WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health
April 10, 2024

Hybrid Meeting
ASL (or CART) and Spanish interpretation available
Spokane Public Library
906 W. Main Ave, Spokane, WA, 99201
Rooms: Central Events A & B
Virtual meeting: ZOOM Webinar

State Board of Health Members present:

Patty Hayes, RN, MSN, Chair
Kelly Oshiro, JD, Vice Chair
Stephen Kutz, BSN, MPH
Kate Dean, MPA
Dimyana Abdelmalek, MD, MPH
Scott Lindquist, MD, MPH, Secretary's Designee
Michael Ellsworth, JD, MPA, Secretary's Designee
Socia Love, MD
Paj Nandi, MPH

State Board of Health Members absent:

Umair A. Shah, MD, MPH
Mindy Flores, MHCM (unable to connect virtually due to technical difficulties)

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Michelle Larson, Communications Manager
Anna Burns, Communications Consultant
Heather Carawan, Communications Consultant
Molly Dinardo, Health Policy Advisor
Shay Bauman, Health Policy Advisor
Jo-Ann Huynh, Administrative Assistant
Lilia Lopez, Assistant Attorney General
Ashley Bell, Equity & Engagement Manager

Guests and other participants:

Scott Lindquist, Department of Health
Kelly Cooper, Department of Health
Toni Lodge, Chief Executive Officer, NATIVE Project
Joseph Hunter, Recovery Coach Network Manager, Thriving Together North Central Washington
Kim Wilson, Community Health Worker Training Project Director, Better Health Together
Anastacia Lee, Board Member, Asians for Collective Liberation
Desiree Crawford, Infant and Child Support Specialist, Health Justice Recovery Alliance

Patty Hayes, Board Chair, called the public meeting to order at 9:38 a.m. and read from a prepared statement (on file). Board Members gave introductions and Michelle Davis, Board Executive Director, provided a land acknowledgement.

1. **APPROVAL OF AGENDA**
   Motion: Approve April 10, 2024 agenda
   Motion/Second: Member Kutz/Member Dean. Approved unanimously.

2. **ADOPTION OF MARCH 13, 2024 MEETING MINUTES**
   Motion: Approve the March 13, 2024 minutes
   Motion/Second: Member Dean/Member Abdelmalek. Minutes approved as corrected. Approved unanimously.

3. **PUBLIC COMMENT**
   Patty Hayes, Board Chair opened the meeting for public comment and read from a prepared statement (on file).

   Jim Sledge, former Board Member and retired Spokane dentist, thanked the Board for continued support for two of the most successful public health measures; vaccinations and community water fluoridation. J. Sledge said over 80 years of studies show the effectiveness and safety of fluoride and ¾ of the U.S. population consumes community fluoridated drinking water. J. Sledge said the Environmental Protection Agency has recent rigorous reviews that demonstrate the safety. J. Sledge hopes Spokane will add fluoridated water.

   Melissa Leady talked about obesity rates rising and that current data by the state on this issue has not been updated since 2016. M. Leady said it is a disservice to the communities affected. M. Leady said issues like this should be considered in the Pro-Equity Anti-Racism plan. M. Leady referenced a study that shows states that impose vaccine mandates have significantly lower vaccination rates. M. Leady voiced support for comments saying there is an abundance of research showing fluoride lowers IQ and has other health hazards.

   Natalie Chavez talked about a COVID-19 related court case and considered it a big win for transparency. N. Chavez said a Centers for Disease Control and Prevention (CDC) app allowed people to self-report and in January 2024 a judge ordered CDC to release the data. N. Chavez said it was horrifying, 3,200 entries mentioned shortness of breath, reports of heart palpitation and arrhythmia (symptoms of myocarditis), and ringing of the ears. N. Chavez said the CDC court-ordered release can be found at Icandecide.org.

   Gerald Braude, Jefferson County, talked about a study showing that the Vaccine Adverse Event Reporting System (VAERS) detects less than 1% of vaccine injuries. G. Braude said that VAERS has on record over 7,000 deaths following COVID-19 shots with over 200 in Washington. G. Braude gave examples of death from blood clotting and aortic complications and asked Board Members to look into their hearts and ask about the 200+ deaths in Washington.

Lisa Templeton, Informed Choice Washington, talked about the presenters at the March Board meeting from the Tubman Center for Health & Freedom. L. Templeton talked about their development of the center, cultivating of the garden, natural lighting, connection, and recognition of wellness. L. Templeton talked about the Center honoring each patient in charge of their own bodies, and how they trust their patients to make the best decisions for their health. L. Templeton said each of us has an ancestry of our health and healing. L. Templeton said people everywhere deserve access to the healing modalities that have stood the test of time.

Elisabeth Warder, dentist in Spokane and Cheney, works at a community health center. Elisabeth has seen firsthand the terrible disease of dental health, saying that water fluoridation can help prevent it. E. Warder said Cheney, WA provides water fluoridation and has seen much better dental health in Cheney than in Spokane. E. Warder said there is a preponderous of evidence that shows that systemic use of fluoride is effective and critical to preventing dental decay and making teeth stronger.

4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director, welcomed Heather Carawan, the Board's newest Communications Consultant and final Foundational Public Health Services (FPHS) funded position for this fiscal year. Executive Director Davis provided additional work updates, including the approaching review of school environmental health and safety rules and branched-chain keto acid dehydrogenase kinase (BCKDK) newborn screening. The Board will hire five additional staff for the school review and one additional staff for newborn screening. The newborn screening staff member will also lend support to the review of the newborn screening process criteria and congenital cytomegalovirus (cCMV). Executive Director Davis informed the Board that the report for the BCKDK review is due to the legislature in June 2025 and cCMV is due December 2025. Executive Director Davis is working on the position development and postings, intending to hire by June 1 to use the unspent FPHS budget.

Executive Director Davis shared the Health Disparities Council (Council) received new funding this legislative session, and that it is the first additional funding the Council has received since its creation. Executive Director Davis explained that this will allow the Council to hire staff for community engagement, policy development, and other needs, which was previously supplemented as needed by Board staff. Executive Director Davis shared the positions that the Council will hire and that they are posted.

Executive Director Davis shared the Health Impact Review (HIR) team's interim plans. The interim plans include meeting with legislators who have requested HIRs to get feedback on results and processes, discussing potential interim requests with legislators, and updating outreach materials and methods. Executive Director Davis shared sponsorship updates for the HIR staff and informed the Board that the team will provide members with an annual update in August.

Executive Director Davis noted that the petition denial regarding the request to review WAC 246-290-220 from the March Board meeting is in their packets.

Steve Kutz, Board Member, expressed support for hiring additional staff to review the school rules and asked what skillset and qualifications the Board requires for the review.

Executive Director Davis responded that there are four elements to the proviso. The four elements include convening a technical advisory committee to review WAC 246-266 and WAC 246-366A; conducting an environmental justice assessment in coordination with the Department of Health (Department); working with the Office of Superintendent of Public Instruction (OSPI) to conduct a fiscal assessment of the costs of proposed changes to Washington schools; and assembling findings and recommendations into a report. Executive Director Davis shared that these tasks and the short timeframe require skill in time management, literature reviews, convening diverse groups of people and ideas, close attention to detail, and the ability to identify what schools need. Executive Director Davis asked Board Members to share the position postings across their networks and inform staff of any experts they may know that can help in the review.

Member Kutz commented that it would be helpful to have a briefing on the rule and review requirements. Executive Director Davis responded that it is a priority to keep the Board Members informed and that this will likely be a standing item at most meetings going forward.

Kate Dean, Board Member, shared that the Environmental Protection Agency (EPA) released new standards for per- and polyfluoroalkyl substances (PFAS) and asked what the timeline might look like for a state rulemaking process. Executive Director Davis responded that PFAS standards are Board rule, and we would have to look at what the standards are, then bring a briefing in front of the Board to discuss the next steps. Executive Director Davis shared that it will likely be brought up first in the Environmental Health committee meeting. Member Dean shared that the new standards are more stringent than Washington's current standards, so it will be important to take a deeper look.

Patty Hayes, Board Chair, asked whether Executive Director Davis could arrange for the Chair of the Health Disparities Council to join the Board at its October meeting and provide a briefing. Chair Hayes stated that with the amount of rule work the Board is doing and the new investment in the Council, it is important for the Board to lend support, stay in sync, and stay briefed.

Member Kutz stated concerns regarding PFAS and shared about often forgotten military contamination sites. Member Kutz asked whether there is a database of these contamination sites and whether they were being monitored to hold those accountable responsible. Executive Director Davis responded that the Department of Health (Department) has done PFAS monitoring across the state and has provided a map to Board Members at a previous meeting. Executive Director Davis shared that staff could raise the question with the Department and come back another time to discuss drinking water monitoring. Member Kutz shared that the abundance of water in Washington necessitates the proper thinking.

Scott Lindquist, Secretary's Designee, commented that there are known monitoring sites around, and shared that as a former health officer, Member Lindquist knew where

every site was located within the county. Member Lindquist highlighted the need for an informed answer that utilizes experts so that the Board can make an informed decision.

5. NATIVE Project

Patty Hayes, Board Chair, introduced Toni Lodge, the Chief Executive Officer (CEO) of the NATIVE Project, including information on Executive Director Lodge's background and the mission statement of the NATIVE Project.

Toni Lodge, CEO of the NATIVE Project, thanked the Board, gave a land acknowledgment, and shared that Spokane has been a gathering place for Urban Native people for hundreds of years. Executive Officer Lodge also acknowledged Member Steve Kutz as their elder and asked permission to speak. Executive Officer Lodge shared more about the NATIVE Project's mission statement, talked about their logo, and explained the logo is the organization's representation of the medicine wheel. Executive Officer Lodge then provided an overview of what the NATIVE Project does as a non-profit organization and clarified that when discussing health care delivery for Native people, this encompasses Indian Health Services, Tribal Health Services, and Urban Health Services, also known as the ITU system of care.

Executive Officer Lodge shared background on the genesis of the NATIVE Project, including a timeline of the organization from 1989 to 2022. Executive Officer Lodge also noted that Spokane has the eighth largest Urban Indian community in the United States and that the Urban Native people of Spokane ended up in this area due to federal policy (the Relocation Act). Executive Officer Lodge mentioned that in 2022, the NATIVE Project started to break ground on a new Children and Youth Services and Treatment Center and raised concern that a brewery was recently permitted to be built next to the center.

Executive Officer Lodge then provided an overview of the communities that the organization serves, including about 25,000 American Indian people from over 300 Tribes. Executive Director Lodge briefly touched on the definition of Native people outlined in Title 25 of the Affordable Care Act (ACA), which outlines a comprehensive definition of who is considered Native and brought attention to the issue of "genocide by data." Executive Officer Lodge emphasized that Native people are often erased, undercounted, or not counted at all in Census and other population data, and most data do not do a good job of capturing who Native people are. Executive Officer Lodge also shared more about who the NATIVE Project serves and the types of services provided.

Executive Officer Lodge pointed out pressing health inequities in the Native community in Spokane, such as declines in life expectancy during COVID-19 and Native children losing caregivers at a higher number than any other community group during the pandemic. Executive Officer Lodge underscored the importance of public policy in addressing these inequities and stated that connection to culture can be part of the cure for many communities and that we need to be able to pay for cultural support across all communities. Executive Officer Lodge then outlined areas where the NATIVE Project is going next, a wish list of items for the Board to consider moving forward, and how they can support Native communities and the NATIVE Project (see presentation on file).

Steve Kutz, Board Member, commented on the ITU system's challenges regarding funding. Member Kutz noted that the federal government funds the Indian Health System to meet roughly 38% of the needed funding.

Kate Dean, Board Member, thanked Executive Officer Lodge for the presentation and asked how the NATIVE Project addresses different approaches to culturally appropriate care across the 300 Tribes it serves in Spokane.

Executive Officer Lodge noted that this is a question their team gets frequently and that using a patient-centered model, which the NATIVE Project utilizes, forces providers to slow down during consultations and learn more about the individual, their Tribe, their practices, and their care goals and needs. Executive Officer Lodge emphasized that there isn't a one-size-fits-all model and that they have staff at the organization to work with patients to develop individualized cultural care plans.

Socia Love, Board Member, praised Executive Officer Lodge's presentation and noted that it laid a great foundation for educating people on the history of the NATIVE Project and the ITU system of care. Member Love also appreciated that Executive Officer Lodge emphasized that state agencies and other entities must be inclusive in their legislative or policy language around the full gamut of care that Washingtonians receive from Tribal, Urban, and Indian Health Services. Member Love concluded by expressing excitement about the NATIVE Project's focus on youth and children and that the Board continues to explore maternal and child health as a topic of interest.

Paj Nandi, Board Member, thanked Executive Officer Lodge and appreciated the reminder that culture is prevention. Member Nandi stated that providing culturally responsive care should be part of reimbursement mechanisms in the health care system. Member Nandi emphasized that the Board should be doing more, given its authority and sphere of influence, to work with state agencies and other partners on this issue and other topics that Executive Officer Lodge highlighted at the end of the presentation. Member Nandi said that these issues are not new to the Board and that the Board is aware of the inequities in Native communities due to racism, marginalization, and cultural erasure, and honored and acknowledged everything that Executive Officer Lodge shared.

Chair Hayes expressed gratitude to Executive Officer Lodge and acknowledged that integrating traditional medicine practices into health care and the need for reimbursement has come up several times at recent Board meetings. Chair Hayes said that the Board needs to see how they can elevate this. Chair Hayes noted that the Board may seek the NATIVE Project's advice on framing recommendations related to this topic for its next State Health Report.

Member Kutz stated that Tribes have been working on the issue of integrating traditional medicine into Medicaid reimbursements at the national level for quite some time. Member Kutz said that Washington Tribes could put in a Medicaid waiver to the Centers for Medicare and Medicaid Services (CMS). Member Kutz also recognized that Tribal governments have this ability, while Urban Native communities do not, and that Tribal governments should support Urban Native communities in any way they can.

Member Dean asked if each Tribe needs to consult individually with CMS.

Member Kutz responded that one Tribe can call for consultation, and other Tribes can join as interested. Member Kutz added that this consultation would be with the Washington Health Care Authority (HCA) since they are the agency responsible for submitting Medicaid waivers to CMS. The hope is to put together a workgroup to work on this issue.

Chair Hayes noted that the Board could potentially highlight the need for HCA to submit a Medicaid waiver requesting this coverage in its State Health Report.

Member Kutz added that Tribes are not the only people who use traditional medicine or want it incorporated into their care, and if Tribes move this work forward, it could hopefully pave the way for other communities to do the same.

Executive Officer Lodge said that Member Dean brought up a good point and reminded Board Members of the "three Cs" for working with Tribes and Urban Native communities. Tribes get consultation, Urban Natives get confers, and all should get communications. Executive Officer Lodge said from a policy position if you want to talk to someone or get feedback, this is how you do it.

The Board took a break at 11:20 a.m. and reconvened at 11:30 a.m.

6. DEPARTMENT OF HEALTH UPDATE

Scott Lindquist, Secretary's Designee, provided an update from the Department of Health (Department) regarding their work on respiratory diseases and the Vaccine Adverse Event Reporting System (VAERS) (see presentation on file).

Kelly Cooper, Department of Health, provided an update regarding the Department and key partners' legislative outcomes from the 2024 legislative session (see presentation on file).

Steve Kutz, Board Member, spoke about how many people who have been vaccinated with the COVID-19 vaccine have also had COVID-19. Member Kutz asked about the Center for Disease Control's (CDC) process for understanding adverse events as a result of the vaccine versus the disease through the VAERS. Member Kutz also asked about the potential confounding effects of long-term COVID. Member Lindquist said that the CDC compares the signals for vaccine-associated deaths and deaths in the non-vaccinated population. They found that there was a higher rate of deaths as a result of COVID-19 in the non-vaccinated population than the rate of COVID-19 vaccine-associated deaths. Member Lindquist said that the effect of long-term COVID on this analysis is more difficult to parse out. Member Lindquist said that with more data, the VAERS will help public health practitioners better understand the effects of the vaccine, COVID-19, and their mixed effects, as well as to identify early signals.

Member Kutz then spoke about the need for contact tracing and expedited treatment for syphilis cases in primary care settings, not just public health. Member Lindquist agreed.

Dimyana Abdelmalek, Board Member, thanked Member Lindquist for the presentation. Member Abdelmalek praised the VAERS for its ability to capture such a wide range of inputs. Member Abdelmalek asked how much capacity is required to understand this data set. Member Lindquist said that there is a massive team working on this at the federal level and that the COVID-19 vaccine is the most extensively studied vaccine in the history of the United States.

Kate Dean, Board Member, asked if the avian flu is showing signs of increasing in Washington State. Member Lindquist said that Washington State is in the flight path of birds transmitting highly pathogenic avian flu. Member Lindquist said that the Department has seen this disease in domestic birds and commercial flocks, for which they have a monitoring system with the Department of Agriculture. Member Lindquist said the Department has seen this disease in sea mammals, dairy cows, and dairy products in states as close as Idaho. Member Lindquist said that the Department has called for counties to be ready to monitor cattle and to treat exposed persons. Member Lindquist does not encourage consumption of raw milk at this point.

7. **NOTIFIABLE CONDITIONS IMPLEMENTATION UPDATE – CHAPTER 246-101 WAC**
Scott Lindquist, Secretary's Designee, described the law that has a list of diseases that must be reported by physicians, facilities, and labs. Member Lindquist stated that the conditions are the responsibility of the Board and that the information may get complicated, so Board Members are encouraged to ask questions during the presentation. Member Lindquist presented the notifiable conditions WAC and recent changes as of January 1, 2023. Member Lindquist discussed electronic lab reporting and how it is more complete and timelier, and noted they are receiving feedback from laboratories asking why providers and facilities can't do the reporting (see presentation on file).

Steve Kutz, Board Member asked where the ultimate responsibility for the reporting lies.

Member Lindquist stated that timeliness and demographic information reporting are poor, and that labs are the most complete and timely. Member Lindquist said many states have mandated electronic laboratory reporting. Member Lindquist recommended mandating electronic reporting if the Board opens these rules.

Member Kutz asked about mandatory reporting extending beyond the physician. Member Lindquist responded that there is a lot more work to get everyone to report than moving to an electronic system. Data modernization is the direction that this country will go.

Kate Dean, Board Member asked if Member Lindquist could speak to the purpose of collecting information on patient ethnicity, given that both race and ethnicity are constructs. Member Lindquist referenced the earlier discussion on data genocide and the push from advocates to collect information in context. Member Lindquist stated that if you don't understand the difference of diseases in different populations, then you don't understand the impact of that disease and it goes unfunded, unseen, and unprioritized. Epidemiology is looking at a disease in three dimensions, person, place, and time.

Member Dean asked about the modern epidemiological utility of collecting data on ethnicity, given there is also a requirement to collect data on patient race. Member Lindquist does not believe they are the best to answer the question but recommends getting a workgroup together if the Board were to open the rules. Member Lindquist said the workgroup should be diverse (based on ethnicity, race, Native identity, lab directors from around the state, and additional groups) that informs these questions before making recommendations.

Paj Nandi, Board Member, referenced a slide from the presentation (Recent Changes, slide #5) and said that race and ethnicity are distinct terms. When people think about their race and ethnicity, they may also consider cultural expression, preferred language, and place of origin. This is an important conversation and if we don't record this data, then we will miss the knowledge to inform equitable health outcomes. Member Nandi said we need to consider the burden that has been on communities and how communities have been made invisible by a system that wasn't designed to account for them. Member Nandi appreciated the Board for unpacking this.

Member Kutz commented that the way we unpack this is derived by the way the federal government tells us to unpack this. Member Kutz made a point about the way Native Americans have been categorized inappropriately and miscounted based on certain federal data standards. Member Kutz suggested that we won't be allowed to make the system our way, but we can influence the Centers for Disease Control and Prevention (CDC). Member Kutz asked if this was correct.

Member Lindquist said the national notifiable conditions system is not set by CDC, but Council of State and Territorial Epidemiologists (CSTE). We have a different reportable disease system. CTSE is looking to Washington right now. We can and have included a lot more granularity. There is a chance at a state system that sets precedence. Member Lindquist advised a workgroup would be needed.

Patty Hayes, Board Chair, commented on the importance of this conversation and the need for more discussion.

Dimyana Abdelmalek, Board Member, asked about systems that health data are received from. Member Abdelmalek asked about other means beyond basic case reporting.

Member Lindquist answered it's currently up to physicians calling and facilities faxing, and electronic lab reporting. Data modernization will change that. We need to think to the future or we'll get left behind. Member Abdelmalek recognized healthcare providers for their contributions to reporting. From the view of a local health officer, while it takes a lot of effort, it is essential to have the human element of reporting suspect cases. Member Lindquist agreed and shared the first case of anthrax was reported by a provider. Don't undervalue the role, but ask what the role for providers, labs, and facilities is. Member Lindquist recommended the Board establish a workgroup to come up with good recommendations.

Member Lindquist, continued to share that everyone must report A -T on the Completeness of Data slide (#11). Member Lindquist showed a slide on the count of

completeness and that half of the data coming in for the preferred language is missing. Member Lindquist shared they don't have a way to enforce the rule that was put in place by the Board. Member Lindquist recommended changes to conditions, a standard definition of what a notifiable condition is, and electronic reporting. The pandemic is over so many providers are not testing or reporting COVID-19. Member Lindquist showed flu, RSV, and COVID respiratory activity levels and how syndromic surveillance is done. Member Lindquist also showed places in school, childcare, and temporary housing rules that reference notifiable conditions that will need to be cleaned up.

Chair Hayes thanked Member Lindquist. Chair Hayes shared that it was amazing information to think about and have further conversations on.

Member Kutz shared about whether pharmacies reported how much Paxlovid was dispensed, same with Tamiflu. We are not reporting based on that. If you are treating a condition, then you ought to report it.

Member Lindquist shared we have a rule in place that requires them to report but makes no sense to the people who need to report it. Syndromic surveillance is when you come into the emergency room, and if you are there for COVID-19 or flu they need to report directly to the Department.

Chair Hayes said the Board will revisit this.

8. STATE HEALTH REPORT COMMUNITY PANEL, CONTINUED

Patty Hayes, Board Chair, introduced the community panel and reminded Board Members of the Board's statutory responsibility to provide a biennial State Health Report with recommended policy directions for the Governor's consideration. Chair Hayes noted that these community panels offer opportunities for Board Members to hear about how different issues affect communities across the state and how this information can help inform the State Health Report.

Molly Dinardo, Board staff, introduced the topics selected by Board Members to inform the 2024 State Health Report. Molly shared themes from the March panel and noted some were reflected in the presentation from the NATIVE Project.

Ashley Bell, Board staff, outlined the structure and agenda for the panel. Ashley noted the panel would provide opportunities for reflection, questions, and discussion to inform the next steps. Ashley posed guiding questions for panelists to consider while discussing their work and for Board Members to consider during the discussion (see presentation on file).

Anastacia ("Stacia") Lee, Board Member of Asians for Collective Liberation (ACLS), described ACLS and noted that the organization is one of seven chapters of a larger statewide coalition, the Asian and Pacific Islander Coalition. Stacia discussed the topics of culturally appropriate care, health justice, and data equity. Stacia raised the issue that there's this monolithic sense of an "Asian" community in health care and public health, which does more harm than good when caring for Asian and Pacific Islander communities. For example, Stacia noted there are many differences in the needs and types of care that people in the Hmong community need or people in Southeast Asian

communities are experiencing when trying to access healthcare, and what larger populations of Chinese, Korean, Japanese, Vietnamese, and other populations need or experience. Stacia discussed ACLS recent community health assessment of Asian and Pacific Islander communities in Spokane that found community members reported being treated similarly and were not offered appropriate interpretation services. Stacia said that during direct patient care appointments, silence is often assumed to be understanding. It could be that a patient cannot communicate with their provider or feels they cannot question the patient-provider power dynamic. Stacia emphasized that language services and patient support are essential to promoting culturally appropriate care.

Stacia said that ACLS focuses on racial equity, community health and wellness, and advancing human rights across Washington. Understanding a person's culture of origin and the language they need to access care is essential to the organization's efforts. Stacia commented on the need for data disaggregation and the ability for individuals to self-report and select multiple categories for race, ethnicity, and place of origin to account for all the different identities and lived experiences that people hold. Stacia highlighted the importance of including qualitative data and people's stories in data and equity discussions.

Stacia shared additional findings from the recent ACLS community health assessment, including themes related to the need for multi-generational care, the long-term impacts of generational trauma on Asian and Pacific Islander communities, and financial security. Stacia discussed the issue of the "model minority myth" in Asian communities and emphasized that just because people might not be speaking up doesn't mean they aren't experiencing harm or barriers in the care they're receiving. Stacia noted that ACLS's recent assessment found that Asian and Pacific Islander communities were among the least likely to seek mental health services compared to data available from Spokane Regional Health District and other data sources. Stacia noted the stigma in the Asian, Asian American, and Pacific Islander communities when it comes to accessing mental health services.

Joseph Hunter, Thriving Together North Central Washington, introduced Thriving Together North Central Washington (NCW), and mentioned the organization is one of nine Accountable Communities of Health (ACH) in Washington, supporting Okanogan, Chelan, Douglas, and Grant counties. Joseph described the community members with whom they work, and identified the limited opportunities for linkage to care for people with substance use, a history of, or homelessness. Joseph described work with the University of Washington CLEARS project, a relationship building project between those with lived experience and law enforcement. Joseph shared personal lived experience cycling in and out of services. Joseph understands lived experience from both sides - law enforcement and folks interacting with law enforcement, learning from one another. Joseph described developing compassion and wellness care training as well as trauma informed care for law enforcement as a work in progress. Thriving Together hires based on lived experience and looks at solutions from a different perspective. Joseph leads The Recovery Coach Network that uses nationally recognized training with embedded work in treatment centers, emergency rooms and jails. Recovery coaches with lived experience build back trust. They have trained over 200 coaches across 4 counties. This takes collaboration and a holistic approach, working with treatment and mental

health teams. Joseph discussed un-siloing the work and building connection with each individual who comes through the referral process. This can take 6 months, coming up with a plan before release, treatment, housing, transport, etc. Joseph explained that when someone is in jail, detoxing, or in a hospital bed, it's one of the few opportunities to make a significant change. Joseph also described the importance of distributing NARCAN to the populations who need it, and the development of vending machines that they first implemented in Chelan County. Joseph described 120 overdose reversals. This is a trusted resource that is tearing down stigma in our communities.

Kim Wilson, Better Health Together, said they cover six counties of Eastern Washington and they are community based. Kim is joined by Desiree Crawford, Health Justice Recovery Alliance, who supports pregnant and perinatal people.

Steve Kutz, Board Member, noted that there are many services under the title of Community Health Worker (CHW). Member Kutz asked whether these services are reimbursable by insurance, and whether people in the process of getting their license are allowed to bill for their services. Joseph replied that the Recovery Coach classification does not allow for reimbursement. Joseph added that many workers doing grassroots-level work cannot bill because they are busy providing services.
Kim said that there is currently no reimbursement mechanism or certification process for CHWs in Washington state. Kim said that nationally there is an effort to expand access to CHWs by developing a billing strategy through Medicare and Medicaid. Kim noted, however, that finding funding is a challenge for employers who see the benefit of CHWs. Desiree said that Doulas County experiences similar issues. Desiree said that while there are private pay doulas, doulas working with low-income populations are not able to be reimbursed for their services.

Chair Hayes spoke about the breadth of the CHW classification and the need for these services in communities. Chair Hayes said that it is unclear how the state is approaching policy development around this classification. Chair Hayes said it seems that policies are being driven towards bundled payment, which stresses the system to decide what services within that bundle are payable. Chair Hayes suggested the Board's State Health Report should highlight the limitations and potential harms of that payment model.

Member Kutz asked what interventions would best support pregnant people who use opioids and their babies. Desiree discussed their work supporting parents undergoing detox and Medication-Assisted Treatment therapy during pregnancy and about the "Eat, Sleep, Console" protocol. Desiree said these interventions allow for the family to remain together while providing care for the baby.

Scott Lindquist, Secretary's Designee, said that supporting people with complex health and social issues requires advocates with lived experience. Member Lindquist recommended the Board's State Health Report call out the need for lived experiences in this work. Member Kutz said that it should add the expectation of funding for this work.

Dimyana Abdelmalek, Board Member, spoke about their work as a local health officer, and mentioned the demand for family health programs is greater than their office can

meet. Member Abdelmalek asked about the CHW network's role for parents in the postpartum period and in the first two years.

Desiree said that their program does not limit the timeline where families can access support. Desiree said they continue to provide community case management and support at the level the family desires. Kim spoke about the formal and informal networks that CHWs create at the regional, state, and national levels.

Social Love, Board Member, spoke about the innovations that CHWs have discovered that they try to incorporate into their primary care practice. This includes having supporters on speed dial when people need services, or having a CHW like Desiree present to support pregnant parents make informed decisions and advocate for themselves. Member Love suggested the Board could include these innovative health practices in the State Health Report.

Kate Dean, Board Member, asked about the workforce development perspective, and said the current legislature funding for behavioral health work is not enough for the needed crisis response. Member Dean spoke about identifying skills that a CHW workforce needs. Such as language interpretation and culturally competent and trauma informed care. Member Dean said these positions should be well-paid and provide opportunities for development. Member Dean also spoke about best practices for workforce development, such as proper training and certification, while noting that more structure comes with its risks to consider.

Kim said that CHWs do have a Standard Occupational Classification profile but noted that there are 80 different job profiles under this classification. Kim spoke about the emotion-driven nature of CHW work and the trade-offs that may come with certification. Kim said that CHWs are naturally trusted members of their community, and some think that getting certified may change that. Kim described Oregon's tiered model, which offers different levels of certification based on the CHW's desired goals.
Stacia spoke about seeing burnout among workers while working at a refugee resettlement agency. Stacia spoke of the need for adequate pay and full benefits for workers. Stacia said that these measures help workers protect themselves against burnout and show workers there is a higher level of investment in their services.
Joseph commented on the need for recognition of the different kinds of CHWs. Joseph said that Recovery Coaches and other CHWs responding to crisis calls are just as valuable as those working in clinical settings.

Paj Nandi, Board Member, said that these conversations about CHWs have been happening for over a decade and that many policies haven't shifted in desired ways. Member Nandi said that many communities are dealing with this issue, especially communities of color. Member Nandi asked what the national landscape around CHWs looks like and whether there are best practices the Board should be more informed about.

Kim said that the national landscape on this issue is varied, but there are measures like the Community Health Worker Access Act focused on a national standard. Kim said the National Association of Community Health Workers has a policy workgroup that is sharing innovations and best practices around payment, professional development,

training, and more. Joseph said that there is also a National Peer Support Network. Joseph said that they were recently in a meeting with the Washington State Health Care Authority where they shared best practices. Joseph spoke about the different types of issues CHWs face as vulnerable populations working with other vulnerable populations and the support they need. Stacia added that for many CHWs, their work goes beyond a job. Stacia spoke about the need for a compensation model that recognizes the work that gets done outside of traditional working hours.

Molly summarized the next steps for this project. Molly said that the Board needs to understand the landscape of CHWs and see what work has been done in Washington. After that, the Board will write a report to submit to the Governor's Office and send out a community responsiveness survey. Molly said the Board will discuss the State Health Report again at their June 2024 public meeting.

Member Kutz said that the time needed to build trust the way that CHWs do is not typical in the medical provider community.

9. MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF HEALTH – POSSIBLE ACTION

Michelle Davis, Executive Director, directed Board Members to the memo describing the Memorandum of Understanding (MOU) (on file), and provided a brief background on the MOU and the Board's relationship with the Department of Health (Department), and the services the Department provides to the Board. Executive Director Davis shared that the MOU was last updated in 2019, and further updates were delayed due to the pandemic. Executive Director Davis shared that many of the changes are associated with organizational changes at the Department, including a Deputy Chief of Policy that serves as a conduit to the Departments organizational processes. Executive Director Davis stated that the MOU also includes new work that the Board will conduct related to the Healthy Environment for All (HEAL) Act.

Kelly Oshiro, Vice Chair, expressed support for updating the MOU and inquired about plans after this update given anticipated further changes at the Department in 2025. Executive Director Davis responded that the current MOU includes a commitment to review every two years, so it will be reviewed again at that time. Executive Director Davis shared that any urgent issues could be brought back before the two-year deadline.

Steve Kutz, Board Member, shared that the MOU outlines support specific to Board staff, and therefore did not have input. Kate Dean, Board Member, asked whether the redlines provided in the packet were made only by Board staff or if they had already been vetted by the Department as well. Executive Director Davis responded that the edits had been reviewed by Board staff internally and that Todd Mountin, Deputy Policy Director at the Department, has worked with each division within the Department to identify changes as well. Executive Director Davis stated that once the MOU is finalized, it is important to communicate to people that the Board is an independent body and that this commitment exists.

Member Dean clarified that the Board is passing the MOU, knowing that minor edits could be made but that it would remain substantively the same.

Patty Hayes, Board Chair, responded that it would be preferable to bring it back if major changes were made. Member Kutz agreed and added that it should be brought back if there is any additional support needed. Executive Director Davis agreed to follow these requests.

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

The Board directs staff to develop a final Memorandum of Understanding between the Board and Department, in close consultation with the Chair. The Chair is authorized to negotiate a final agreement and approve the MOU on behalf of the Board.

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

The Board took a break at 3:15 p.m. and reconvened at 3:25 p.m.

10. **RULES BRIEFING – HANDLING OF HUMAN REMAINS WAC 246-500, ABBREVIATED RULEMAKING TO IMPLEMENT CHANGES FROM SHB 1974**

Patty Hayes, Board Chair, introduced the Handling of Human Remains rules briefing and said today's discussion is to harmonize our rules with the statutory changes made by the legislature.

Shay Bauman, Board staff, provided background on the rule and the potential motion. Shay said the Substitute House Bill 1974 (SHB 1974) passed during the 2024 legislative session (Chapter 58 Laws of 24) and amends RCW 68.50.230. The changes specified in SHB 1974 reduce the holding period to 45 days and adds counties to the list of entities that may lawfully dispose of unclaimed human remains after 45 days (see presentation on file).

Kate Dean, Board Member, said as a county representative, they fully support this measure and said it's a good idea for a small rural county.

Paj Nandi, Board Member, asked why 45 days, saying our neighbor in Oregon is 10 days. Shay said the proposed legislation was 30 days, and the legislature recommended 45 days to be respectful.

Motion: The Board directs staff to file a CR-102 to initiate rulemaking for chapter 246-500 WAC to consider reducing the holding period for unclaimed human remains from 90 days to 45 days and add counties to the list of entities that may lawfully dispose of human remains after 45 days.

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

11. BOARD MEMBER COMMENTS

Patty Hayes, Board Chair, talked about the national interest in Foundational Public Health Services (FPHS). The National Accreditation Board did a podcast and Jeff Ketchel participated. Chair Hayes said that Jeff shared this great opportunity and recommended other partners talk about it. Chair Hayes had the opportunity to be filmed recently, along with other partners such as Vicki Lowe from the American Indian Health Commission (AIHC). Chair Hayes said the questions gave her the opportunity to put on record that the Board is in the state constitution and discuss the work funded through FPHS. This opportunity allowed for a conversation about the importance of communication and work with the Legislature and Governor.

Steve Kutz, Board Member, said former Secretary Wiesman had a significant part in pulling Tribes into FPHS. Member Kutz said there is still not a good understanding in the 29 Tribes across the state of what FPHS looks like. Chair Hayes agreed on the significance of Secretary Wiesman's work and talked about how the AIHC and Tribes are working to build their public health system. Chair Hayes said that building relationships takes time and leadership. Member Kutz said the difference is that we are building a partnership.

Chair Hayes mentioned her presentation about the Board at a breakout session at the Washington State Rural Health Conference in Spokane. Chair Hayes asked Board staff to circulate the presentation so Board Members could see it. Chair Hayes said attendees ranged from public health to hospitals to local health to private corporations. Chair Hayes said these opportunities help to get the word out regarding who we are, how we are structured, and our work.

Member Kutz said it's not well understood what the Board can't do, and that some folks use the Board as a conduit to get to the Department of Health. Chair Hayes said it is a positive experience to share what we can do.

Chair Hayes talked about the FPHS steering committee preparing to look at strategic planning as a system. Chair Hayes talked about thinking visionary down the road and working on a Decision Package (DP) for the 2025 legislative session. Chair Hayes said that Executive Director Davis has done a great job but could use more support with an Operational Deputy role at the Board. Chair Hayes talked about how to frame this to be successful.

Kate Dean, Board Member, asked if the steering committee is statewide. Chair Hayes said yes.

Member Kutz asked who began the Health Impact Reviews (HIRs). Michelle Davis, Executive Director, said the HIR work was created during the same time as the Health Disparities Council was formed by Senator Rosa Franklin and Representative Sharon Tomiko Santos. When created, there was 1 FTE and the other FTE was swept away by budget reductions. The Board later gained 1.6 FTE, through FPHS, bringing the current HIR budget to 2.6 FTEs. Executive Director Davis said the HIR staff is remarkable and they do a ton of work.

Chair Hayes said the HIRs are attached to an independent board that has the type of membership that is very unique. In Colorado, HIRs are attached to the legislature. It's a model we should be talking about. Member Kutz talked about one in Cowlitz County. Executive Director Davis indicated that the work in Cowlitz County was a Health Impact Assessment (HIA) which is different than an HIR. Executive Director Davis said sometimes the county or other organizations do the HIA's which is a very helpful tool.

Member Dean talked about the County Health rankings and the focus this year on the correlation of public health, including isolation and deaths of despair. Member Dean asked for advice from the Public Health Officer and Administrator.

Member Kutz talked about Tribes formalizing titles for health care workers and trying to have certification training and reimbursements. Member Kutz talked about missing Keith Grellner and the impact of the work Keith started around assessment and health care. Member Kutz said it caused the system to start talking about possible solutions. Member Kutz said that having Tribes on the Local Boards of Health has made a difference to the Tribes and county.

ADJOURNMENT

Patty Hayes, Board Chair, adjourned the meeting at 4:00 p.m.

WASHINGTON STATE BOARD OF HEALTH

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Patty Hayes, Chair