PUBLIC NOTICE: To help prevent the spread of the COVID 19 virus, all Boardmembers and staff will be participating in the Board of Health Meeting remotely. The live feed of the meeting will be streaming on the Council’s website and on KCTV channel 22.
HOW TO PROVIDE PUBLIC COMMENT:

Join online
Paste the following link into the address bar of your web browser:
https://kingcounty.zoom.us/j/83626142088 to join online.

Join by Telephone
Dial:    US : +1 253 215 8782
Meeting ID: 836 2614 2088

If you do not wish to provide public comment, please help us manage the callers by using one of
the options below to watch or listen to the meeting.

HOW TO WATCH/LISTEN TO THE MEETING: There are two ways to watch or listen in to the meeting:

1) Stream online via this link https://livestream.com/accounts/15175343/events/4485487 or input
the link web address into your web browser.

2) Watch King County TV Channel 22 (Comcast Channel 22 and 322(HD), Wave Broadband
Channel 2

1. Call to Order
2. Roll Call
3. Announcement of Any Alternates Serving in Place of Regular Members
4. Approval of Minutes of January 20, 2022  pg 4
5. Public Comments
6. Chair's Report
7. Director's Report
Discussion and Possible Action

8. Resolution No. 22-03  pg 9
   A RESOLUTION adopting the 2022 work plan for the King County Board of Health.

9. R&R No. BOH21-01  pg 12
   A RULE AND REGULATION King County bicycle helmet regulation requiring helmet use by all age cyclists; amending R&R 84, Section 1 (part), as amended, and BOH 9.04.010 and repealing R&R 84, Section 1 (part), as amended, and BOH 9.01.010, R&R 84, Section 1 (part), as amended, and BOH 9.01.020, R&R 03-05, Section 1 (part), and BOH 9.01.030, R&R 84, Section 1 (part), as amended, and BOH 9.01.100, R&R 84, Section 1 (part), as amended, and BOH 9.07.005, R&R 84, Section 1 (part), as amended, and BOH 9.07.010, R&R 84, Section 1 (part), as amended, and BOH 9.07.020, R&R 84, Section 1 (part), as amended, and BOH 9.15.010 and R&R 84, Section 1 (part), as amended, and BOH 9.16.010.

10. Resolution No. 21-08  pg 25
    A RESOLUTION in support of helmet use as a tool to prevent injuries and fatalities associated with head injuries to bicycle and other wheeled device riders of all ages and a comprehensive approach to bicycle safety.

Briefings

11. BOH Briefing No. 22-B02
    State legislative Session Update
    Anne Burkland, State and Local Affairs, Public Health- Seattle & King County

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) 263-8328, or write to Susie Levy, Board of Health Administrator via email at slevy@kingcounty.gov
King County

Meeting Minutes

Board of Health

Metropolitan King County Councilmembers:
Joe McDermott, Chair; Jeanne Kohl-Welles, Vice Chair; Girmay Zahilay; Alternate: Rod Dembowski

Seattle City Councilmembers:
Lisa Herbold, Tammy Morales, Vice Chair; Teresa Mosqueda, Alternate: Sara Nelson

Sound Cities Association Members:
David Baker, Vice Chair; Susan Honda; Alternates: Janice Zahn, Heather Koellen

Health Professionals: Bill Daniell, MD, MPH, Vice Chair; Butch de Castro, PhD, MSN/MPH, RN, FAAN
Non-Voting:

Dennis Worsham, Interim Director, Seattle-King County Department of Public Health
Staff: Susie Levy, Board Administrator (206) 263-8328

1:00 PM Thursday, January 20, 2022 Virtual Meeting

DRAFT MINUTES

PUBLIC NOTICE: To help prevent the spread of the COVID 19 virus, all Boardmembers and staff will be participating in the Board of Health Meeting remotely. The live feed of the meeting will be streaming on the Council's website and on KCTV channel 22.
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1. Call to Order

The meeting was called to order at 1:06 p.m.

2. Roll Call

Boardmember Zahn and Boardmember Koellen were also in attendance.

Present: 9 - Baker, Daniell, de Castro, Herbold, Honda, Kohl-Welles, McDermott, Morales and Zahilay

Excused: 1 - Mosqueda

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

There were no alternates serving in place of regular members.

4. Approval of Minutes of November 18, 2021

Boardmember Kohl-Welles moved to approve the minutes of the November 18, 2021, meeting as presented. Seeing no objection, the Chair so ordered.
5. **Public Comments**

   The following people spoke:
   Arianna Riley
   Lisa Templeton

6. **Chair's Report**

   Boardmember McDermott welcomed new members, Heather Koellen and Lisa Herbold, and briefed the Board on plans for the bike helmet law and the restructure the Board will be undertaking this year.

7. **Director's Report**

   Dennis Worsham, Interim Director, Public Health - Seattle & King County; briefed the Board on Hepatitis A, an outbreak of Shigella, and the budget process for 2022 increased rates in the areas of pet business, solid waste and onsite septic systems.

8. **Election of Chair and Vice Chairs**

   Boardmember Morales made a motion to nominate Boardmember McDermott as Chair of the Board of Health. The motion carried.

   Boardmember Herbold made a motion to nominate Boardmember Morales as vice-chair representing the City of Seattle. The motion carried.

   Boardmember Honda made a motion to nominate Boardmember Baker as vice-chair representing Sound Cities Association. The motion carried.

   Boardmember de Castro made a motion to nominate Boardmember Daniell as vice-chair representing health professionals. The motion carried.

   Boardmember Zahilay made a motion to nominate Boardmember Kohl-Welles as vice-chair representing the King County Council. The motion carried.

9. **Reappointment of Health Professionals**

   Boardmember Baker made a motion to reappoint Boardmember Daniell as a health professional for the Board of Health. The motion carried.

   Boardmember Baker made a motion to reappoint Boardmember de Castro as a seated voting health professional for the Board of Health. The motion carried.
Discussion and Possible Action

10. Resolution No. 22-01

A RESOLUTION designating the order in which the vice-chairs of the King County Board of Health may act in the absence of the chair in 2022.

A motion was made by Boardmember Kohl-Welles that this Resolution be Passed. The motion carried by the following vote:

Yes: 10 - Baker, Daniell, de Castro, Herbold, Honda, Kohl-Welles, McDermott and Morales

Excused: 3 - Mosqueda and Zahilay

Briefing

11. BOH Briefing No. 22-B01

COVID-19 Update

Dennis Worsham briefed the Board and answered questions.

This matter was Presented

Discussion and Possible Action

12. Resolution No. 22-02

A RESOLUTION encouraging the Washington State Legislature to address racism as a public health crisis, including addressing gun violence, gender-based violence and the opioid crisis.

Anne Burkland, State and Local Affairs, Public Health - Seattle & King County, briefed the Board and answered questions.

Boardmember Baker moved Amendment 1. The motion carried.

Boardmember Morales moved Title Amendment T1. The motion carried.

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

Yes: 11 - Baker, Daniell, de Castro, Herbold, Kohl-Welles, McDermott, Morales and Zahilay

Excused: 1 - Mosqueda

Abstain: 1 - Honda
Discussion

13. 2022 Board of Health Draft Workplan

    Boardmember McDermott briefed the Board on the 2022 Board of Health Draft Workplan and answered questions.

14. Board Member Updates

    Boardmember McDermott thanked Lan Nguyen for 7 years of service to the Board of Health.

15. Administrator's Report

    No report was given.

16. Other Business

    No other business was presented.

Adjournment

    The meeting adjourned at 2:32 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-8328, or write to Susie Levy, Board of Health Administrator via email at slevy@kingcounty.gov

Approved this _____________ day of _________________

________________________________________

Clerk's Signature
A RESOLUTION adopting the 2022 work plan for the
King County Board of Health.

WHEREAS, Washington state law vests in the King County Board of Health
broad authority and responsibility to protect the health of the people of King County
through including, but not limited to: the enactment of rules and regulations, guidelines
and recommendations and resolutions to preserve, promote and improve the public
health; the prevention and control of contagious diseases; and the establishment of fees
for health-related licenses and permits, and

WHEREAS, through resolutions the King County Board of Health has adopted
annual work programs since 2006 to carry out its responsibilities, and

WHEREAS, the priorities set for the King County Board of Health in 2022
include addressing racism as a public health crisis, supporting the King County COVID-
19 response and work to implement the restructuring of the King County Board of Health
to align with state law;

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King
County:
The 2022 King County Board of Health Work Plan, Attachment A to this resolution, is hereby adopted.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

Joe McDermott, Chair

ATTEST:

Melani Pedroza, Clerk of the Board

Attachments: A. 2022 King County Board of Health Workplan
# King County Board of Health 2022 Work Plan

<table>
<thead>
<tr>
<th>Topic</th>
<th>Specific Issue</th>
<th>Potential Actions:</th>
<th>Notes</th>
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<td><strong>Board Required Work</strong></td>
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<td>2022 Order of Vice Chairs</td>
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<td>2022 Work Plan</td>
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<td>Haz Waste Program code updates (TBD)</td>
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<td>Environmental Health code revisions (TBD)</td>
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<td>BOH restructure code changes</td>
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<td>BOH engagement and recruitment for community member BOH positions</td>
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<td><strong>Covid Response</strong></td>
<td>Monitor and support COVID-19 response and vaccination work</td>
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<td>Regional Community Safety and Wellbeing Plan - Briefing and resolution</td>
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<td>Joint Aircraft Emissions Technical and Community Task Force briefing</td>
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<td>Public Health Director's Health of King County briefing</td>
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<td>Helmet enforcement policy considerations</td>
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<td>Health disparities and work to address disparities</td>
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<td><strong>Other Board Work</strong></td>
<td>Resolution on BOH legislative priorities</td>
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<td>Climate change and health briefing</td>
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<td>Opioid crisis and harm reduction</td>
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<td>Marijuana edibles as a risk to children and youth advocacy</td>
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Attachment A
A RULE AND REGULATION King County bicycle helmet regulation requiring helmet use by all age cyclists;
amending R&R 84, Section 1 (part), as amended, and BOH 9.04.010 and repealing R&R 84, Section 1 (part), as
amended, and BOH 9.01.010, R&R 84, Section 1 (part), as amended, and BOH 9.01.020, R&R 03-05, Section 1 (part),
and BOH 9.01.030, R&R 84, Section 1 (part), as amended,
and BOH 9.01.100, R&R 84, Section 1 (part), as amended,
and BOH 9.07.005, R&R 84, Section 1 (part), as amended,
and BOH 9.07.010, R&R 84, Section 1 (part), as amended,
and BOH 9.07.020, R&R 84, Section 1 (part), as amended,
and BOH 9.10.010, R&R 84, Section 1 (part), as amended,
and BOH 9.15.010 and R&R 84, Section 1 (part), as
amended, and BOH 9.16.010.

BE IT ORDAINED BY THE KING COUNTY BOARD OF HEALTH:

SECTION 1. R&R 84, Section 1 (part), as amended, and BOH 9.04.010 are hereby amended to read as follows:

A. (Head injuries are a major cause of death and disability associated with the operation of a bicycle on public roadways and bike paths. Every year approximately one thousand (1,000) Americans die of bicycle-related injuries. Approximately seventy-five
percent (75%) of those deaths are due to head injuries. A significant number of those individuals who survive head injuries don't return to a normal life. They are often left with profound, disabling and long-lasting conditions. From 1989 through 1998, there were thirty-five (35) bicycle-related deaths and 2,003 bicycle-related hospitalizations in King County, including Seattle.

B. Bicycle helmets have been shown to prevent head injuries suffered by bicycle riders during a crash or fall. Studies completed in 1989 and 1996 by investigators at Group Health Cooperative of Puget Sound and the Harborview Injury Prevention and Research Center show that helmet use could reduce the number of head injuries involving bicycling by sixty-nine percent (69%) to eighty-five percent (85%). The Medical Examiner noted that of the eight bicycle-related deaths in 2000, four were not wearing helmets. Moreover, the King County Child Death Review (CDR) found that of the five children who died while riding a bicycle from July 1998 through April 2002, four were unhelmeted; the CDR experts concluded that three of the children would have likely survived if a helmet had been worn. Finally, using tools developed by The Centers for Disease Control and Prevention it is estimated that nearly $10 million would be saved annually in both direct and indirect costs for bicycle-related head injuries if every cyclist were wearing a helmet in King County.

C. Educational and promotional efforts in King County have increased helmet use from two percent (2%) in 1985 to 61 percent (61%) in 1999 for children ages 5-12. In 1999, bicycle helmet use in adults was observed to be seventy-one percent (71%). However, these effects have plateaued. Additional efforts are needed to augment helmet use.
D. Studies in the United States and elsewhere demonstrate that legislation is effective in increasing helmet use. Helmet laws in Georgia, Maryland, and New York increased helmet use by 26% to 40%. In North Carolina, helmet use increased 2-3 fold after legislation. Furthermore, New Zealand found a thirty percent (30%) reduction in head injuries after passage of a helmet law. Thus, regulations requiring the use of bicycle helmets enhance the effectiveness of educational efforts to reduce the number and severity of head injuries resulting from bicycle crashes. The board of health therefore finds that bicycle helmets are required for the safe operation of bicycles not powered by motor on public roadways, bicycle paths or any right of way or publicly owned facility located in King County, including Seattle. Bicycling is an important recreational activity and mode of transportation that provides valuable exercise and supports a sustainable transportation option to fight climate change and promote health.

B. Head and brain injuries are a major cause of disability and death associated with the operation of a bicycle on public roadways and bicycle paths; and every year over one thousand Americans die of bicycle related injuries. Approximately forty percent of those deaths are due to traumatic brain injuries, according to the Centers for Disease Control and Prevention.

C. Bicycle helmets are an important tool that have been shown to prevent head injuries suffered by bicycle riders during a crash or fall.

D. In 1993, the Board of Health passed a bicycle helmet requirement stating that any person riding a bicycle on a public road, bicycle path, right of way or publicly owned facility shall wear a protective helmet.
E. On June 18, 2020, the board passed Resolution 20-08, which declared racism a public health crisis and committed to assessing, revising and writing its policies with a racial justice and equity lens including the Board of Health Code.

F. On June 17, 2021, the board heard Briefing 21-B10, a panel discussion on bicycle helmet laws in King County and the disparate impacts of enforcement of the helmet regulations. Data presented demonstrated that citations were issued to Black, indigenous and people of color more frequently than to white cyclists, and that persons experiencing homelessness reported that the helmet requirement is a commonly cited reason for engagement with law enforcement.

G. The harm resulting from disparate enforcement of the helmet requirement included increased interactions with law enforcement for communities and financial burdens in the form of a civil fine and associated court fees.

H. The board determined that because of the inequitable enforcement of the helmet regulation, a punitive approach to addressing the need for helmet use for bicyclists was not appropriate and repealed the previous bicycle helmet regulation.

I. The board is committed to support and encourage efforts to provide education, access, and helmet promotion for all-age bicyclists and other micromobility riders.

SECTION 2. The following are hereby repealed:

A. R&R 84, Section 1 (part), as amended, and BOH 9.01.010;
B. R&R 84, Section 1 (part), as amended, and BOH 9.01.020;
C. R&R 03-05, Section 1 (part), and BOH 9.01.030;
D. R&R 84, Section 1 (part), as amended, and BOH 9.01.100;
E. R&R 84, Section 1 (part), as amended, and BOH 9.07.005;
89  F. R&R 84, Section 1 (part), as amended, and BOH 9.07.010;

90  G. R&R 84, Section 1 (part), as amended, and BOH 9.07.020;

91  H. R&R 84, Section 1 (part), as amended, and BOH 9.10.010;

92  I. R&R 84, Section 1 (part), as amended, and BOH 9.15.010; and

93  J. R&R 84, Section 1 (part), as amended, and BOH 9.16.010.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

________________________________________
Joe Mc Dermott, Chair

ATTEST:

________________________________________
Melani Pedroza, Clerk of the Board

Attachments: None
Subject
Proposed repeal of the King County Bicycle Helmet Regulations and accompanying resolution

Summary
The Board requested language to repeal the King County Bicycle Helmet Regulation because of the inequitable enforcement of the law on Black, Indigenous and people of color, and to replace it with a resolution outlining the Board’s action and position on the importance of helmet usage for all bicyclist as well as other active transportation riders.

On June 17th, 2021, the Board heard briefing 21-B10, a panel discussion on bicycle helmet laws in King County and the disparate impacts of enforcement of the helmet regulations. Data presented demonstrated that citations were issued to Black, Indigenous, and people of color more frequently than to white cyclists, and that persons experiencing homelessness reported that the helmet requirement is a commonly cited reason for engagement with law enforcement. On September 16th, the Board was briefed on policy options to address inequitable enforcement, which included equity review by the Pandemic and Racism Community Advisory Group (PARCAG) as well as PHSKC’s Equity Response Team (ERT). The Board Chair requested moving forward with the policy option to repeal the regulation and replace it with a resolution.

Policy Overview

BOH 21-01: Rule and Regulation that would repeal King County's existing helmet law.

As drafted, BOH 21-01 repeals each section of the existing regulation and amends the findings section to articulate the Board’s policy direction to remove the regulation and express the Board’s recognition of the value of helmet usage.

Seventeen jurisdictions within King County have their own helmet laws including Auburn, Bellevue, Black Diamond, Burien, Des Moines, Duvall, Enumclaw, Federal Way, Issaquah, Kent, Lake Forest Park, Maple Valley, North Bend, Pacific, Renton, SeaTac, and Snoqualmie. The population of these cities represents 35.4% of King County’s population. Any change made
to the Helmet Requirement by the Board would not impact the regulations in these 17 jurisdictions. If adopted, BOH 21-01 would remove the helmet law for the remaining twenty-two jurisdictions in the County and the unincorporated area.

**BOH Resolution 21-08: In support of helmet use.**

Resolution 21-08 outlines the Board’s position on the importance of helmet use for all-age bicyclists as well as other active transportation modes including scooters, skateboards, roller skates, rollerblades, and other wheeled devices. The Resolution highlights that helmets can prevent head and brain injuries, which are a major cause of disability and death associated with bicycling. The resolution recognizes that a comprehensive approach to bicycle safety must include helmet use as well as safe built environments, access to helmets and education about use, and ensuring that all riders are able to safely participate without the barriers imposed by racism, sexism and other forms of oppression.

The Resolution includes Board commitments to:

- Support universal helmet use for all riders in King County, regardless of age.
- Support efforts that seek to expand access to helmets, regardless of income.
- Work with local community partners and jurisdictions to expand access to low- and no-cost helmets, provide education on helmet safety and support the improvement of community infrastructure to support safety for bicycle and other modes of active transportation.
- Encourage all local jurisdictions to repeal existing helmet regulations and align their policies and codes regarding helmet use requirements with the Board’s policy direction set forth in Resolution 21-08.
Brief literature review to answer four questions from Board of Health members

1. What do we know about the impacts of bicycle helmet laws?

Health research literature shows that wearing a bicycle helmet is protective against head and severe brain injury. Evidence from the literature shows conflicting results of helmet laws as they pertain to reduction in injury and death. Some papers find a significant reduction on injury and mortality; others do not. Almost all research shows helmet legislation increasing helmet usage.

Findings of bicycle helmet’s effectiveness in preventing injury:

- Pardi et al. followed pediatric injuries one year and five years after helmet legislation was passed and found a 27% decrease in injuries one year after the legislation; five years later the rate of injuries was still 24% lower than before legislation.¹
- Dannenberg et al. found helmet laws, when incorporated with education, increased youth helmet use from 11% to 37%. Education alone only increased use by 5% or less. Social factors such as peers wearing helmets were also predictors of helmet use.²
- Gilchrist et al. analyzed data from a youth program that offered free helmets, incentives for wearing helmets, fitting instructions and safety education. They found enforcement was necessary, as state and local laws were not sufficient for sustained helmet use. Active enforcement coupled with helmet giveaways and education were effective and lasting.³
- Hoye et al. looked across 21 studies that examined the effects of mandatory bicycle helmet legislation on injuries and found helmet laws resulted in a 20% reduction in any kind of injury and that helmets were even more protective for serious head injury, decreasing by 55%. They found the largest effects in injury reduction in children occurred where legislation applied to cyclists of all ages versus when helmet legislation applied to children only.⁴
- Macpherson and Spinks reviewed six controlled studies and found statistically significant decreases in bicycle-related mortality or head injuries after the implementation of helmet legislation compared with places with no legislation.⁵
- Keezer et al. found increased helmet use and decreased injuries and deaths in five Canadian provinces with mandated helmet laws.⁶

Mixed findings:

- Dennis et al. looked at the association between helmet legislation and hospital admissions for cycling related head injuries in Canada, comparing provinces with and without helmet legislation. They found that between 1994 and 2003, the rate of head injuries among youth decreased by 54% in provinces with helmet legislation compared with a 33% reduction without legislation. Adult head injury rate decreased by 26% in provinces with legislation but remained constant in provinces without legislation. Given increasing helmet use trends and an increase in cycling infrastructure in provinces that later enacted laws, the authors concluded that the impact may have been minimal. However, the reduction in differences between provinces with and without laws was statistically significant.⁷
- Kett et al. compared injuries in Seattle, WA to those in the rest of King County, WA. Hospitalizations for bicycle-related head injuries in the two locations did not change during the
study period. However, bicycle-related major head trauma as a proportion of all bicycle-related head trauma did decrease significantly in Seattle, while there was no significant change in the remainder of King County.  

- De Jong investigated whether helmet laws reduced head injuries or increased morbidity due to less exercise from reduced cycling. In jurisdictions where cycling infrastructure was safe, a helmet law was likely to have a large unintended negative health impact. In jurisdictions where cycling was relatively unsafe, helmets did not contribute much to safety. In unsafe environments, the law may have made a small positive contribution to net societal health.

Null findings (studies that found no difference in health outcomes from helmet laws):

- Teschke et al. looked at the risk of head injury hospitalization in Canadian provinces with and without helmet laws over six years. They found that helmet legislation was not associated with a reduction in hospitalization rates for brain, head, scalp, skull or face injuries and suggested that infrastructure creating safer bicycle routes would lead to a larger injury reduction.

- Castle et al. looked at the impact of the California statewide helmet law for cyclists under age 18 in Los Angeles County trauma patients under age 18 between 1992 and 2009 injured while riding bicycles. They did not note a change in injury patterns in youth after the helmet law.

- Robinson et al. analyzed two published cost-benefit analyses of helmet law data and found that the cost of buying helmets to satisfy legislation probably exceeded any savings in reduced head injuries.

- Williams et al. examined traumatic brain injury in youth and found helmets to be protective. They also found socioeconomic and racial disparities in helmet usage but not a local legislative effect on traumatic brain injury. These findings may have been influenced by a higher helmet usage rate in the comparison areas as those areas tended to have higher socioeconomic status.

2. What happens when helmet laws are repealed?

There is scant literature about the impact of repealed helmet bicycle helmet laws. Although bicycles and motorcycles are different forms of wheeled transportation, evaluations of the consequences of the repeal of motorcycle helmet laws on the use of helmets amongst riders is included. In the studies outlined below, motorcycle helmet use dropped substantially after partial or complete repeals of state helmet laws.

Helmet use decreased following complete repeals in Kentucky and Louisiana, falling from nearly full compliance to 50% of riders wearing helmets. Motorcyclist fatalities increased by over 50% in Kentucky and by 100% in Louisiana.

Florida and Texas repealed a requirement for helmets for motorcycle riders under the age of 21 and older riders who do not have a minimum of $10,000 medical insurance. In Florida, use of compliant helmets has declined significantly following the law change and more motorcyclists have died (188% increase).

3. How do jurisdictions with and without helmet laws compare to one another?

There is limited information comparing jurisdictions to one another. As referenced above, Dannenberg et al. found helmet laws when incorporated with education increased youth helmet use from 11% to 37%; while education alone only increased use by 5% or less. Social factors such as peers wearing helmets were also predictors of use. The study found that the increase in helmet use only applied to the
jurisdictions with both helmet laws and education in place. Educational efforts alone in the similar counties only increased helmet usage 4-5%.16

Grant and Rutner analyzed data for states with youth helmet laws and looked at the impact on bicycle fatalities. They found a helmet law reduced fatalities by 15% in the long run.17

4. What is the effectiveness of a bicycle helmet law over time?
As similar safety efforts such as “no texting while driving” and the seatbelt laws show, a law’s effectiveness and uptake can be variable without enforcement, and rates of participation in the protective activity tend to wane.

Macpherson et al. followed bicycle helmet usage six years after a helmet law went into effect. Helmet use increased from 45% to 85%. Six years post-legislation, the proportion of helmeted cyclists in mid- and low-income areas had returned to pre-legislation levels (50% and 33%, respectively). After adjusting for sex and location, children riding in high income areas were significantly more likely to ride helmeted than children in low-income areas.18

Karkhaneh et al. examined the impact of youth helmet legislation on head injuries before and after implementation. To control for potential improvements in the environment that may improve safety, they also measured head injuries in pedestrians. They found a significant reduction in bicycle head injuries for children (30%), adolescents (36%), and adults (24%), but no changes in pedestrian head injuries for any age.19

Huybers et al. investigated long-term effects of helmet legislation combined with education and enforcement at 9-, 11- and 14-years post implementation. They found helmet use was sustained throughout the post-legislation period, from 75% in the first year to 94% 14 years post-legislation. Helmet legislation was not associated with changes in bicycle ridership over the study years. Their conclusion was education coupled with awareness and ongoing enforcement of helmet legislation was associated with long-term sustained helmet use rates.20

References

4 Hoye, A. (2018). Recommend or mandate? A systematic review and meta-analysis of the effects of mandatory bicycle helmet legislation. *Accident Analysis & Prevention, 120*(11), 239-249. [https://doi.org/10.1016/j.aap.2018.08.001](https://doi.org/10.1016/j.aap.2018.08.001)


TITLE AMENDMENT TO PROPOSED RULE & REGULATION BOH21-01.

On page 1, beginning on line 1, strike lines 1 through 14, and insert:

"A RULE AND REGULATION relating to the enforcement of King County bicycle helmet regulations requiring helmet use by all age cyclists; amending R&R 84, Section 1 (part), as amended, and BOH 9.04.010 and repealing R&R 84, Section 1 (part), as amended, and BOH 9.01.010, R&R 84, Section 1 (part), as amended, and BOH 9.01.020, R&R 84, Section 1 (part), as amended, and BOH 9.01.030, R&R 84, Section 1 (part), as amended, and BOH 9.01.100, R&R 84, Section 1 (part), as amended, and BOH 9.07.005, R&R 84, Section 1 (part), as amended, and BOH 9.07.010, R&R 84, Section 1 (part), as amended, and BOH 9.07.020, R&R 84, Section 1 (part), as amended, and BOH 9.10.010, R&R 84, Section 1 (part), as amended, and BOH 9.15.010, and R&R 84, Section 1 (part), as amended, and BOH 9.16.010."

T1
EFFECT prepared by E. Auzins: Corrects the title.
Resolution

Proposed No. 21-08.1

A RESOLUTION in support of helmet use as a tool to prevent injuries and fatalities associated with head injuries to bicycle and other wheeled device riders of all ages and a comprehensive approach to bicycle safety.

WHEREAS, bicycling is an important recreational activity and mode of transportation that provides valuable exercise and supports sustainable transportation to fight climate change and promote health, and

WHEREAS, head and brain injuries are a major cause of disability and death associated with the operation of a bicycle on public roadways and bicycle paths, and

WHEREAS, more than one thousand Americans die annually from bicycle related injuries. Approximately forty percent of those deaths are due to traumatic brain injuries, according to the Centers for Disease Control and Prevention, and

WHEREAS, a significant number of individuals who survive head injuries do not return to a normal life and are often left with profound disability and long-lasting conditions, and

WHEREAS, in 2020, thirty-nine individuals were injured or killed riding or as a passenger on a bicycle King County, four of which were fatal, and

WHEREAS, the total economic burden in King County to government and society from bicycle involved crashes, both helmeted and unhelmeted, averaged $190 to 300 million a year from 2010 to 2020, and
WHEREAS, bicycle helmets prevent head injuries suffered by bicycle riders during a crash or fall, reducing the risk of head, brain and severe brain injury by sixty-three to eighty-eight percent according to a 2000 Cochrane review, and

WHEREAS, King County has been a leader in reducing preventable injuries and deaths in children through the promotion of bicycle helmet use, and

WHEREAS, the King County Board of Health recognizes that a comprehensive approach to bicycle safety must include helmet use as well as safe built environments, access to helmets and education about use, and ensuring that all riders are able to safely participate without the barriers imposed by racism, sexism and other forms of oppression, and

WHEREAS, on June 18, 2020, the board passed Resolution 20-08 declaring racism a public health crisis and committed to assessing, revising, and writing its policies, including the Board of Health Code, with a racial justice and equity lens, and

WHEREAS, on June 17, 2021, the board heard Briefing 21-B10, a panel discussion on enforcement of bicycle helmet laws in King County, which described the disparate enforcement by police officers of the board's helmet regulation. Data presented demonstrated that police officers issued citations more frequently to Black, Indigenous and people of color more frequently than to white cyclists. Persons experiencing homelessness also reported that police officers commonly cited the helmet requirement as the reason for stopping the cyclists, and

WHEREAS, helmet use can protect riders of a variety of vehicle types where there is an increased risk of injury, such as bicycles, scooters, skateboards, roller skates, rollerblades and other wheeled devices, and
WHEREAS, the board believes in an approach to helmet use that does not involve law enforcement in order to ensure that Black, Indigenous and people of color do not bear the burden of enforcement and the resulting risk of negative outcome and includes an emphasis on education and access for all, and

WHEREAS, the board reaffirms its commitment to addressing racism as a public health crisis;

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

A. The board supports universal helmet use for all age riders in King County.

B. The board members will support efforts that seek to expand availability of and lower barriers for individuals of all incomes to have access to helmets.

C. The board commits to work with local community partners and jurisdictions to expand access to low- and no-cost helmets, provide education on helmet safety and support the improvement of community infrastructure to support safety for bicycle and other modes of active transportation.

D. The board encourages all local jurisdictions to repeal existing helmet
60 regulations and align their policies and codes regarding helmet use requirements with the
61 board's policy direction.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

________________________________________
Joe McDermott, Chair

ATTEST:

________________________________________
Melani Pedroza, Clerk of the Board

Attachments: None
# BOH Resolution 21-08 – Amendment Tracker

*KC Board of Health – 2/17/2022*

<table>
<thead>
<tr>
<th>#</th>
<th>1st Page &amp; Line #</th>
<th>Sponsor</th>
<th>Amendment Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Page 3, Line 40</td>
<td>McDermott</td>
<td>• Would add a whereas referring to SPD de-prioritization of bicycle helmet violations.</td>
</tr>
<tr>
<td>2</td>
<td>Page 3, Line 40</td>
<td>McDermott</td>
<td>• Would whereas statement referring to the Council allocation supporting helmet distribution in Ordinance 19364.</td>
</tr>
<tr>
<td>3</td>
<td>Page 3, line 52</td>
<td>McDermott</td>
<td>• Would replace the term &quot;supports&quot; to &quot;strongly recommends&quot; helmet use.</td>
</tr>
<tr>
<td>4</td>
<td>Page 3, Line 59</td>
<td>Baker, Honda</td>
<td>• Would encourage local jurisdictions to promote helmet use and take steps to ensure regulations are not being applied inequitably.</td>
</tr>
<tr>
<td>5</td>
<td>Page 4, Line 61</td>
<td>McDermott</td>
<td>• Would encourage the King County Council to use budget authority to support helmet study, including an equity analysis, to be presented to the Board between 2024 and 2026.</td>
</tr>
<tr>
<td>T1</td>
<td>Page 1, Line 1</td>
<td>McDermott</td>
<td>• Would replace the term &quot;supports&quot; to &quot;strongly recommends&quot; helmet use in the title.</td>
</tr>
</tbody>
</table>
AMENDMENT TO PROPOSED RESOLUTION 21-08, VERSION 1

On page 2, line 40, after "stopping the cyclists, and" insert:

"WHEREAS, in his letter dated January 14, 2022 to the Office of Inspector General, Seattle Police Chief Adrian Diaz announced the Department's policy to de-prioritize non-criminal, low-risk public safety traffic violations, including bicycle helmet violations, and will no longer treat bicycle helmet violations as a primary reason to engage in a traffic stop, and"

EFFECT prepared by S. Porter: The amendment would add a Whereas statement acknowledging the Seattle Police Department's policy to de-prioritize bicycle helmet violations as a primary reason for a traffic stop.
February 9, 2022

Council allocation - Whereas

Sponsor: McDermott

Proposed No.: 21-08.1

[1] AMENDMENT TO PROPOSED RESOLUTION 21-08, VERSION 1

On page 2, line 40, after "stopping the cyclists, and" insert:
"WHEREAS, in November 2021, the King County Council allocated $221,000 in
Ordinance 19364 to support bicycle helmet distribution with a focus on unhoused
individuals and individuals who historically have been disproportionately impacted by
inequities and discrimination, and"

EFFECT prepared by S. Porter: The amendment would add a Whereas statement
acknowledging the King County Council's budget appropriation supporting bicycle
helmet distribution.
October 20, 2021

Strongly recommend

Sponsor: McDermott

Proposed No.: 21-08.1

AMENDMENT TO PROPOSED RESOLUTION 21-08, VERSION 1

On page 3, line 52, after "The board" strike "supports" and insert "strongly recommends"

EFFECT prepared by S. Porter: The amendment would replace the term "supports" to "strongly recommends" helmet use.
AMENDMENT TO PROPOSED RESOLUTION 21-08, VERSION 1

On page 3, beginning on line 59, strike lines 59 through 61, and insert:

"D. The board encourages all local jurisdictions to actively promote universal helmet use, and to take steps to ensure that helmet regulations are not being applied inequitably."

EFFECT prepared by H. Willis: The intended effect is to preserve the ability of cities to implement or maintain their own helmet laws, while working to ensure those laws are not applied inequitably.
On page 4, after line 61, insert: "E. The board encourages the King County Council to use the Council's budgetary authority to support a study of helmet use among bicycle riders that may include a periodic review of the Washington State Department of Health Trauma Registry over multiple years to monitor and compare bicycle related injuries and outcomes before and after the repeal of the Board's helmet law. The board recommends that any analysis include an equity review with results presented to the board no sooner than 2024 and no later than 2026."

**EFFECT prepared by S. Porter: Encouraging the King County Council to provide budgetary support for a comparison study of bicycle related injuries before and after the helmet law repeal, including an equity review to be presented to the Board between 2024 and 2026.**
October 20, 2021

Strongly recommend

Sponsor: McDermott

Proposed No.: 21-08.1

[ S. Porter ]

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1 TITLE AMENDMENT TO PROPOSED RESOLUTION 21-08, VERSION 1

2 On page 1, line 1, after "A RESOLUTION" strike "in support of" and insert "strongly recommending"

3

4

5 EFFECT prepared by S. Porter: Comporting the title to Amendment X requested by

6 Board Member McDermott.