

WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health

March 13, 2024

Hybrid Meeting

ASL (or CART) and Spanish interpretation available

Swinomish Casino and Lodge

12885 Casino Dr, Anacortes, WA 98221

WA Walton Conference Room

Virtual meeting: ZOOM Webinar

State Board of Health Members present:

Patty Hayes, RN, MSN, Chair

Kelly Oshiro, JD, Vice Chair

Paj Nandi, MPH

Stephen Kutz, BSN, MPH

Kate Dean, MPA

Socia Love-Thurman, MD

Mindy M. Flores, MBA-HCM

Dimyana Abdelmalek, MD, MPH

Tao Sheng Kwan-Gett, MD, MPH, Secretary's Designee

Michael Ellsworth, JD, MPA, Secretary's Designee

State Board of Health Members absent:

Umair A. Shah, MD, MPH

State Board of Health staff present:

Michelle Davis, Executive Director

Melanie Hisaw, Executive Assistant

Michelle Larson, Communications
Manager

Anna Burns, Communications Consultant

Andrew Kamali, Health Policy Advisor

Molly Dinardo, Health Policy Advisor

Shay Bauman, Health Policy Advisor

Jo-Ann Huynh, Administrative Assistant

LinhPhụng Huỳnh, Council Manager

Lilia Lopez, Assistant Attorney General

Hannah Haag, Community Engagement
Coordinator

Ashley Bell, Equity & Engagement
Manager

Guests and other participants:

Roger Parker, Department of Health

John Thompson, Department of Health

Anna Howard, Department of Health

Anthony Steyermark, Department of Health

Shelly Guinn, Department of Health

Mike Means, Department of Health

Patty Hayes, 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 March 13, 2024, agenda

Motion/Second: Member Dean/Member Kutz. Approved unanimously

2. ADOPTION OF JANUARY 10, 2024, MEETING MINUTES

Motion: Approve the January 10, 2024, minutes

Motion/Second: Member Flores/Member Nandi. Minutes approved as corrected. Approved unanimously

3. PUBLIC COMMENT

Chair Hayes opened the meeting for public comment and read from a prepared statement (on file).

Gerald Braude, Port Townsend, talked about the importance of language, saying the wording of COVID-19 shots prevent transmission was removed from the Department of Health (Department) website. G. Braude talked about the vaccine mandates, no evidence that the shots prevent transmission, and the damage from the requirement of the COVID-19 vaccine for state workers and communities.

Alison Mondj, Policy Director of Arcora Foundation, talked about the importance of oral health, and that health inequities in communities create a disproportionate burden of oral disease. A. Mondj talked about community water fluoridation being one of our country's top achievements in public health. A. Mondj said leading health experts have studied fluoridation for decades concluding the safety and efficacy of good oral health.

Natalie Chavez talked about the dangers of the COVID-19 vaccine and cited stories of vaccine injuries including myocarditis, menstrual irregularities, and death from complications following injections. N. Chavez cited React19.org, saying one co-founder is a medical doctor and practicing surgeon, who is now vaccine injured after receiving the COVID-19 vaccine.

Bill Osmunson, a dentist, talked about the dangers of water fluoridation. B. Osmunson said the Board's rules are to assure safe and reliable drinking water, citing that a national toxicology program reported that fluoride is contributing to lower IQ and is not safe.

Lisa Templeton, Informed Choice Washington (ICW), representing thousands of concerned members in Washington, talked about reports of measles and statistics of the unvaccinated and vaccinated. L. Templeton said Measles, Mumps, and Rubella reports are based on Immunization Information Systems data that is not accurate and is an attempt to scare. L. Templeton said data should come from the annual report that schools are required to submit.

Sue Coffman, Clallam County, talked about why the public no longer trusts the government, citing a recent Congressional roundtable in Washington D.C. S. Coffman

talked about how the public was swayed to believe in the gene therapy platform, saying natural immunity was denied, resulting in trillions of dollars, and destroyed lives.

Stuart Cooper, Executive Director of a Watchdog Group, said the coalition brings awareness to environmental toxins. S. Cooper talked about a Centers for Disease Control and Prevention (CDC) survey showing the increase in dental fluorosis, saying citizens are overexposed, and recommended zero fluoride from 0 to six months of age.

Brenda Staudenmaier talked about the dangers of water fluoridation, saying it is linked to lead, and said recent studies show the adverse effects and irreversible damage to developing brains and organs.

Karen Spencer talked about the myriad of health problems, including organ disease, they experienced from fluoride poisoning and decades of irreversible damage. K. Spencer said they use filters, and when switching to bottled water, symptoms cleared in days.

Melissa Leady talked about the Pro-Equity Anti-Racism (PEAR) playbook, which looks at social equity determinates, saying the closing of schools is an example of harm. M. Leady said lives were disrupted, and collateral damage was caused by the closing of schools.

John Mueller, a retired professional civil engineer with 25 years in water and wastewater treatment, talked about water contamination and the dangers of water fluoridation. J. Mueller talked about fluoride as an unpurified industrial pollutant and mass medication without informed consent as a violation of public trust.

Cheryl Robinson, a retired school nurse, talked about the importance for medical providers to wear masks and take precautions in their clinics. C. Robinson talked about the number of people who died and had COVID-19, saying that more safeguards and education are needed.

Laura Breymann, a practicing family physician in Seattle, said COVID-19 is still a serious threat. L. Breymann talked about the evidence regarding the dangers of Long COVID. L. Breymann talked about the importance of continued education, good masks, and indoor air quality.

Sarah Hanaler talked about the reality of Long COVID, the importance of air quality improvements, and access to low and free testing and high-quality masks. S. Hanaler talked about the importance of isolation guidance from the CDC.

4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director, shared the Board team's gratitude for meeting on the land of the Swinomish Tribe. Executive Director Davis thanked Board Member Mindy Flores for connecting the Board to the Swinomish Tribe. Executive Director Davis discussed the Board team's visit to Tribal facilities, including the Dental Therapy Simulation Lab at Skagit Valley Community College, the dəxw'xayəbus Dental Therapy Program and Dental Clinic, and the didgw'álic Wellness Center. Executive Director Davis thanked these facilities for their hospitality.

Executive Director Davis directed Board Members to the day's meeting materials packet (materials on file).

Executive Director Davis introduced Shay Bauman, who joined the Board as a Policy Advisor on February 1, 2024. Shay's portfolio will include topics around environmental public health, with a focus on the natural environment.

Executive Director Davis reviewed the Board's recent correspondences. The correspondence includes a response to a complaint against local health officials in Snohomish County and a denial letter for a rulemaking petition on color vision deficiency screening.

Executive Director Davis reviewed the Board's recent rule filings. The recent rule filings include a continuation of the emergency rule around on-site sewage system proprietary products and an order of adoption for the permanent version of these rules.

Executive Director Davis discussed a request for the Board to hold a hearing to explore ways to improve the health status of the citizenry regarding fluoride exposure. Executive Director Davis said that in the past, Board staff have shared similar requests with the Board's policy subcommittees, and neither committee has expressed an interest in reviewing this topic. Executive Director Davis said that the Board may consider holding a public forum on this topic. Executive Director Davis asked the Board about their current interest regarding this request.

Kate Dean, Board Member, asked how this hearing request might differ from agenda item 10. Executive Director Davis replied that agenda item 10 is a petition for rulemaking, which is a request to specifically amend Board rules. Executive Director Davis said that the petitioner requested two separate actions: a petition to amend Board rules and an opportunity for those concerned about fluoride exposure to present their evidence to the Board.

Socia Love-Thurman, Board Member, asked whether there have been public forums on fluoride exposure in the past. Executive Director Davis said that the Board did some work around fluoride in 2015. Executive Director Davis noted that the Board directing that work was much different than the current Board. Executive Director Davis said that as a part of that work, the Board was presented with recommendations to be adopted and that these 2015 recommendations were submitted as a part of written public comment for today's meeting (materials on file).

Steve Kutz, Board Member, asked which rules the petitioner requested the Board to amend and for staff to provide Board Members with a copy of the fluoridation Revised Code of Washington. Executive Director Davis said that the Board will discuss the petition at a later agenda item and that the section is Washington Administrative Code (WAC) 246-290-220, which does not specifically mention fluoride. Andrew Kamali, Board staff, confirmed that this section is more focused on meeting and conforming to specific standards, and there is no state requirement around water fluoridation. Andrew said that there is a section of the WAC that mentions fluoride, WAC 246-29-0460, which is not a part of the requested petition.

Kelly Oshiro, Board Vice Chair, asked whether there may be duplication in terms of what the Board would be reviewing for the petition and hearing requests. Executive Director Davis said that there have been some similarities in the materials and does not know for sure all the elements the panel might cover.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee, discussed not seeing the value in this hearing as a pediatrician. Member Kwan-Gett noted the importance of oral health and that a public hearing about a topic like improving children's oral health instead could be valuable. Member Kwan-Gett said the safety of fluoride is not to be adjudicated in a public forum but by a review of scientific literature, and that there are many other pressing issues that the Board could conduct public hearings about, such as children's mental health.

Member Kutz discussed primarily seeing water fluoridation addressed at the local level, and that may be the most appropriate place to address decision-making around this topic.

Patty Hayes, Board Chair asked whether there were any Board Members interested in holding a forum. No members indicated interest. Chair Hayes then requested staff to provide Board Members with a copy of WAC 246-29-0460.

Executive Director Davis provided an update as to the outcomes of the 2024 Legislative Session affecting the Board's work.

Executive Director Davis discussed the Board's anticipated school environmental health and safety rules project. The Board will receive \$750,000 to convene a Technical Advisory Committee (TAC) to review and update school environmental health and safety rules, pending the Governor's budgetary approval. Executive Director Davis said that the Board will review and update the school environmental health and safety rules; collaborate with the Office of Superintendent of Public Instruction (OSPI); assist the Department of Health (Department) in completing an environmental justice assessment; and working with partners to develop a report for the Governor and Legislature. The school environmental health and safety report will detail priority sections and subject areas of the proposed rules and recommendations for implementation. Executive Director Davis shared about the staffing and services the Board would be able to bring on to support the project with this funding.

Executive Director Davis shared legislative updates regarding the Governor's Interagency Council on Health Disparities (Council). Executive Director Davis noted that while the Council's agency requested legislation, House Bill (HB) 2346, was not adopted by the Legislature this year, the Council received funding to support its operations for the first time since the establishment of the Council Manager position in 2006. Executive Director Davis said that the Council received \$56,000 for this fiscal year, over \$1.1 million for fiscal year 2025, and discussed the Council's staffing and engagement plans for this funding.

Executive Director Davis discussed the Board's expected work around newborn screening, talking about Senate Bill (SB) 6324, screening newborn infants for branched

chain ketoacid dehydrogenase kinase (BCKDK) deficiency. Executive Director Davis said that the Board is being tasked with reviewing this condition for inclusion in the state's newborn screening panel and with submitting a report to the Legislature. Executive Director Davis said that the Board will be receiving \$215,000 to carry out this work. Executive Director Davis talked about SB 5829, screening newborn infants for congenital cytomegalovirus (cCMV). Executive Director Davis said SB 5829 tasks the Board to review cCMV in 2025 and provides the Department with funding to develop educational resources for pregnant people and providers.

Member Kutz asked if there is a difference in the process when the Legislature requests the Board to add a newborn screening condition and the Board's normal process for considering conditions. Executive Director Davis said that the conditions the Board considers often come from recommendations through a federal body or petitions for rulemaking.

Chair Hayes said that in other states there have been legislative actions to add conditions without a similar review process and that it is a testament to the Board's process that the Washington State Legislature is asking them to do this process.

Member Kutz asked if the Board has ever denied a condition for inclusion in the past. Executive Director Davis said that the Board had considered cCMV in 2021 and chose not to add it at the time but directed staff to review the condition in 2025.

The final legislative update was regarding HB 1974, disposing of human remains. Executive Director Davis said the Board is being tasked with making a small change in its handling of human remains rules to reduce the holding period from 90 days to 45 days.

The Health Impact Review team will give a presentation about their work during the Legislative session at the end of the fiscal year.

Member Dean shared an environmental health budget proviso approved by the Legislature to fund septage capacity across the state. Member Dean said that this issue is little understood but is particularly important for counties like theirs that must ship their septage out of the county.

Member Dean asked whether the Department could provide an update on the Secretary of Health's plans to respond to the Center for Disease Control's (CDC) updated guidance around respiratory viruses. Member Kwan-Gett said that the Department's epidemiologists and infection prevention staff have been looking at the changes and will have an update in the next few weeks. Member Kwan-Gett said that in the past, the Department has placed high priority on being aligned with the CDC, but they also want to help people understand the additional control and prevention measures they can take.

5. NEWBORN SCREENING ANNUAL REPORT

Kelly Oshiro, Board Vice Chair, introduced this agenda item and invited Department of Health (Department) staff to present. John Thompson, Department of Health, described

the Newborn Screening (NBS) program, an overview of the reporting requirements for the program, and its annual report (presentation on file).

Anna Howard, Department of Health, displayed the NBS interactive dashboard with data on specimen collection compliance, specimen transit compliance, and annual quality measures. Anna said the data goes back to 2018, the last year the NBS program submitted a public report and shows quality and compliance metrics for all submitters (i.e., birth facilities). Anna said a user can filter data by birth year, hospital and non-hospital births, and more. Anna added that this dashboard serves as a quality improvement resource for the NBS program and submitter facilities.

Steve Kutz, Board Member, spoke about conditions that were previously considered by the Board but were not added. Member Kutz asked whether the NBS program has adequate staffing to follow updated research on these conditions. John shared examples of two conditions that did not meet the Board's criteria for addition in the past but will be considered again. These conditions are mucopolysaccharidosis type II (MPS-II) and congenital cytomegalovirus (cCMV) infection. John added that, in the past, the NBS program received support from graduate students in public health programs to conduct an economic evaluation of candidate conditions. John discussed envisioning a different arrangement in the future along with further staffing changes for the program.

Member Kutz emphasized the challenge of having accurate race and ethnicity information in datasets. Member Kutz said the data presented today showed zero (0) positive cases in the Native reporting category and is not convinced that no Native people in Washington were born with an NBS condition. Member Kutz recalled an example of the erasure of Native people in Medicaid datasets when there were changes to federal data collection standards and said that programs often work within very flawed systems. Anna responded that Member Kutz brought up a great point and shared that the NBS program is also concerned about the validity of its race data. Anna clarified that a baby's race is reported on the NBS card, but program staff do not know whether it's being reported by the provider's assumption of the baby's race or if it's coming from the parent, or if it is information that is collected from medical records. Anna said that NBS staff are working to compare data with the birth certificate system because race and ethnicity information on those certificates may be fuller and more accurate.

Paj Nandi, Board Member, expressed a shared interest in data validity and meaningful representation in data, as well as seeing information on geographic location and household income because those factors also contribute to health inequities. Member Nandi said the Governors Interagency Council on Health Disparities has created great recommendations on disaggregating data and asked if the NBS program collects data separately for the Asian and Pacific Islander reporting categories. Anna responded that NBS screening cards contain the reporting categories of Asian, Black, white, Native American, Hispanic, and Hawaiian and Pacific Islander, adding that birth certificate data are more granular, with around 15 reporting categories available.

Mindy Flores, Board Member, commended the program staff for their thoughtfulness and effort to collect data to improve specimen delivery and testing timeliness. Member Flores asked how the NBS program delivers culturally appropriate care as they screen

and process specimens, noting today's presentation showed that most NBS-confirmed specimens seemed to be in non-hospital settings. Member Flores also requested that program staff include information on exclusions and exceptions in future presentations to address the limitations of the program's data. Anna responded that moving forward, staff will make sure to include footnotes in their reports and presentations.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee said there are children living healthy and happy lives who otherwise would not be without the NBS program. Member Kwan-Gett said the Department is collaborating with the Washington Hospital Association and other health system partners to improve how they collect demographic data, including disaggregated data. Member Kwan-Gett added that updates to technical and other processes are required for this valuable work and partners will proceed slowly and methodically.

Vice Chair Oshiro asked if the data presented regarding the median age of treatment were recorded before or after the new courier service. John confirmed the data were from before the courier service. Vice Chair Oshiro asked whether treatment for conditions might occur earlier based on the new courier service. John said that a baby needs to be born and live for at least 18 hours, and the ideal time for specimen collection is between 18 to 48 hours after birth. John said the NBS lab would then receive specimens on day three or four, testing takes around 36 hours to be run initially, and then any abnormal specimens are retested. John added that the NBS lab would contact affected families around day four or five, and if they can get in for diagnostic testing, that can often happen within 24 hours. John said things can move quickly, and the courier service will help move the needle in the right direction for early condition detection.

Vice Chair Oshiro expressed interest in seeing data that includes household income, especially regarding the median age of treatment, and further disaggregated data showing differences among various conditions tested. Vice Chair Oshiro said data based on factors like location, race, and ethnicity can help reduce health disparities, especially at the start of life. Vice Chair Oshiro suggested the Legislature would likely appreciate a follow-up report, especially if the NBS program asks for additional funding in the future.

The Board took a break at 11:11 a.m. and reconvened at 11:20 a.m.

6. REQUEST FOR DELEGATED RULEMAKING – ON-SITE SEWAGE SYSTEMS, 246-272a-110 WAC

Kate Dean, Board Member introduced the rulemaking. Andrew Kamali, Board staff explained the rulemaking request. Andrew added that it is unlikely that this change will be controversial as this request came from the industry.

Roger Parker, Department of Health, presented on the scope of rulemaking and potential changes. The potential change is to add residential treatment testing to the requirements. Roger reviewed testing protocols over time. Over time as new testing had been adopted, organic sewage and other parts were no longer being tested. Roger explained this gap was pointed out in the rulemaking request and this testing change will not impact very many manufacturers.

Steve Kutz, Board Member asked if this would retroactively impact proprietary systems that are already in use.

Roger stated there are only a couple of systems in place already, and this change would not impact those systems. Roger said this gives current and future systems more options for testing.

Motion: The Board delegates to the Washington Department of Health rulemaking authority to amend WAC 246-272A-0110, Table I, Category 2 to incorporate the necessary testing requirements for Category 2 treatment products.

Motion/Second: Member Kutz/Member Kwan-Gett. Member Flores abstained. Approved unanimously.

7. SWINOMISH TRIBE

Mindy Flores, Board Member, introduced the members of the panel.

Dr. Rachael Hogan, Swinomish Dental Clinic Director, shared the dental clinic's vision to provide holistic and culturally responsive oral health care, its range of dentistry services, and its collaboration with other Tribal health services. Dr. Hogan also shared some highlights from the previous year, including increases in their patient base and staffing.

Dr. Cheyanne Warren, dəxʷəyəbus-Dental Therapy (DT) Education Program Director, thanked the Swinomish Tribe and Skagit Valley College for their contributions to the program. Dr. Warren gave a brief overview of the dental therapy model and its use in the United States. Dr. Warren then spoke about the dəxʷəyəbus-DT Program's curriculum, student experience, and facilities.

Beverly Keyes, didqʷálič Wellness Center Director, shared about the Center, saying, "it is a different kind of opioid treatment facility." Beverly described the Center's history and mission to remove barriers to care. Beverly gave an overview of the medical and social services the Center provides, from primary care, counseling, and case management to transportation and childcare while parents are visiting the Center.

Jennifer La Pointe, SITC General Manager, shared from more than 20 years of experience in Tribal healthcare. Jennifer spoke about the services the Swinomish Tribe offers and their holistic approach toward healthcare. Jennifer spoke about the health disparities that Tribal Members experience and the challenges that Tribal health care providers face in trying to meet their community's needs. Jennifer spoke about the Tribe's efforts to recruit and support healthcare workers; for example, financially supporting a Tribal Member who is getting their Psychiatric Advanced Registered Nurse Practitioner license. Jennifer spoke about the Swinomish Tribal health system's plans for expansion, namely, developing a 24-hour on-call service and developing a full-service lab at their medical clinic.

Steve Kutz, Board Member thanked the Swinomish Tribe, saying they are changing the face of medicine, and praised their work with the opioid abuse epidemic in Washington State.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee, praised the Tribe's holistic and community-centered approach. Member Kwan-Gett said the Tribe was designing the healthcare everyone wished they had.

Kate Dean, Board Member, thanked the Swinomish Tribe for their presentation and for their work with the Jamestown S'Klallam Tribe on their Healing Clinic, which serves the Olympic Peninsula and Member Dean's Jefferson County. Member Dean asked how the Tribe brings a culturally grounded lens to their dentistry work.

Dr. Hogan replied that the Tribal dental clinic's work is guided and grounded by patients, unlike traditional private practice, which has a more professionally driven culture. Dr. Hogan said that the clinic will adjust their approach with consideration to the patient's background, feelings, and motivations when coming into the office and that there is a culture where patients can speak freely. Dr. Hogan said that the Tribal health programs all collaborate, so services can be provided in the space where the patient feels most comfortable as well.

Jennifer said that Tribal health staff are also a part of the community and the trust that their staff works to build. Jennifer spoke about the types of problems that patients affected by health disparities may present with and the vulnerabilities they may feel. Jennifer said that it is especially important for Tribal community members to know that their healthcare providers are from their community, considering the history of dominant medicine practicing in Tribal communities and then leaving.

Dimyana Abdelmalek, Board Member, praised the Swinomish Tribe for their work, saying that their approach to holistic care, removing barriers, and meeting patients where they're at resonated with her as a physician and public health practitioner.

Member Flores and Patty Hayes, Board Chair also shared their thanks with the Tribe.

The Board recessed for lunch at 12:24 p.m. and reconvened at 1:20 p.m.

8. PRO EQUITY ANTI RACISM (PEAR) PLAN

Paj Nandi, Board Member, shared excitement, and honor to sponsor the work on a Pro Equity Anti Racism (PEAR) Plan. Member Nandi spoke about previous experience working at the Department of Health (Department) when the concepts of equity and anti-racism were being introduced in state government in the late 2010s, and seeing the Washington State Office of Equity recently created to support agencies becoming anti-racist and pro-equity.

Member Nandi discussed wanting to ground the group in what is meant by equity since there are many definitions. Member Nandi shared the following definition: "Creating opportunities for historically underrepresented populations to have equitable access to equitable opportunity. Equity is also the process of allocating resources, programs, and opportunities to employees, customers, and residents to address historical

discrimination and existing imbalances. Therefore, equity requires an organizational commitment that all employees, customers, and residents will be provided equitable access to opportunities, resources, and the ability to fully contribute to a particular agency's mission and goals."

Ashley Bell, Board staff, presented information on the PEAR Plan process, including requirements for state agencies, the plan's components, and the Board's responsibilities (presentation on file). Ashley said that for this purpose, the Board is considered a state agency and is required to develop a PEAR Plan. Ashley added that timelines are flexible and very fast.

Member Nandi and Ashley invited Board Members to participate in an interactive conversation. Member Nandi said the PEAR Plan can put a framework into action that centers on social determinants of health, health in all policies, and determinants of equity. Member Nandi expressed that there are connections between the Board's work and the 15 Determinants of Equity, beyond traditional health care or public health systems that may come to mind. Member Nandi asked Board Members to reflect on whether the information presented today resonates with them, including how they work with community members and various sectors.

Patty Hayes, Board Chair said there is so much to reflect on, and that Board Members will need reminders of the 15 Determinants of Equity as they proceed. Chair Hayes shared that the PEAR Plan is an opportunity to formalize the processes of stopping and asking important questions, looking at situations from different perspectives, and identifying systemic changes needed to move barriers. Chair Hayes added that the Board should clarify what it means by community engagement and community, otherwise, this language can be disrespectful to communities. Chair Hayes said the PEAR Plan can sharpen the Board's efforts to connect the dots of what it has heard from communities, link that to action, and communicate back with community.

Steve Kutz, Board Member, said that behind our society is implicit bias on all sides. Member Kutz added that we all must acknowledge we have implicit bias and things will not move until everyone realizes this dynamic exists and works together to change it. Member Nandi conveyed that some conversations will be uncomfortable as the Board begins the PEAR Plan process. Member Nandi said how the Board operates individually and as a collective will determine if the Board's work is truly equitable.

Member Nandi invited Ashley to provide more information on plan creation. Ashley shared information on how the PEAR Plan would work, PEAR service lines, and PEAR ecosystem goals and outcomes (presentation on file). Ashley said the plan requires taking action to improve determinants of equity, which are interwoven. Ashley also shared encouragements for the Board, including continuous learning, looking at the Board's impact, making value-driven and data-informed decisions, and being transparent.

Ashley said that Board staff will form a PEAR team internally to help the Board look at outcomes, goals, and strategies. Ashley added that the PEAR team will conduct an equity impact assessment and the resulting PEAR Plan will be unique to the Board. Ashley mentioned some aspects of the plan, such as community compensation,

community engagement, language justice, access for all, a scoping document for rules projects, and tracking and reporting performance.

Socia Love-Thurman, Board Member said the PEAR effort is massive and it is hard to pinpoint what the Board should do. Member Love-Thurman expressed that today's meeting is an example of what the Board should be doing: meeting on Tribal lands and understanding what the Board can do to support Tribal partners. Member Love-Thurman said these opportunities allow the Board to interact with groups who are thinking outside the box, see highlights and strengths of communities, and consider what Washington State can learn from the unique approaches used to meet people's needs. Member Love-Thurman expressed that the Board could do a lot of harm to communities if it does not do this PEAR process well.

Kate Dean, Board Member said that in all governmental work, it is easy to think in siloed ways but doing so is a disadvantage. Member Dean drew a lesson from the earlier panel conversation, emphasizing the need to see a whole human being in the context of health. Member Dean suggested that the Board use its unique role to think holistically, incorporating ecological knowledge and additional forms of knowing and science in its work to address complexity.

Mindy Flores, Board Member agreed with Member Love-Thurman about highlighting the strengths of various communities, while also making sure that this effort is representative of communities across Washington. Member Flores suggested working with communities who most want to engage with the Board and who want to move toward a holistic approach.

Member Nandi said the PEAR Plan is not a perfection plan. Instead, the PEAR Plan is an achievable plan to undo structures that have led to inequitable systems today. Member Kutz said the Board currently does not have members from the east side of the state and it should work to bridge those types of gaps. Member Kutz added that when the Board has members from diverse regions, they bring diverse perspectives. Chair Hayes agreed and added that the Board needs to ask important questions when starting or implementing projects so it can address gaps, learn, and improve.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee said this is important work and suggested framing that emphasizes benefit to all Washingtonians. Member Kwan-Gett said removing unfair structures to improve the health of marginalized communities benefits everyone. Member Nandi said that as the Board talks about how efforts benefit everyone, it should also call out privileges that have led to differences in outcomes among groups.

The Board took a break at 2:09 p.m. and reconvened at 2:16 p.m.

9. STATE HEALTH REPORT COMMUNITY PANEL

Mindy Flores, Board Member, introduced this agenda item by providing an overview of the Board's State Health Report (SHR) and the purpose of the community panel. Member Flores then invited Board staff to provide additional details.

Molly Dinardo, Board staff, shared information about the topics the panel would

be discussing, how the topics were selected, and a brief reminder about the Board's authority and how it intersects with this work.

Hannah Haag, Board staff, outlined the agenda for the panel, expectations and norms for Board Members and panelists, and guiding questions provided to panelists to help them prepare for the panel discussion.

Molly then shared some reflection questions for Board Members to consider during the panel and then had panelists introduce themselves (presentation on file).

Amanda Shi, Manager of Research and Evaluation, Tubman Center for Health and Freedom, introduced themselves and shared their connections to communities across different counties. Amanda presented on centering community solutions and visions that the community has for collective wellness. Amanda provided some background about the Tubman Center, shared their process for community-directed and led work, rather than community-advised, and the importance of learning about people's visions and dreams for their health and wellness and how this can be used to create a new standard of care for communities.

Amanda emphasized that what Tubman is doing is not more of the same, and they are fundamentally shifting to be community-directed. Amanda also touched on the topics of health justice, maternal and pregnant person health, substance use treatment, and data disaggregation (see presentation on file).

Dominique Horn, Community Mobilization Coordinator, Southwest Washington Accountable Community of Health (ACH), is an equity and collaborative impact specialist with ten years of community health work experience. Dominique's presentation started with a thought exercise, taking us back to the start of the pandemic and highlighting the disparities amplified by the pandemic. Dominique emphasized that the communities that needed the most support during COVID were overlooked or missed and did not have the same level of access. This led to the development of the Mobilizing a Culturally Appropriate Workforce (MACAW) program in Southwestern Washington. What became apparent was that the resources that they had were not reaching the groups who needed them. Dominique then provided statistics on the disparities in cases of COVID-19 in underserved communities. When ACH recognized these disparities, they were able to build a Community Health Worker (CHW) team with a diverse background to develop trust in communities and help to provide the services the underserved communities needed.

Dominique emphasized that this type of work can only move at the speed of trust and that four years later, this work is still going strong. Dominique highlighted that the CHWs were addressing a multitude of the social determinants of health and continue to do so. Some communities faced issues outside of COVID and needed assistance navigating conversations with their landlords and navigating doctors' appointments. The MACAW team is currently working on rolling out culturally appropriate nutrition classes to support communities in developing nutritionally valuable meals within the scope of their culture. This encompasses other cultural events, such as dances and exercise classes. They also help to support schools by working with the individuals they serve. At these events, they also provide access to vaccines and blood pressure management. The team also

provides support on how to access Zoom appointments. In preparing for this panel, Dominique contacted the Community Health Workers who staff the MACAW Team, and that is how they developed many of their answers to the prompt questions.

Molly Parker, Family Health Provider and Chief Medical Officer at Jefferson Healthcare in Port Townsend, talked about the joys and challenges of being a family medicine provider in Port Townsend, which can be isolated from larger health districts.

Dr. Parker shared stories as a physician to highlight patient perspectives (presentation on file). Dr. Parker talked about the three aspects of maternal health: individual access to care, quality of care, and the cost of care. Dr. Parker said that overall, maternal health care in our state and in our country is fragile. Dr. Parker also highlighted policy areas that have benefited maternity care for patients.

Dr. Parker stated that one of the challenges that they have in Jefferson County is getting people connected to these services. Dr. Parker also highlighted several other challenges. These challenges included providing appropriate training for healthcare staff in responding to acute emergencies, costs of maternity care services, and lack of maternity or birth services in communities.

Nyka Osteen, Director of Innovation, North Sound Accountable Community of Health (ACH), stated that North Sound is one of nine ACHs in Washington and serves the five North Western Counties and the eight Tribal Nations in their region. Nyka shared an acknowledgment of the land of the North Sound ACH region and the territory of the People of the Salish Sea. Nyka shared that this land acknowledgment was developed in collaboration and with approval from the eight Tribal Councils in the region. Nyka outlined the evolution of North Sound ACH since 2017, the importance of being responsive to community needs, and the current and future work of North Sound ACH (presentation on file).

The Board took a break at 3:17 p.m. and reconvened at 3:20 p.m.

Member Flores asked panelists how they prioritize their work when there are so many needs and priorities. Dr. Parker said this is a question that their team discusses often and that training for providers is a huge priority. Nyka said they have over 150 partner organizations at North Sound ACH, and since they are the ones on the ground doing the work and have lived experience, they are the ones who know best. Due to trust and relationship building over the past seven years, North Sound ACH has had community groups come to them to help them identify what the priorities should be, and then North Sound ACH adjusts their capacity and dollars to reflect these priorities. Amanda echoed what the other panelists shared and emphasized that at Tubman, they are also all community organizers and that they are in the community listening to the needs and priorities of the community.

Paj Nandi, Board Member, highlighted that what stood out from the panel discussion was community needs, whole-person care, multi-generational care, and community-informed and community-directed care. Member Nandi said it's important for the Board, at a policy level, to pay attention to how care is delivered in communities and the impact that it has. Member Nandi shared that often, we focus only on the empirical evidence,

but having direct community voice to inform policy and other decisions is essential and that the Board needs to hear this more often. Member Nandi commended the panel for their work and thanked them for taking the time to help inform the Board's work. Member Nandi also talked about how each panelist discussed their investment in their community and how they were deeply connected to this work.

Socia Love-Thurman, Board Member thanked the panel for their stories and incredible work. Member Love-Thurman noted that panelists were from the community, know the community, and each spoke to how the communities they are serving know best what they need to heal and to thrive. Member Love-Thurman also shared that it was great panelists discussed multigenerational care and how panelists have built the trust of their community so that when there is a need, the community is coming to them because they know that the panelists will work with them and not over them. Member Love-Thurman also highlighted the themes of innovation and thinking outside the box and how panelists spoke about how they are trying to make this type of work sustainable. Member Love-Thurman highlighted the VIP care model that the Tubman Center is working to create and said Dominique's statement of moving at the speed of trust resonated. Member Love-Thurman expressed appreciation for the stories, especially the maternal child and birthing center examples.

Patty Hayes, Board Chair said the themes shared today should help raise community driven, culturally appropriate care. Chair Hayes asked Board Members to consider their role in setting out the vision and what policies we want to see. Chair Hayes talked about integration of approaches used by ancestral medicines, funding and barriers, and qualitative and quantitative data. Chair Hayes said these issues have common threads that are becoming clearer with visioning how to link them, and the Board is learning as the panel is manifesting.

Kate Dean, Board Member, talked about the Swinomish Tribes holistic approach to healthcare and the theme of not treating a symptom but treating the whole body. Member Dean said in public health, we're not treating a person, but communities. Member Dean said when we realized the risk of isolation in rural communities and depths of despair, perhaps the framework can focus on the protective factors and what are ways we can build in communities.

Michael Ellsworth, Department of Health, Secretary's Designee, discussed the United States Surgeon General's Advisory on the epidemic of loneliness and isolation and creating spaces to treat the whole human being. Member Ellsworth said there is a theme of social connectedness in today's leadership and examples and is excited to see the SHR after these presentations.

Steve Kutz, Board Member, said people in health care know these challenges. Member Kutz said it's clear how the panel cares about the community and how they are doing, it's not just a job. Member Kutz said people are struggling and there are not enough places that represent what the panel shared.

Member Flores asked if there were additional questions or comments from Board Members or panelists.

Dominique said listening to the dialogue between Board Members made them think about the need for long-term, sustainable funding. Dominique stated in the ten years they have worked as a community health worker, they have been on three to four grant-funded projects, often for a specific project cycle. Dominique said when a project ends, it creates harm in communities when these services go away. Dominique said trust takes time to build and a second to lose. Dominique said maintaining sustainable funding is important, and those building trust are often closest to the solutions. Dominique said it's ineffective to try to fix a hole in the boat as it is sinking, which is often what we do in healthcare, we only address problems once they're happening.

Nyka said they wanted to respond to the comments about resilience and innovation. Nyka shared that at North Sound ACH, they focus on health outside of health care and shared an example of a project with Coast Salish Youth participating in the Canoe Journey and using their culture as prevention. Nyka also highlighted the work of the Tribal Liaison for North Sound ACH, who is bringing together Youth Tribal Councils from across the region to expand this work. During discussions of designing better healthcare, Amanda talked about community design and multi-generational design and the importance of having elders and young people at the table together. Amanda said it also goes back to the accessibility of spaces, making sure everyone can have the opportunity to participate and that things are being designed for the entire family.

Member Nandi talked about framing everything under Foundational Public Health Services (FPHS) and how everything discussed is foundational to how health care and public health are delivered in communities.

Chair Hayes made the distinction that FPHS are the services delivered by the governmental systems.

Member Kutz said most of those services are likely Medicaid, not private pay, so they are part of the government system.

Member Kutz talked about the volume of services and difficulty hearing and responding to the individual stories, and those with the most needs are the responsibility of the state health system.

Chair Hayes thanked the panel.

Molly discussed the next steps for the SHR, continued conversations, and timeline.

The Board took a break at 3:55 p.m. and reconvened at 4:10 p.m.

10. PETITION FOR RULEMAKING – WAC 246-290-220, [GROUP A WATER SYSTEMS – DRINKING WATER MATERIALS AND ADDITIVES](#)

Patty Hayes, Board Chair introduced the rulemaking work and noted that this section of rules does not mention fluoride but is about the standards for Group A water systems.

Andrew Kamali, Board staff reviewed the Board's petition process, Board authority on the rule, and the petition request (presentation on file). Mike Means, Department of Health talked about the purpose of the existing rules for federally designated water

systems. The Washington Administrative Code (WAC) is currently consistent with most other states. The petition requests several changes that are outside of the scope of the rule and outside of the scope of the State Board of Health. Andrew noted that the supreme court of Washington has determined that fluoride in drinking water is not a drug. Andrew reviewed research on water fluoridation and noted that Board staff continue to monitor research around water fluoridation.

Steve Kutz, Board Member, commented on the varying presence of fluoride in water around the state. Member Kutz said pediatricians and dentists need to be aware of fluoride levels and should have conversations with their patients about fluoridation levels.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee asked for clarity on the research that exists around the harms of fluoridation. Andrew clarified that although some studies were peer-reviewed, there were questionable research methods present in those studies. Member Kwan-Gett said their experience as a pediatrician aligns with Member Kutz' experience of having conversations with patients about levels of fluoridation. Member Kwan-Gett said fluoride supplements are prescribed when water is not fluoridated and fluorosis is not harmful and generally doesn't result in neurotoxicity.

Dimyana Abdelmalek, Board Member, agreed and recommended that anyone concerned about fluoridation in their water should connect with their healthcare provider and highlighted that there is no requirement for fluoridation in this rule. Member Abdelmalek lives in a community that doesn't have fluoridated water so often takes that into account by using fluoridated toothpaste.

Kate Dean, Board Member, said it is a very difficult decision to make on a local level and that local jurisdictions rely on the state for the science behind these decisions. Member Dean is grateful that the state is taking a strong stand on this issue.

Socia Love-Thurman said that hearing various communities around the state don't have fluoride in the water makes them wonder if there is a role the Board could play in ensuring dental health. Member Love-Thurman asked how the general public would know if their water is fluoridated.

Member Kutz commented that a person can look at their water provider's annual report.

Andrew commented that the 2015 recommendations were to maintain and expand fluoridation.

Mike Means commented that the Department does maintain a list of water utilities that have added fluoride and are working to include naturally fluoridated water. This is challenging because of private wells, Group B water systems, and more. Mike said people should ask their water system if their water is fluoridated.

Kelly Oshiro, Board Vice Chair wondered if you could look at the information by zip code. Mike answered that it would still be different, and you are better off looking by your specific address. Vice Chair Oshiro asked if we are expecting our communities to

have this information or find this information themselves. Vice Chair Oshiro said maybe this needs to be a screening question with family medicine providers.

Member Dean asked if breastmilk contains sufficient fluoride and if this depends on the water source of the mother. Shelley Guinn, Department of Health said breast milk does not contain fluoride, but it is recommended as a sole source of nutrition for up to six months. Shelley said infant formula mixed with fluoridated water may provide a slight risk of fluorosis.

Mindy Flores, Board Member commented in support for fluoridation, saying in their communities many people do not have access to dental care or may not have good dental hygiene.

Chair Hayes noted that the petitioner is requesting that this responsibility be added to a section of rules about water systems and changing the responsibility to water system providers.

Member Kutz said that parents may choose to use non-fluoridated toothpaste.

Motion: The Board declines the petition for rulemaking to amend chapter 246-290-220 WAC for the reasons articulated by Board Members. The Board directs staff to notify the petitioner of the Board's decision.

Motion/Second: Member Flores/Member Abdelmalek. Approved unanimously.

11. 2024 BOARD MEETING SCHEDULE REVIEW

Michelle Davis, Board Executive Director asked Board Members for suggested locations for upcoming meetings. Executive Director Davis said the Board staff is looking to find a location in Vancouver, WA in June. Board staff are also looking for other eastside locations in August. Executive Director Davis asked Board Members to share any facility recommendations for the June meeting in Vancouver and a preferred location recommendation in eastern Washington for August.

Member Kutz discussed following up with Board staff with a few ideas for locations.

Executive Director Davis said meeting in spaces accessible to communities is important.

12. BOARD MEMBER COMMENTS

Patty Hayes, Board Chair said on March 25, Chair Hayes and Board staff will go to Spokane to present at the Rural Health Conference. Chair Hayes is expecting an interesting conversation and highlighted the importance of notifying people around the state of what the Board is doing.

Tao Kwan-Get, Chief Science Officer, Secretary's Designee, shared that the Department of Health (Department) Healthy Youth Survey results have been released. The Department's Healthy Youth Survey is done every other year. The Department heard from 200,000 students throughout the state from this survey.

Stephen Kutz, Board Member shared that National Institutes of Health (NIH) last week talked about the resurgence of syphilis. In these discussions, NIH talked about Alaska, which has the highest syphilis rates, and the Native population has the highest syphilis rate in the world. Member Kutz discussed that the United States does not do sexually transmitted disease programs anymore unless it is an overt case or if you are pregnant. Member Kutz said there is a huge gap in Washington state and across the country that needs attention. Member Kutz said awareness needs to be raised and will be talking to Tribal Members about screening patients. Member Kutz acknowledged enjoying the meeting today and appreciates the support for the school rules project.

Chair Hayes thanked everyone for their hard work, saying it was an incredible meeting.

ADJOURNMENT

Patty Hayes, Board Chair, adjourned the meeting at 4:43 p.m.

WASHINGTON STATE BOARD OF HEALTH

Patty Hayes, Chair

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