



# King County

1200 King County  
Courthouse  
516 Third Avenue  
Seattle, WA 98104

## Meeting Agenda Board of Health

*Metropolitan King County Councilmembers: Joe McDermott, Chair;  
Rod Dembowski, Vice Chair; Kathy Lambert  
Alternate: Reagan Dunn*

*Seattle City Councilmembers: Nick Licata, John Okamoto, Kshama Sawant  
Alternate: Sally Bagshaw*

*Sound Cities Association Members: David Baker, Vice Chair; Largo Wales  
Alternate: Susan Honda*

*Health Professionals: Ben Danielson, MD; Bill Daniell, MD  
Non-Voting: Christopher Delecki, DDS, MBA, MPH, Vice Chair*

*Director, Seattle-King County Department of Public Health: Patty Hayes  
Staff: Maria Wood, Board Administrator (206-263-8791)*

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1:30 PM

Thursday, October 15, 2015

Room 1001

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1. Call to Order
2. Roll Call
3. Announcement of Any Alternates Serving in Place of Regular Members
4. Approval of Minutes of September 17, 2015 **pg 5**
5. Public Comments
6. Director's Report

To show a PDF of the written materials for an agenda item, click on the agenda item below.



*Sign language and communication material in alternate formats can be arranged given sufficient notice (206-1000).*

*TDD Number 206-1024.*

*ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.*



## Discussion and Possible Action

7. R&R No. BOH15-04 [pg 9](#)

A RULE AND REGULATION relating to farmers market and temporary food establishment fees; amending R&R 91, Section 1 (part), as amended, and BOH 2.10.020, R&R 05-05, Section 25, as amended, and BOH 2.10.080, R&R 09-05, Section 5, as amended, and BOH 5.04.035, R&R 09-05, Section 6, as amended, and BOH 5.04.036, R&R 11-05, Section 3, and BOH 5.42.015 and R&R 05-06, Section 35, as amended, and BOH 5.64.010, adding a new section to BOH chapter 5.04 and repealing R&R 05-06, Section 11, as amended, and BOH 5.04.400 and R&R 09-05, Section 8, as amended, and BOH 5.04.405; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

*Becky Elias, Manager, Food and Facilities Section, Environmental Health Division, Public Health - Seattle & King County*  
*Stella Chao, Deputy Division Manager, Environmental Health, Public Health – Seattle & King County*

### Public Hearing Required

8. R&R No. BOH15-03 [pg 39](#)

A RULE AND REGULATION relating to approved water sources for on-site sewage systems; amending R&R 3, Part 13, Section 3, as amended, and BOH 13.04.070; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

*Stella Chao, Deputy Division Manager, Environmental Health, Public Health – Seattle & King County*  
*Lynn Schneider, On Site Septic and Drinking Water Program Supervisor, Environmental Health, Public Health – Seattle & King County*

### Public Hearing Required

## Briefings

9. BOH Briefing No. 15-B18 [pg 49](#)

Public Health Foundational Services

*Patty Hayes, RN, MN, Director, Public Health - Seattle & King County*

10. BOH Briefing No. 15-B19 [pg 67](#)

Legislative Update

*Jennifer Muhm, Director of External and Legislative Affairs, Public Health - Seattle & King County*

11. **Chair's Report**

- 12. **Board Member Updates**
- 13. **Administrator's Report**
- 14. **Other Business**
- 15. **Adjournment**

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at [maria.wood@kingcounty.gov](mailto:maria.wood@kingcounty.gov)

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# King County

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## Meeting Minutes Board of Health

*Metropolitan King County Councilmembers: Joe McDermott,  
Chair;*

*Rod Dembowski, Vice Chair; Kathy Lambert  
Alternate: Reagan Dunn*

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Kshama Sawant  
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Largo Wales  
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*Health Professionals: Ben Danielson, MD; Bill Daniell, MD  
Non-Voting: Christopher Delecki, DDS, MBA, MPH, Vice Chair*

*Director, Seattle-King County Department of Public Health: Patty  
Hayes*

*Staff: Maria Wood, Board Administrator (206-263-8791)*

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1:30 PM

Thursday, September 17, 2015

Room 1001

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### DRAFT MINUTES

1. **Call to Order**

*The meeting was called to order at 1:35 p.m.*

2. **Roll Call**

**Present:** 6 - Dr. Daniell, Mr. Dembowski, Ms. Lambert, Mr. Licata, Mr. McDermott and Ms. Wales

**Excused:** 4 - Mr. Baker, Dr. Danielson, Mr. Okamoto and Ms. Sawant

3. **Announcement of Any Alternates Serving in Place of Regular Members**

*Boardmember Honda was also in attendance at the meeting.*

4. **Approval of Minutes of July 16, 2015**

*Boardmember Wales moved to approve the minutes of the July 16, 2015 meeting as presented. Seeing no objection, the Chair so ordered.*

**5. Public Comments**

*The following people spoke:*

*Queen Pearl*

*Alex Zimmerman*

*Kelsey Pitts*

*Jessica Livingston*

**6. Director's Report**

*Ms. Hayes briefed the Board on two recent food borne outbreaks. The first was a large multicounty salmonella outbreak involving 170 cases in Washington state. The second was an E.coli 0157 outbreak originating at a food truck. 13 people were infected. Ms. Hayes indicated that food inspectors, disease investigators, epidemiologists, environmental health staff and preparedness and communications staff all worked together to investigate and manage these outbreaks.*

*Ms. Hayes also reported that the Department of Public Health (DPH) received an award from the state auditor's office. The award acknowledge DPH for its work on Ryan White HIV grants. The DPH also created and distributed a news release educating the public on the dangers related to septic system covers.*

*Lastly, Ms. Hayes alerted the Board to a new E coli outbreak in the Fall City Water District.*

**Briefings****7. BOH Briefing No. 15-B14**

Environmental Health Fee Update

*Dr. Ngozi Oleru, Environmental Health Director and Mr. Leonard Winchester, Food Inspector and Compliance Officer presented an Environmental Health Fee Update.*

**This matter was Presented**

**8. BOH Briefing No. 15-B15**

2014 Health Care for the Homeless Annual Report

*Mr. John Gilvar, Interim Program Manager for the Health Care for the Homeless Network presented the 2014 Health Care for the Homeless Annual Report.*

**This matter was Presented**

**9. BOH Briefing No. 15-B16**

Update on Preliminary Impacts of Affordable Care Act Enrollment in King County

*Dr. Eva Wong, Epidemiologist, Public Health's Assessment, Policy Development and Evaluation Team and Ms. Jennifer DeYoung, Health Reform Policy Analyst, presented an update on preliminary impacts of Affordable Care Act enrollment in King County.*

**This matter was Presented**

10. **BOH Briefing No. 15-B17**

Legislative Update

**This matter was Presented**

11. **Chair's Report**

*No report was given.*

12. **Board Member Updates**

*Boardmember Lambert reported on King County's recent work related to testing of rape kits. The County is currently reviewing old kits to determine ones that still need to be tested.*

13. **Administrator's Report**

*No report was given.*

14. **Other Business**

15. **Adjournment**

*The meeting adjourned at 3:32 p.m.*

**If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at [maria.wood@kingcounty.gov](mailto:maria.wood@kingcounty.gov)**

Approved this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk's Signature

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19 The owner or operator of a food establishment subject to the permit requirement  
 20 of WAC ((~~246-215-200~~) 246-215-08300 or 2009 FDA Food Code Paragraph 8-301.11  
 21 shall pay to the health officer a food establishment permit fee as set forth in Table 1,  
 22 based on the establishment type and the risk or tier category for the establishment.  
 23 Where more than one type of food establishment exists within or as part of another food  
 24 establishment (for example, a bakery within a grocery store or a deli within a meat  
 25 market), the owner or operator shall pay the permit fee for each applicable food  
 26 establishment type; except that the owner or operator of a grocery store with no more  
 27 than two checkout stands, a general food establishment with no more than two checkout  
 28 stands and no more than twelve seats for customers for on-site consumption of food or a  
 29 meat/fish market with no more than two checkout stands shall pay only the highest  
 30 applicable risk category permit fee without being required to obtain a separate permit for  
 31 each type of food handling activity at the establishment. For purposes of this section,  
 32 "highest applicable risk category permit fee" means the fee corresponding to the highest  
 33 risk category of food handling activity at the establishment.

34 **TABLE 1**

35 **Food Establishment Categories and Permit Fees**

| 36 <b>Type of Food Establishment</b>       | <b>Applicable Fee<sup>1</sup></b> |
|--|-----------------------------------|
| 37 <b>General Food Service<sup>2</sup></b> |                                   |
| 38 Seating Capacity 0 - 250 Risk 1         | \$380.00                          |
| 39 Seating Capacity 0 - 12 Risk 2          | \$576.00                          |
| 40 Seating Capacity 0 - 12 Risk 3          | \$819.00                          |
| 41 Seating Capacity 13 - 50 Risk 2         | \$615.00                          |

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|    |  |            |
|----|--|------------|
| 42 | Seating Capacity 13 - 50 Risk 3                        | \$868.00   |
| 43 | Seating Capacity 51 - 150 Risk 2                       | \$615.00   |
| 44 | Seating Capacity 51 - 150 Risk 3                       | \$947.00   |
| 45 | Seating Capacity 151 - 250 Risk 2                      | \$753.00   |
| 46 | Seating Capacity 151 - 250 Risk 3                      | \$1,049.00 |
| 47 | Seating Capacity over 250 Risk 1                       | \$390.00   |
| 48 | Seating Capacity over 250 Risk 2                       | \$822.00   |
| 49 | Seating Capacity over 250 Risk 3                       | \$1,158.00 |
| 50 | <b>Limited Food Service</b>                            | \$380.00   |
| 51 | <b>Bakery - No customer seating<sup>3</sup></b>        |            |
| 52 | Risk 1   | \$452.00   |
| 53 | Risk 2   | \$540.00   |
| 54 | Risk 3   | \$795.00   |
| 55 | <b>Bed and Breakfast Operation</b>                     | \$379.00   |
| 56 | <b>Grocery Store - No customer seating<sup>3</sup></b> |            |
| 57 | Risk 1   | \$371.00   |
| 58 | Risk 2   | \$687.00   |
| 59 | <b>Catering operation</b>                              |            |
| 60 | Risk 1   | \$493.00   |
| 61 | Risk 2   | \$640.00   |
| 62 | Risk 3   | \$795.00   |
| 63 | <b>Meat/Fish Market</b>                                | \$827.00   |
| 64 | <b>Vending Machine</b>                                 | \$350.00   |

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|    |   |                         |
|----|---|-------------------------|
| 65 | <b>Mobile Food Unit and Commissary</b>              |                         |
| 66 | Risk 1  | \$519.00                |
| 67 | Risk 2  | \$830.00                |
| 68 | Risk 3  | \$1,070.00              |
| 69 | <b>Nonprofit Institution</b>                        |                         |
| 70 | Risk 1  | \$380.00                |
| 71 | Risk 2  | \$576.00                |
| 72 | Risk 3  | \$819.00                |
| 73 | <b>School Lunch Program<sup>4</sup></b>             | \$578.00                |
| 74 | <b>Seasonal Food Establishment<sup>5</sup></b>      |                         |
| 75 | Operating for more than ten and up to twelve        | One hundred percent of  |
| 76 | months  | the applicable annual   |
| 77 |   | permit fee              |
| 78 | Operating for more than seven and up to ten         | Seventy-five percent of |
| 79 | months  | the applicable annual   |
| 80 |   | permit fee              |
| 81 | Operating for more than four and up to seven months | Fifty percent of        |
| 82 |   | the applicable annual   |
| 83 |   | permit fee              |
| 84 | Operating for four or fewer months                  | Twenty-five percent of  |
| 85 |   | the applicable annual   |
| 86 |   | permit fee              |
| 87 | <b>Temporary Food Establishment</b> (other than     | <del>(\$281.00)</del>   |

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|     |  |                                    |
|-----|--|------------------------------------|
| 88  | farmers market or <del>((recurring event limited temporary))</del>   |                                    |
| 89  | <u>farmers market temporary food establishments</u> <sup>6,7</sup>   |                                    |
| 90  | <u>Minimal food handling</u>   |                                    |
| 91  | <u>Single event permit</u>   | <u>\$120.00</u>                    |
| 92  | <u>Unlimited event permit - unlimited number of events</u>           |                                    |
| 93  | <u>per calendar year</u>   | <u>\$236.00</u>                    |
| 94  | <u>Moderate food handling</u>  |                                    |
| 95  | <u>Single event permit</u>   | <u>\$290.00</u>                    |
| 96  | <u>Multiple event permit - up to 5 events per calendar year</u>      | <u>\$640.00</u>                    |
| 97  | <u>Unlimited event permit - unlimited number of events</u>           |                                    |
| 98  | <u>per calendar year</u>   | <u>\$750.00</u>                    |
| 99  | <u>Complex food handling</u>   |                                    |
| 100 | <u>Single event permit</u>   | <u>\$350.00</u>                    |
| 101 | <u>Multiple event permit - up to 5 events per calendar year</u>      | <u>\$700.00</u>                    |
| 102 | <u>Unlimited event permit - unlimited number of events</u>           |                                    |
| 103 | <u>per calendar year</u>   | <u>\$850.00</u>                    |
| 104 | <del>((<b>Limited Temporary Food Establishment</b> (other than</del> | <del>————— \$55.00</del>           |
| 105 | <del>farmers market or recurring event limited temporary</del>       |                                    |
| 106 | <del>food establishments))</del>                                     |                                    |
| 107 | <b>Farmers Market</b>  |                                    |
| 108 | Tier 1 <u>- 0 to 5 permitted farmers market temporary</u>            |                                    |
| 109 | <u>food establishments</u>   | <del>\$(0.00))</del> <u>780.00</u> |
| 110 | Tier 2 <u>- 6 to 15 permitted farmers market temporary</u>           |                                    |

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|-----|--|---------------------------------------|
| 111 | <u>food establishments</u>                                       | <del>\$(302.00)</del> <u>960.00</u>   |
| 112 | Tier 3 - <u>16 or more permitted farmers market temporary</u>    |                                       |
| 113 | <u>food establishments</u>                                       | <del>\$(502.00)</del> <u>1,200.00</u> |
| 114 | <b>Farmers Market Temporary Food Establishment<sup>6,7</sup></b> | <del>(\$281.00)</del>                 |
| 115 | <u>Minimal food handling</u>                                     |                                       |
| 116 | <u>Single event permit</u>                                       | <u>\$120.00</u>                       |
| 117 | <u>Unlimited event permit - unlimited number of events</u>       |                                       |
| 118 | <u>per calendar year</u>   | <u>\$236.00</u>                       |
| 119 | <u>Moderate food handling</u>                                    |                                       |
| 120 | <u>Single event permit</u>                                       | <u>\$290.00</u>                       |
| 121 | <u>Multiple event permit - up to 5 events</u>                    |                                       |
| 122 | <u>per calendar year</u>   | <u>\$640.00</u>                       |
| 123 | <u>Unlimited event permit - unlimited number of events</u>       |                                       |
| 124 | <u>per calendar year</u>   | <u>\$750.00</u>                       |
| 125 | <u>Complex food handling</u>                                     |                                       |
| 126 | <u>Single event permit</u>                                       | <u>\$350.00</u>                       |
| 127 | <u>Multiple event permit - up to 5 events</u>                    |                                       |
| 128 | <u>per calendar year</u>   | <u>\$700.00</u>                       |
| 129 | <u>Unlimited event permit - unlimited number of events</u>       |                                       |
| 130 | <u>per calendar year</u>   | <u>\$850.00</u>                       |
| 131 | <b><u>Certified booth operator<sup>6,7</sup></u></b>             | <u>\$95.00</u>                        |
| 132 | <b><u>Temporary event blanket permit<sup>8</sup></u></b>         | <u>\$215.00 per hour</u>              |
| 133 | <u>for all local health officer</u>                              |                                       |

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|-----|--|-----------------------------------|
| 134 |  | <u>services, including but</u>    |
| 135 |  | <u>not limited to plan review</u> |
| 136 |  | <u>and inspections.</u>           |
| 137 | <del>((Farmers Market Limited Temporary Food Establishment</del> | <del>— \$55.00</del>              |
| 138 | <del>Recurring Event</del>                                       | <del>— \$100.00</del>             |
| 139 | <del>Recurring Event Temporary Food Establishment</del>          | <del>— \$281.00</del>             |
| 140 | <del>Recurring Event Limited Temporary Food Establishment</del>  | <del>— \$55.00))</del>            |

141 Footnotes to Table 1:

142           1. All food establishment permit fees set forth in this table are annual fees,  
 143 except those for temporary (~~and limited temporary~~) food establishments (including  
 144 temporary nonprofit institution food establishments) and seasonal food establishments.  
 145 An applicant for an annual food establishment permit who submits the application after  
 146 September 30 shall pay one-half the applicable annual permit fee for the remainder of the  
 147 permit year.

148           2. General food service includes a grocery store or bakery offering seating for  
 149 on-site consumption of food.

150           3. A bakery or grocery store offering seating for on-site consumption of food  
 151 shall be classified as a general food service establishment.

152           4. A school kitchen not qualifying as a school lunch program shall be classified  
 153 as a nonprofit institution.

154           5. The applicant for a seasonal food establishment permit shall pay an annual  
 155 permit fee prorated to a quarterly schedule specified in Table 1.

- 156           6. To obtain or maintain a multiple event permit, the owner or operator of a  
157 temporary food establishment or farmers market temporary food establishment must:  
158           a. not less than fourteen days before commencing operation at each event,  
159 notify the health officer of the event date, location and time of operation; and  
160           b. maintain the presence of a certified booth operator on site while operating at  
161 each event.
- 162           7. To obtain or maintain an unlimited event permit, the owner or operator of a  
163 temporary food establishment or farmers market temporary food establishment must:  
164           a. have incurred no more than one return inspection by the health officer under  
165 the most recently issued multiple or unlimited event permit within the current or previous  
166 calendar year;  
167           b. not less than fourteen days before commencing operation at each event,  
168 notify the health officer of the event date, location and time of operation; and  
169           c. maintain the presence of a certified booth operator on site while operating at  
170 each event.
- 171           8. As an alternative to requiring a separate temporary food establishment permit  
172 for each participating establishment at a single event or celebration, such as a fair or  
173 festival, the health officer may issue a temporary event blanket permit to the event  
174 coordinator or other person, who shall be responsible for ensuring compliance with the  
175 applicable requirements of BOH title 5 by all participating temporary food establishments  
176 at the event. The temporary event blanket permit application and a nonrefundable deposit  
177 in the amount of \$215.00 must be submitted to the health officer at least 30 days before  
178 the event. For the purposes of this section, "person" means any individual, corporation,
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179 company, association, society, firm, partnership, joint stock company or governmental  
180 agency, or the authorized agent of any of these entities.

181 SECTION 2. R&R 05-05, Section 25, as amended, and BOH 2.10.080 are each  
182 hereby amended to read as follows:

183 **Miscellaneous fees.**

184 A. The food establishment owner or operator shall pay the following  
185 miscellaneous fees, as applicable:

- 186 1. Variance request fee \$215.00 per hour
- 187 2. Reinspection fee for establishments 50 percent of applicable  
188 other than temporary food permit fee.  
189 establishments, farmers markets and  
190 temporary farmers market food  
191 establishments
- 192 3. Reinspection fee for temporary food \$160.00 per reinspection.  
193 establishments, farmers markets  
194 and temporary farmers market food  
195 establishments
- 196 4. Reinstatement of permit after 100 percent of applicable  
197 suspension permit fee.
- 198 ~~((4-))~~ 5. Penalty for commencing 50 percent of applicable  
199 operation of a food establishment permit fee.  
200 without required permit or plan review.

201            NEW SECTION. SECTION 3. There is hereby added to BOH chapter 5.04 a  
202 new section to read as follows:

203            **Certified booth operator.** WAC 246-215-01115 is supplemented with the  
204 following:

205            Certified booth operator (WAC 246-215-01115(12.1)).

206            "Certified booth operator" means an individual who has successfully completed a  
207 certified booth operator course administered by the health officer and holds a current,  
208 valid certificate of course completion issued by the health officer.

209            SECTION 4. R&R 09-05, Section 5, as amended, and BOH 5.04.035 are each  
210 hereby amended to read as follows:

211            **Farmers market (~~(or recurring event)~~) coordinator.** WAC 246-215-01115 is  
212 supplemented with the following:

213            Farmers market (~~(or recurring event)~~) coordinator (WAC 246-215-01115(41.1)).

214            Farmers market (~~(or recurring event)~~) coordinator means an individual authorized  
215 by the health officer to be responsible for the operation of the farmers market (~~(or~~  
216 ~~recurring event)~~) in conformance to the requirements of this title and the lawful orders of  
217 the health officer, including providing the common facilities for and monitoring the  
218 farmers market (~~(or recurring event)~~) temporary food establishments(~~(and limited food~~  
219 ~~establishments)~~)).

220            SECTION 5. R&R 09-05, Section 6, as amended, and BOH 5.04.036 are each  
221 hereby amended to read as follows:

222            **Farmers market (~~(or recurring event)~~) temporary food establishment.** WAC  
223 246-215-01115 is supplemented with the following:

224 Farmers market (~~((or recurring event))~~) temporary food establishment (WAC 246-  
225 215-01115(41.2)).

226 "Farmers market (~~((or recurring event))~~) temporary food establishment" means  
227 ~~((either a temporary or a limited))~~ a temporary food establishment at a farmers market  
228 ~~((or recurring event))~~.

229 SECTION 6. R&R 11-05, Section 3, and BOH 5.42.015 are each hereby  
230 amended to read as follows:

231 **Farmers markets (~~((and recurring events))~~).** WAC ~~((246-215-131))~~ 246-215-  
232 09200 is supplemented as follows:

233 Farmers markets (~~((and recurring events))~~) (WAC ~~((246-215-131(12)))~~) 246-215-  
234 09200(4).

235 (a) The health officer shall designate each farmers market as tier 1, tier 2 or tier  
236 3 based on the ~~((types of foods offered))~~ number of permitted farmers market temporary  
237 food establishments participating at the farmers market and the standards of this section.

238 (b) ~~((Any farmers market having no participating food establishments as defined~~  
239 ~~under BOH 5.04.040 and WAC 246-215-011(12)).~~

240 ~~((e))~~) Any farmers market where all participating food establishments are exempt  
241 from the food establishment permit requirement under WAC ~~((246-215-191))~~ 246-215-  
242 08305 shall be designated as tier ~~((2))~~ 1.

243 ~~((d) Any farmers market where any participating food establishment is required~~  
244 ~~to obtain a farmers market temporary or limited temporary food establishment permit~~  
245 ~~shall be designated as tier 3.~~

246           ~~(e))~~ (c) A farmers market coordinator shall be responsible for the operation of  
247 the farmers market in conformance with the requirements of this title and the lawful  
248 orders of the health officer, including providing the common facilities for and monitoring  
249 the participating food establishments and vendors. The farmers market coordinator shall  
250 pay the applicable ~~((tier 1, tier 2 or tier 3))~~ farmers market permit fee as set forth in BOH  
251 chapter 2.10.

252           ~~((f) A recurring event coordinator shall be responsible for the operation of the~~  
253 ~~recurring event in conformance with the requirements of this title and the lawful orders of~~  
254 ~~the health officer, including providing the common facilities for and monitoring the~~  
255 ~~recurring event temporary and limited temporary food establishments and payment of the~~  
256 ~~recurring event permit fee as set forth in BOH chapter 2.10.~~

257           ~~(g) By March 31, 2013, and annually thereafter, the~~ (d) The Seattle-King  
258 County department of public health shall report to the board of health on the number of  
259 farmers markets in each tier, the frequency and severity of food code violations at  
260 farmers markets, and identification of any noteworthy changes from the preceding  
261 calendar year. The department shall provide a written report by March 31 each year in  
262 electronic format to the board of health administrator who will distribute the report to all  
263 board of health members.

264           SECTION 7. R&R 05-06, Section 35, as amended, and BOH 5.64.010 are each  
265 hereby amended to read as follows:

266           **Food establishment risk categories.** ~~((Every food establishment and))~~ Except  
267 for temporary food establishments and farmers market temporary food establishments,  
268 every new and renewal application for a food establishment permit shall be subject to a

269 risk assessment by the health officer. The health officer shall designate each food  
270 establishment as low (~~(risk (risk category 1))~~), medium (~~(risk (risk category 2))~~) or high  
271 risk (risk category 1, 2 or 3) based on the types of food dispensed, food preparation  
272 steps(~~(;)~~) and types of food processing or packaging performed at the establishment(~~(;~~  
273 ~~provided, however, that temporary food establishments shall be designated as either high~~  
274 ~~risk or low risk~~)). In determining the most-appropriate risk category for each  
275 establishment, the health officer shall apply the (~~(risk category)~~) following standards (~~(of~~  
276 ~~this section.)~~);

277       A. Low Risk - Risk Category 1. Any food establishment performing only cold  
278 holding or limited food preparation, with no further preparation, shall be designated a low  
279 risk or risk category 1 establishment. The following shall also be designated as a low risk  
280 or risk category 1 establishment:

281           1. Any establishment serving ready to eat, pre-packaged potentially hazardous  
282 food or prepackaged frozen foods;

283           2. Any establishment serving espresso or blended drinks, with no other food  
284 preparation;

285           3. Any establishment heating and serving individually, commercially-prepared  
286 and prepackaged ready to eat foods for immediate service;

287           4. Any mobile food establishment serving only espresso or hot dogs or both,  
288 with no other food preparation; and

289           5. Any bed and breakfast operation.

290       B. Medium Risk - Risk Category 2. Any food establishment performing only  
291 cold holding or food preparation, and which does not otherwise qualify as a high risk or

292 risk category 3 establishment, shall be designated as a medium risk or risk category 2  
293 establishment. The following shall also be designated as a medium risk or risk category 2  
294 establishment:

- 295 1. Any establishment baking bread or pastries, frying donuts, or grilling  
296 sandwiches or toast for immediate service, with no hot-holding of food;
- 297 2. Any school or institution satellite operation performing food service limited  
298 to reheating or hot holding of prepared foods, with no on-site cooking; and
- 299 3. Any grocery store or market selling pre-packaged raw meat or fish products.

300 C. High Risk - Risk Category 3. The following shall be designated as a high risk  
301 or risk category 3 establishment:

- 302 1. Any establishment cooking and either cooling, reheating, hot holding, or  
303 holding other than cold holding of food;
- 304 2. Any meat or fish market selling meat or fish other than pre-packaged raw  
305 product;
- 306 3. Any establishment where food preparation includes cutting or processing of  
307 raw meat or fish products;
- 308 4. Any establishment with an approved HAACP plan; and
- 309 5. Any establishment using time as a public health control.

310 D. Temporary food establishments and farmers market temporary food  
311 establishments shall be designated as engaged in either minimal food handling, moderate  
312 food handling or complex food handling as follows:

313            1. Minimal food handling: a temporary food establishment or farmers market  
314 temporary food establishment serving only packaged potentially hazardous food made in  
315 a permitted facility, and performing no handling of unpackaged food;

316            2. Moderate food handling: a temporary food establishment or farmers market  
317 temporary food establishment:

318            a. serving samples of potentially hazardous foods;

319            b. reheating and serving of foods made in a facility permitted by the  
320 Washington state Department of Agriculture or United States Department of Agriculture;

321            c. hot holding and serving of foods; or

322            d. preparing and serving any foods not qualifying as complex food handling  
323 under this section; and

324            3. Complex food handling: a temporary food establishment or farmers market  
325 temporary food establishment:

326            a. serving raw animal products;

327            b. serving food cooked from raw animal products; or

328            c. serving food that has been cooked and cooled before serving.

329            SECTION 8. R&R 05-06, Section 11, as amended, and BOH 5.04.400 are each  
330 hereby repealed.

331            SECTION 9. R&R 09-05, Section 8, as amended, and BOH 5.04.405 are each  
332 hereby repealed.

333            SECTION 10. Severability. If any provision of this rule or its application to any

334 person or circumstance is held invalid, the remainder of the rule or the application of the  
335 provision to other persons or circumstances is not affected.  
336

BOARD OF HEALTH  
KING COUNTY, WASHINGTON

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Joe McDermott, Chair

ATTEST:

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Anne Noris, Clerk of the Board

**Attachments:** None



## King County

### King County Board of Health

#### Staff Report

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Agenda item No: 7  
Rule & Regulation No. BOH15-04

Date: October 15, 2015  
Prepared by: Becky Elias, Maria Wood

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#### **Subject**

Review and potentially vote on the Environmental Health Services (EHS) farmers market and temporary event permit redesign process and new proposed fees.

#### **Summary**

Responding to direction from the Board of Health (BOH) and the King County Council, the EHS Food Program developed a redesigned model for farmers markets and temporary event permits to contain or reduce these costs from the original 2015-2016 proposed levels. The proposed model was presented to the BOH Advisory Committee in August and to the full Board on September 17, 2015. This staff report provides technical updates and responds to questions raised by members. The proposal is ready for action by the Board to adopt fee levels for implementation for the 2016 permit cycle.

#### **Background**

The Environmental Health Services division (EHS) is one of five divisions within Public Health – Seattle & King County (PHSKC). EHS provides fee-based, grant-based and regional services focused on prevention of disease. Environmental Health Services is required to cover all of its costs through permit fees, including labor, rent, equipment, supplies and all other costs of doing business.

During the 2015 fee adoption process, there were questions raised by the Board of Health, King County Council,<sup>1</sup> and stakeholders about permit fee costs for farmers markets and temporary events. Acting on the recommendation of the BOH Environmental Health Fee Advisory Committee, and in order to give EHS time to explore additional mitigation strategies to reduce the fees for the farmers market and temporary event permit categories, the Board of Health adopted proposed 2015 rates with the exception of those permit categories associated with farmers markets and temporary events. Permit fees for farmers markets and temporary events are currently held at the 2014 amounts with a goal of adopting new fees to be implemented no later than the 2016 permit cycle.

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<sup>1</sup> The King County Council adopts the operating budget for EHS, which is affected by the revenue generated by EHS permit fees that are adopted by the BOH. The County Council placed provisos on EHS's budget for 2015-2016 requesting reports on the cost of farmers market and temporary event permit fees and plans for fee-reduction strategies. Those reports are being heard in the county's Health, Housing and Human Services Committee.

Using feedback gathered from food business and other stakeholders during the original fee proposal discussions, the Food Program developed a redesigned model for farmers markets and temporary event permits. This effort included consultation with other counties throughout the country to identify best practices and work with a core group of staff and stakeholders to draft and review feasibility of options. The group conducted additional stakeholder outreach on a draft proposal for a new permit structure, and then provided the updated proposal to the BOH Advisory Committee in August 2015 and to the full Board at its September 17, 2015 meeting.

### **Fee redesign overview**

In March 2015, the Board of Health approved most food program fees and held farmers market and temporary event vendor and coordinator permit fees at 2014 levels. EHS was instructed to redesign the permit structure. The redesign took into account various factors, including but not limited to the following:

- Results of the 2014 Rate Study report
- Stakeholder feedback on the need to:
  - Incentivize good performance;
  - Provide more education;
  - Foster access to healthy food;
  - Create flexibility for different kinds of events;
  - Support vendors with multiple events.

The Food Program's proposed model creates a multiple event permit structure that enables vendors to attend multiple temporary events for a lower price. Under the 2014 permit structure, temporary food vendors are required to get a permit for each event they attend (Attachment 1). Vendors who attend farmers markets obtain a seasonal permit for each farmers market location they participate in, not each market day.

In late 2014 and early 2015, the Food Program consulted with neighboring county health departments and national public health colleagues to gather best practices for structuring and enforcing food safety compliance under temporary event permits. The Food Program began this process by meeting with neighboring counties, many of which indicated they also were working on redesigning how farmers market and temporary event vendors are regulated. A timeline of the redesign process is captured in Attachment 2.

The Food Program created a workgroup to redesign the permit structure for farmers markets and temporary events that included PHSKC program staff, members of food programs from Pierce, Snohomish, Spokane and Thurston counties as well as the Washington State Department of Health. Work group redesign guiding principles included maintaining food safety and increasing efficiency while reducing costs.

The work group developed a draft permit structure and presented it to stakeholders and food program staff for feedback. The program held three community stakeholder meetings that had interactive sessions for attendees to inform the new permit structure. Two meetings focused on temporary events and had 28 attendees made up of vendors, event coordinators, non-profits, community organizations, festivals and elected officials. One focused on farmers markets and had 27 attendees. With feedback from the community and input from staff, the State Department

of Health, and food programs from other counties, the program has a newly designed proposed permit structure summarized in Table 1.

Stakeholder and Board of Health feedback requested that the redesign address support for overseeing food safety concerns while providing incentives for vendors with a history of good food safety practice, having a structure that supports the selling of healthy foods at farmers markets and temporary events, and supporting vendors attending multiple temporary events.

The proposed new permit fees for 2016 are listed in Table 1. Two key features are the addition of new risk categories (described in Attachment 4) and multiple event options. Characteristics of the proposed fee structure are discussed further in the sections below. All 2016 proposed fees are lower than the fees that had been originally contemplated by EHS for 2015. At the individual event level, each of these fees are higher than the current 2014-held fee amounts. However, as a vendor with a good performance record engages in multiple events in a year, the more events the vendor holds, the more savings the vendor would realize. Estimated savings for various multiple-event scenarios are presented in Attachment 3.

**Table 1. Proposed Temporary Event/Farmers Market Detailed Permit Schedule**

| Temporary Food and Farmers Markets Fee Schedule     | 2014 Fees Single Permit | Previously Proposed Fee Single | New Proposed Fee 2016 Single | New Proposed Fee 2016 *Multiple (up to 5) | New Proposed Fee 2016 *Unlimited | 2013 Permit Count |
|---|-------------------------|--------------------------------|------------------------------|---|----------------------------------|-------------------|
| Farmers Markets Temporary Food – Limited (Type-Low) | \$55                    | \$195                          | \$120                        | N/A                                       | \$236                            | 317               |
| Farmers Markets Temporary Food (Type -Medium)       | \$281                   | \$390                          | \$290                        | \$640                                     | \$750                            | **225             |
| Farmers Markets Temporary Food (Type -High)         | \$281                   | \$390                          | \$350                        | \$700                                     | \$850                            | **                |
| Temporary Food – Limited (Type -Low)                | \$55                    | \$195                          | \$120                        | N/A                                       | \$236                            | 1,474             |
| Temporary Food – Limited (Type -Medium)             | \$281                   | \$390                          | \$290                        | \$640                                     | \$750                            | **1,345           |
| Temporary Food – Limited (Type -High)               | \$281                   | \$390                          | \$350                        | \$700                                     | \$850                            | **                |
| *Certified Booth Operator (CBO) good for 2 years    | N/A                     | N/A                            | \$95                         |   |                                  |                   |
| Re-inspection Fee                                   | 1/2 permit              | -                              | \$160                        |   |                                  |                   |
| Hourly Rate   | 201/ hr                 | \$215/hr                       | -                            |   |                                  |                   |

\*Multiple and Unlimited permits are approved only if requirements are met including “certified booth operator” (CBO).

\*\* Medium and High Categories were combined in prior years. Since this is a new permit category there is no historical data for numbers of permits. Preliminary estimates are 60-65% Medium and 35-40% for High.

## **NEW: Food safety educational requirements for farmers market and temporary event vendors**

The multi-county work group proposed the establishment of a Certified Booth Operator permit for those vendors who have multiple events. This ensures a basic level of formal education around structural requirements such as access to hand washing equipment and food safety handling practice.

### Certified Booth Operator Class

- Strong stakeholder support for an educational requirement.
- Vendors must have certified booth operator in each booth in order to earn multiple & unlimited permit packages. (see Attachment 5)
- Certification classes to be held monthly.
- Based on successful model in Pierce County.

Attachments 5 and 6 illustrate how the Certified Booth Operator education component fits with other strategies to support food safety practices and performance. In year one of the new permit structure, vendors who have multiple events can apply for a certified booth operator permit, and permits for single events, or permits for packages of events.

- A satisfactory inspection result and continued safe food handling practice leads to eligibility for a lower cost permit for multiple events.
- An unsatisfactory inspection results in an additional fee for the mandatory re-inspection.
- There is a path to become eligible for the lower permit fees if the vendor has an unsatisfactory inspection.
- Repeated unsatisfactory inspections result in longer thresholds of good practice to become eligible for the lower permit fee

At the September 17 briefing, the question of the length of booth operator certification was raised. The current permit length is two years per individual. A Board member expressed interest in evaluating 1) the efficacy of a four-year booth operator permit length in future, and 2) the possibility of allowing adjacent booths to share a certified booth operator (CBO). Staff suggested online renewal of CBO permits after two years as an option for exploration.

Other questions raised and staff responses were as follows:

*Question:* How long is the CBO training?

*Answer:* About one hour. The time shared is an estimate, as the training is in development.

*Question:* Are inspector positions expected to be cut if permit applicants respond to incentives and the inspection process becomes more efficient?

*Answer:* No layoffs are anticipated based on current data.

**NEW: "Blanket" permit for unique, one-time events**

Stakeholders requested an option where one organization can take the responsibility for all the vendors at one event. For example, the organizer of the Bite of Seattle could apply for plan review and permits for all vendors and pays fee-for-service at the hourly rate for the staffing costs necessary to review the plan and inspect all the food vendors at the event.

- Option billed at the hourly rate of \$215 per staff person required for all services provided.
- Enables a single organization to assume the costs for an event, regardless of the structure and number of vendors.
- Received strong stakeholder support, particularly from community and non-profit organizations.
- Similar to a model used in Pierce County.

**NEW: Farmers Market Coordinator Fee - Scaling fees based on the size of the market**

A scaled design is in development in collaboration with farmers market coordinators. Farmers market coordinators provided feedback that permit fees should reflect the size and scale of the market, and staff developed a model to meet it. The scale is based on the number of permitted vendors who attend each market location. Because vendors vary over the year, the number will be determined by the total number of permitted vendors that attended the market the previous year. Markets in their first year can estimate the number of vendors they anticipate that year.

**Table 2. Proposed Temporary Event/Farmers Market Detailed Permit Schedule**

| Farmers Market Coordinator Fee Schedule           | 2012-15 Fee | Previously Proposed Fee | New Proposed Fee 2016 |
|---|-------------|-------------------------|-----------------------|
| Small = 1-5 permitted vendors (9 markets)         | \$502       | \$1,136                 | \$780                 |
| Med = 6 – 15 permitted vendors (23 markets)       | \$502       | \$1,136                 | \$960                 |
| Large = 16 or more permitted vendors (12 markets) | \$502       | \$1,136                 | \$1,200               |

**Technical changes**

In drafting the code language, two technical updates were made following the Board of Health briefing on September 17<sup>th</sup>.

1. For the new permit risk categories, change the words “no food handling” to “minimal food handling” for clarification purposes. The definition of this category does not change, meaning the group of businesses and food handling practices that fit into this category remain the same. See Attachment 4.

2. Also for clarification purposes, the words “satisfactory” and “unsatisfactory” in Attachment 6 (describing performance thresholds and process enforcement) have been changed to “pass” and “fail.” The meaning of the performance thresholds remain the same.

## **ATTACHMENTS**

1. Description of current permit structure
2. Timeline of farmers market and temporary event redesign
3. Estimated vendor savings with new permit model for multiple events
4. Risk Categories for farmers market and temporary event permits
5. Structure savings for multiple event operations
6. Performance thresholds and enforcement process
7. Proposed R&R No. BOH15-04

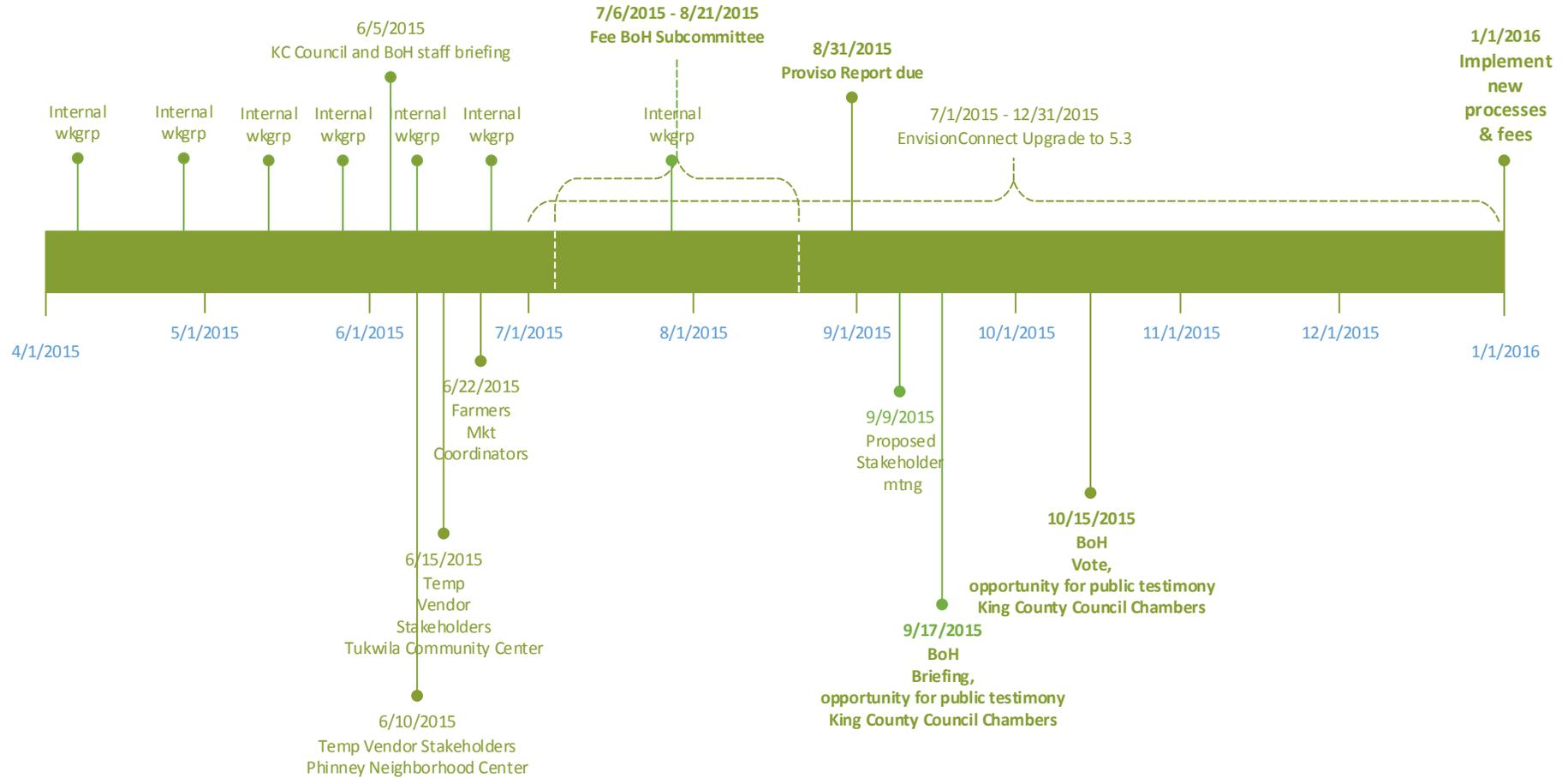
**Attachment 1: Description of current permit structure**

| <b>Food Permit Category</b><br><b>Temporary Events</b>    | <b>Current Fee</b> | <b>When permit is required</b>                    | <b>Office plan review</b>                  | <b>Inspection</b>                                  | <b>Enforcement</b>  |
|---|--------------------|---|--|--|---|
| Temporary Food<br>(1,345 permits)                         | \$281              | For each event*                                   | For each event*                            | For each event*                                    | a) Not allowed to operate until standards met<br><br>b) If operating, operation closed until violations corrected |
| Temporary Food – Limited types of food<br>(1,474 permits) | \$55               |   |  | Spot check – only inspected if violations observed |   |
| <b>Farmers Markets</b>                                    | <b>Current Fee</b> | <b>When permit is required</b>                    | <b>Office plan review</b>                  | <b>Inspection</b>                                  | <b>Enforcement</b>  |
| FM Vendors – Temporary Food                               | \$281              | Permit per market location per season             | Once per season market location per season | 2 x per market season**                            | Subject to closure, may obtain permit for future event  |
| FM Vendors – Limited                                      | \$55               |   |  |  |   |
| FM Farmers selling/sampling produce                       | No Fee             | No permit required; must comply with hand washing |  |  |   |

\* Opportunity for efficiency and cost savings

\*\* Farmers Market Coordinator plays a role in food safety oversight allowing for fewer inspections

**Attachment 2: Timeline of farmers market and temporary event redesign**

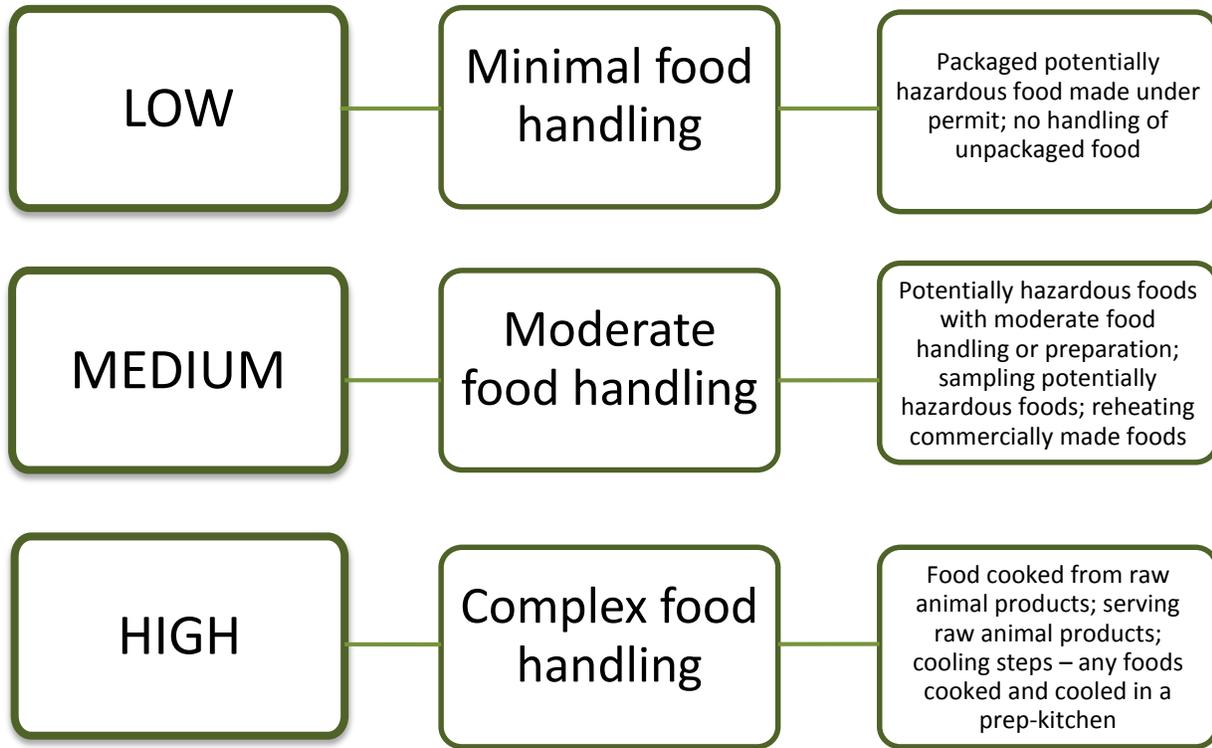


**Attachment 3: Estimated vendor savings with new permit model for multiple events**

| Temporary Event or Market | 2015        | 2016 Proposed Medium Risk          | net change | 2016 Proposed High Risk          | net change |
|---------------------------|-------------|------------------------------------|------------|----------------------------------|------------|
| had 1 event               | \$ 281      | \$ 290                             | \$ 9       | \$ 350                           | \$ 69      |
| had 3 events              | \$ 843      | \$ 735<br>(\$640+ \$95 CBO)        | \$ (108)   | \$ 795<br>(\$700 + \$95 CBO)     | \$ (48)    |
| had 4 events              | \$ 1,124    | \$ 735<br>(\$640+ \$95 CBO)        | \$ (389)   | \$ 795<br>(\$700 + \$95 CBO)     | \$ (329)   |
| had 5 events              | \$ 1,405    | \$ 735<br>(\$640+ \$95 CBO)        | \$ (670)   | \$ 795<br>(\$700 +\$95 CBO)      | \$ (610)   |
| had 10 events             | \$ 2,810    | \$ 1,485<br>(\$640 + \$750 + \$95) | \$ (1,325) | \$ 1,645<br>(\$700 +\$850 +\$95) | \$ (1,165) |
| had 20 events             | \$ 5,620    | \$ 1,485<br>(\$640 + \$750 +\$95)  | \$ (4,135) | \$ 1,645<br>(\$700 +\$850 +\$95) | \$ (3,975) |
| <b>Year 2:</b>            | <b>2017</b> |                                    |            |                                  |            |
| had 10 events             | \$ 2,810    | \$ 750                             | \$ (2,060) | \$ 850                           | \$ (1,960) |
| had 20 events             | \$ 5,620    | \$ 750                             | \$ (4,870) | \$ 850                           | \$ (4,770) |

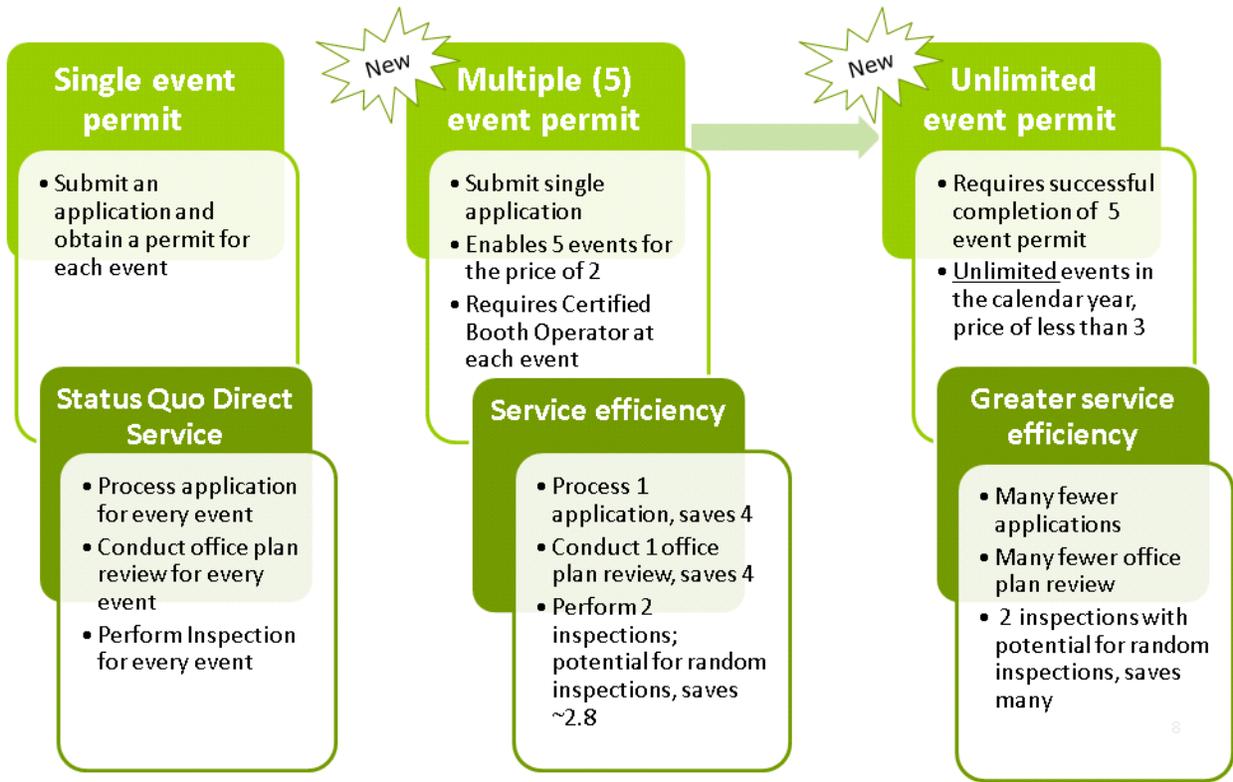
\*Multiple permit includes purchase of Certified Booth Operator Permit (CBO) \$95 for 2 years.

**Attachment 4: Risk Categories for farmers market and temporary event permits**

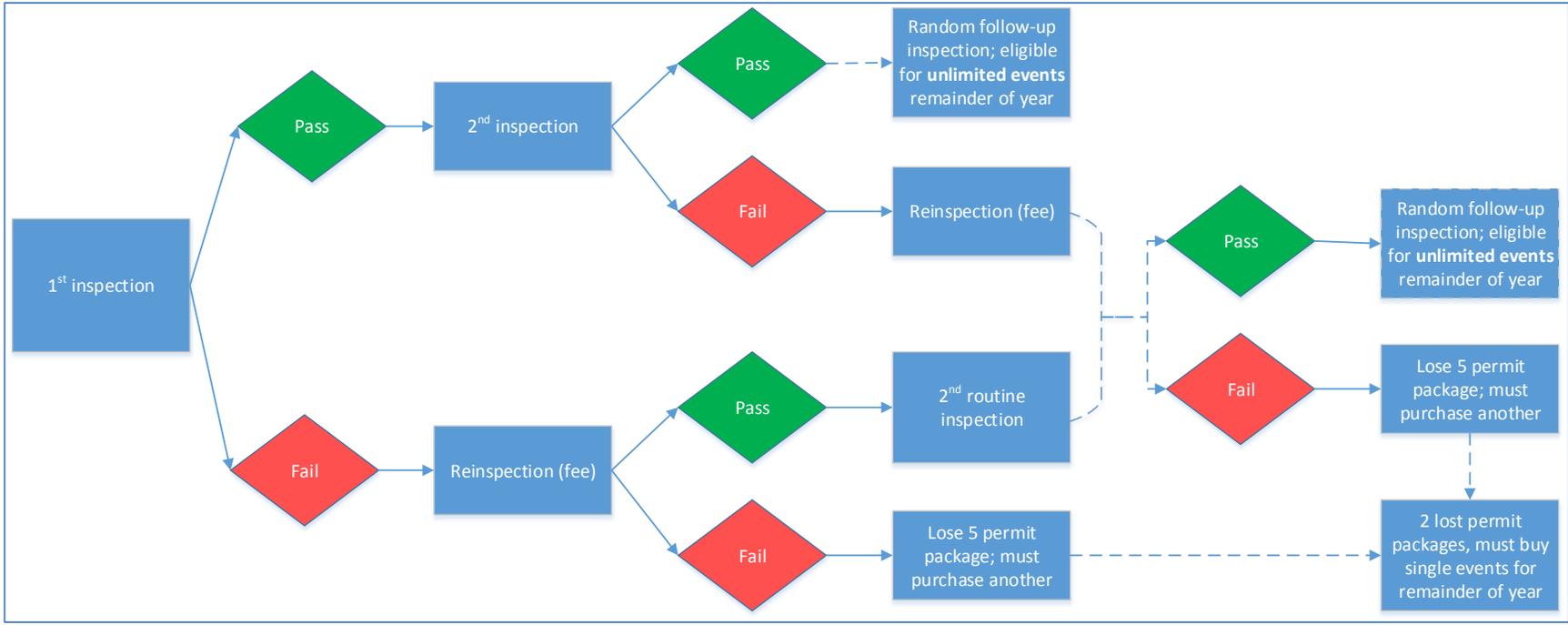


\*Note: Same as with previous permit model, farmers selling/sampling produce are not required to purchase a permit

**Attachment 5: Structure savings for multiple event operations**



**Attachment 6: Performance thresholds and enforcement process**



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**KING COUNTY**  
**Signature Report**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**October 7, 2015**

**R&R**

**Proposed No. BOH15-03.1**

**Sponsors**

1 A RULE AND REGULATION relating to approved  
2 water sources for on-site sewage systems; amending  
3 R&R 3, Part 13, Section 3, as amended, and BOH  
4 13.04.070; enacted pursuant to RCW 70.05.060,  
5 including the latest amendments or revisions thereto.

6 BE IT ADOPTED BY THE KING COUNTY BOARD OF HEALTH:

7 SECTION 1. R&R 3, Part 13, Section 3, as amended, and BOH 13.04.070 are  
8 each hereby amended to read as follows:

9 **Domestic water supply source.** No on-site sewage system may be constructed  
10 or expanded if the plumbing fixtures draining to the system are not supplied with water  
11 from an approved source. An approved water source consists of one of the following:

12 A. Public water source: A public water source currently in compliance with  
13 chapter 246-290 or 246-291 WAC and BOH Title 12.

14 B. Private individual well source: A private well on a lot five acres or greater in  
15 size or a lot created prior to May 18, 1972, which complies with all of the following  
16 conditions:

17 1. Well location approval: Any proposed new or replacement individual private  
18 well location shall be submitted to the health officer and receive approval prior to  
19 construction of the well.

20           a. All private water system development in the urban growth area or in the  
21 rural area as defined by the King County Comprehensive Plan is subject to the provisions  
22 of King County Code Sections 13.24.140 and 13.24.138, respectively.

23           b. Proposed new initial well locations shall be accurately specified upon an  
24 OSS site design application and shall be submitted for review by the health officer in  
25 conjunction with evaluation of the proposed OSS design. If the protective well radius is  
26 within ten feet of any lot line, easement line or any source of contamination, the health  
27 officer may require the well site to be surveyed.

28           c. Application for replacement well locations shall be made on forms obtained  
29 from the health officer and shall be accompanied by a review fee as specified in the fee  
30 schedule.

31           d. The new or replacement well location shall be clearly identified at the site.

32           e. Information shall be provided as part of the well location application to  
33 include, at minimum, a completely dimensioned plot plan, drawn to a scale not smaller  
34 than one inch equals one hundred feet accurately showing the location of the proposed  
35 water well relative to property boundary lines, existing and proposed OSS components  
36 including OSS reserve area, existing and proposed structures, roads and driveways,  
37 surface water, direction of surface drainage, a designated well protection sanitary control  
38 area and any other features relevant to the siting of a water well location.

39           f. A water well site approval is valid for two years from the date of approval or  
40 until the expiration of a building permit issued by the building official for construction of  
41 the primary structure to be served by the new well, whichever period is longer.

42           2. Water well protection covenant: The property owner shall establish a water  
43 well protection sanitary control area by providing a recorded protective covenant  
44 prohibiting, within a horizontal distance of not less than one hundred feet of the well,  
45 potential sources of contamination as described in BOH 12.24.010 and WAC 173-160-  
46 171.

47           3. Demonstrate adequate water quantity by:

48           a. Drilling, in known or suspected areas of low production, the well and  
49 conducting a four hour pump test that demonstrates that the proposed well is capable of  
50 providing water to a residential dwelling in the amount of not less than four hundred  
51 gallons per day. This pump test may be required to be performed during the months of  
52 August, September or October at the health officer's discretion; or

53           b. Providing, in all other areas, adequate information to the satisfaction of the  
54 health officer to demonstrate the aquifer's capability to provide four hundred gallons per  
55 day. This information may include well logs or pumping reports from neighboring wells  
56 utilizing the same aquifer. The neighboring well or wells shall be shown on a map of the  
57 surrounding area identifying both the subject property and the location of the well or  
58 wells identified as neighboring. The map shall be included with the OSS site design  
59 application submittal.

60           4. Demonstrate adequate water quality by submitting results of all tests taken for  
61 the following and showing:

62           a. ~~((At least one bacteriological analysis from the well water which does not  
63 exceed the maximum contaminant level prescribed in WAC 246-291-320))~~

64 Bacteriological analysis from at least two raw source water samples from the well  
65 indicating no presence of coliform bacteria; and

66 b. At least one chemical test for nitrate and arsenic from the well water  
67 described in table ((1)) 2, WAC ((246-291-330)) 246-291-170, which does not exceed the  
68 primary maximum contaminant level under WAC ((246-291-330)) 246-291-170.

69 5. Provide a copy of well driller's report under WAC 173-160-141.

70 6. Construction of the well must meet Washington state Department of  
71 Ecology's construction standards under chapter 173-160 WAC.

72 C. A private spring on a lot five acres or greater or a lot created prior to May 18,  
73 1972, that complies with all of the following conditions prior to application for OSS site  
74 design approval:

75 1. Application for an individual private spring water source shall be made on  
76 forms provided by the health officer and shall be accompanied by a fee as specified in the  
77 fee schedule.

78 2. The application shall include: a recorded protective covenant of no less than  
79 two hundred feet up slope and one hundred feet down slope from the spring prohibiting  
80 any potential sources of contamination as described in BOH 13.04.070 B.2., a spring  
81 location plot plan, a detailed spring construction plan, and information demonstrating  
82 acceptable water quality and quantity as specified in BOH 12.20.040 and chapter 246-291  
83 WAC.

84 3. Within thirty days of receiving a complete application the health officer shall  
85 approve, deny or notify the applicant that the application is pending. Reasons for denial  
86 or pendency of the application shall be stated in writing.

87 D. A rainwater catchment system that serves as the only source of drinking water  
88 for a single family residence and that complies with each of the following conditions:

89 1. The health officer finds that requiring connection of the plumbing system to  
90 an approved public water source or to an approved private well would cause undue  
91 hardship.

92 2. Application for a rainwater catchment system source approval shall be  
93 submitted for review on forms provided by the health officer. The applicant shall pay to  
94 the health officer the rainwater catchment system review fee as specified in the fee  
95 schedule, payable after completion of the application review.

96 3. Application for a rainwater catchment system source approval shall be  
97 prepared by any one or more of the following:

98 a. a professional engineer authorized under a current, valid license to practice  
99 in Washington state;

100 b. an environmental health professional holding a current, valid registration  
101 from either the Washington State Environmental Health Association or the National  
102 Environmental Health Association;

103 c. a King County licensed water system designer holding a current, valid  
104 license to design water systems in King County; and

105 d. a rainwater system designer holding a current, valid accreditation from the  
106 American Rainwater Catchment System Association.

107 4. Rainwater catchment system ((source)) design shall conform to ((Part III of  
108 ~~Chapter 16 of the Uniform Plumbing Code, 2009 edition~~)) chapter 51-56 WAC, Uniform  
109 Plumbing Code, as amended, and shall include, at a minimum, the following information:

- 110           a. estimated daily and weekly and annual demand;
- 111           b. available catchment area and estimated annual rainwater capture;
- 112           c. roofing materials used;
- 113           d. storage capacity of and materials used in the construction of the rainwater
- 114 catchment system;
- 115           e. treatment specifications including filtrations and disinfection system
- 116 specifications; and
- 117           f. operation and maintenance requirements.
- 118           5. Composite or shake shingles or other materials determined by the health
- 119 officer to present a risk of contamination may not be approved or used as roofing
- 120 materials for a rainwater catchment system source.
- 121           6. Before using a rainwater catchment system source, the property owner shall
- 122 file in the county recorder's office a notice on title advising that the property is served by
- 123 a rainwater catchment system and including the following information:
- 124           a. the estimated daily, weekly and annual water supply furnished by the
- 125 rainwater catchment system;
- 126           b. that the water supply from the rainwater catchment system may be limited
- 127 due to variations in rainfall or usage; and
- 128           c. that regular maintenance of the treatment system and components is required
- 129 in order to minimize the risk of consuming contaminated water.
- 130           E. Lot area designated in whole or in part as a critical area may be included in the
- 131 computation of the minimum five-acre lot size required under subsections B. and C. of
- 132 this section.

133            **SECTION 2. Severability.** If any provision of this rule or its application to any  
134 person or circumstance is held invalid, the remainder of the rule or the application of the  
135 provision to other persons or circumstances is not affected.  
136

BOARD OF HEALTH  
KING COUNTY, WASHINGTON

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Joe McDermott, Chair

ATTEST:

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Anne Noris, Clerk of the Board

**Attachments:** None



## King County

### King County Board of Health Staff Report

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Agenda item No: 8

Date: October 15, 2015

Rule & Regulation No. BOH 15-03

Prepared by: Darrell Rodgers, Lynn Schneider

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#### **Subject**

Proposed amendments to outdated King County Board of Health Code Title 13, On-site Sewage Regulations, arsenic and coliform bacteria standards, to comply with updated Washington State arsenic, nitrate, and coliform bacteria standards in WAC 246-291-170.

#### **Purpose**

Public Health - Seattle & King County (Public Health) promotes the protection of the public from the negative long-term health effects of arsenic, nitrate, and coliform bacteria in their drinking water when they are served by a private individual well. The proposed changes to King County Board of Health Code Title 13, On-site Sewage Regulations, will advance this mission as well as comply with the minimum federal and state arsenic, nitrate, and coliform bacteria standards for drinking water.

The proposed changes to the on-site sewage regulations increase public health protection by reducing exposure to arsenic, nitrate, and coliform bacteria. Development on some lots will be limited or an alternate water source such as a public water supply or rainwater catchment will be required. One proposed single family residential development has been identified as having source water with arsenic above the state's maximum contaminant level (MCL) standard at this time.

#### **Background and Summary**

For many years, the federally mandated standard for arsenic in drinking water was 50 parts per billion (ppb). In January of 2001, the U.S. Environmental Protection Agency (EPA) changed that standard from 50 ppb to 10 ppb using its discretionary authority under the 1996 Amendments to the Safe Drinking Water Act. They took this action to reduce the public's long-term exposure to arsenic in drinking water.

“Studies have linked long-term exposure to arsenic in drinking water to cancer of the bladder, lungs, skin, kidney, nasal passages, liver, and prostate. Non-cancer effects of ingesting arsenic include cardiovascular, pulmonary, immunological, neurological, and endocrine (e.g., diabetes) effects.”<sup>1</sup> In making this change, EPA projected that this new standard “will provide additional

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<sup>1</sup> US EPA “Fact Sheet: Drinking Water Standard for Arsenic”  
[http://water.epa.gov/lawsregs/rulesregs/sdwa/arsenic/regulations\\_factsheet.cfm](http://water.epa.gov/lawsregs/rulesregs/sdwa/arsenic/regulations_factsheet.cfm)

protection for 13 million Americans against cancer and other health problems, including cardiovascular disease and diabetes, as well as neurological effects."<sup>2</sup>

In December of 2012, the Washington State Board of Health updated the state drinking water regulations to comply with new federal requirements, and increased the required number of coliform samples from one to two to increase the information available to determine if a well is safe. These changes were adopted in Washington Administrative Code 246-291-170, Water quality requirements for groundwater source approval. That action also amended and consolidated WAC 246-291 §320 and §330 into a new §170.

## **Stakeholders**

The current stakeholders for this change include all individuals with on-site sewage systems who utilize an individual well for their drinking water source. It will also affect all those obtaining their drinking water from groundwater through wells exempt from the Departments of Ecology and Health's permit requirements.

Additional stakeholders include developers and those wanting to develop on lots that cannot comply with this new standard because of the presence of arsenic above the MCL. This change will limit development in those situations and would require an alternate water source, such as rain catchment or municipal water service.

One currently proposed single-family residential development in King County has been identified as having arsenic in a proposed well source above the state standard at this time. Others may also be identified in future development proposals.

## **Analysis**

The proposed revisions are essentially technical amendments to conform the Board of Health well water source requirements to those adopted under the state regulations. If the Board of Health does not adopt the proposed changes, the Board of Health On-site Sewage Regulations (BOH Title 13) will remain out-of-date and inconsistent with the Washington State Department of Health's amendments to the state regulations. Adoption of the proposed changes will ensure that the King County Board of Health On-site Sewage Regulations remains in alignment with the State's minimum requirements.

If the proposed revisions are adopted, Public Health will continue communication with professional well drillers regarding implementation of the changes to BOH Title 13.

## **Attachments**

1. Proposed Rule & Regulation No. BOH15-03

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<sup>2</sup> Ibid.

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## King County

### King County Board of Health

#### Staff Report

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Agenda item No: 9  
BOH Briefing No. 15-B18

Date: October 15, 2015  
Prepared by: Jennifer Muhm & Jennifer  
Beaty

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#### **Subject**

Foundational Public Health Services

#### **Purpose**

This briefing provides a summary of the state's Foundational Public Health Services, and how they apply for Public Health – Seattle & King County as a metropolitan health department.

#### **Summary**

The Affordable Care Act is causing a dramatic shift in how the United States approaches health – and public health is part of creating that new future. It is a critical time to re-examine what public health does, and how it does it.

Foundational Public Health Services (FPHS) is a new framework at the state level that redefines Public Health's core capacities and who should pay for core services – things that historically have been chronically underfunded. FPHS are composed of a basic set of Foundational Capabilities that support the Foundational Programs. These capabilities and programs provide a strong public health foundation, and they must be available to every community so that all people in Washington are protected.

Public Health – Seattle & King County is working with partners at the State Department of Health and the Washington State Association of State and Local Health Officers (WSALPHO) to explore how allocation methodology associated with FPHS can account for the county's unique experience as the 9th largest metropolitan health department in the country.

#### **Background**

Most decision makers agree that public health is a basic responsibility of government. The Revised Code of Washington (RCW) declares that “the social and economic vitality of the state

depends on a healthy and productive population” and charges government with the “life and health of the people,” granting authority and responsibility for organizing public health services.

A new vision is needed to ensure consistent response to 21st century health challenges facing all people in Washington. To meet today’s challenges in a rapidly changing world it essential to rethink which public health services are most important, how they should be provided, and how they should be funded. The Affordable Care Act is causing a dramatic shift in how the United States approaches health – and Public Health is part of creating that new future. It is a critical time to re-examine public health’s role and how services are provided.

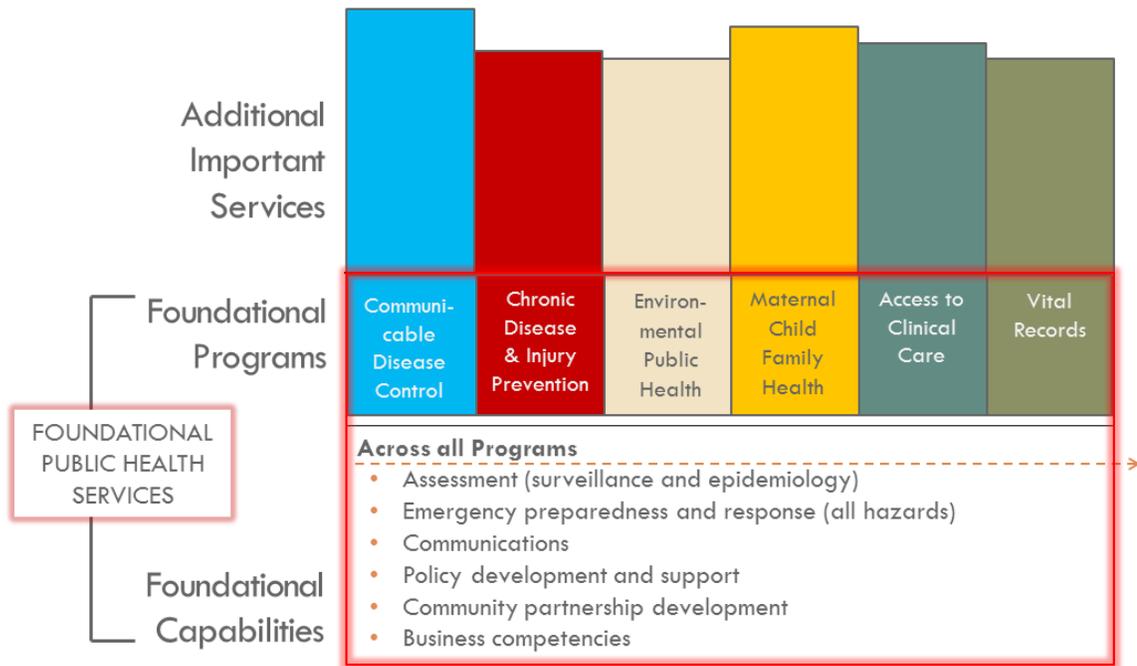
Foundational Public Health Services (FPHS) is a new framework at the state level that redefines Public Health’s core capacities and who should pay for core services – things that historically have been chronically underfunded. For example, the repeal of the Motor Vehicle Excise Tax 15 years ago started a downward spiral of state dollars – a key contributor to today’s public health funding crisis. In part in response to the funding crisis, and in part in response to broad changes brought by the Affordable Care Act, Washington state’s public health system has come together to create a framework – the Foundational Public Health Services – that will ensure all Washington communities will receive a basic level of public health services and protections.

FPHS are defined as a basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington. These services provide a strong foundation from which the state and local communities can deliver Additional Important Services that respond to and are local community priorities. While FPHS are needed equitably statewide for the system to work, Additional Important Services meet local public health threats and priorities that can vary significantly from community to community.

Additionally, there are Foundational Capabilities – core business capacities that provide critical support to the Foundational Programs – things like Assessment, Emergency Preparedness, Communications, Policy Development and Support, Community Partnership Development, and Business Competencies. Together, these Foundational Programs and Foundational Capabilities make up the Foundational Public Health Services. See Figure 1 below.

In 2014, Washington State Secretary of Health John Wiesman assembled a diverse Policy Workgroup to define a new Vision for Foundational Public Health Services in Washington State to meet 21st century needs. Members represent a diversity of perspectives coming from statewide health associations, cities, counties, state government, and tribes.

Figure 1: Foundational Public Health Services



The FPHS Policy Workgroup developed a set of recommendations about how FPHS should be rolled out and paid for:

1. State funding for public health should ensure that the costs of Foundational Public Health Services are covered in every community.
2. Foundational Public Health Services should be funded with statutorily-directed revenues placed in a dedicated Foundational Public Health Services account.
3. Allocation determinations should be a collaborative process between state and local stakeholders.
4. A robust accountability structure that aligns with the Foundational Public Health Services framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment.
5. Tribal public health, with support from the Department of Health, should convene a process to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people in Washington.
6. Local spending on Additional Important Services should be incentivized.

King County is fully supportive of this new framework, and is working to define how that framework applies to King County as a metropolitan health department – the 9th largest in the nation. The complexity of providing these services in King County is much different than in other parts of the state. The reality is that King County has:

- More complex systems;
- A more complex population;
- Complexity in terms of size; and
- Operates as the “go to” county for incubating new policies and systems that become standardized for the state and region.

Each year the needs of this metro region grow faster than Public Health’s ability to meet them. The current period of rapid growth will also add to the size and complexity of the region and metro pressures. Last year, Board of Health Chair McDermott participated in the FPHS Policy Workgroup. As seen in the recommendations above, the Workgroup recommended that Public Health should ask the state to pay for the FPHS – with local governments bearing the fiscal responsibility for programs and services tailored to meet local needs.

King County is working with partners at the State Department of Health and the Washington State Association of Local Public Health Officials to explore how allocation methodology associated with FPHS can account for the county’s unique experience as the 9th largest metropolitan health department in the country. King County staff is involved in several work groups at the state level that are working on how to roll out implementation of this new framework – and what potential statute and budget changes might be needed in Olympia.

This discussion of funding the FPHS will be a focal point in 2016.

## **Analysis**

While King County fully supports the state’s Foundational Public Health Services framework, it recognizes that this framework must account for a large, metropolitan health department like Seattle & King County. As the state works to finalize definitions and moves toward state legislation, there is a critical window of opportunity to ensure that the definitions and framework eventually codified in state law reflects the unique volume and complexity of running a health department in a large, urban environment and international destination. Future state funding allocation methods will need to take into consideration both the added volume and complexity of implementing both foundational public health services and foundational capabilities that support those services in King County.

## **Attachment**

*Foundational Public Health Services: A new Vision for Washington State.* Washington State Department of Health, January 15, 2015.

<http://www.doh.wa.gov/Portals/1/Documents/1200/FPHSp-Report2015.pdf>



# Foundational Public Health Services

*A New Vision for Washington State*

**January 15, 2015**

# FPHS POLICY WORKGROUP MEMBERS

## Co-Chairs of Policy Workgroup

### John Wiesman

Secretary, Washington State Department of Health

### Todd Mielke

Commissioner, Spokane County, District 1

### Marilyn Scott

Whe-Che-Litsa Vice Chairman, Upper Skagit Indian Tribe

## Elected Officials

### Jim Hemberry

Mayor, City of Quincy

### Obie O'Brien

Commissioner, Kittitas County, District 3

### Jim Jeffords

Commissioner, Asotin County, District 3

### Patty Lent

Mayor, City of Bremerton

### Joe McDermott

Councilmember, King County, Council District 8

## State Government

### Jay Balasbas

Senior Budget Assistant, Office of Financial Management

### Richard Pannkuk

Senior Budget Assistant, Office of Financial Management

### Robert Crittenden, MD

Senior Health Policy Advisor, Washington State Governor's Office

## State Associations

### Anne Tan Piazza

President, Washington State Public Health Association

### Brad Banks

Managing Director, Washington State Association of Local Public Health Officials

### Eric Johnson

Executive Director, Washington State Association of Counties

### Ian Corbridge

Clinical Policy Director, Washington State Hospital Association

### Judy Huntington

Executive Director, Washington State Nursing Association

### Mary Looker

Chief Executive Officer, Washington Association of Community and Migrant Health Centers

### Adrienne Thompson

Co-Chair, Public Health Roundtable

### Susie Tracy

Lobbyist, Washington State Medical Association

## Public Health Representatives

### Danette York

Administrator, Lewis County Public Health and Social Services

### David Windom

Administrator, Northeast Tri County Health District

### Martha Lanman

Administrator, Columbia County Public Health

### Scott Lindquist

State Communicable Disease Epidemiologist, Washington State Department of Health

### Vicki Kirkpatrick

Administrator, Mason County Public Health

## Tribal Public Health

### Andrew Shogren

Health Director, Quileute Tribe

### Barbara Juarez

Director, Northwest Washington Indian Health Board

### Victoria Warren-Mears

EpiCenter Director, Northwest Portland Area Indian Health Board

### Jan Olmstead

Public Health Project Manager, American Indian Health Commission

## Co-Chairs of Technical Workgroup

### Barry Kling

Administrator, Chelan-Douglas Health District

### Jennifer Tebaldi

Assistant Secretary, Disease Control and Health Statistics Division, Washington State Department of Health

## Washington State Department of Health Staff

### Karen Jensen

Director, Office of Partnership, Planning & Performance, DOH

### Marie Flake

Local Health Liaison, Office of Partnership, Planning & Performance, DOH

# A NEW VISION FOR PUBLIC HEALTH IN WASHINGTON STATE

## The Problem: The People of Washington are at Risk

1. If we don't change course, kids will have shorter lifespans than their parents.
2. Many Washingtonians suffer from preventable illness and premature death that public health can help prevent. We know what needs to be done, but we often do not have the capacity to do it.
3. In Washington, public health funding and service levels vary significantly depending on where you live.
4. Public health funding has eroded, threatening basic services and our public health.

## Public Health is a Basic Responsibility of Government

Most decision makers agree that public health is a basic responsibility of government. The Revised Code of Washington (RCW) declares that "the social and economic vitality of the state depends on a healthy and productive population" and charges government with the "life and health of the people," granting authority and responsibility for organizing public health services<sup>1</sup>. The public expects Washington's public health network to work with health care providers, tribes, communities, and others to do what it can to improve health and reduce costs.

**A new Vision is needed to ensure consistent response to 21st century health challenges facing all people in Washington.**

## The New Vision

While Washington State's public health network has long been recognized as a national leader, to meet today's challenges in a rapidly changing world we must rethink which public health services are most important, how they should be provided, and how they should be funded. To do that John Wiesman, Secretary of Health, assembled a diverse Policy Workgroup to define a new Vision for *Foundational Public Health Services* in Washington State to meet 21st century needs. Members represent a diversity of perspectives coming from statewide health associations, cities, counties, state government, and tribes.

**The purpose of this document is to lay out the new Vision for the governmental public health network in Washington State and a new funding model for state and local governments.**

PUBLIC HEALTH  
AFFECTS  
EVERYBODY

*Among the important health problems public health address are:*

- Unclean drinking water
- Unsafe food in restaurants
- Ebola
- Premature birth
- Adolescent marijuana use
- Obesity
- Smoking
- Heart disease

<sup>1</sup> Revised Code of Washington 43.70 and 70.05.

# FOUNDATIONAL PUBLIC HEALTH SERVICES: SERVICES FOR ALL PEOPLE IN WASHINGTON

Like public safety (fire, police), public utilities (power, water), and other public infrastructure (roads, sewers), there is a foundational level of public health services that must exist everywhere for services to work anywhere. This foundation – the *Foundational Public Health Services* (FPHS) – is a subset of all public health services.

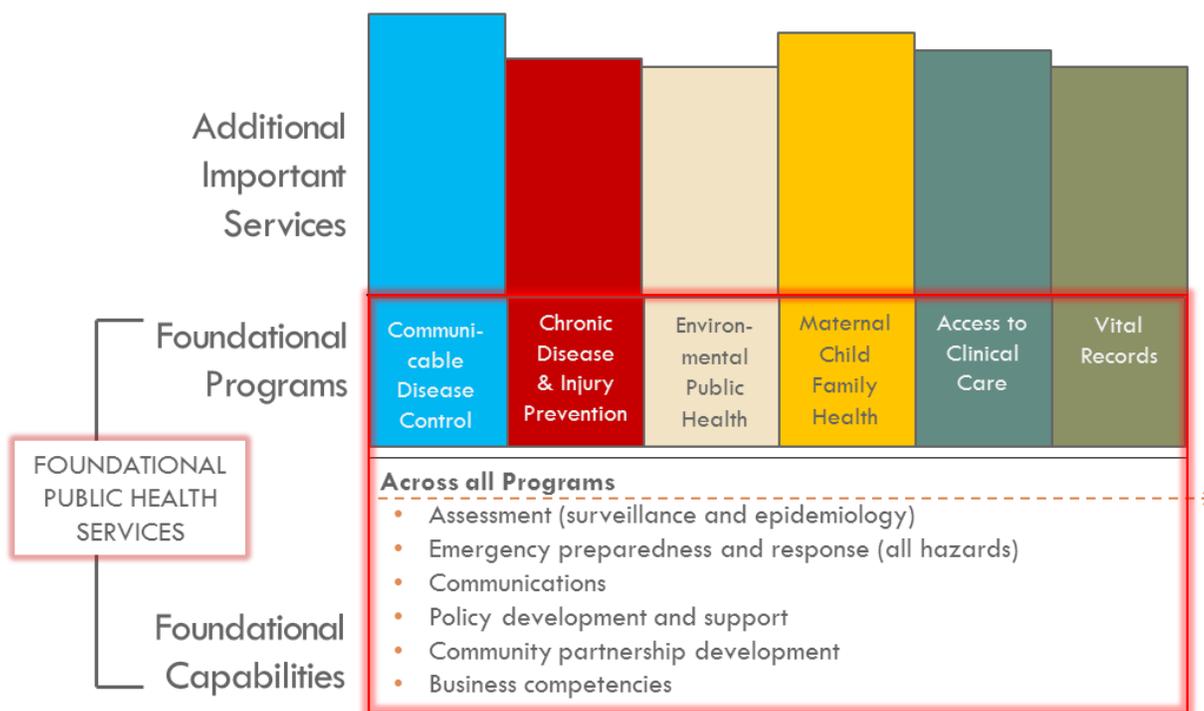
FPHS includes foundational programs and supporting capabilities that (1) must be available to all people in Washington and (2) meet one or more of the following criteria:

- Services for which governmental public health is the only or primary provider of the service, statewide.
- Population-based services (versus individual services) that are focused on prevention.
- Services that are mandated by federal or state laws.

## Definition

**Foundational Public Health Services (FPHS) are a defined, basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington.**

These services provide a strong foundation from which the state and local communities can deliver *Additional Important Services* that respond to and are local community priorities. Full description and definitions of capabilities and programs are available [here online](#).



# FPHS Framework and Tribal Public Health

**Tribes are critical partners in Washington State’s governmental public health network and the new Vision.** They help ensure that services are provided to all residents of Washington, and their inclusion promotes the integrity of FPHS statewide.

While tribal elected leaders and tribal public health representatives participated in the policy workgroup, tribal perspectives have not been incorporated in some key decision areas. More work is anticipated in the near future to fully integrate tribes into the FPHS framework. For more information on tribal public health, see page 13 in the Background.

## Additional Important Services - Services Based on Local Needs

**Additional Important Services (AIS) are those services which are critical locally and do not necessarily need to be provided by governmental public health for all people throughout Washington.** AIS are a shared responsibility of federal, state, and local governmental public health and other partners.

Although the focus of this report is on FPHS, *Additional Important Services* will continue to be important to the health of people in Washington and deserve continued funding support. While *Foundational Public Health Services* are needed equitably statewide for the system to work, *Additional Important Services* meet local public health threats and priorities that can vary significantly from community to community.

| Examples of FPHS & AIS   |  |
|--|--|
| Foundational Public Health Services  | Additional Important Services  |
| Governmental public health <b>promotes immunizations in all communities</b> to prevent the spread of disease in all communities. This is a Foundational Public Health Service.   | <b>Actually giving immunization shots is not a Foundational Public Health Service.</b> In a community with many readily accessible immunization providers, governmental public health may not need to provide this service. In a community without providers, it may be important and valuable for public health to provide this Additional Important Service.   |
| Governmental public health <b>oversees and enforces state on-site septic system regulations</b> in every jurisdiction because safe waste disposal prevents disease in every community. This is a Foundational Public Health Service. | Counties with significant shellfish production are concerned about the contribution of failing septic systems to poor water quality, which can cause development of toxins in shellfish. In one of these counties, <b>efforts to monitor septic system performance more closely than statewide regulations require</b> could be very important, just as important as any foundational service. But it is not a Foundational Public Health Service because many counties don’t have marine shoreline. |
| <b>WIC services are not Foundational Public Health Services.</b>   | In some communities there are several providers of WIC services other than public health, and there is no need for public health to be a WIC provider. But in other communities, there is no other agency providing this cost-effective, evidence-based prevention service, and it is important for public health to do so.  |
| Governmental public health <b>provides treatments to individuals with active contagious tuberculosis (TB)</b> , protecting the community from the spread of TB.  | <b>Providing treatment to individuals with active contagious TB is not an Additional Important Service.</b>  |

# DELIVERING ON THE VISION

## Shared Delivery

**Services will continue to be provided by a shared—state, regional, local, and in the future, tribal—delivery system.** The state, counties, and some cities collaborate on the delivery of public health services; they complement one another's efforts with a system-wide view and attention to local needs. In recent years, they have worked together to make great strides in efficient and effective service delivery. The implementation of a new framework will necessitate a fresh look at the service delivery structure currently in place.

An important next step is for state and local representatives to identify ways that the system can build on its current successes to integrate and align service delivery with the FPHS framework. The outcome will be a more cost-effective public health system that can achieve prioritized health outcomes, using regional approaches or other models when appropriate and agreed upon. Without FPHS, the public health network lacks the capacity to consistently respond to public health threats, and the people of Washington will suffer.

### RECOMMENDATIONS

1. State funding for public health should ensure that the costs of *Foundational Public Health Services* are covered in every community.
2. *Foundational Public Health Services* should be funded with statutorily-directed revenues placed in a dedicated *Foundational Public Health Services* account.
3. Allocation determinations should be a collaborative process between state and local stakeholders.
4. A robust accountability structure that aligns with the *Foundational Public Health Services* framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment.
5. Tribal public health, with support from the Department of Health, should convene a process to define how the *Foundational Public Health Services* funding and delivery framework will apply to tribal public health, and how tribal public health, the Department of Health, and local health jurisdictions can work together to serve all people in Washington.
6. Local spending on *Additional Important Services* should be incentivized.

## **Recommendation 1**

### **State funding for public health should ensure that the costs of Foundational Public Health Services are covered in every community.**

Because *Foundational Public Health Services* are needed in every community to protect the health of Washingtonians, the state should have the primary responsibility for funding FPHS. The state should fund all FPHS provided by the state and local jurisdictions that are neither (1) funded by dedicated federal grants nor (2) paid for by locally-collected fees.

State responsibility for funding FPHS would increase from \$175 million to \$305 million annually. Some of this increase (about \$100 million annually) represents new investments in FPHS. The rest involves a shift of funding responsibility from local to state government, allowing local governments to increase investments in public health services to *Additional Important Services* for their local communities overall. This cost analysis was developed through the expertise of a “technical” workgroup that performed an in-depth analysis of the cost of providing FPHS statewide. See [technical reports](#) for information on how these numbers were calculated.

## **Recommendation 2**

### **Foundational Public Health Services should be funded with statutorily-directed revenues placed in a dedicated Foundational Public Health Services account.**

Revenues should be adequate to provide *Foundational Public Health Services* statewide and be flexible within FPHS to allow for the most effective use by public health. Where possible, the state should leverage federal grant funding for specific programs and state- and locally-collected fees for FPHS. Revenues selected to fund FPHS beyond federal grants and fees should track with the increasing costs of delivering service and increasing population over time, to ensure that FPHS can be adequately provided long-term.

## **Recommendation 3**

### **Allocation determinations should be a collaborative process between state and local stakeholders.**

Using the extensive technical work underlying this report, the Washington State Department of Health (DOH) and the Washington State Association of Local Public Health Officials (WSALPHO) should collaborate to develop a model for how to allocate funding to DOH and to each local health jurisdiction (LHJ). This model should be codified, and funding should be distributed from the *Foundational Public Health Services* account based on agreed upon formulas.

#### Recommendation 4

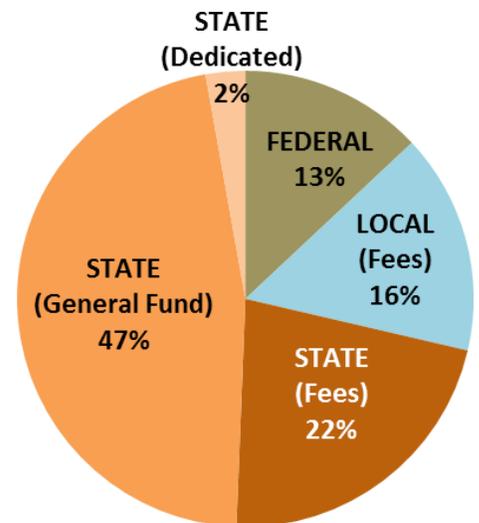
**A robust accountability structure that aligns with the Foundational Public Health Services framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment.**

When the FPHS framework is implemented, a formalized process will be needed to ensure that FPHS are fully funded, available across the state, used effectively and efficiently, and result in improved health outcomes. The FPHS Policy Workgroup proposes the following key principles for development of an accountability structure:

1. DOH and WASALPHO should collaboratively develop an accountability structure that aligns with the FPHS framework.
2. The accountability structure, and any reporting requirements, should use and build on existing reporting and measurement activity to minimize the administrative burden on the governmental public health network.
3. The accountability system should demonstrate how FPHS funds are used by LHJs and DOH and ensure that *Foundational Public Health Services* are available across the state, used effectively and efficiently, and result in improved health outcomes.
4. All entities in the governmental public health network should agree to meet a minimum standard of FPHS. Individual agreements with tribal governments should include an accountability component.
5. Local boards of health have the authority to determine priorities and approaches within the framework of FPHS.
6. Variation in the way services are organized and delivered in different communities across the state is expected and appropriate.

The accountability structure will need to demonstrate an impact on health outcomes and public health service delivery across the state, while taking into account the context of individual local jurisdictions. Return on Investment (ROI) can be measured in dollars saved, deaths or hospitalizations prevented, or quality of life improvements. Performance measures will need to be developed by state and local stakeholders.

### PROPOSED FPHS FUNDING RESPONSIBILITY



**State Sources: 71%**

**Local Sources: 16%**

**Federal Sources: 13%**

## **Recommendation 5**

**Tribal public health, with support from DOH, should convene a process to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, and LHJs can work together to serve all people in Washington.**

Washington State is committed to working with tribal governments through negotiated government-to-government partnerships. Tribal public health, with support from DOH, should review definitions for FPHS, and gather and analyze current spending and estimate future costs for delivering *Foundational Public Health Services* for their defined service area and service populations. It should also be acknowledged that while some relationships among tribes, the state, and LHJs are strong, others need to be developed as part of this process. Governmental public health and public health partners will need to work together across nations and better define roles and responsibilities among the overlapping authorities and jurisdictions of tribes, states, counties and cities.

## **Recommendation 6**

**Local spending on Additional Important Services should be incentivized.**

*Additional Important Services* funding shall be shared by LHJs, fees, state, and federal sources as determined by local entities. This shared responsibility could be demonstrated by a proportional match for state funding. For this, the FPHS Policy Workgroup recommends establishing a matching fund to encourage local spending on *Additional Important Services*. The fund should be developed collaboratively through a process involving both state and local stakeholders, including DOH and WSALPHO and should consider inclusion of fee-based services. Options to generate revenue should be available for local governments to help them fund AIS at current or increased levels.

# CALL TO ACTION

The definition of *Foundational Public Health Services* presents a major paradigm shift for funding public health in Washington State. It provides an opportunity to establish consistent basic public health functions statewide, with strong accountability. Some public health services are so fundamental that they should be available to every person in Washington State. We have few opportunities to transform public health, and this is one of those times.

## Legislative Action

### Recommended Legislative Actions in 2015 and 2016

1. Adopt the FPHS framework and definitions.
2. Incorporate FPHS into state public health statutes.
3. Establish a dedicated account for FPHS funds.
4. Begin to statutorily dedicate funding to the FPHS account.

### Recommended Legislative Actions after 2016

5. Fully fund FPHS with statutorily-directed funds.

## LHJ and DOH Action

1. DOH and WSALPHO will collaboratively develop an allocation model and accountability structure that aligns with the FPHS framework.
2. DOH and WSALPHO need to continue to identify public health services that should be using a shared delivery system.

## Tribal, DOH, and LHJ Action

1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions, gather and analyze current spending, and develop an estimate for future costs for delivery of these services.
2. Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

## Policy Workgroup Action

1. Members should educate their constituents and communities about FPHS.
2. Members and their organizations should educate local and state policymakers about FPHS.

Foundational Public Health Services  

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*BACKGROUND*

*January 15, 2015*

## What is Public Health?

Public health is the air we breathe, food we eat, our physical activity, our education level, our genetics, and the many circumstances that influence the choices we make about our behaviors.

Since 1900, average life expectancy in the US has increased from 49 years to 80 years; this increase is primarily attributed to public health.

The field of public health started out with controlling and preventing infectious diseases, but has since grown to include food safety, environmental health, child and maternal health, behavioral health (mental health and substance abuse), screening for specific diseases, access to health care, tobacco control, chronic disease control and prevention, emergency preparedness, policymaking, and strategic leadership for communities.

In Washington State's decentralized public health model, the breadth of public health services provided in any given community varies based on community specific needs and the services provided by other departments and organizations.

### Governmental Public Health is Critical

In Washington State, public health ensures we all have:

- Clean water for drinking and for recreation.
- A network in place to control communicable disease outbreaks.
- Safe food to eat in restaurants.
- Access to information about active living and healthy eating.
- Resources to make making healthy choices easy.

Research demonstrates that infants and children with healthy starts achieve brighter futures. The role of public health is to work with community partners to create environments so that children are born healthy and have resilient families who can help them achieve their maximum potential.

**All Washingtonians should have the opportunity to make choices that will allow them to live long, healthy lives, regardless of their income, education, racial or ethnic background, or where they live.**

### Without Governmental Public Health...

- An individual disease could quickly become an epidemic. Public health is our first responder for everyday communicable diseases, like the flu and food borne diseases, and emerging crises that often arise from our global community, like Ebola.
- We would see an even larger discrepancy in health outcomes for mothers and babies according to socioeconomic status. Public health helps ensure a standard of care and equal access to important sources of information at this critical life stage.

Scientists generally recognize five determinants of health of a population:

- Genes and biology: for example, sex and age.
- Health behaviors: for example, alcohol use, injection drug use (needles), unprotected sex, and smoking.
- Social environment or social characteristics: for example, discrimination, income, and gender.
- Physical environment or total ecology: for example, where a person lives and crowding conditions.
- Health services or medical care: for example, access to quality health care and having or not having insurance.

Source: CDC Social Determinants of Health. Available at: <http://www.cdc.gov/socialdeterminants/FAQ.html>  
Accessed January 14, 2015.

- Our community would be more vulnerable to diseases like measles, mumps, and rubella, which are easily preventable through vaccinations. Public health sets immunization standards for schools and communities.
- Food safety and water quality would go unmonitored. Without regular monitoring, the public would not receive early warnings about hazards in our food and water, making foodborne disease much more common.

## Governmental Public Health Entities

Like fire and police services, governmental public health is a public safety service; protecting residents is its core function.

The governmental public health network in Washington State is comprised of the following entities:

**Tribal Public Health.** 27 of the 29 federally recognized tribes in Washington State either contract or compact with Indian Health Services (IHS) to provide their own health services. IHS provides health services directly to the remaining two tribes.

**State Public Health.** Washington State charges the Department of Health (DOH) with the preservation of public health, monitoring health care costs, the maintenance of minimal standards for quality in health care delivery, and the general oversight and planning for all of the state’s activities as they relate to the health of its residents.

**Local Public Health.** Washington State charges each county with protecting the life and health of the people within its jurisdiction, and giving them the responsibility and authority to organize public health services. There are 35 local health jurisdictions (LHJs) in Washington that range in size, both in terms of population served and square miles covered, and vary in governance structure. Each LHJ provides services based on its population’s needs.

## Tribal Public Health in Washington State

Tribes are sovereign nations that define their own service populations and are not obligated by state statute to provide public health services. However, tribes are committed to promoting and protecting the health and well-being of tribal members and all people residing within their self-defined service populations. Historically, tribes have not been funded for public health. Most existing treaties with the federal government include the provision of health care services; however, public health is not specifically named.

Tribal health systems traditionally focus on patient-centered services. Clinical services and public health services are often carried out by the same staff, with clinical services, which involve treating more emergent needs, often prioritized over public health services. The Tribal health system overall is underfunded, significantly impacting its ability to address the public health needs contributing to the health disparities of the American Indian/Alaska Native population of Washington.

### PUBLIC HEALTH PARTNERS

Keeping our communities healthy is not the job of one agency alone; many organizations include the health and wellness of the people they serve. Governmental public health entities throughout the state are continually working with partners, for example:

#### OTHER GOVERNMENT AGENCIES

- Department of Ecology
- Health Care Authority
- Department of Social and Health Services
- Regional Tribal Public Health Agencies
- County Human Services

#### NON-PROFITS

- Universities
- United Way

#### HEALTH CARE DELIVERY ORGANIZATIONS

- Hospitals
- Clinics
- Tribal clinics

#### NATIONAL AND GLOBAL PUBLIC HEALTH ORGANIZATIONS

- U.S. Centers for Disease Control and Prevention
- Indian Health Services
- Gates Foundation
- Program for Appropriate Technology in Health (PATH)
- World Health Organization

## About This Project

The Foundational Public Health Services Technical and Policy Workgroups were formed to create a vision and recommendations for how to ensure that a foundational set of public health services are available statewide. Their work included:

- Defining the set of *Foundational Public Health Services*.
- Estimating the cost of providing these services statewide.
- Identifying responsibility for funding and implementing the Vision.

The Technical Workgroup accomplished the first two tasks in 2013. Their reports can be found [online](#). In 2014, the Policy Workgroup has worked to strengthen the framework, determine funding responsibility, and create a path for implementation.

FPHS is the product of four years of thoughtful leadership and active stakeholder participation. It is also aligned with new approaches to public health at the national level, taking into account the Institute of Medicine's report on public health investment and work being conducted by the Public Health Leadership Forum, a collaboration between the Robert Wood Johnson Foundation, the U.S. Centers for Disease Control and Prevention, and the National Coordinating Center for Public Health Services and Systems Research.

## Agenda for Change

Washington State is reshaping governmental public health and in 2010 published [An Agenda for Change](#). The Public Health Improvement Partnership's 2012 *Agenda for Change Action Plan* charted the next steps including ensuring that a foundational set of public health services are available statewide.

## Resources

For more information on the Partnership for Public Health Improvement and *Foundational Public Health Services*, including links to all materials, visit: [www.doh.wa.gov/PHIP](http://www.doh.wa.gov/PHIP)

**Materials for item 10 will be distributed at the meeting.**