may be opportunities for statewide travel, but some organizations have yet to post key scheduling information. Secretary Wiesman indicated that he would likely be unable to attend the March meeting, but would designate someone to attend in his place.

***Motion:** The Board approves the proposed 2016 meeting schedule.*

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

## 9. REPORT: ORAL HEALTH SYMPOSIUM

Board Member Jim Sledge introduced the report on the oral health symposia, which were well-attended and included substantive and broad based discussion among participants. He said the reports presented to the Board represent a synopsis of the two symposia. He walked through the different strategies and the recommendations developed by the symposium attendees, including a recommendation to work with Secretary Wiesman to develop a state oral health director position. Dr. Sledge commented that more than half of the state's primary care physicians who deal with children have been trained in oral health and now are able to deliver fluoride varnish and participatory guidance around oral health, something that has never happened before. Dr. Sledge acknowledged the leadership of the Board in making it a reality.

Chair Grellner noted he heard a commercial about raising the Medicaid rates for dental coverage. Member Kutz commented on the Medicaid rates and asked what would help generate consensus in the dental community. Member Sledge commented about the dental community is working to get to a place of consensus regarding Medicaid rates. Member Yu noted that Medicaid reimbursement rates are inequitable nationwide for both medical and dental and that causes an access issue, especially in Washington which receives low reimbursement rates compared to other states. She noted that it becomes a health access issue and a dental access issue because fewer dentists take Medicaid because of the lower reimbursement rates. Member Kutz noted that considering a federal income tax offset for providing the services to Medicaid patients to offset some of the income taxation that would have happened out of provider profits would be another way to address Medicaid reimbursement rates.

Member Sledge acknowledged the Board's role in bringing awareness of oral health forward to the state level over the last several years. He felt it was amazing to hear people talk about oral health, which he had not seen in the past 40 years he's been involved in oral health. Chair Grellner commented that the symposium was great and the document was very informative.

Tara Wolff, Board staff, said she shared the Board's strategies at the APHA conference, and received positive feedback that attendees liked it and Washington had hit the spot.

*Note: Member Wright, who had participated by phone, left the meeting.  
The Board recessed for lunch at 12:10 p.m. and reconvened at 1:15 p.m.*

## 10. PUBLIC TESTIMONY

Audrey Adams, Board Member for Washington Action for Safe Water, and president of King County Citizens against Fluoridation, testified that she believes her son has been adversely affected by fluoride. Ms. Adams provided information on the increasing number of people diagnosed with autism, Parkinson's disease and other developmental disabilities. She said that her husband was recently diagnosed with Parkinson's disease and was advised to avoid exposure to pesticides. She testified that fluoride has been used as a pesticide. She asserted that 34 animal studies and 49 human studies connect fluoride exposure with learning, memory and IQ impairment. Ms. Adams urged the board to think twice before they deny this petition – because brains are more valuable than teeth.

Gerald Steel, Attorney for Petitioners of agenda item 11, asked if anyone was on the phone. Ms. Davis responded that Board Counsel, Lilia Lopez, was participating by phone. Mr. Steel read from a prepared statement his proposed motion for Agenda item 11, *Petition for Rulemaking*, requesting that the board initiate rulemaking to prevent the use of fluoridation products with unsafe levels of lead or arsenic. Mr. Steel asserted that RCW 43.20.050(2) (a) “to assure safe and reliable water” was the Board's only relevant authority on this issue. Mr. Steel indicated that fluoride products are unique as the only water additive that is not added to make water “safe”. Mr. Steel stated that the EPA established MCLGs for lead and arsenic at zero. Because fluoridation products are added for reasons other than to make water safe, Mr. Steel asserts that the use of fluoride materials makes water less safe if they add any detectable level of lead or arsenic. Mr. Steel told the board that without this rule update the board is not fulfilling its mandate to adopt rules “to assure safe and reliable drinking water.”

#### **11. PETITION FOR RULEMAKING: WAC 246-290-460 FLUORIDATION OF DRINKING WATER** Member Sledge announced the petition and introduced David DeLong, Board Staff.

Mr. DeLong reviewed the petition that requested the Board disallow fluoride additives that have detectable levels of lead and arsenic. Mr. DeLong directed the board's attention to RCW 43.02.050 listing the Board's authorities. Then he reviewed the department of health's recommendation to the board to deny the petition (on file). DOH believes the regulatory structure provided in state law and rule is sufficient to protect public health. The DOH recommendation included a description of state law, and its basis in federal rule. NSF/ANSI standards help assure that water additives meet standards that limit trace contaminants. Mr. DeLong reviewed the NSF fact sheet. Member Sledge asked if any contaminants were found in excess of the EPA's Maximum Contaminant Level (MCL). Mr. DeLong referred to the NSF fluoride fact sheet and stated that test results indicate that 43% of samples have trace levels of arsenic and about 2% of samples have trace levels of lead. The most contaminated sample had 0.6ppb for arsenic and a similar level for lead. Both these results are below the MCL and they are less than the SPAC level (less than 10% of the MCL.). Member Sledge asked Clark Halvorson, DOH Office of Drinking Water whether the department could measure a difference in lead and arsenic in fluoridated water systems, given the levels are well below MCLs.

Mr. Halvorson said that his team looked at data for the 51 fluoridated water systems on the Sentry database (available on the DOH website) and they found no appreciable difference between water before treatment and after treatment for levels of lead and arsenic. Mr. Halvorson added that if you calculate the amount of arsenic added based on maximum fluoride use rates and the expected level of trace contaminants, the increase in arsenic levels could never exceed .0018 parts per billion. This is such a tiny amount that it is below the detection threshold of detection equipment. Member Sledge asked Mr. Halvorson to confirm that the amounts of lead and arsenic added because of

fluoridation are so miniscule that they are virtually undetectable. Mr. Halvorson confirmed that is correct.

***Motion:** The Board denies the petition for rule-making to adopt a new rule to “test fluoridation additives at full strength disallowing any with detectable levels of lead and arsenic” because the regulatory framework provided in Washington State statute and rule is sufficient to protect the public health and provide safe and reliable drinking water without adopting the requested rule. The board directs the executive director to draft a response to the petitioner advising of the Board’s decision.*

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

## 12. STRATEGIC PLANNING

Chair Grellner noted that the Steering committee had met three or four times and had discussed the mission statement and two goals. He reminded the Board that it had agreed that the goals were good, but need some refinement. Ms. Davis recapped the Board’s work on the plan in August. She reported that the Strategic Planning Steering Committee met on November 2, and reviewed Goal 2, Increase Access to Preventive Services (materials on file). She reviewed the current objectives and described activities the Board had completed as well as those that had not. She said the committee recommended retaining including the oral health strategy, preventing and controlling the spread of infectious disease during emergent outbreaks and epidemics, and assuring child health rules are current.

Ms. Davis reminded the Board about DOH’s decision package on the immunization registry work, and noted it had a pilot project for collecting immunization information. Member Yu requested a briefing on immunizations regarding rates, exemptions and possible barriers, in 2016. She would be interested in learning more about how recent statutory changes have affected immunization rates. Ms. Davis reviewed objective 2, some of the Board’s current and past work, and asked whether Goal 2 should be revised because current activities to go beyond preventive services. She suggested that Goal 2 could be revised to: *Prevent Disease and Improve Health and Wellness*. Member Yu reflected on the focus on the words “preventive services,” and indicated that the Board needed to assure that prevention remains core when we focus on the Board’s work. Vice Chair Pendergrass suggested the broadening the goal to make it more inclusive and more durable, and Member Kutz agreed. Member Yu noted the Board’s purpose is to prevent disease, even though we encourage healthy behaviors, it is in addition to this goal focusing on preventive aspects. Member Sledge noted that redrafting Goal 2 may enable Goals 4 and 5 to fit under Goal 2. Ms. Davis noted that much of the work in the Goal 5 focused on environmental health and rulemaking. Member Yu added that Goal 2 is a public health system focus, and Goal 4 focuses on changing individual behavior.

Chair Grellner agreed that prevention is a central part of public health should be retained as a plan goal. He noted that retaining a focus on preventive services may be a challenge due to recent changes in the health care delivery system. The Board should think about its role to support those efforts. Member Yu clarified that Goal 2 is focused on public health mobilizing, not delivering service. Member Kutz added that an intervention focus depends on how people are engaged with health services. Member Yu added that prevention is not about direct service, and provided public health’s work on ACES as an example. Vice Chair Pendergrass noted that the first goal is about how we can sustain foundational functions. Goal 2 is focused on improving the health of Washington citizens, which includes evaluating and monitoring the public’s health. Other goals may fit under this overarching goal. He recommended changing the goal to focus on improving health and wellness.

*Member Kutz excused himself from the meeting.*

Chair Grellner agreed with Vice Chair Pendergrass’ suggestion of broadening Goal 2. Member Yu reiterated her desire to keep “prevention” within the goal, and Chair Grellner agreed that prevention is a core tenant. Vice Chair Pendergrass felt that the goal should focus on preventing disease, but also include a broader view of health and wellness. Member Sledge asked whether the Board wanted to limit the number of goals.

Ms. Davis suggested that the Board consider changing Goal 2 to read *Prevent disease and improve health and wellness*, and questioned whether “prevent disease” was reflected the Board’s desire to broaden the goal. Secretary Wiesman suggested a focus of improving population health. He felt that this includes prevention, and asked the Board how we could better connect to today’s version of health reform. Member Yu said the “prevent disease” means something different, and suggested removing it from the suggested language. She noted that communicable disease is not the biggest hit in our community, and said she liked the focus on health and wellbeing, but we need to include a focus on prevention—not curative health , but promoting prevention.

Ms. Davis offered “*Promote prevention to improve health and wellness*”. The Board agreed that Objective 1 should remain the same, and moved to Objective 2 related to mental health. Member Yu suggested that the Board’s objective focus on mental wellness, and removing the reference to services. She asked whether the objective should read mental and emotional wellbeing or wellness. Member Sledge indicated the need to clearly delineate the focus. Ms. Davis suggested: *promote a preventive approach to improve mental wellness*, or *mental and emotional wellness*. She noted that the steering committee may meet prior to the January meeting. Chair Grellner requested members share suggestions with the steering committee.

### 13. BOARD MEMBER COMMENTS

Member Yu announced that November is Diabetes awareness month, and that Type 1 diabetes is on the rise. She reported that the newborn screening advisory group met last month to review Adrenoleukodystrophy, and announced that the immunization technical advisory group will meet in December. The Board will received reports on both topics in January. She noted that that the ACIP updated its immunization recommendation, and that the rules will need to be revised to reflect current recommendations.

Member Bessermin moved to adjourn, Member Jeffords seconded.

### ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 3:00 p.m.

**WASHINGTON STATE BOARD OF HEALTH**

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Keith Grellner, Chair