



# King County

1200 King County  
Courthouse  
516 Third Avenue  
Seattle, WA 98104

## Meeting Agenda Board of Health

*Metropolitan King County Councilmembers: Rod Dembowski, Chair;  
Kathy Lambert, Vice Chair; Joe McDermott  
Alternate: Jeanne Kohl-Welles*

*Seattle City Councilmembers: Sally Bagshaw, Vice Chair; Lorena González, Debora Juarez  
Alternate: Bruce Harrell*

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

*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, May 19, 2016

Room 1001

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REVISED - Added Item 8

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of March 17, 2016** **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. Resolution No. 16-05 [pg 9](#)

A RESOLUTION establishing a standing committee of the Board of Health related to the Public Health - Seattle & King County Health Care for the Homeless Network grant.

*John Gilvar, Manager, Health Care for the Homeless Network, Public Health – Seattle & King County*

8. Resolution No. 16-06 [pg 17](#)

A RESOLUTION approving a scope of project change for the Healthcare for the Homeless Network grant.

*John Gilvar, Manager, Health Care for the Homeless Network, Public Health – Seattle & King County*

## Briefings

9. BOH Briefing No. 16-B08 [pg 21](#)

Healthy Housing Guidelines & Recommendation - Review of Draft Document

*Nicole Thomsen, Environmental Public Health Planner, Public Health – Seattle & King County*

10. BOH Briefing No. 16-B09 [pg 33](#)

Legislative Update - 2016 End of Session Report

*Jennifer Muhm, Legislative Affairs Officer, Public Health – Seattle & King County*

11. **Chair's Report**

12. **Board Member Updates**

13. **Administrator's Report**

14. **Other Business**

## **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

1200 King County  
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516 Third Avenue  
Seattle, WA 98104

## Meeting Minutes Board of Health

*Metropolitan King County Councilmembers: Rod Dembowski,  
Chair;  
Kathy Lambert, Vice Chair; Joe McDermott  
Alternate: Jeanne Kohl-Welles*

*Seattle City Councilmembers: Sally Bagshaw, Vice Chair; Lorena  
González, Debora Juarez  
Alternate: Bruce Harrell*

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*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, March 17, 2016

Room 1001

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### DRAFT MINUTES

1. **Call to Order**

*The meeting was called to order at 1:38 p.m.*

2. **Roll Call**

**Present:** 11 - Ms. Bagshaw, Mr. Baker, Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Lambert, Mr. McDermott, Ms. Wales and Ms. Kohl-Welles

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

*Boardmember Honda, Boardmember Kloba and Boardmember Delecki were also in attendance at the meeting.*

4. **Approval of Minutes of February 18, 2016**

*Boardmember Delecki moved to approve the minutes of the February 18, 2016 meeting as presented. Seeing no objection, the Chair so ordered.*

**5. Public Comments**

*The following people spoke:*

*Alex Tsimerman*

*Renee Hopkins*

*Merrill Cousins*

**6. Director's Report**

*Ms. Hayes reported that on March 16, 2016 the Robert Wood Johnson Foundation and the Wisconsin Public Health Institute released the 2016 County Health Rankings. This is a collection of 50 reports that reflect the overall health of counties in every state.*

*Ms. Hayes reported that April 4-8 is National Public Health Week. National Public Health Week is a way to recognize many of the ways that staff and volunteers improve the health of King County.*

**Discussion and Possible Action****7. Resolution No. 16-04**

A RESOLUTION supporting collaboration for the purpose of promoting compliance with Washington state law related to the surrender of firearms by individuals subject to certain court orders as described in ESHB 1840 (2014).

*Boardmember Gonzalez made a motion to insert on Line 26 after 'stakeholders', the words ", including those that represent racially and ethnically diverse communities disparately impacted by domestic violence,". Boardmember Bagshaw accepted the verbal amendment as friendly.*

*Judge Elizabeth Berns; Judge Anne Levinson; Dan Satterberg, King County Prosecuting Attorney; Dr. Shannon Frattaroli, Associate Professor, Johns Hopkins Bloomberg School of Public Health and Ms. Laura Hitchcock, Policy and Research Development Specialist, Assessment, Planning Development and Evaluation Unit, Public Health - Seattle & King County, briefed the Board on the resolution related to the implementation of ESHB 1840 (2014).*

**A motion was made by Boardmember Bagshaw that this Resolution be Passed as Amended. The motion carried by the following vote:**

**Yes:** 12 - Ms. Bagshaw, Mr. Baker, Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Lambert, Ms. Wales and Ms. Kohl-Welles

**Excused:** 2 - Mr. McDermott

## Briefings

### 8. BOH Briefing No. 16-B05

Health Care for the Homeless Governance Changes and the Board of Health

*Mr. John Gilvar, Manager, Health Care for the Homeless Network, Public Health - Seattle & King County, briefed the Board on changes in the governance requirements for this grant.*

**This matter was Presented**

### 9. BOH Briefing No. 16-B06

Secure Medicine Return Program - Annual Report

*Ms. Taylor Watson, Program Manager, Local Hazardous Waste Management Program, King County Department of Natural Resources and Parks, gave a brief update on the Secure Medicine Return Program.*

**This matter was Presented**

### 10. BOH Briefing No. 16-B07

Legislative Update

*No report was given.*

### 11. Chair's Report

*The Chair reported that the April 21, 2016 meeting of the Board of Health will be cancelled. The next regular meeting is scheduled for May 19, 2016.*

*Chair Dembowski offered to have an update at a future Board meeting on the heroin epidemic.*

### 12. Board Member Updates

*Boardmember Bagshaw announced that a Lunch and Learn will be held on April 21, 2016 at noon in Seattle City Hall Chambers to discuss safe injection sites.*

*Boardmember Baker announced that there is a new report out from Robert Wood's Foundation on [countyhealthrankings.org](http://countyhealthrankings.org).*

*Boardmember Gonzalez announced that there will be a meeting on March 23, 2016 at 9:30 a.m. in Seattle City Hall Chambers to discuss a Secure Medicine Return Program resolution.*

*Boardmember Gonzalez reported that The Centers for Disease Control and Prevention issued guidelines for dispensing opiate painkillers for patients with chronic pain.*

13. **Administrator's Report**

*No report was given.*

14. **Other Business**

**Adjournment**

*The meeting adjourned at 3:35 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**

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

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



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

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**May 12, 2016**

**Resolution**

**Proposed No. 16-05.1**

**Sponsors**

1           A RESOLUTION establishing a standing committee of the  
2           Board of Health related to the Public Health - Seattle &  
3           King County Health Care for the Homeless Network grant.

4           WHEREAS, the Board of Health is the formal governance board for the Public  
5           Health - Seattle & King County Health Care for the Homeless grant under the Public  
6           Health Service Act, 42 U.S.C. Sec. 254b, and

7           WHEREAS, the grant is received from the United States Department of Health  
8           and Human Services, Health Resources and Services Administration, Bureau of Primary  
9           Health Care, and

10          WHEREAS, as a health center grantee, King County must comply with a set of  
11          governance expectations and has elected to meet those requirements through the King  
12          County Board of Health, a federated body authorized by the King County council, and

13          WHEREAS, Public Health - Seattle & King County has been granted a waiver of  
14          the requirement that the governance board be composed of at least fifty-one percent  
15          health center users, and approved to use alternate mechanisms for consumer input into the  
16          grant's oversight, and

17          WHEREAS, the Health Care for the Homeless Network Planning Council is  
18          advisory to the King County Board of Health and Public Health - Seattle & King County  
19          on matters relating to the Health Care for the Homeless Network program, and

20           WHEREAS, the Board of Health would strengthen its connection to the planning  
21 council, by establishing a standing advisory committee on the Health Care for the  
22 Homeless Network program;

23           NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King  
24 County:

25           The standing advisory committee on the Health Care for the Homeless Network is  
26 hereby established and is comprised of one member from each category of Board of  
27 Health membership, which are the King County council, the Seattle City council, the  
28 Sound Cities Association and health professionals, who shall be assigned by the Board of

29 Health is part of its annual reorganization during which the Board of Health's work plan  
30 is adopted and the Board of Health's chair and vice chairs are elected.  
31

BOARD OF HEALTH  
KING COUNTY, WASHINGTON

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Rod Dembowski, 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  
Resolution No. 16-05

Date: May 19, 2016  
Prepared by: John Gilvar

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#### **Subject**

A RESOLUTION establishing a standing committee of the Board of Health related to the Public Health – Seattle & King County Health Care for the Homeless Network 330(h) grant.

#### **Background**

Public Health-Seattle & King County is a Health Care for the Homeless grantee under section 330(h) of the Public Health Services Act. This grant is received from the United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC). As a health center grantee, King County must comply with a set of expectations which include the establishment of a formal governing board. King County has elected to meet this requirement directly through the Board of Health.

In 2014, the BPHC updated its governance expectations and explicitly delineated certain governing board responsibilities beyond those provided in previous guidance. These responsibilities include the approval of the annual grant budget and involvement in long-term strategic planning.

#### **Analysis**

Public Health is recommending that the Board of Health meet its HCHN governance requirements by revising the HCHN Governance Plan approved in 2009 and establishing a standing advisory committee of the Board of Health specifically focused on the Health Care for the Homeless Network. Activities for the proposed the standing advisory committee on the Health Care for the Homeless Network include:

1. Joint meetings with the Health Care for the Homeless Network Planning Council at least twice a year for the purpose of reviewing and approving the annual operating budget and evaluating health center activities via information provided in the annual report from the Health Care for the Homeless Network.
2. Review and recommendation of “Change in Scope of Project” requests and applications for subsequent grants for approval by the full Board of Health when requested by the Health Care for the Homeless Planning Council.

3. With the Planning Council, reviews and approves the annual operating budget plan for the Health Care for the Homeless Network.

### **Attachments**

1. Board of Health Resolution No. 16-05
2. Governance Plan for the Federal Health Care for the Homeless 330(h) Health Center Grant

**Health Care for the Homeless Network**

401 Fifth Avenue, Suite 1000  
Seattle, WA 98104-1818

**206-296-5091** Fax 206-205-6236  
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## **Governance Plan**

### **For the Federal Health Care for the Homeless 330(h) Health Center Grant**

Endorsed by the Health Care for the Homeless Network  
Planning Council

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Public Health-Seattle & King County, an agency of King County government, is a Health Care for the Homeless grantee under section 330(h) of the Public Health Services Act. This grant is received from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care. As a health center grantee, King County must comply with a set of governance expectations and has elected to meet those requirements directly through the King County Board of Health, a federated body authorized by the King County Council. HRSA has granted PHSKC a waiver of the requirement that the Board be composed of 51% health center users, and approved alternate mechanisms for consumer input into the grant's oversight.

This document describes the roles and responsibilities of the King County Board of Health in meeting the required governance expectations and the provisions of the waiver.

#### **King County Board of Health Serves as Governing Board**

The King County Board of Health serves as the governing board for the Health Care for the Homeless (HCH) grant received by Public Health-Seattle & King County. The King County Board of Health is required under state law and was created by Metropolitan King County Council Ordinance 12098 (now superseded by 13218). The Board of Health is constituted as a federated body: 11 of its 13 voting members are elected officials -- six from the Metropolitan King County Council, three from the Seattle City Council and two from the Suburban Cities of King County. The two remaining voting members are health professionals, selected by the other members of the Board, who serve as citizen public health experts, assisting the Board to deal with complex, often technical, public health issues. A third health professional serves as a nonvoting member. Names, demographic characteristics, and areas of expertise of the King County Board of Health will be reported, as required, in the annual federal 330(h) health care for the homeless application.

#### **Health Care for the Homeless Network Planning Council Provides Consumer and Provider Input**

The HCHN Planning Council is advisory to the King County Board of Health and Public Health – Seattle & King County on matters relating to the Health Care for the Homeless program. The Planning Council has a separate charter describing its purpose, composition, and committees. In order to maximize consumer voice in the oversight of the HCHN program, the Board of Health requests that many of required governance actions be reviewed and approved by the HCHN Planning Council prior to being forwarded to the Board of Health.

## How Governance Requirements Are Met

Federal Requirement	How Requirement is Met
1. Health center grantee must have a Governing Board.	King County Board of Health is the formal governing board.
2. Board has a 51% consumer majority of the population served.	<p>Waiver in place for FY 2015-17 Under approved waiver, the HCHN Planning Council serves as the alternate mechanism for providing consumer input. The Planning Council helps shape HCHN priorities and decisions regarding grant proposals. It is also instrumental in planning for and analyzing the results of the HCHN community needs assessment.</p> <p>The Planning Council provides consumer input to the Board of Health at least annually.</p>
3. Board meets monthly.	Yes.
4. Board approves annual operating budget.	Approves budget as part of approving the HRSA grant application submission
5. Board approves “Change in Scope of Project” requests prior to submission to HHS-HRSA. Major changes are the addition or deletion of a service site or a type of service. Service site relocations also require approval.	<p>Approves – Change in Scope requests before submission to HRSA. Must be documented in minutes.</p> <p>Recommended changes are processed first through the Planning Council.</p>
6. Board determines the schedule of fees and discounts for personal health services.	Yes. Assure that fee scale for primary care services always slides to zero and is in compliance with other federal health center regulations. Before approving any changes to the schedule of fees and discounts for personal health services, the Board receives input from the Planning Council regarding the impact on people experiencing homelessness.
7. Board approves applications for subsequent grants for the organization	Approves as documented in the minutes.
8. Board approves the selection of the Project Director in accordance with County personnel policies	Approves the selection of Public Health- Seattle and King County’s HCHN Program Manager (Project Director). Provides annual evaluation of the HCH Program Manager.
9. Board evaluates health center activities, including services utilization patterns, productivity, patient satisfaction, achievement of project objectives, and quality improvement	Yes. Receives annual report from Health Care for the Homeless Program.
10. Board establishes general organizational policies	Board of Health recognizes that the Health Care for the Homeless Network general organizational policies are the general organizational policies of King County and Public Health - Seattle & King County.

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

1200 King County Courthouse  
516 Third Avenue  
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**May 12, 2016**

**Resolution**

**Proposed No. 16-06.1**

**Sponsors**

1                   A RESOLUTION approving a scope of project change for  
2                   the Healthcare for the Homeless Network grant.

3                   WHEREAS, the Board of Health is the formal governance board for the Public  
4 Health - Seattle & King County Health Care for the Homeless grant under the Public  
5 Health Service Act, 42 U.S.C. Sec. 254b, and

6                   WHEREAS, the Board of Health is responsible for reviewing and approving what  
7 are known as "change in scope of project" requests and documenting these approvals in  
8 the Board minutes;

9                   NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King  
10 County:

11                  The board approves the following scope of project change:

12           As of July, 2016, a mobile medical van will begin providing services at various  
13 locations in the city of Seattle.

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BOARD OF HEALTH  
KING COUNTY, WASHINGTON

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Rod Dembowski, 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  
Resolution No. 16-06

Date: May 19, 2016  
Prepared by: John Gilvar

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#### **Subject**

A RESOLUTION to approve scope of project changes for the Health Care for the Homeless grant.

#### **Summary**

The Board of Health is the formal governance board for the Public Health - Seattle & King County Health Care for the Homeless grant, and is responsible for reviewing and approving "Change in Scope of Project" requests. Public Health proposes the addition of a Mobile Medical Van in Seattle to the project.

#### **Background & Analysis**

Per resolution number 9-03.2 passed by the King County Board of Health in March 2009, the Board of Health is the formal governance board for the Public Health - Seattle & King County Health Care for the Homeless grant under section 330(h) of the Public Health Services Act. In this role, the Board of Health is responsible for reviewing and approving what are known as "Change in Scope of Project" requests and documenting these approvals in the Board minutes.

The Scope of Project is a document on file with the federal grantor, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services that identifies which sites and services are included within the "health center program." When a substantive program change occurs, such as the opening, closing, or relocation of a clinic site, a formal request must be submitted to HRSA requesting their recognition and approval of the change as it pertains to the definition of the Scope of Project. Adding or deleting a major service also triggers a scope change request.

This change has been identified by Public Health - Seattle & King County Community Health Services division and requires Board of Health formal approval for the Health Care for the Homeless Scope of Project to be updated.

## **New Seattle Mobile Medical Van**

Public Health plans to add a second van to expand mobile medical services beyond the existing operations that have been sited in south King County since 2008. The new van purchase was made possible by one-time HRSA funding received at the end of 2015. Operations of the Seattle Mobile Medical van are being supported in 2016 by the City of Seattle Human Services Department.

The Mobile Medical Program provides services to people experiencing homelessness using an outreach-based, integrated mental health, chemical dependency, medical, and dental model. The Mobile Medical team specializes in reaching people living unsheltered as well as other people in crisis who are challenging for mainstream health care providers and office-based care to locate and engage in ongoing services or case management. The van serves as a 38-foot mobile clinic for walk-in clinical services and case management when it is parked at community meal programs and other locations where homeless individuals congregate. The flexible, team-based approach builds trust with people who have often given up hope of obtaining the services they need to stabilize their lives from mainstream health care and social services. Once trust is established, often after receiving care for an urgent medical or dental need, the team uses warm hand-offs to engage patients to dive deeper into addressing chronic health and psycho-social issues, and exploring shelter and housing options.

Since its inception, the Mobile Medical Program has focused on underserved areas of South King County per the mandate of its Veterans and Human Services Levy funding. Public Health has used federal grant dollars to procure a second van enabling the program to serve encampments and other sites within Seattle that attract a similar population to that successfully served in South King County over the past eight years. The second van will also employ a similarly robust team of clinicians and outreach workers, including a medical provider, chemical dependency professional, and mental health specialist.

By adapting the program model developed in South King County to meet the needs of high-risk and underserved homeless populations in Seattle, the program will effectively contribute to the Mayor and Executives strategies to address the State of Homeless Emergency in our region. The anticipated time frame for the new van to begin operating in Seattle is July 1, 2016.

## **ATTACHMENTS**

1. Resolution No. 16-06

**King County Board of Health  
Healthy Housing**

**2016**

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## OVERVIEW

Affordable, safe, quality housing is a social determinant of equity,<sup>i</sup> and ensuring access to housing is a key element in creating an overall healthy community. Poor quality housing stock and decreased neighborhood safety, services and amenities, unhealthy environments, and lack of health supporting policies contribute to significant health and opportunity inequities.<sup>ii,iii,iv</sup> By improving the safety and quality of housing and the surrounding neighborhood, a community can build resiliency and strengthen its capacity to face other everyday challenges while providing a healthy environment for adults and children to live.

### Housing Quality and Health

Children and adults spend as much as 65% of their time inside their homes.<sup>v</sup> Consequently, deficient physical housing conditions can cause significant illness including asthma, lead poisoning, and unintentional injuries especially in vulnerable populations such as children, persons with chronic health conditions and the elderly.<sup>vi</sup> A 2009 statement from Steven K. Galson, Acting Surgeon General, identified the leading causes of housing-related preventable deaths, disease, and disability in the United States as “asthma, lead poisoning, deaths in house fires, falls on stairs, and from windows, burns and scald injuries, and drownings in bathtubs and pools.” In King County, crowded or substandard housing can expose residents to risks of poor mental health, asthma, chemical poisonings or injury (see appendix A). In addition, affordable housing in high-poverty areas can increase exposure to greater stress, violence and other traumatic events.

Forty-three percent of rental housing units, in the Seattle Metropolitan Statistical Area, and 33% of owner occupied housing units have physical problems that could affect health; the most common issues are water leaks and roofing problems.<sup>vii</sup> Nineteen percent of all King County housing is described as having severe housing-related problems, such as overcrowding, high housing costs, or lacking complete plumbing or kitchen facilities.<sup>viii</sup>

Unhealthy housing conditions affect health, and contribute to excess healthcare costs and lost revenue. For example, asthma hospitalizations for King County residents cost \$11.8 million in 2004.<sup>ix</sup> Abating asthma triggers in housing would reduce the cost of treatment. Economic loss due to the impact of lead exposure on IQ is estimated to be up to \$1 billion annually in Washington State.<sup>x</sup>

Housing maintenance approaches that consider the housing structure, the people in the home and potential health hazards can support the improvements of all resident’s health.

### Housing as a Component of Neighborhoods

Community design standards that consider aspects of land use and transportation planning strategies can support safe and healthy housing by providing health-supporting environments and services such as transportation choices, parks and open space and healthy and affordable food choices that support a high quality of life.

When neighborhood conditions can be improved without displacing residents, and when affordable housing is available in high opportunity neighborhoods, community residents have increased access to amenities, such as jobs, parks, healthy foods, health services and high quality schools, which generate more health benefits.<sup>xi</sup> Community design, government services, non-profits and other partners can impact the health of residents where they live. Design and services can provide residents with safe and easily accessible places to walk and bike, access to environments offering healthy, affordable food choices, parks and open space, and access to transit use – all of which can promote physical and mental health.

Knowledgeable and empowered residents can be more engaged in creating and maintaining a healthy housing environment.

## King County Board of Health Guidelines: Healthy Housing

### Promoting Equity

Community representatives often identify poor housing conditions and unaffordability as important underlying root causes of poor outcomes and inequities. Inequities in housing stock and neighborhood safety and amenities contribute to significant health and opportunity inequities. (see appendix B)

Anyone can suffer from housing-related illnesses or injuries; however, certain groups are more susceptible. Risk factors that increase the vulnerability for housing-related health issues include age of residents, income, ethnicity, geographic location, and tenancy. In King County, higher rates of moderate to severe housing problems are associated with rental units.<sup>xii</sup>

King County has 863,000 housing units with an estimated 757,000 residents living in rental housing<sup>xiii</sup>. Renters have several factors that may impact their ability to address or prioritize housing quality including fear of retaliation such as eviction, language, knowledge of their rights, and access to affordable housing. While renters have less control over their housing environment than owners, low-income owners also are frequently unable to afford repair of hazards in the home such as elders wanting to age in place.

### Housing Affordability

Residents are often asked to balance and prioritize housing quality, neighborhood characteristics and affordability. In King County, thirty-one percent of homeowners and almost half of rental households pay 30% or more of their income on costs of housing.<sup>xiii</sup> Spending a high proportion of income on housing reduces resources for essentials like food, heating, transportation, healthcare, and childcare and may force some to be homeless, live in shelters or substandard housing, or move frequently to seek more affordable housing.

Older adults are a significant portion of the population paying a high percentage of their income for housing<sup>xiv</sup> facing barriers to aging in place on a fixed income when housing and communities do not support independent living.

Healthy housing actions must be pursued simultaneously with preservation and expansion of affordable housing stock in King County order to prevent displacement and destabilization of residents.

## HEALTHY HOUSING GUIDELINES AND RECOMMENDATIONS

The following Guidelines and Recommendations are intended to inform government officials working at regional, county and city levels on housing strategies and policies to improve the health of residents and communities while preserving housing affordability throughout King County in compliance with the 2012 King County Countywide Planning Policies on housing. The Guidelines and Recommendations consider leading causes of housing-related disease, injury and death in King County – asthma, falls, and unintentional poisonings.

Section I of the Guidelines and Recommendations are intended to be actionable within the scope and rule-making authority of jurisdictions. Section II of the Guidelines and Recommendations emphasize that jurisdictions are part of a broader metropolitan area with regionalized and interconnected services and structures such as healthcare and housing affordability, where the need for cross sector partnerships are crucial to create and maintain healthy housing.

The Guidelines and Recommendations should be considered and applied through an overall policy strategy that considers equity in housing opportunities and balances the need to address unhealthy housing conditions with preservation and expansion of affordable housing stock in King County.

### **SECTION I – Local Policy Actions**

#### **1. Overarching Healthy Housing Policies**

**Board of Health Guideline: Acknowledge the connections between housing and health for all residents.**

**Key Healthy Housing Recommendations:**

- 1.1 Adopt an ordinance or resolution, affirming the importance of housing as a determinant of health; acknowledging the tension between costs associated with improvements in housing quality and housing affordability.
- 1.2 Determine and collect standardized housing quality indicators to assess housing quality and include relevant indicators as part of the Growth Management Act housing inventory and analysis.

#### **2. Residential Building Design and Maintenance**

**Board of Health Guideline: Residents in all communities in King County have access to housing that is dry, clean, pest-free, ventilated, thermally controlled, safe, contaminate-free, and maintained.**

**Key Healthy Housing Recommendations:**

- 2.1 Implement and enforce a property maintenance code that includes healthy housing standards. Examples of health-related standards include:
  - 2.1.1 Adopt property maintenance codes requiring building materials that are discolored or deteriorated by mold to be cleaned, dried, and repaired.
  - 2.1.2 Implement smoke-free policies in multi-family housing.
  - 2.1.3 Require integrated pest management methods that maintain every dwelling free of infestation and conditions that harbor pests.

## King County Board of Health Guidelines: Healthy Housing

- 2.1.4 Building material used in maintenance and renovations, shall be certified as having no or low volatile organic chemicals, and have no halogenated flame retardants.
- 2.1.5 Require all renovation, repair and painting work that disturbs painted surfaces in pre-1978 dwellings to be performed in compliance with the requirements of the Washington Department of Commerce to reduce exposure to lead contaminated dusts.
- 2.2 Implement a rental housing inspection program that inspects rental units on a periodic basis to ensure they are safe and habitable.
- 2.3 Implement a rating system for rental housing quality that emphasizes physical housing quality, community design indicators and affordability to be used by residents in evaluating health benefits gained.
- 2.4 Implement universal design building standards that enable seniors and persons with disabilities to live safely in a house.

### 3. Housing Knowledge and Education

**Board of Health Guideline: Residents in all communities in King County are provided proactive and meaningful opportunities to engage in decisions about their housing.**

**Key Healthy Housing Recommendations:**

- 3.1 Adopt a local version of the Residential Landlord-Tenant Act (RCW 59.18) that includes housing safety and quality standards.
- 3.2 Empower residents to understand their rights and responsibilities, and to learn how to be a good steward of their dwelling.
- 3.3 Assist landlords to understand their rights, responsibilities, home maintenance requirements, and potential funding mechanisms to assist in making repairs.
- 3.4 Resolve housing quality issues in a way that averts the need for code enforcement or litigation activities.

### 4. Community Design

**Board of Health Guideline: Residents throughout King County have access to housing that is part of a broader community that supports healthy and equitable opportunities.**

**Key Healthy Housing Recommendations:**

- 4.1 Utilize a health and equity assessment model for assessing impacts of land use and community planning on housing displacement, siting and design.
- 4.2 Utilize multicultural engagement strategies to include more residents in community planning and design processes and decision making.
- 4.3 Implement policies and programs that consider a variety of active transportation needs in the community (e.g. bicycling, walking and transit) as residents travel from their homes to school, work and other community services.
- 4.4 Implement policies, plans, codes and incentives in local jurisdictions that promote access to healthy and affordable food in close proximity to housing (e.g. urban agriculture, farmers markets, farm-to-table food distribution sites, grocery stores).

## **SECTION II – Cross-Sector Partnership Opportunities**

### **1. Connect Housing and Health Services**

**Board of Health Guideline: Residents in all communities in King County have access to health and human services that work to improve the housing environment in ways that improve the health of residents.**

**Key Healthy Housing Recommendations:**

- 1.1 Activate partnerships with public health providers, other jurisdictions, housing authorities, nonprofit organizations to provide a home visiting program for residents that will offer health education and connection to services that promote improved housing conditions along with better health.
- 1.2 Improve access and communication between healthcare providers treating clients with housing-related health issues, public health and housing agencies.
- 1.3 Seek ways to create, enhance and refer residents to services in the community that will improve their housing quality, such as weatherization programs and healthy housing home visiting programs.

### **2. Housing Affordability**

**Board of Health Guideline: Residents in all communities in King County have access to a range of affordable healthy housing.**

**Key Healthy Housing Recommendations:**

- 2.1 Seek financing opportunities such as tax exemption policies available at the state and federal level that could assist land lords improve their properties without raising rents significantly, thereby reducing displacement of residents.
- 2.2 Develop a loan fund to assist landlords who do not have the resources to improve housing stock to standard without raising rents. Such a loan fund would tie affordability to favorable loan terms.
- 2.3 Require and provide housing quality metrics as part of HUD's Assessment of Fair Housing for use in consolidated plans or by the public housing authority.

**Appendix A**

**BACKGROUND HEALTH DATA**

**Hospitalizations by Age Group and Select Cause — King County, WA, 2014**

	<u>Adults (19+ yrs.)</u>		<u>Children (0-18 yrs.)</u>	
	<b>Count</b>	<b>Rate</b>	<b>Count</b>	<b>Rate</b>
Asthma	546	34.7	532	117.2
Falls (all intents)	5,867	372.5	178	39.2
Unintentional Poisoning	752	47.7	50	11 (§)

**Notes:**

Rate is per 100,000 population

§ Too few cases to meet precision standard, interpret with caution.

There are no unduplicated hospitalization data at this time. An individual hospitalized more than once will be counted more than once, even if hospitalized for the same condition.

2014 population estimates are preliminary; final estimates for 2014 will be available in February 2016.

Obtained from WA DOH Community Health Assessment Tool (CHAT) on 11/30/2015

**Data Source:**

WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2014. Washington State Department of Health, Center for Health Statistics. June 2015.

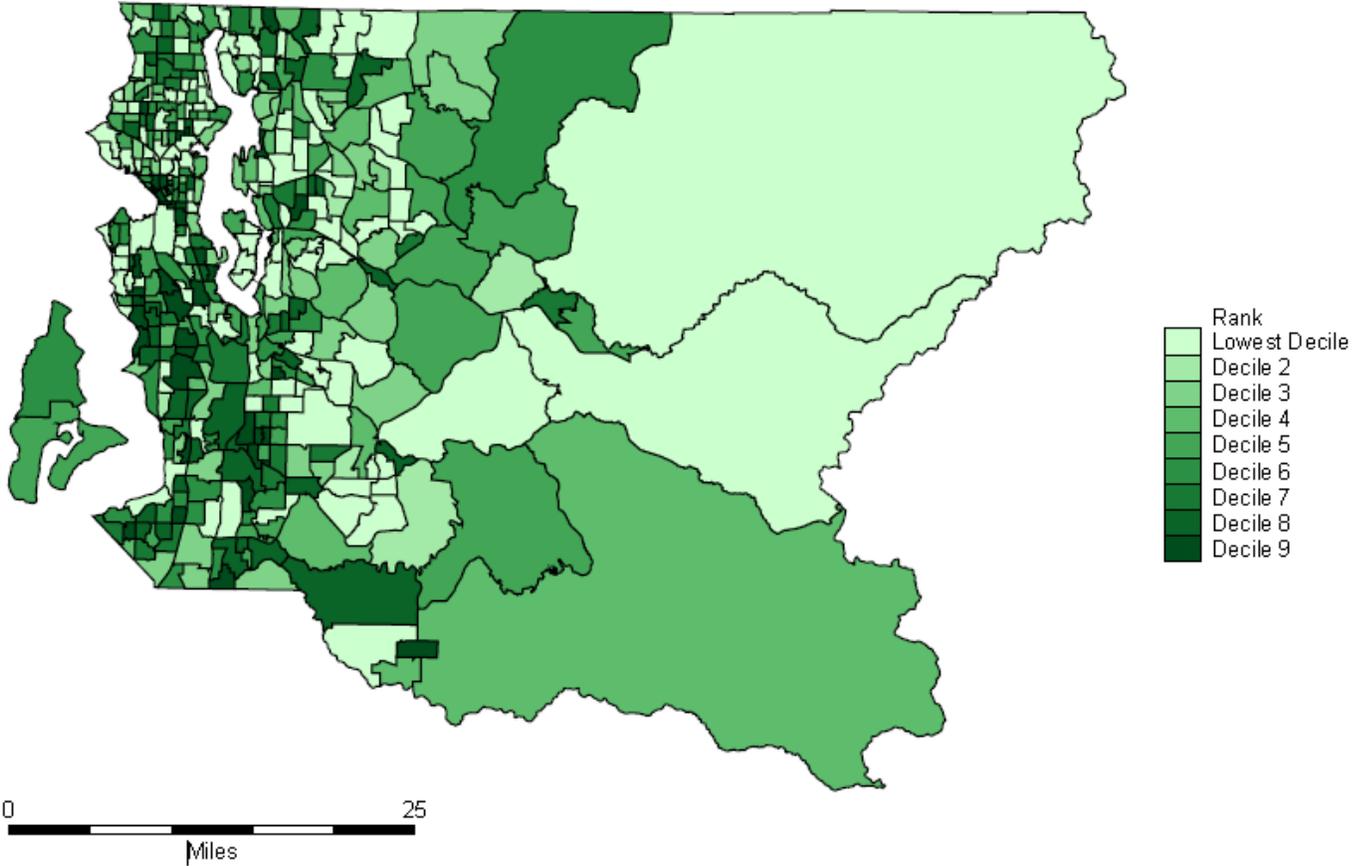
Prepared by: Public Health - Seattle & King County, Assessment, Policy Development & Evaluation Unit, 11/2015.

Appendix B

HOUSING QUALITY MAPS

Two or more housing conditions

Rank of King County Census Tracts, 2007-2011 averages



ACS: 2007-2011 averages



Figure 1: Poor Housing Conditions: December 2013 “Building a Healthier King County” Forum available at <http://www.kingcounty.gov/exec/HHStransformation/strategies.aspx>. Rankings are based on housing costs more than 30% of income, more than one person per bedroom in the house, no working kitchen and no working bathroom.

# King County Board of Health Guidelines: Healthy Housing

Sources: U.S. Census, 2010; American Community Survey, 2006-2010; HUD User, 2010

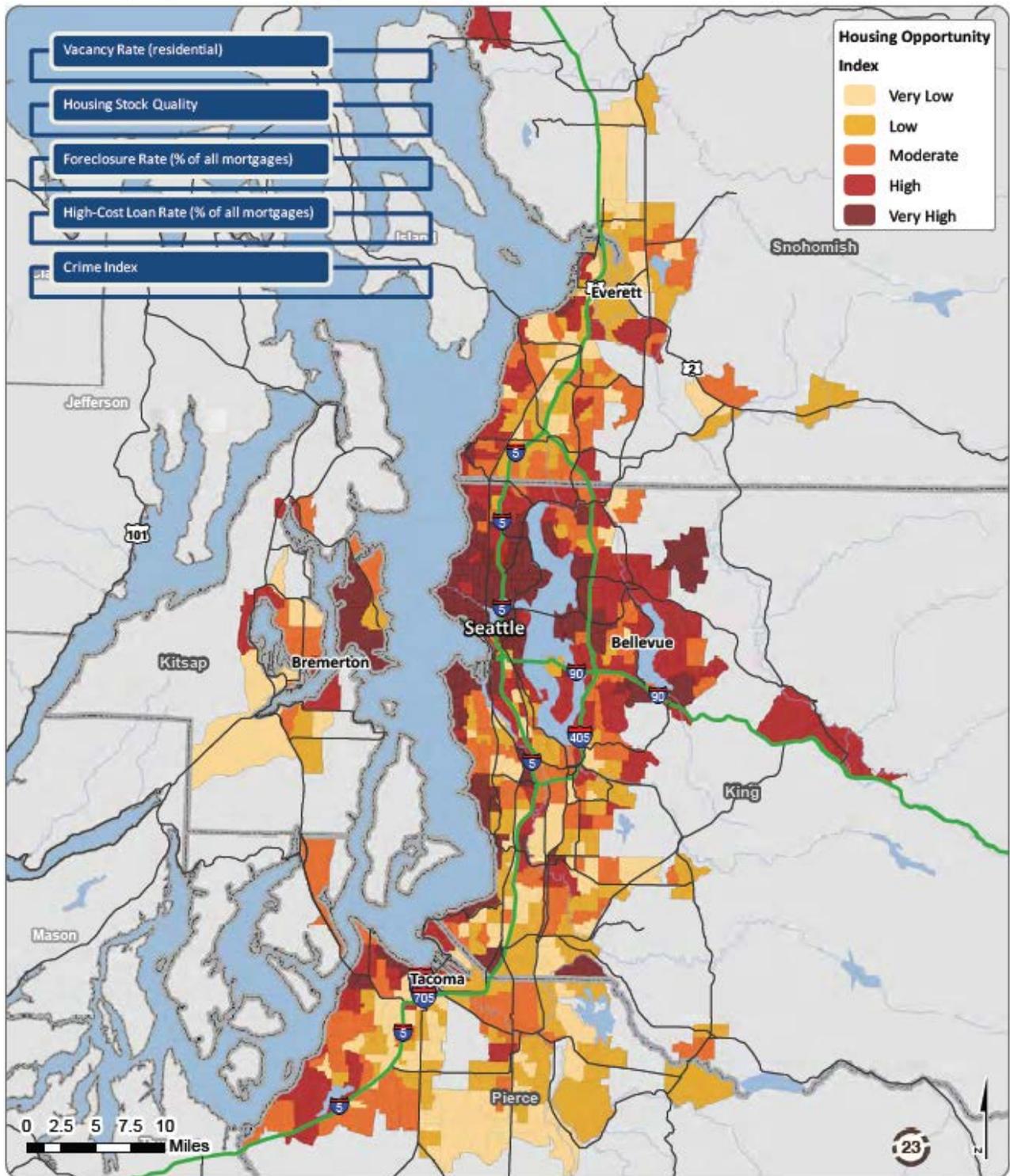


Figure 2: Housing & Neighborhood Quality is from the Puget Sound Regional Council, *Equity, Opportunity, and Sustainability in the Central Puget Sound Region: Geography of Opportunity*, page 23, May 2012. Index includes vacancy, foreclosures and high cost loans rates, housing stock condition and crime index, available at [www.psrc.org/growth/growing-transit-communities](http://www.psrc.org/growth/growing-transit-communities).

## Appendix C

### RESOURCES

Resources are organized by guideline.

#### Section I:

##### 1. Overarching Healthy Housing Policies

Housing Facts Standard, City of San Francisco  
<http://housefacts.codeforamerica.org/SF/>

##### 2. Residential Building Design and Maintenance

National Healthy Housing Standards, 2014  
[http://www.nchh.org/Portals/0/Contents/NHHS\\_Full\\_Doc.pdf](http://www.nchh.org/Portals/0/Contents/NHHS_Full_Doc.pdf)

City of Tukwila, Ordinance 2481 - 2015 International Property Maintenance Code (with Specific Provisions of National Healthy Housing Standard)  
<http://records.tukwilawa.gov/WebLink8/DocView.aspx?id=267242&page=1&dbid=1>

Rental Housing Licensing and Inspection Program, City of Tukwila, 2011,  
<http://www.tukwilawa.gov/departments/community-development/rental-housing/>

Rental Housing Registration and Inspection Program, City of Seattle, 2012,  
<http://www.seattle.gov/DPD/codesrules/licensingregistration/RRIO/aboutrrio/>

Inspections by Local Municipalities, Washington State Legislature, RCW 59.18.125,  
<http://app.leg.wa.gov/rcw/default.aspx?cite=59.18.125>

Chronic Offenders Registry, City of Boston, 2012  
<https://law.resource.org/pub/us/code/city/ma/Boston/chapter09.pdf>

##### 3. Housing Knowledge and Education

Solid Ground, <https://www.solid-ground.org/get-help/housing/for-tenants/>

Tenant's Union of Washington,  
<http://www.tenantsunion.org/en/programs/about-the-education-program1>

##### 4. Community Design

Planning for Healthy Communities Guidelines and Recommendations, KC Board of Health, 2011  
[https://www.kingcounty.gov/healthservices/health/ehs/~/\\_media/health/publichealth/documents/healthyplaces/PHCGuidelines.ashx](https://www.kingcounty.gov/healthservices/health/ehs/~/_media/health/publichealth/documents/healthyplaces/PHCGuidelines.ashx)

King County, Equity and Social Justice Tools and Resources.  
<http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx>

## King County Board of Health Guidelines: Healthy Housing

The Equity Team has developed a variety of tools and resources to increase equity and social justice work, including resources on impact reviews, community engagement, and increasing language access.

Society of Health Impact Assessment Practitioners. <http://hiasociety.org/>  
Health Impact Assessment is a process used to identify how a project, policy or program might influence health

PolicyLink. Center for Health Equity and Place.  
PolicyLink and the Center for Health Equity and Place advances health equity as an essential component of a society that values the well-being of all people. Provide tools on food systems, health systems and the built environment.  
<http://www.policylink.org/focus-areas/health-equity-and-place>

### Section II:

#### 1. Connect Housing and Health Services

Breathe Easy at Home: Web-Based Referral System Linking Clinical Sites with Housing Code Enforcement for Patients with Asthma, Boston  
[http://www.cityofboston.gov/news/uploads/5823\\_4\\_20\\_33.pdf](http://www.cityofboston.gov/news/uploads/5823_4_20_33.pdf)

#### 2. Housing Affordability

Property tax exemption program for preservation of certain affordable housing, Washington State Legislature, 2015-16 Senate Bill 6239  
<http://app.leg.wa.gov/billinfo/summary.aspx?bill=6239&year=2015>

Healthy Neighborhood Equity Fund Report. Boston Metropolitan Area Planning Council  
<http://www.mapc.org/hnef>

Affirmatively Furthering Fair Housing. U.S. Department of Housing & Urban Development.  
[https://www.huduser.gov/portal/affht\\_pt.html#affh](https://www.huduser.gov/portal/affht_pt.html#affh)

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- <sup>xi</sup> Health Resources in Action and the Metropolitan Area Planning Council, "Community Development and Health: A health impact assessment to inform the community investment tax credit program." September 2014
- <sup>xii</sup> U.S. Department of Housing and Urban Development and U.S. Census Bureau. Comprehensive Housing Affordability Strategy (CHAS) Data Tool. 2008-2012 American Housing Survey. King County WA
- <sup>xiii</sup> U.S Census Bureau. 2010-2014 American Community Survey 5-Year Estimates, King County, WA
- <sup>xiv</sup> Center for Housing Policy. Housing an Aging Population: Are We Prepared? 2012. Available at: <http://www.nhc.org/media/files/AgingReport2012.pdf>

**Materials for Item 10 will be available at the meeting.**