



***Snohomish Health District
Board of Health Minutes
Regular Meeting
October 13, 2015***

Members Present

Linda Grafer, Councilmember, Mukilteo
Karen Guzak, Mayor, Snohomish
John Joplin, Councilmember, Brier
Ken Klein, County Councilmember
Sam Low, Councilmember, Lake Stevens, Chair
Scott Murphy, Councilmember, Everett
Sean Richards, Councilmember, Mountlake Terrace
Sid Roberts, Councilmember, Lynnwood

Members Absent

Suzie Ashworth, Councilmember, Granite Falls
Adrienne Fraley-Monillas, Councilmember, Edmonds
Terry Ryan, County Councilmember
Dave Somers, County Councilmember
Brian Sullivan, County Councilmember
Donna Wright, Councilmember, Marysville
Stephanie Wright, County Councilmember

Call to Order

The August meeting of the Board of Health was convened at 3:03 p.m. by Chair Sam Low in the Auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Lorie Ochmann, who reported there was a quorum present.

Minutes

It was moved by Mr. Klein and seconded by Mr. Roberts to approve the minutes of the regular meeting held September 8, 2015. The motion carried unanimously.



Consent Agenda

It was moved by Ms. Guzak and seconded by Mr. Murphy to approve the following items on the Consent Agenda: (a) Resolution 15-13 authorizing expenditures for Health District and PHEPR funds totaling \$1,401,149.00 and voucher numbers 61162-61305 for September 2015; and (b) Agreement for Refugee Health Screening. The motion carried unanimously.

Public Comment

There was no public comment.

Chair's Report

Chair Low had no report.

Health Officer's Report

Dr. Goldbaum reported on the Evergreen State Fair Food Service, no booths operated without a permit and no foodborne or animal contact related illnesses were reported; vaccine safety and effectiveness after the power outages the weekend of August 29; 2015 Washington State Medicine Take-Back Summit; and the special viewings of two documentaries: Wounded Places and Paper Tigers.

Public Health Advisory Council Update

Brant Wood, Public Health Advisory Council (PHAC) Chair introduced Dr. Jiho Bryson, PHAC Member. Dr. Bryson reported that the PHAC had discussed the proposed vaping ordinance. The group considers the proposed ordinance a good middle ground approach, supports the ventilation requirement and a one-year grace period for ventilation installation on existing stores.

Action Items

Teri Smith, SHD Human Resources Manager presented a proposal to change the Snohomish Health District's non-represented employee cost sharing premiums for health plans from a flat dollar amount to a percentage based method consistent with percentage based plans currently offered to most other SHD employee groups. The flat dollar amount provided to non-represented employees has been a concern for recruiting, retention and in some cases, promotional opportunities as it is neither keeping pace with the applicant pools' requirements nor our external market.



In order to bring parity to the non-represented employees with the majority of the represented employees, staff recommends the percentage-based health plan insurance premium cost sharing for the non-represented employees, effective January 1, 2016. Based on the current non-represented employees' medical plan selections, there would be a minimal annual cost increase to the District of approximately \$33,000 in 2016.

It was moved by Ms. Guzak and seconded by Mr. Joplin to approve the proposed change to the Snohomish Health District's non-represented employee cost sharing premiums for health plans from a flat dollar amount to a percentage based method consistent with percentage based plans currently offered to most other SHD employee groups. The motion carried unanimously.

Public Hearing First Reading SIPP Phase II: Vaping and Vapor Devices Ordinance

Margaret Shield, SHD Health Policy Analyst gave a brief overview of the Proposed Vapor Products Code. Proposed Chapter 14 would introduce restrictions on the use, sale, and availability of vapor products by prohibiting the use of vapor products where smoking is prohibited, with limited exceptions, and regulating sales of vapor products to reduce youth access. The ordinance prohibits vaping in public in the same way that smoking is prohibited under Smoking in Public Places law. There is a limited exception for sampling of vapor products at specific permitted retail outlets, stores that obtain a Category 2 retail outlet permit. This exception may not be construed to authorize any vaping lounges. Two categories of permits are proposed: Category 1 – Sales at Retail Outlets; and Category 2 – Sales with Sampling. Both categories must meet all the retailer requirements. Category 2 stores must also: sell only vapor products; exclude minors at all times; provide samplings for free, limited to testing; not allow consumption of products on premises; not provide seating, not facilitate lounging; and have independent ventilation system. Vapor product retail outlets must submit permit application and permit fee. The ordinance creates enforcement procedures and fees based on SHD costs. The proposed ordinance would become effective thirty days after passage. A second public comment period opened October 8, and will close on October 23. One or more additional public listening sessions will be scheduled for the week of October 19, and the second reading of the draft ordinance will be at the November 10 Board Meeting. A vote may also occur at the November meeting.

Joshua Baba of Renton WA spoke about the need to allow responsible adults to choose vaping over cigarette smoking and the known dangers of traditional tobacco products.

Matt Bradley of Marysville, WA spoke about the need for seating in vapor stores. A first-time customer interaction is generally forty minutes or longer and they need a place to sit. Disabled patrons also need seating. Mr. Bradley also expressed concerns over the cost of ventilation requirements for a small business.



Scott Lowther of Lake Stevens, WA spoke about a customer with COPD who experienced improved health after switching to vaping. Mr. Lowther encouraged open-mindedness regarding this new industry.

David Nguyen of Seattle, WA spoke about the technology of vapor devices. The repair of vapor devices may take one or two hours. Customers, particularly disabled customers need a place to sit during the repair.

Michael Thorn of Lake Stevens, WA spoke about the social and educational aspects of the vape shop and need to provide seating. Mr. Thorn indicated that at least two of his three locations would be forced to close if the current ordinance passed.

Joe Baba of Snohomish, WA spoke about the known dangers of cigarette smoking presumed dangers in vaping and second-hand vapor. Mr. Baba believes the pendulum has swung too far in restricting vaping.

Board Member Guzak thanked members of the public for coming and speaking. Ms. Guzak stated that the Board and Subcommittee had done a lot of work on the subject and supported aligning vaping rules with smoking rules, but was compelled by the speaker requests for seating in vape stores. She suggested revisiting the seating issue and allowing seating without encouraging a lounge atmosphere.

Board Member Klein asked about vaping regulations in other counties and a side-by-side comparison of vaping rules by jurisdiction.

Margaret Shield responded that the requested information is available and currently posted on the SHD website. Pierce County has just updated their code. Ms. Shield will update the posted information to include the newest development and distribute to Board Members.

Board Member Grafer stated that she would like to revisit the seating issue as well. While she is not opposed to people vaping, she does not want it allowed in public.

Board Member Richards supports allowing seating in vape shops. The one-year timeframe to install the proposed ventilation systems is reasonable. Mr. Richards asked how vape shop owners would be made aware that they would need a license.

Ms. Shield responded that with all Board action, SHD does its best to notify the public. Media would be engaged in highlighting the change as well as direct notification to known businesses. The enforcement action is education focused with fees as necessary for non-compliance.

Mr. Klein said he has never been to a vape store and suggested that all Board of Health Members should visit one to see how they work. Mr. Klein also stated that it is regrettable that the state is not taking the lead on this topic. The Liquor and Cannabis Board should take up this topic.



Board Member Roberts stated that removing seating will not prevent people from vaping. Hanging out in vape shops is part of the culture. The trade-off is ventilation.

Board Member Guzak reiterated that the Subcommittee did good work and the ordinance is good, but the issue of seating should be revisited.

Dr. Goldbaum reminded the Board that the purpose for prohibiting seating is to prevent creating a loophole for a lounge. The vapor devices are drug delivery devices and may be used for other drugs. The safety of vapor devices needs to be proven and should be approached with caution. If the devices are proven safe, then that Board could revisit the issue. Seattle does not allow any product sampling in stores and maintains a robust retail market.

Board Member Murphy inquired about the fee structure.

Jeff Ketchel, Environmental Health Division Director stated that the fees would be based on an hourly rate of staff conducting one inspection per year for Category 1 businesses, stores without sampling; and two inspections per year of Category 2 businesses, stores that offer sampling. Staff travel time, training, and plan review time will be factored into the fee.

Board Member Roberts asked for confirmation that there are no vape lounges in King County.

Margaret Shield confirmed that vaping in vape stores is prohibited in King County. Additional information is available in the SHD website.

Chair Low announced that the comments and discussion heard today would be reviewed and considered in the ordinance. A Public Listening Session is scheduled for Monday, October 19, 4-6pm in the Rucker Building Auditorium. A second reading of the ordinance and potential vote will be at the November 10 Board of Health Meeting.

Briefings

Proposed Transition of Health District to Snohomish County

Pete Mayer, SHD Deputy Director and COO gave a presentation on Governance and Finance Options and Next Steps. The Board of Health had a retreat on September 24. The retreat focused on options for sustained funding for public health and possible restructuring of the Board. Proposals included a levy; countywide public safety sales tax; city and unincorporated area per capita contribution; and cost savings from proposed consolidation with Snohomish County. Governance options include reducing the size of the Board; committee structure; and longer terms; as well as alternative participation options via phone, web, or email. County Councilmember Ken Klein introduced a proposal to transition SHD into county government by January 1, 2017. Mr. Klein's



proposal would keep the current basic agency structure for two years while exploring if some activities could be assumed by other County departments. The potential benefits include: streamlined regulatory processes; creation of efficiencies to improve quality of service; greater transparency and accountability; and would provide office space for county growth. State law requires a Board of Health. The County Council has the authority to decide on the composition of members, whether elected or appointed officials. State law also requires a Health Officer, defined as “One full-time trained and qualified physician” with a Master of Public Health degree or provisional qualification. The Health Officer may also act as the administrator or the Board may appoint a separate administrator. Preliminary considerations in the transition include property interests. The Rucker Building was paid for using city contributions. The county would need to reimburse cities approximately \$3,102,986 for cash contributions and appreciated equity unless cities chose to relinquish their financial interests to the county.

Staff requested guidance on next steps and clarification if a feasibility study (analysis and consideration of the various issues that would need to be addressed prior to any potential transition) or a transition plan (an implementation plan that would guide transition of services) was the desired next step. The Board expressed interest in conducting a feasibility study, pending the County Council expressing more formally their interests in such an endeavor. Board Member Murphy requested Board Member Klein secure an expression of the County Council’s collective interest. Mr. Klein said he would ask the county council for a resolution stating their intent.

Board Members discussed the proposal and city interests in the Rucker Building.

Presentation of 2016 Preliminary Budget- 6-Year Financial Forecast/Assumptions; Capital Program; and Fee Schedule

Mr. Mayer introduced the Preliminary 2016 Budget Request. The presentation covered assumptions, staffing, division overviews, and the budget message. SHD needs a commitment for interim funding in 2016 and 2017, until new revenues may be secured in 2018. The current proposal includes a request for four million dollars in capital investments. This one-time use of fund balance is an investment in the endorsed new vision. Regarding staffing, a total net new of 7.85 FTE is proposed. A mix of new, eliminated, shifted and repurposed roles will be used with continued adjustments in 2017 and 2018. Administration Division Highlights include 1 new FTE for a health system transformation coordinator; other changes largely due to realigning staff from other divisions to support the entire agency; and workforce development to meet needs as the agency evolves. Program adjustments will focus on expanding outreach and communication efforts; centralized customer service first model; and alignment with “Futures Doc” and foundational public health model. In line with the Strategic Plan, the Administration Division will continue the governance and finance process; reinvigorate the process to pursue national accreditation; and invest in technology to improve efficiency and value-add.

Nancy Furness, Communicable Disease Division Director highlighted proposed increase of 3.15 FTE to continue investing in epidemiology, disease investigation, and outreach to child care



providers. In programmatic updates, a proposed expansion of CD Outreach Program to include early development, nutrition, physical activity, and other important health factors; and expanding disease investigation capacity to meet client needs. Under the Strategic Plan, continue collaboration with community partners for vaccine outreach services; continue to evaluate new partnerships for direct clinical services; and assure disease investigation services to protect the public's health. Public Health Emergency Preparedness and Response (PHEPR) is a team of 5.9 FTE focused on training and exercises, regional healthcare coordination, medical countermeasures, and medical reserve corps volunteer coordination. Program Focus in 2016 includes expansion of regional Healthcare Coalition responsibilities and continued training and exercising for public health response roles. In alignment with the Strategic Plan, the program will work to assure provision of basic public health services to protect the population's health and safety; expand partnerships to share resources and responsibility for the public's health; and improve quality and access to disease and injury prevention information.

Jeff Ketchel, Environmental Health Division Director highlighted the proposal to add 4 FTE focused on local source control, surface water management, and food programming, and training necessary to implement vaping ordinance inspections. Program focus in 2016 will be to cultivate a healthy organizational culture and cohesive leadership team; and implement FDA National Retail Food Regulatory Standards. Strategic Plan focus will be on implementation and launch of the EH Information Management Project; evaluation of options for reduced facility requirements; and succession planning and leadership development.

Charlene Shambach, Community Health Division Director highlighted personnel addition of 2 FTE that invest in population-based nutrition and injury prevention. Program changes include developing agreements with health systems serving vulnerable children and families; reducing and preventing the effects of Adverse Childhood Experiences; continuing to implement the Community Health Improvement Plan priorities of obesity, youth physical abuse, and suicide; sustaining staffing and engagement in the Healthy Communities Coalition; and conducting community health assessment and updating the Community Report Card. Strategic Plan focus will be based on work with community agencies and businesses on issues affecting pregnant and parenting families through formal and informal agreements; building the community's capacity to ensure services directed to individuals for prenatal and early childhood are available in the community; and address healthy eating, active living, tobacco-free living, and injury and violence in partnership with the community.

Mr. Mayer concluded the presentation stating that the proposed budget addresses the needs of today and tomorrow. Staff requests confirmation of the assumptions that the budget should include: the full "bridge the gap" request made to County; rolling over 2015 funding from delayed capital projects; continued WIC and First Steps programs during transition in 2016; and budget invests in the endorsed new vision. Next Steps include a budget presentation to County Council on October 15, 2016 Budget Ad Hoc Meeting #3 and the Board of Health Meeting on November 10.



Committee and Standing Reports

Finance Report

There were no questions on the finance report.

Quarterly Strategic Plan Briefing

There were no questions on the quarterly strategic plan briefing.

Information Items

A calendar for scheduled meetings in October and November 2015 was provided to Board Members in their packets.

Adjournment

The meeting was adjourned at 5:21 PM.

Sam Low, Chair

Gary Goldbaum, M.D., M.P.H., Secretary