



**Final Minutes of the State Board of Health  
June 14, 2018**

**Quality Inn & Suites and Conference Center  
700 Port Drive  
Clarkston, WA 99403**

**State Board of Health members present:**

Keith Grellner, RS, Chair  
The Honorable Jim Jeffords  
James Sledge, DDS, FACD, FICD  
The Honorable Kurt Hilt  
Chris Frank, MD, PhD

Stephen Kutz, BSN, MP (by phone)  
Angel Reyna (by phone)  
Clark Halvorson, Secretary's Designee

**State Board of Health members absent:**

Fran Bessermin  
Thomas Pendergrass, MD, MSPH, Vice Chair

**State Board of Health staff present:**

Michelle Davis, Executive Director  
Melanie Hisaw, Executive Assistant  
Kelie Kahler, Communications Manager  
Stuart Glasoe, Health Policy Advisor  
Alexandra Montaña, Health Policy Advisor

Lindsay Herendeen, Health Policy Analyst  
Sierra Rotakhina, Health Policy Advisor  
Lilia Lopez, Assistant Attorney General

**Guests and other participants:**

Brady Woodbury, Asotin County Health District  
Bob Lutz, Asotin County Health District  
Chris Seabert, Asotin County  
Susan Shelton, Department of Health  
Chris Skidmore, Whitman County  
Sierra McWilliams, Office of Drinking Water, AAG  
Kerri Sandaine, Lewiston Tribune

Scott Torpie, Department of Health  
Lauren Jenks, Department of Health  
Kelly Cooper, Department of Health  
Tami Thompson, Department of Health  
Donna Franklin, Clarkston School District  
Sandie Hoffman, Asotin County Health District  
Pete Caster, Lewiston Tribune

Keith Grellner, Board Chair, called the public meeting to order at 9:05 a.m. and read from a prepared statement (on file).

**1. APPROVAL OF AGENDA**

*Motion: Approve June 14, 2018 agenda*  
*Motion/Second: Jeffords/Sledge. Approved unanimously*

**2. ADOPTION OF JANUARY 10, 2018 MEETING MINUTES**

*Motion: Approve the March 14, 2018 minutes*  
*Motion/Second: Jeffords/Sledge. Approved unanimously*

**3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Board Executive Director welcomed the Board to Clarkston. She announced she was working with the Governor's Office to find a successor for Dr. Frank, who is resigning from

the Board effective August 3. Sierra Rotakhina's temporary position as Board staff will end at the end of June, and the Department plans to retain her on the Notifiable Conditions project. Ms. Davis indicated that HIR staff are working to complete a literature review as required by SSB 6219 the Reproductive Parity Act and recruitment is underway for summer interns to assist in this work. Staff plan to submit a draft report on the findings for Council approval by September. The report is due to the Legislature by January 1, 2019.

Ms. Davis said that Board Members and staff attended the Washington Environmental Health Associations' Annual Education Conference in May. Tom Pendergrass, Vice Chair was a speaker, Board staff, Stuart Glasoe, was a moderator and Chair Grellner received the first annual Jack B Hatlen Presidents' Award.

Ms. Davis announced that Ecology's rule to make Puget Sound a No-Discharge Zone went into effect May 10, 2018, and reminded the Board of its support for this work. Ms. Davis shared that the Board and the Department are using a communication tool called a "Dear Tribal Leader Letter" that announces ongoing policy work to tribal leaders and invites them to provide input during the rule development process. Ms. Davis directed members to materials under Tab 3, which include policy committee notes, a memo from Governor Inslee regarding inclusive and respectful work environments, correspondence to the Health Disparities Council from the Friends of Toppenish Creek, and the CR-101 for Notifiable Conditions.

Ms. Davis reminded the Board that health equity is one of the Board's 2017 Strategic Goals. She noted that staff were working on developing a tool to better establish and integrate processes for applying an equity lens to Board rule development. Staff plan to pilot the tool on two Board rules, Notifiable Conditions and the Keeping of Animals. Ms. Davis reported that she had submitted two budget requests to the Department. The first request is to maintain and increase the .5 FTE that we received to conduct Health Impact Reviews in the 2017-2019 budget. The second request is to increase policy capacity by hiring an additional FTE to work on issues such as water recreation, transient accommodations and food safety. The request also included increased funding for AAG support. She indicated that these requests are part of Foundational Public Health Services.

Ms. Davis mentioned that she and James Sledge, Board Member attended a meeting on Thursday June 7, in Seattle, sponsored by the Department and Arcora. The meeting focused on preserving oral health and improving health equity through community water fluoridation. She also attended the WSALPHO membership meeting in Spokane along with Chair Grellner, Chris Frank, Board Member and Jim Jeffords, Board Member.

Member Jeffords asked if there is an understanding of how much the legislative request will be for Foundational Public Health Services this session. Ms. Davis indicated that the individual pieces of the request are still coming together.

#### 4. DEPARTMENT OF HEALTH UPDATE

Clark Halvorson, Secretary's Designee, updated the Board on newborn screening for X-linked adrenoleukodystrophy (X-ALD). Screening began in March of this year, and the Department has tested over 34,000 samples. Ninety-three specimens had abnormal results; four babies received diagnostic testing referrals; and results confirmed one baby to have ALD.

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Member Halvorson reported that under Behavioral Health Integration the Department welcomed 20 new employees to DOH from DSHS as part of the implementation of House Bill 1388. It expanded the Department's licensing and certification authority.

Member Halvorson reported on the state's efforts to create and implement a suicide prevention plan to reduce suicide rates in Washington. He reviewed data related to Washington's suicide rates and indicated that the Department is working on a cross agency decision package to continue this work.

In 2016, the legislature funded maternal mortality review for four years. Member Halvorson said that a panel of over 60 individuals met to create recommendations and provide a report back to the legislature. He noted that the funding for this review will end in 2020 and the Department will be asking for an extension of this funding. He offered a briefing on the 2017 report.

Washington has the eighth lowest rate in the nation for infant mortality. Despite this progress, disparities still exist. Babies that are Hispanic, Black, African American, American Indian, Alaskan Native, Native Hawaiian or other Pacific Islander are twice as likely to die before their first birthday as are non-Hispanic, White and Asian babies. Additionally, geographic areas in the state also experience similar disparities. Pierce, Clallam and Spokane counties have higher rates of infant mortality than the rest of the state. The Department is working to shift funding and focus on measures to promote equity in birth outcomes.

Member Halvorson updated the Board on implementation of the Governor's Lead Directive; the Legislature provided funding for several directive components in 2017. Part of this funding included testing children in highest risk. He reported testing results and efforts improve health care providers. He said the Department has sampled almost 5,000 drinking water fixtures. He indicated that the Department is working with OSPI support drinking water fixtures replacement.

Member Frank commented on infant mortality around the world and that the U.S. has room to improve. Most developed countries have infant mortality rates of 2 percent. He also commented about the suicide rate. He noted that the suicide rate is higher than the opioid overdoses rate in Washington, and that many of the risk factors are the same. He expressed his hope that Washington will rebuild its mental health system and will continue to find ways to focus on root causes such as Adverse Childhood Experiences.

(Agenda Item 13 moved up)

*The Board took a break at 9:47 a.m. and reconvened at 10:10 a.m.*

## 5. PUBLIC COMMENT

Chair Grellner directed members to public comment materials under tab 5 of the packet. These include comments received before the meeting. Member Frank commented on the article written by Gary S. Goldman regarding immunizations that Informed Choice WA submitted to the Board. Member Frank said the journal is a pay-to-publish journal where individuals pay to have their articles published; and that the journal accepted the article ten days after submission, indicating a lack of peer review and quality control. He said the author of the paper previously started a journal that published a number of papers by Andrew Wakefield, a discredited physician from the United Kingdom who lost his medical license due to false publications trying to connect the MMR vaccine

and autism. Ms. Davis thanked Member Frank for his analysis of the paper and mentioned that the Board had a fair amount of public comment with lengthy material and she appreciated his review.

## 6. DRAFT 2018 STATE HEALTH REPORT

Ms. Davis directed Board members to Tab 6 and gave an overview and summary of the State Health Report. She asked for the Board's direction regarding the characterization of funds received in the 2017-19 budgets. These budgets included \$12 million for Foundational Public Health Services (FPHS). She noted that this was less than the original request of \$60 million. She said that this amount did not include the \$3 million one-time appropriation that Public Health Seattle King County (PHSKC) received for communicable disease efforts. Chair Grellner supported including the \$3 million dollar appropriation, and Member Frank agreed.

Member Halvorson discussed lead work, and indicated that he thought this work was also foundational. Ms. Davis agreed. Member Jeffords discussed his work with FPHS a couple years ago, and recalled that the original estimate was 100 million dollars. Ms. Davis noted that the new estimate under the assessment will be higher, and that unfortunately not all members of the governmental public health system participated.

Ms. Davis reviewed other comments in the report. Chair Grellner noted he had a couple suggestions that he would send that to Ms. Davis.

Member Frank discussed health disparities in Tobacco to 21, and said the evidence is overwhelming and tobacco prevention saves lives and money. He indicated legislative action was past due. Member Sledge, and Kurt Hilt, Board Member both agreed with his comments.

Ms. Davis explained the use of the terms “cultural humility” in place of cultural competency. The Board had no substantive comments on the report's End Aids by 2020 or opioids sections.

Member Halvorson commented on including the drinking water fixture testing within the school health and safety section of the report. He feels confident that this year there will be some positive progress on this issue. Chair Grellner concurred with his comments. He recognized Ms. Davis and staff on this detailed and focused report and capturing Board priorities. Stephen Kutz, Board Member commented that the state started losing gains in smoking prevention when we stopped counter advertising.

### Recommended Board Action:

The Board may wish to consider, amend if necessary, and adopt the following motion:

***Motion:** The Board directs staff to develop a final 2018 State Health Report in close consultation with the Chair. The Chair is authorized to approve a final report for transmittal to the Governor by June 30, 2018.*

***Motion/Second:** Jeffords/Hilt. Approved unanimously*

## 7. UPDATE — FOOD SAFETY

Member Halvorson described the fast-changing nature of food regulation and speaker Susan Shelton, Department of Health. Ms. Shelton's presentation (on file) addressed cultural foods,

donated and home-based foods, and work of the Department's food safety advisory council on food truck guidance and food code updates.

Senate Bill 6398 from the 2015-16 session directed work on cultural foods, specifically Asian rice noodles and Korean rice cakes. The code requires temperature control of these foods, which are traditionally not temperature controlled. The bill required review of science to inform possible code update. The Department reached out to industry, other states, Washington State University, and Washington Department of Agriculture and developed guidance on a 24-hour use-by dating system for rice cakes that will require no code change. Ms. Shelton said they identified no science for extending the shelf life of room temperature, hydrated rice noodles, which require consumption or refrigeration within four hours, and will require no code change.

Donated foods continue to receive attention. State code already modifies federal code to allow some donated and home-prep foods (e.g., bake sales, cottage foods). The Department continues to work with its home food advisory committee to explore other options, including greater use of shared kitchens, public/private partnerships, and food-safety education. The Department is also working with many partners on food waste reduction.

The Department established a 14-member food safety advisory council (FSAC) to improve communication and to advise on emerging issues and code revision. Current activity includes work on submitted issues, guidance on mobile food units (MFU), and the pending rule update on MFU restroom distance. The FSAC met and recommended increasing the restroom standard to 500 feet as requested in the petition to the Board. The plan is to file the CR-102 in August and hold the hearing in October. A CR-101 is being prepared to update the food code more broadly. This will address HB 2639 (MFU commissary requirements) and use the 2017 federal model food code as a basis for rule revision. Potential issues include requirement for a certified food safety manager in all shifts, written procedures for cleanup of diarrhea and vomiting, increased cooking time for ground meat, and retail sale of raw milk. The plan is to begin work in July, provide recommendations to the Board by summer 2019, and adopt the rules by 2020.

Member Kutz commented that MFU restroom access should be through all hours of operation and noted that some MFUs rely on port-a-potties. Ms. Shelton noted that the rule requires a plumbed, tempered handwashing sink in the restroom, so that excludes those systems. She added that the rules need more clarity in that area. The rules also regulate temporary events that allow for port-a-potties and temporary handwashing stations. Chair Grellner said it is common for rules to catch up to the new marketplace, and said locals look forward to help on mobile foods and donated foods.

## **8. LOCAL HEALTH PRESENTATION**

Member Jeffords introduced Brady Woodbury, Asotin Health District Administrator, Dr. Bob Lutz, Local Health Officer at Spokane Regional Health District, and Chris Seabert, Asotin County Commissioner. Mr. Woodbury shared an overview of the local board of health, discussing challenges facing the county including decreased revenue, staff, expertise, and capacity. A number of programs have also been lost including chronic disease and tobacco prevention, health data collection and analysis, family planning, and immunizations. Mr. Woodbury and Dr. Lutz described the impact of the opioid epidemic in the county and the need for additional resources to address issues such as overprescribing. Further, the needs assessment for Foundational Public Health Services identified that Asotin County is currently operating at 17% capacity. Despite these challenges, Mr. Woodbury

highlighted the tremendous work that the small staff is able to accomplish and praised the responsiveness and resourcefulness of those in the health district.

Member Jeffords highlighted the dedication of the staff working in the health district. Member Sledge asked why the county has such high rates for tobacco and opioid use. Mr. Woodbury indicated that there is not a clear answer but discussed potential contributing factors such as accessibility and the number of prescribers. Member Frank commended the presenters for the great work going on in the county given the limited resources and their willingness to do what they can for their community. Chair Grellner underscored the importance of having small jurisdictions such as Asotin at the table and thanked them for their active participation in WSALPHO.

*The Board recessed for lunch at 12:15 p.m. and reconvened at 1:16 p.m.*

## **9. UPDATE — HEALTH IMPACT REVIEWS**

Caitlin Lang, Board Staff, provided an overview of the Health Impact Review (HIR) work including the purpose of the tool, the review process, and the strength-of-evidence criteria. Ms. Lang discussed the growth of the HIR tool and highlighted the increase in the number of requests, the number of legislators requesting an HIR, and the diversification of topic areas. She highlighted a number of HIRs completed during the 2018 legislative session. During the interim, Board staff are working on evaluating the HIR process and tool and collecting feedback through a customer satisfaction survey. Ms. Lang discussed SB 6219 that passed during the 2018 legislative session and requires the Health Disparities Council to conduct a literature review about disparities in access to reproductive health care.

## **10. UPDATE — CHAPTER 246-101 WAC NOTIFIABLE CONDITIONS**

Alexandra Montaña, Board Staff, referred members to materials under Tab 10 (on file). Ms. Montaña and Sierra Rotakhina, Board Staff, provided an overview of the Board and Department of Health's authorities around notifiable conditions, the scope of the current rule making, the rule-making timeline, and some highlights from the first Technical Advisory Committee meeting held on June 4, 2018. Ms. Montaña shared some information on the work that Board staff are doing to support the Board's direction to ensure that its rules promote equity.

The Board discussed the potential logistics of electronic laboratory reporting and data sharing between the Department of Health and local health jurisdictions (LHJ). Further discussion by Board members focused on how these rules may be implemented differently in each LHJ based on how they are structured; optimizing the reporting timelines to protect public health and reduce burden for public health and the regulated community; and the importance of working closely with local health throughout this rule update. The Board brainstormed ideas for how to engage most effectively with local health without creating too great a burden for LHJs.

## **11. BRIEFING — CHAPTER 246-100 WAC, COMMUNICABLE AND CERTAIN OTHER DISEASES**

Member Frank, introduced Caitlin Lang, Board Staff, to inform the Board of current progress updating HIV testing rules, in advance of the rules hearing, which will be held in August. Ms. Lang referred members to materials under Tab 11 (on file). She explained the purpose of the proposal is to update requirements in Board rules to reflect changes in state law regarding HIV testing. Staff

used the CR-102 exempt rulemaking process to remove instances of special written consent and opt-out requirements specific to HIV testing, allowing HIV testing to be subject to the same notification and consent requirements that apply to any other medical test. Staff maintained Board rule language for specific written consent in regards to HIV testing for insurance purposes, as required by state statute (RCW 70.24.325). The Board will hold the rules hearing at its next meeting.

## **12. UPDATE — CHAPTER 246-290 WAC, GROUP A PUBLIC WATER SUPPLIES, PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS)**

Chair Grellner introduced the agenda topic. Stuart Glasoe, Board Staff introduced the speakers, Lauren Jenks, Department of Health, and Scott Torpie, Department of Health. Mr. Glasoe explained that work on the state Per -and Polyfluoroalkyl Substances (PFAS) drinking water standard focuses on three features—the regulatory mechanism, the numeric standard, and the PFAS chemicals. He also explained that the Department is simultaneously exploring ideas to update the rules to recast state advisory levels (SAL) as a more robust tool for PFAS and other unregulated drinking water contaminants.

Ms. Jenks described features of evidence-based public policy. She noted the components of the PFAS drinking water standard and said there are upwards of 5,000 PFAS chemicals, requiring us to narrow the chemicals of concern and determine the appropriate action level. Once a standard is established, possible regulatory action could include notification, monitoring, or treatment.

She described recent federal work, which includes U.S. EPA’s decision to determine whether they will develop an MCL (could take a year or two; the MCL could take a long time); rapid assessment of about 70 PFAS chemicals; anticipated release of toxicity values on a couple PFAS chemicals by year’s end; and the Agency for Toxic Substances and Disease Registry’s (ATSDR) assessment of minimum risk levels. In total, this will give us good information on about five chemicals to help inform our standard setting.

State work includes release of the interim chemical action plan that calls for a drinking water standard and drinking water sampling; two bills that ban PFAS from food packaging and fire-fighting foam with exceptions; networking and learning from other states; and the Department’s drinking water sampling project. Chair Grellner asked how the food packaging law would work. Ms. Jenks said the Department of Ecology must first do an assessment and find viable alternatives then the ban can go into effect. Member Frank asked for confirmation that the bill exempts military and airport facilities from the ban on fire-fighting foam. Ms. Jenks said yes.

Ms. Jenks briefly summed health effects of PFAS and said most of the literature still pertains to PFOS and PFOA. PFAS characteristics include extreme persistence (the “forever” chemicals) and mobility, offsetting some of the uncertainty about toxicity in setting a standard. She said the agency will draw drinking water data from available sources, use a panel of 14 PFAS chemicals, and use other data to develop the standard—starting with EPA’s health advisory level of 70 parts per trillion for PFOS and PFOA. She said the work would evolve as we learn more noting the additive effects and need to regulate PFAS as a class of chemicals. Member Frank asked if fire-fighting foam includes a mixture of PFAS chemicals or if they are breakdown products. Ms. Jenks said it is a mixture of short- and long-chain chemicals—intentionally created byproducts, and substitutes. The fire-fighting foam ban applies to PFAS as a class.

Mr. Torpie first commented on the concept of regulating contaminants in a class, noting that the Department already does it, pointing to the standard for disinfection byproducts. He summarized the Department's voluntary PFAS sampling project with Group A public water systems. He explained how the Department applied criteria to identify 311 water systems at risk (proximity to known PFAS groundwater contamination or suspected use of fire-fighting foam), invited their participation, and so far 108 systems have opted to sample for the chemicals—about 1/3 positive response. Systems will sample from about June to October, allowing time for data assessment by year's end.

Mr. Torpie summed known PFAS impacts (and cost estimates) to drinking water systems in Washington—mostly in proximity to military bases. Four involve centralized treatment (Issaquah, Airway Heights, Joint Base Lewis McChord, and Coupeville) and two involve interties to alternate sources (Airway Heights and homes near Naval Air Station Whidbey Island). Mr. Torpie also mentioned a couple national examples.

Regarding the regulatory mechanism, Mr. Torpie compared processes establishing a maximum contaminant level (MCL) and a state advisory level (SAL) and referenced the comparative table. He pointed out that the state detected PFAS in Issaquah through the last round of the unregulated contaminant monitoring, which covered about 130 water systems in the state. He noted EPA's decision to determine whether to develop an MCL for PFAS was forthcoming. Establishing a state MCL would require extensive analyses (health effects, treatment feasibility, analytical capacity, and societal cost/benefit). Comparatively, establishing a SAL would focus on a health assessment without the added analyses. The process for developing a SAL is in Department policy, briefly mentioned in current rules, and last applied in 1992. There is no history of enforcing a SAL like an MCL. The only rule requirement for exceeding a SAL is public notification—otherwise enforcement depends on general authority of the Department. Of the twelve adopted SALs, six later had federal MCLs established and all were higher concentrations than the SALs. He said New Jersey is the only state to establish an MCL, while other states (MN, VT, CT, ME) have established a variety of advisory levels.

Mr. Torpie described the advantages and disadvantages of the options and noted that the state has never established an MCL. He used the example of EPA's unfinished work trying to establish an MCL for perchlorate to illustrate the resource-intensive process setting an MCL, whereas a SAL could be developed and implemented more quickly and flexibly. He said the work establishing a standard might influence our confidence applying a corresponding threshold of consequence. He said other states are using authority of health officials and public information to get things done. He summed saying the options offer a spectrum of choices applying a standard broadly or more narrowly with requirements or recommendations to implement a solution. He also reminded the Board that SALs can be updated in the rules to work differently.

Regarding differences in the first adopted standards as SALs and later as MCLs, Member Frank asked if this is due to time lag and additional information or due to different conclusions based on essentially the same science. Mr. Torpie and Ms. Jenks said it is mainly due to differences in the two determinations and more information. Member Kutz asked about PFAS sampling in Washington. Ms. Jenks briefly described the sampling that will start in June and the UCMR 3 sampling conducted previously. Chair Grellner asked if the Department of Ecology has a groundwater quality standard for PFAS. Ms. Jenks said no and said Ecology is hoping to follow with a cleanup standard informed by the Board's health standard. Mr. Torpie added that an MCL would automatically serve as a



cleanup standard. Sierra McWilliams, AAG to the Department, said Ecology is confident they could also use a SAL as a cleanup standard. Member Hilt requested that the August briefing list the participating utilities along with sampling results. Mr. Torpie said the data will be publically accessible and shared with customers if results are above the federal health advisory level. Member Kutz asked about PFAS in surface water and shellfish. Ms. Jenks said the chemicals are mobile in water and air—found all over the planet. Mr. Torpie added that there is PFAS in municipal wastewater and landfills. If you look for it, you find it.

Member Halvorson talked about the Department’s collaborative work with utilities, the approach of applying requirements to SALs, and canvassed the Board on initial reaction to the optional pathways. Member Kutz shared concern using bottled water as an alternate source in response to advisories. Lilia Lopez, Assistant Attorney General to the Board, clarified that the Department has authority to require a purveyor to comply with a SAL. Mr. Torpie agreed that general authority does allow the Department to require action while aiming to maintain the trust and confidence of the regulated community. Utilities have voluntarily taken action with SALs. Ms. Jenks said it is not just willingness but there may be some legal risk if the Department were to enforce a SAL similar to an MCL. Member Hilt said it is important to weigh the burden of required action. Member Frank said an expensive fix has the potential to be inequitable given disparate resources of utilities. He said he hopes the chemicals do not show significant health risks. Mr. Torpie said a SAL is more nimble, more responsive to a threat than an MCL and seen as step to do something and not preclude doing something else later on. Member Sledge compared the matter with enforcement of other drinking water standards and said SALs may well be the way to go advising utilities and consumers. Chair Grellner said a SAL seems nimble and appropriate, compared the situation with regulation of volatile organic compounds, voiced hope that health effects stay low, and noted how drinking water is increasingly becoming a treated product.

*The Board took a break at 3:10 p.m. and reconvened at 3:25 p.m. (3:27pm) Member Sledge moved we miss break and get to end.*

### 13. JULY MEETING— POSSIBLE CANCELLATION (moved after Agenda Item 4)

Michelle Davis, Executive Director, recommended the Board consider canceling the July 11 Board meeting due to heavy staff workloads and lack of content to for a full Board meeting agenda. She indicated that if the need for a meeting should arise before the regularly scheduled August meeting, that the Board could schedule a special meeting to address emerging or urgent issues.

*Motion: The Board approves the cancellation of the July 11 meeting on the 2018 meeting schedule.*

*Motion/Second: Hilt/Jeffords. Approved unanimously*

### 14. BOARD MEMBER COMMENTS

Member Hilt, mentioned Board interest in Emergency Preparedness and Management Systems. He shared the “Stop the Bleed” (American College of Surgeons Bleeding control Basics) regarding active shooters and gun violence. He said that if there is a nexus in having the veteran community help facilitate these kind of discussions, perhaps we could work that into the current scheme of things. Ms. Davis appreciates these suggestions and likened it to what has been done with Oral Health. Ms. Davis also mentioned the work around suicide prevention. Comments followed by

Members Kutz, Hilt, Halvorson and Chair Grellner regarding areas of focus, including Adverse Childhood Experiences.

Ms. Davis mentioned the shared services demonstration projects, funded by the Foundational Public Health Services, which provide some important statewide services. She thanked Member Hilt for bringing it forward for future planning.

Member Frank thanked the Board, Department and staff for helping with this great work. Board members expressed their appreciation for his contributions to the Board. Chair Grellner thanked Mr. Woodbury for hosting the Board, and for visitors and Department staff for their participation.

## **ADJOURNMENT**

Keith Grellner, Board Chair, adjourned the meeting at 3:38 p.m.

**WASHINGTON STATE BOARD OF HEALTH**

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Keith Grellner, Chair