



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Board of Health

Metropolitan King County Councilmembers: *Teresa Mosqueda, Chair; Jorge Barón, Reagan Dunn*
Alternate: Sarah Perry

City of Seattle Members: *Joy Hollingsworth, Robert Kettle, Sara Nelson*
Alternate: Bruce Harrell

Sound Cities Association Members: *Amy Lam, Vice Chair; Cheryl Rakes*
Alternates: Amy Falcone and Barb de Michele

Public Health, Facilities, and Providers: *Butch de Castro, PhD, MSN/MPH, RN, FAAN;*
Lisa Chew, MD, MPH; Katherine Gudgel, MS
Alternate: Patricia Egwuatu, DO

Consumers of Public Health: *Quiana Daniels, BS, RN, LPN, Vice Chair;*
Mustafa Mohammed, MD, MBCHB, MHP, LAAC, AAC
Alternate: LaMont Green (Gullah), DSW

Community Stakeholders: *Christopher Archiopoli, Victor Loo*
Alternate: Francoise Milinganyo

American Indian Health Commission: *Jolene Williams, Councilmember, Snoqualmie Indian Tribe*
Alternate: Angela Young, Councilmember, Snoqualmie Indian Tribe

Dr. Faisal Khan, Director, Seattle-King County Department of Public Health
Staff: *Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov*

1:00 PM

Thursday, October 16, 2025

Hybrid Meeting

Hybrid Meetings: Attend Board of Health meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.



Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
TTY Number - TTY 711.
Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.



HOW TO PROVIDE PUBLIC COMMENT:

1. In person: You may attend the meeting in person in Council Chambers.
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Join by Telephone**Dial: US : +1 253 215 8782****Meeting ID: 836 2614 2088**

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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 18, 2025** **pg 6**
5. **Public Comments**
6. **Chair's Report**
7. **Director's Report**

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



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Briefing

8. BOH Briefing No. 25-B31 **pg 13**

King County 2026-27 Budget Update

Dwight Dively, Director, Office of Performance, Strategy and Budget

Discussion and Possible Action

9. Resolution No. 25-05 **pg 21**

A RESOLUTION identifying Quiana Daniels for reappointment as the King County Board of Health's selected nonelected member candidate representing consumers of public health for a three-year term to expire on December 31, 2028.

Joy Carpine-Cazzanti, King County Board of Health Administrator, Public Health -- Seattle & King County
Quiana Daniels, Vice-chair, King County Board of Health

10. Resolution No. 25-06 **pg 23**

A RESOLUTION identifying Victor Loo for reappointment as the King County Board of Health's selected nonelected member candidate representing community stakeholders for a three-year term to expire on December 31, 2028.

Joy Carpine-Cazzanti, King County Board of Health Administrator, Public Health -- Seattle & King County
Victor Loo, Member, King County Board of Health

11. Resolution No. 25-07 **pg 25**

A RESOLUTION identifying Karen Hartfield for appointment as the King County Board of Health's selected nonelected alternate member candidate representing public health, health care facilities, and providers for a three-year term to expire on December 31, 2028.

Joy Carpine-Cazzanti, King County Board of Health Administrator, Public Health -- Seattle & King County
Karen Hartfield, potential Board of Health Alternate Member



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12. Resolution No. 25-08 pg 34

A RESOLUTION regarding the King County Board of Health's commitment to supporting immigrant and refugee health access and requesting exploration of King County sponsorship towards that commitment.

Emily Brice, Co-Executive Director, Northwest Health Law Advocates

Briefings**13. BOH Briefing No. 25-B32 pg 39**

School Environmental Health & Safety: Draft Washington State Board of Health Rule & Public Health - Seattle & King County Program

Ryan Kellogg, Environmental Health Assistant Division Director, Public Health - Seattle & King County
Sinang Lee, School Environmental Health Program Manager, Public Health - Seattle & King County
Patty Hayes, RN, MN, Chair, Washington State Board of Health
Ash Noble, JD, MPA, Policy Advisor, Washington State Board of Health
Brandon Kemperman, MPH, CIH, CSRM, CPSI, Healthy Building Science Advisor, Public Health – Seattle & King County

14. BOH Briefing No. 25-B33 pg 56

King County 2025-2030 Community Health Improvement Plan Update

Victor Loo, Member, King County Board of Health and CHIP Steering Committee
Adrienne Webb, Executive Director, Community Health Investment, North Division, Providence, King County CHIP Steering Committee
Pastor Derek Lane, Member, Health Equity and Anti-Racism Community Advisory Group and CHIP Steering Committee Member
Eva Wong, Strategic Planning Manager, Public Health -- Seattle & King County
Matias Valenzuela, Director, Office of Equity and Community Partnerships, Public Health-- Seattle & King County and CHIP Steering Committee Member



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15. BOH Briefing No. 25-B34 **pg 89**

King County Board of Health Membership Composition

Olivia Brey, Legislative Analyst, King County Council

16. **Board Member Updates**

17. **Other Business**

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov



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Meeting Minutes Board of Health

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Tribe*

*Dr. Faisal Khan, Director, Seattle-King County Department of
Public Health
Staff: Joy Carpine-Cazzanti, Board
Administrator - KCBOHAdmin@kingcounty.gov*

1:00 PM

Thursday, September 18, 2025

Hybrid Meeting

DRAFT MINUTES

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1. Call to Order

The meeting was called to order at 1:03 p.m.

2. Roll Call

Present: 13 - Archiopoli, Barón, Chew, Daniels, de Castro, Dunn, Gudgel, Kettle, Lam, Loo, Mohammed, Mosqueda and Falcone

Excused: 4 - Hollingsworth, Nelson, Rakes and Williams

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

Boardmember de Michelle served in place of Boardmember Rakes.

Boardmember Falcone was also in attendance.

4. Approval of Minutes of July 17, 2025

Boardmember Lam moved to approve the minutes of the July 17, 2025, meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:

Keith Haubrich

Kai Lewis

Alexis Rufi

Andre

Rick Grossman

Jeff Gunn

Al Williams

Charlie Capps

Lexy Salas

Danielle Alvarado

Stefan Moritz

Lily Wilson-Codega

Briefing

6. BOH Briefing No. 25-B28

Update on BOH membership plans and recruitment for 2026

Joy Carpine-Cazzanti, Board of Health Administrator, briefed the Board and answered questions.

This matter was Presented

Discussion and Possible Action

7. R&R No. BOH25-02

A RULE AND REGULATION intended to help prevent food-borne illnesses and increase compliance with the King County food code by conducting more frequent inspections based on notification of noncompliance with financial obligations resulting from employment-related enforcement actions; amending R&R 17-01, Section 5, as amended, and BOH 5.15.010, adding a new section to BOH chapter 5.04, and adding new sections to BOH chapter 5.60; enacted pursuant to RCW 43.20.050 and 70.05.060, including the latest amendments or revisions thereto.

Sam Porter and Olivia Brey, Council Central Staff, briefed the Board and answered questions.

Boardmember Daniels moved Striking Amendment S1. The motion carried.

A Public Hearing was held and closed. A motion was made by Boardmember Daniels that this R&R be Passed as Amended. The motion carried by the following vote:

Yes: 10 - Archiopoli, Barón, Chew, Daniels, de Castro, Gudgel, Lam, Loo, Mosqueda and Falcone

No: 1 - Dunn

Excused: 6 - Hollingsworth, Kettle, Mohammed, Nelson, Rakes and Williams

Briefings

8. BOH Briefing No. 25-B29

Pet Businesses & Public Health - Zoonotic Disease Code Briefing

Ryan Kellogg, Environmental Health Assistant Division Director, briefed the Board and answered questions.

Dr. Jocelyn Mullins, Public Health Veterinarian, briefed the Board and answered questions.

Leah Helms, Manager, Solid Waste, Rodent and Zoonotic Disease Program, briefed the Board and answered questions.

This matter was Presented.

9. BOH Briefing No. 25-B30

Climate and Health Equity: King County Strategic Climate Action Plan & Public Health Role

Ryan Kellogg, Assistant Division Director, Environmental Health, briefed the Board and answered questions.

Bradley Kramer, Manager, Climate & Health Equity Initiative, briefed the Board and answered questions.

Marissa Aho, Director, King County Executive Climate Office, briefed the Board and answered questions.

Saja Ahmed, Community Representative, Climate & Health Adaptation Modeling Project in Auburn, briefed the Board and answered questions.

This matter was Presented.

10. Board Member Updates

No updates were given.

11. Other Business

No other business was presented.

Adjournment

The meeting was adjourned at 3:05 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

Approved this _____ day of _____

Clerk's Signature



King County
King County Board of Health
Director's Report

Date: October 16, 2025

Prepared by: Dr. Faisal Khan, Director, Public Health – Seattle & King County

Stay current on Public Health trends and news:

I invite King County Board of Health Members and Alternates to stay updated on important news, local health trends and funding opportunities through Public Health – Seattle & King County's blog and online dashboards:

The Public Health Insider blog:

[PUBLIC HEALTH INSIDER – Official insights from Public Health - Seattle & King County staff](#)

Data dashboards:

- [Public Health data - King County, Washington](#) – Explore population-level health outcomes, communicable disease data and more
- [Data dashboard: The impact of firearms in King County - King County, Washington](#)
- [Overdose data dashboards - King County, Washington](#)
- [Medical Examiner's Office data](#)
- [Climate Impacts on Health - King County, Washington](#)

Funding opportunities – RFPs, RFQs, RFAs and others:

[Funding opportunities - King County, Washington](#)

Increasing access to information about commissary kitchens in King County

The Food Safety Program, in Public Health's Environmental Health Services Division, has updated its online map of commissary kitchens in King County to make it easier for food vendors to find kitchens – lowering a major barrier to entry in the business. The map has a new, easy-to-use dashboard allowing people to search for kitchens based on their specific business needs, including by location and kitchen features. The database, with 30 commissary kitchens and counting, can also be used during emergencies to locate commercial kitchens able to prepare food for mass feeding.

View online: [Commissary kitchens in King County - King County, Washington](#)

How to get the COVID vaccine in King County

Getting a COVID shot this fall might look a little different from state to state, but here in Washington, it's pretty simple: all people ages 6 months and up can get the updated (2025-26) COVID vaccine.

Learn more online: [How to get the COVID vaccine in King County – PUBLIC HEALTH INSIDER](#)

New Permitting System to launch Wednesday, October 29

The Environmental Health Services Division (EHS) will launch a new permitting system on Wednesday, October 29, called the Public Health Permit Center. Prior to the launch, there will be a temporary closure for all permitting services, starting Friday, October 17 through Tuesday, October 28. We anticipate temporary delays in our services following the launch.

EHS is communicating about this transition to customers and partners through various channels, including newsletters, direct emails, meetings, and webpage materials to make sure people are aware of this change and what it means for them.

Business owners and community members in King County will use the new Public Health Permit Center for permits, plan reviews, inspections, and more for food businesses, water recreation facilities, pet businesses, solid waste facilities, plumbing and gas piping, on-site sewage systems, and schools. Community members will also use the new system to submit complaints and inquiries about rodents and other environmental conditions.

Learn more online: [Public Health Permit Center - King County, Washington](#)

King County Executive Shannon Braddock and Seattle Mayor Bruce Harrell announce contingency plans for Women, Infants, and Children benefits if federal shutdown persists

King County Executive Shannon Braddock and Seattle Mayor Bruce Harrell announced on October 6 a partnership that will support vulnerable residents in the region – women, infants, and children – should the federal shutdown persist through this month.

Currently, benefits for the federal Women, Infants, and Children (WIC) program in Washington are at risk of running out of funding within the next two weeks. This means close to 30,000 participants in King County – nearly a quarter of whom are in Seattle – will have little to no access to essential food and infant formula.

If the federal government shutdown continues, Public Health – Seattle & King County (PHSKC) will issue one-time vouchers for food and infant formula to current King County WIC clients through a partnership with Safeway, helping mothers, babies, and children receive essential nutrition. The temporary benefit will be made available as early as the end of this month, and no later than the beginning of November.

Learn more online: [NEWS: King County Executive Shannon Braddock and Seattle Mayor Bruce Harrell announce contingency plans for Women, Infants, and Children benefits if federal shutdown persists](#)

2026-2027 PUBLIC HEALTH – SEATTLE & KING COUNTY BUDGET

Dwight Dively
Office of Performance, Strategy and Budget
King County Board of Health
October 16, 2025

The current budget is for 2025.

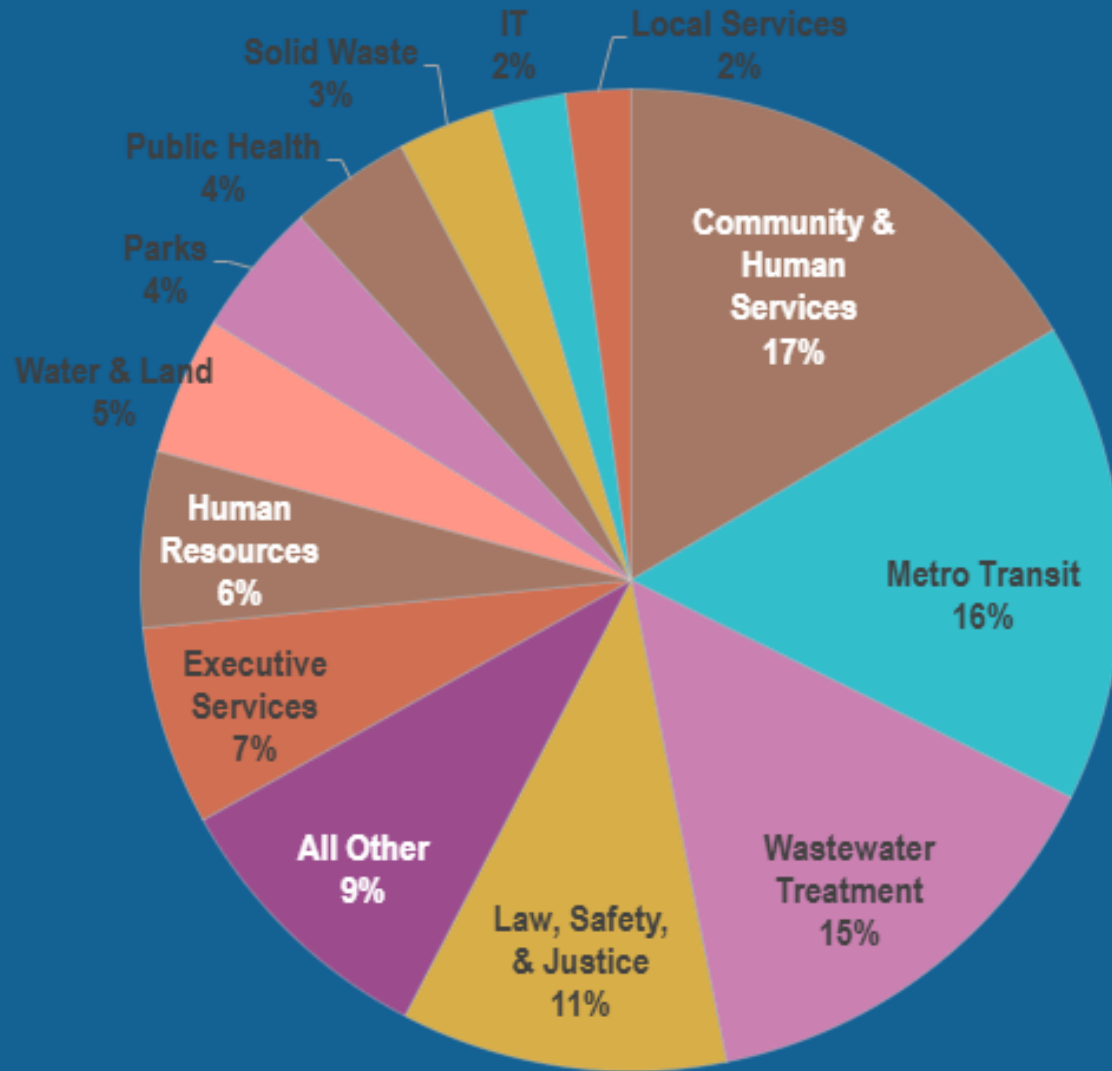
Other than 2025, King County has used a biennial (two-year) budget for over a decade.

In November 2022, voters approved a Charter amendment moving County elections from odd-numbered to even-numbered years to increase voter participation and turnout.

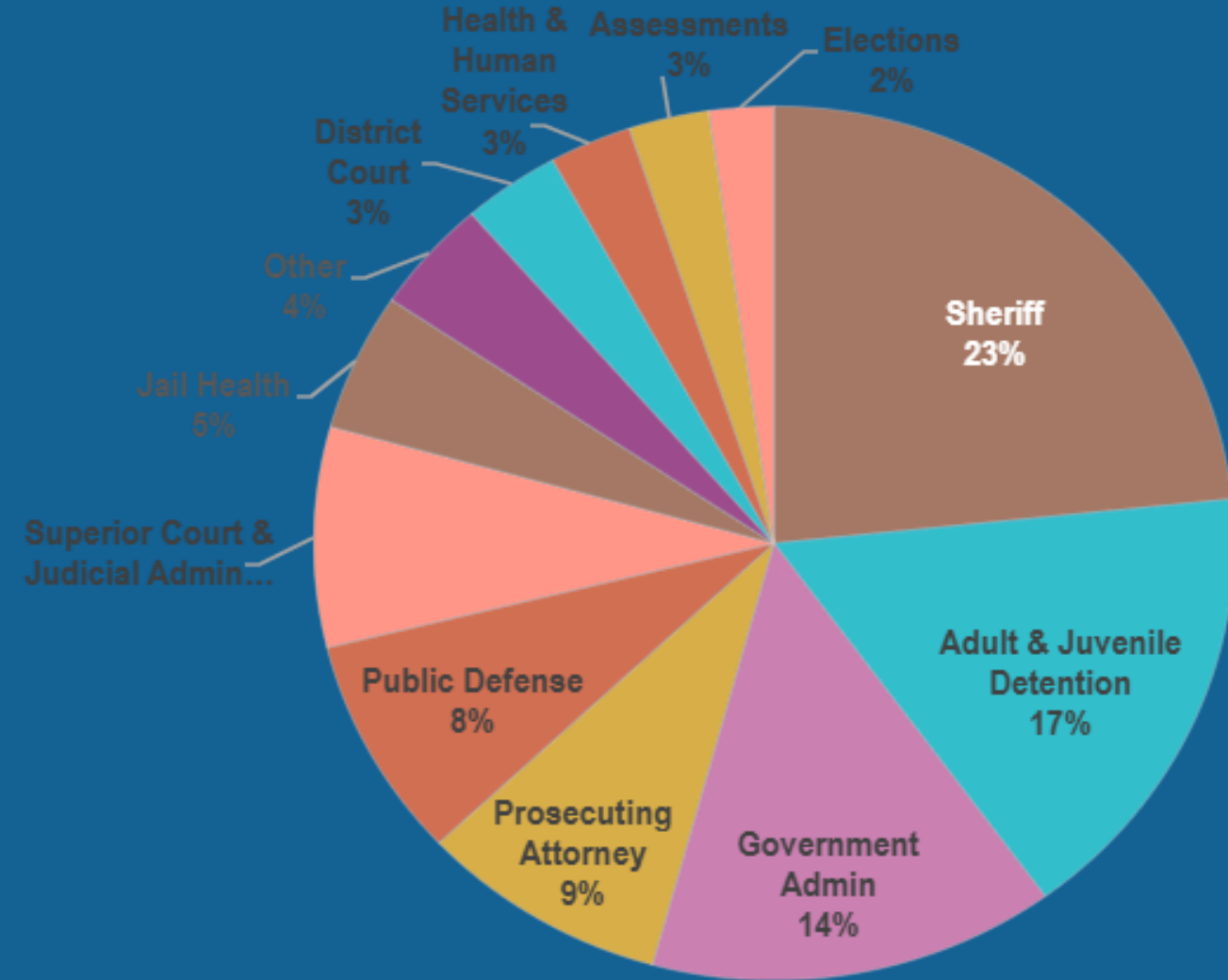
To reset the budget cycle to the new election cycle, the County did an annual budget for 2025 and will resume biennial budgeting for 2026-2027.

BUDGET STRUCTURE & TIMING

2026-2027 PROPOSED APPROPRIATIONS (\$19.7 BILLION)



2026-2027 PROPOSED GENERAL FUND APPROPRIATIONS (\$2.7 BILLION)



2026-2027 BUDGET HIGHLIGHTS

- ▶ The Proposed Budget includes a new 0.1% sales tax that is projected to generate \$203 million. About \$175 million was used to avoid devastating budget cuts, including over \$20 million to Public Health. The remainder covers new or expanded criminal justice, homelessness, and behavioral health services.
- ▶ Some County revenue was used to replace lost federal grants, especially in emergency management.
- ▶ The budget is accompanied by legislation revising the Harborview Hospital Services Agreement, which provides \$28 million annually for Public Health clinics from 2025 through 2027.

2026-2027 PUBLIC HEALTH BUDGET

- ▶ The Proposed Budget is essentially status quo for 2026-2027 and totals \$631 million.
- ▶ The budget includes staffing reductions in vacant positions in the clinic system that will have no effect on services.
- ▶ However, 2026-2027 revenue is projected to be only \$585 million, with the difference covered by fund balance. The fund balance grew in recent years as the pandemic and hiring challenges led to spending that was substantially below budgeted levels.
- ▶ Under current forecasts, Public Health faces a deficit in 2028-2029 even if Harborview payments to support clinics continue. This deficit becomes catastrophic by 2030-2031.
- ▶ The principal causes of the deficit are flat State funding and limited increases in County General Fund support due to State-imposed limits on property tax revenue growth. The financial challenge affects many parts of Public Health, including prevention, chronic diseases, and community health services.

FEDERAL FUNDING SITUATION

- ▶ The Proposed Budget includes reserves for potential federal cuts to behavioral health services and Medicaid payments to Harborview. These reserves would quickly be exhausted if federal cuts are of the magnitude currently forecast.
- ▶ Public Health has lost some small federal grants that have led to modest program and staffing reductions. No further grant reductions are assumed in the 2026-2027 budget.
- ▶ Public Health could be affected by reductions in the federal fiscal year 2026 budget, if it is ever approved.
- ▶ Existing law substantially reduces subsidies through the Affordable Care Act in January 2026. This will lead some people to drop coverage, potentially creating more demand for Public Health services.
- ▶ HR 1 makes major reductions to Medicaid in 2027. Projections suggest that 75,000 to 100,000 King County residents will lose coverage.

QUESTIONS?

Contact:

KCBOHAdmin@kingcounty.gov



Signature Report

Resolution

Proposed No. 25-05.1

Sponsors

1 A RESOLUTION identifying Quiana Daniels for
2 reappointment as the King County Board of Health's
3 selected nonelected member candidate representing
4 consumers of public health for a three-year term to expire
5 on December 31, 2028.

6 WHEREAS, in accordance with RCW 70.05.035, BOH 2.04.020, and K.C.C.
7 chapter 2.35, the King County Board of Health shall have an equal number of elected to
8 nonelected members, with nonelected members described in RCW 70.05.035(1)(a)
9 selected by the King County Board of Health from three specific categories of interests:
10 public health, health care facilities, and providers; consumers of public health; and other
11 community stakeholders;

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

14 A. The Board of Health recommends Quiana Daniels for reappointment as the
15 King County Board of Health's selected nonelected member candidate representing
16 consumers of public health, for a three-year term to expire on December 31, 2028.

17 B. The candidate was selected by the board in accordance with chapter 246-90
18 WAC pertaining to Local Board of Health Membership and the candidate meets the
19 qualifications and requirements of RCW 70.05.035(1)(a).

20 C. In accordance with K.C.C. 2.35.024, the board will transmit to the King
21 County council this resolution along with the requisite materials for consideration and
22 confirmation.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

Teresa Mosqueda, Chair

ATTEST:

Melani Hay, Clerk of the Board

Attachments: None



Signature Report

Resolution

Proposed No. 25-06.1

Sponsors

1 A RESOLUTION identifying Victor Loo for reappointment
2 as the King County Board of Health's selected nonelected
3 member candidate representing community stakeholders
4 for a three-year term to expire on December 31, 2028.

5 WHEREAS, in accordance with RCW 70.05.035, BOH 2.04.020, and K.C.C.
6 chapter 2.35, the King County Board of Health shall have an equal number of elected to
7 nonelected members, with nonelected members described in RCW 70.05.035(1)(a)
8 selected by the King County Board of Health from three specific categories of interests:
9 public health, health care facilities, and providers; consumers of public health; and other
10 community stakeholders;

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

13 A. The Board of Health recommends Victor Loo for reappointment as the King
14 County Board of Health's selected nonelected member candidate representing community
15 stakeholders, for a three-year term to expire on December 31, 2028.

16 B. The candidate was selected by the board in accordance with chapter 246-90
17 WAC pertaining to Local Board of Health Membership and the candidate meets the
18 qualifications and requirements of RCW 70.05.035(1)(a).

19 C. In accordance with K.C.C. 2.35.024, the board will transmit to the King
20 County council this resolution along with the requisite materials for consideration and
21 confirmation.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

Teresa Mosqueda, Chair

ATTEST:

Melani Hay, Clerk of the Board

Attachments: None



Signature Report

Resolution

Proposed No. 25-07.1

Sponsors

1 A RESOLUTION identifying Karen Hartfield as the King
2 County Board of Health's nonelected alternate member
3 candidate to represent public health, health care facilities
4 and providers for a three-year term to expire on December
5 31, 2028.

6 WHEREAS, in accordance with RCW 70.05.035, BOH 2.04.020, and K.C.C.
7 chapter 2.35, the King County Board of Health shall have an equal number of elected to
8 nonelected members, with nonelected and alternate members described in RCW
9 70.05.035(1)(a) selected by the King County Board of Health from the three categories
10 of: public health, health care facilities, and providers; consumers of public health; and
11 other community stakeholders, and

12 WHEREAS, as a result of a vacancy, the King County Board of Health has
13 conducted a recruitment, selection, and appointment process in accordance with chapter
14 246-90 WAC, BOH chapter 2.04, and K.C.C. chapter 2.35, and

15 WHEREAS, the King County Board of Health has selected an applicant to serve
16 as an alternate member representing public health, health care facilities and providers to
17 enhance the board's efforts to preserve and protect the public's health, subject to
18 confirmation by the King County council in accordance with K.C.C. chapter 2.35;

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

- 21 A. The Board of Health recommends Karen Hartfield to serve as the alternate
22 member candidate representing public health, health care facilities and providers, for a
23 three-year term to expire on December 31, 2028.
- 24 B. In accordance with K.C.C. 2.35.024, the board will transmit to the King

- 25 County council this resolution along with the requisite materials for consideration and
26 confirmation.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

Teresa Mosqueda, Chair

ATTEST:

Melani Hay, Clerk of the Board

Attachments: None



King County

King County Board of Health

Staff Report

Agenda item No: 9 - 11

Date: October 16, 2025

Resolution No: BOH25-05, BOH 25-06,
BOH25-07

Prepared by: Joy Carpine-Cazzanti

Subject

A set of three proposed resolutions regarding the reappointment and appointment of non-elected candidates to the King County Board of Health.

Summary

Proposed Resolutions identifying the King County Board of Health's selected nonelected regular and alternate member candidates to serve three-year terms beginning in January 2026:

- Resolution BOH 25-05 would identify Quiana Daniels to be reappointed to serve as the regular nonelected member representing consumers of public health.
- Resolution BOH 25-06 would identify Victor Loo to be reappointed to serve as the regular nonelected member representing community stakeholders.
- Resolution BOH 25-07 would identify Karen Hartfield to be appointed to the alternate seat representing public health, health care facilities and providers.

Background

Pursuant to R.C.W. 70.05.035,¹ the King County Board of Health shall consist of an equal number of elected and non-elected members with nonelected and alternate members described in RCW 70.05.035(1)(a) selected by the King County Board of Health from the three categories of: public health, health care facilities, and providers; consumers of public health; and other community stakeholders. Candidates selected by the board shall be recruited and chosen in accordance with chapter 246-90 WAC,² pertaining to Local Board of Health

¹ [RCW 70.05.035](#)

² [Chapter 246-90 WAC](#)

Membership, and each candidate shall meet the qualifications and requirements of RCW 70.05.035(1)(a).

Expiring Positions

Two nonelected boardmember positions and one alternate position are set to expire in December 2025:

- Position 4, representing consumers of public health;
- Position 7, representing community stakeholders; and
- Position 10, the alternate representing public health, facilities and providers.

New terms begin on January 1, 2026, and end December 31, 2028.

Boardmembers Quiana Daniels, who represents consumers of public health in Position 4 and Victor Loo, who represents community stakeholders in position 7, both indicated they are willing to serve a second term, so the Board did not recruit for these positions. Patricia Egwuatu indicated via email on May 15, 2025, to Public Health-Seattle & King County staff that she would not continue as an alternate beyond her current term.

Recruitment Process

The King County Board of Health plays a crucial role in promoting and protecting the health of King County residents. The King County Board seeks members who have demonstrated commitment to public health, who represent a diversity of expertise and lived experiences, and who identify with historically underrepresented communities.

When assessing candidates for nonelected positions, the Board takes into consideration the following:

- Whether the applicant's background meets the qualifications of the applicant's selected category or categories as defined in WAC 246-095-010;
- Potential conflicts of interest;
- The applicant's demonstrated commitment to public health;
- Service, current or past, on other local boards or commissions;
- Whether the applicant represents a diversity of expertise and lived experience;
- Whether the applicant represents the geographic diversity of the community; and
- Whether the applicant identifies with a historically underrepresented community.

The King County Board of Health recruitment strategy included advertising for the vacant alternate position through various channels such as:

- Posting vacancy announcements on the King County website;
- Advertisements in the local newspapers of record;
- Posting on Public Health – Seattle & King County's online blog;

- E-mail recruitments sent via email in English and Spanish;
- Available vacancy announcements in any language upon request; and
- Vacancy announcements were also posted across the King County region

A subcommittee consisting of Boardmembers Christopher Archiopoli, Butch de Castro, Lisa Chew and Mustafa Mohammed volunteered to review applications and interview candidates for Position 10. The Board received 10 applications, four were invited for interviews, and three candidates participated in an interview in September. After thorough review, the subcommittee recommended Karen Hartfield to serve in Position 10.

The candidates selected by the Board were recruited and chosen in accordance with 246-90 WAC, pertaining to Local Board of Health Membership, and each candidate meets the qualifications and requirements of RCW 70.05.035(1)(a).

Analysis

Reappointments

Quiana Daniels. Resolution 25-05 would identify Quiana Daniels for reappointment as the member representing consumers of public health to a three-year term expiring on December 31, 2028. This would be Quiana Daniels' second term.

Per her biography, Quiana Daniels is the Founder at Childress Nursing Services, where she serves as the Healthcare Administrator and Laboratory Director overseeing the daily operations of the licensed home health fertility and maternity care agency and mobile medical laboratory.

Ms. Daniels has shared that the most rewarding part of her role is helping people achieve their dreams of getting pregnant and supporting them through their parenthood journey.

Over her 21 years in the healthcare industry, Ms. Daniels has been named ABC World News Tonight's Person of the Week, appeared on national news channels, newspapers, and magazines for her ability to overcome adversity, and has received numerous academic achievement awards. Her biomedical research background involves research for institutions such as Yale School of Medicine, NIEHS/NIH, and NASA. She is also the author of 3 self-help books and a published scientific author in the American Journal of Physiology for research involving lung transplant rejection.

Ms. Daniels is a Registered Nurse (RN) and a Licensed Practical Nurse (LPN). She holds a Bachelor of Science degree in Biology from the University of Arkansas at Pine Bluff and Graduate Certificate in Health Sciences from Meharry Medical College.

Victor Loo. Resolution 25-06 would identify Victor Loo for reappointment as the member representing community stakeholders to a three-year term expiring on December 31, 2028. This would be Victor Loo's second term.

Per his biography, Victor Loo is a principal consultant and equity advocate with expertise in integrated managed care, behavioral health, primary care and social determinants of health. While on the Board, he has been active in the Homelessness and Health Workgroup, acts as the primary representative for Public Health – Seattle & King County’s Community Health Improvement Plan, and has assisted with the Board’s recruitment process multiple times.

Mr. Loo also serves as the liaison for the King County Regional Homelessness Authority Charter Revision Workgroup, helping ensure strong community voice and representation. He has shared that drawing on both professional expertise and lived experience as a first-generation immigrant and non-binary individual from the LGBTQIA+ community, he advances culturally competent, anti-racist practices to improve health outcomes for underserved communities. His career includes leadership in behavioral health, housing, and community safety, as well as advisory/leadership roles with the Washington State Department of Health and the City of Seattle LGBTQ Commission, and more.

Appointments

Karen Hartfield. Resolution BOH 25-07 would identify Karen Hartfield for appointment to serve as the alternate member representing public health, health care facilities, and providers for a three-year term to expire on December 31, 2028. This would be Karen Hartfield’s first term.

Per her biography, Karen Hartfield is currently a Clinical Assistant Professor at University of Washington School of Public Health and recently retired from a 36-year career with Public Health – Seattle & King County. She has extensive experience planning, implementing and evaluating a wide range of public health programs including HIV/STI/HCV, overdose prevention, communicable disease epidemiology, chronic disease prevention and reproductive health. Ms. Hartfield has also worked extensively with community-based organizations and other community partners, particularly in BIPOC and marginalized communities. Ms. Hartfield currently teaches two masters-level courses at the University of Washington (Population Health and Health Promotion and Communication). She holds a Bachelor of Arts degree from Harvard University and a Master of Public Health degree from the University of North Carolina at Chapel Hill.

Next steps

In accordance with the recommendations for the Board of Health, the resolutions naming the nonelected regular and alternate members will be transmitted to the King County Council for their confirmation. The Board of Health Administrator will transmit the necessary documents to the Clerk of the King County Council in accordance with the requirements of King County Code.

Attachment:

1. Biographies for 2026 Board of Health Nonelected Member Candidates

Attachment 1: Biographies for 2026 Board of Health Nonelected Member Candidates

Quiana Daniels

Quiana Daniels is the Founder at Childress Nursing Services, where she proudly serves as the Healthcare Administrator and Laboratory Director overseeing the daily operations of the licensed home health fertility and maternity care agency and mobile medical laboratory.

For Quiana, the most rewarding part of her role is helping people achieve their dreams of getting pregnant and supporting them through their parenthood journey.

Over her 21 years in the healthcare industry, Quiana has been named ABC World News Tonight's Person of the Week, appeared on national news channels, newspapers, and magazines for her ability to overcome adversity, and has received numerous academic achievement awards. Her extensive biomedical research background involves research for institutions such as Yale School of Medicine, NIEHS/NIH, and NASA. She is also the author of 3 self-help books and a published scientific author in the American Journal of Physiology for research involving lung transplant rejection.

Quiana is a Registered Nurse (RN) and a Licensed Practical Nurse (LPN). She holds a Bachelor of Science degree in Biology from the University of Arkansas at Pine Bluff and Graduate Certificate in Health Sciences from Meharry Medical College.

Victor Loo

Victor Loo is a principal consultant and equity advocate with expertise in integrated managed care, behavioral health, primary care and social determinants of health. He serves on the King County Board of Health, where he is active in the Homelessness and Health Workgroup, acts as the primary representative for Public Health – Seattle & King County's Community Health Improvement Plan, and has assisted with the Board's recruitment process multiple times. Victor also serves as the liaison for the King County Regional Homelessness Authority Charter Revision Workgroup, helping ensure strong community voice and representation. Drawing on both professional expertise and lived experience as a first-generation immigrant and non-binary individual from the LGBTQIA+ community, he advances culturally competent, anti-racist practices to improve health outcomes for underserved communities. His career includes leadership in behavioral health, housing, and community safety, as well as advisory/leadership roles with the Washington State Department of Health and the City of Seattle LGBTQ Commission, and more.

Karen Hartfield

Karen Hartfield is currently a Clinical Assistant Professor at University of Washington School of Public Health and recently retired from a 36-year career with Public Health – Seattle & King County. She has extensive experience planning, implementing and evaluating a wide range of public health programs including HIV/STI/HCV, overdose prevention, communicable disease epidemiology, chronic disease prevention and reproductive health. Karen has also worked extensively with community-based organizations and other community partners, particularly in BIPOC and marginalized communities. Karen currently teaches two masters-level courses at the University of Washington (Population Health and Health Promotion and Communication). She holds a Bachelor of Arts degree from Harvard University and a Master of Public Health degree from the University of North Carolina at Chapel Hill.



Signature Report

Resolution

Proposed No. 25-08.1

Sponsors

1 A RESOLUTION advancing the Board of Health's
2 commitment to actively supporting immigrant and refugee
3 health access and requesting exploration of King County
4 sponsorship towards that commitment.

5 WHEREAS, health insurance facilitates access to care and is associated with
6 lower death rates, better health outcomes, and improved productivity according to the
7 American Hospital Association citing extensive research, and

8 WHEREAS, Article 25 of the Universal Declaration of Human Rights states that
9 everyone has the right to medical care, and

10 WHEREAS, King County has reaffirmed its commitment to equity and social
11 justice by recognizing limited access to safe and affordable healthcare for immigrants as
12 a systemic problem affecting primarily people of color, in part when it recognized racism
13 as a public health crisis, and

14 WHEREAS, many categories of immigrants have been excluded from federally
15 funded health coverage; in 2023, approximately forty-two thousand noncitizens in King
16 County were uninsured, and

17 WHEREAS, in 2019, public health - Seattle & King County released a study at
18 the request of the King County council demonstrating significant disparities among
19 uninsured noncitizens and exploring options for county-based health coverage, and

20 WHEREAS, the state of Washington has since acted to fill some coverage gaps
21 for immigrants, but access and affordability challenges persist. In 2023, the U.S. Centers
22 for Medicare and Medicaid Services approved Washington's 1332 waiver allowing
23 individuals without a federally recognized immigration status to purchase qualified health
24 and dental plans without federal subsidies through Washington's online marketplace for
25 qualified health and dental plans. To account for the inability of people who are without
26 a federally recognized immigration status to access federal premium tax credits and cost-
27 sharing assistance, the legislature provided Cascade Care Savings state premium
28 assistance subsidies up to two hundred fifty dollars per month for Washingtonians
29 ineligible for federal subsidies with incomes up to two hundred fifty percent of the
30 federal poverty level. However, fewer than one in nine of those who shopped for 2024
31 coverage were able to enroll in coverage and fewer than one in six in 2025 were able to
32 enroll because the premiums were still unaffordable, according to the Washington state
33 Health Benefit Exchange, and

34 WHEREAS, Washington's Apple Health Expansion for adults with income up to
35 one hundred thirty-eight percent of the federal poverty level who are not eligible for
36 Medicaid or federal premium tax credits due to immigration status launched in July
37 2024, but the Legislature appropriated only enough funding to serve fewer than twelve
38 thousand Washingtonians. The vast majority of space for that funding filled in less than
39 two business days and, as of September 2025, over twenty-two thousand Washingtonians
40 have been denied coverage due to limited funds, according to the Washington state
41 Health Care Authority, and

WHEREAS, the Washington state Health Benefit Exchange partners with more than sixteen organizations across the state to help make coverage affordable by offsetting health care costs for members of their communities, including: eleven tribes; government entities sponsoring Compact of Free Association Islanders and people living with HIV; three nonprofit, private sponsors, which are Project Access NW Pierce County Project Access, and Evergreen Health Insurance Program; and public health - Seattle & King County, and

WHEREAS, H.R. 1 - 119th Congress (2025-2026), signed into law this July, included a provision stripping federal premium tax credits and cost-sharing assistance from lawfully present immigrants for coverage starting January 2026. The Washington state Health Benefit Exchange estimates approximately ten thousand Washingtonians will lose access to affordable health coverage due to this change, and

WHEREAS in October 2026, HR 1 - 119th Congress (2025-2026) is expected to create additional coverage losses when the Washington state Health Care Authority estimates as many as thirty thousand lawfully present immigrants including refugees, asylees, trafficking survivors, and others will lose federal funds for Medicaid and the Children's Health Insurance Program, as well as in January of 2027 when approximately fifteen thousand lawfully present immigrants including refugees, asylees, trafficking survivors and others will lose access to federal subsidies for health insurance through Healthplanfinder, and

WHEREAS, the federal administration has funded and unleashed a campaign persecuting immigrants, militarizing immigration enforcement, and eroding core democratic values of equity and due process, with demonstrated harm to the health and

65 well-being of immigrants and communities across King County and Washington state,
66 and

67 WHEREAS, the Board of Health affirmed in Resolution 18-01, which passed in
68 January 2018, that the government must serve all residents regardless of immigrant
69 status, country of origin, race, age, or other identities, and

70 WHEREAS, King County seeks to welcome immigrants and refugees as full
71 members of the community with a right to access culturally appropriate and affordable
72 healthcare;

73 NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF HEALTH OF
74 KING COUNTY:

75 A. The Board of Health supports the fundamental human right to access
76 healthcare.

77 B. The Board of Health seeks to expand coverage and lower health care access
78 barriers for low-income immigrants in King County who are unable to afford private
79 insurance and unable to access Medicaid and federal subsidies.

80 C. The Board of Health asks the King County council to seek out and pursue
81 cross-jurisdictional funding strategies to maximize the impact of available funding,
82 including exploring a county sponsorship program to leverage state subsidies and
83 mitigate impending coverage losses.

84 D. The Board of Health further encourages all jurisdictions within King County
85 to share "know-your-rights" information with immigrant communities, including
86 supporting residents in developing safety plans when accessing health care services

- 87 within King County, and engage in state policy decisions for uninsured and soon-to-be
88 uninsured Washingtonians.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

Teresa Mosqueda, Chair

ATTEST:

Melani Hay, Clerk of the Board

Attachments: None

School Environmental Health & Safety: Draft SBOH Rule & PHSKC Program





Briefing Plan:

1. Background
2. State Board of Health (SBOH)'s Draft School EHS Rule
3. PHSKC's New School Environmental Health Program
4. Now What?
5. Questions



School & Health



Children and youth spend approximately **1,300 hours** in school each year. [1]



School environment can influence the **physical, mental, and cognitive health**; and **academic performance** of students. [2]



School environments can pose risks related to chemicals, ventilation, indoor air quality, injuries, noise, pests, etc. [2,3]



Climate change impacts, such as extreme heat and wildfire smoke, also affect a child's health. [3]

[1] Sparks S. (2019, September 17). [U.S. Teachers and Students Are Tops for Time Spent in School](#). EducationWeek.

[2] Harvard Medical School and Harvard Public Health. (2021). [Foundations for Student Success: How School Can Support Children's Physical, Mental, and Cognitive Health, Thinking and Performance](#).


[3] US EPA. (2023, April). [Climate Change and Children's Health and Well-Being in the United States](#).



King County K-12 Schools



285,000+



Students in KC public schools, making up 1/4 of all WA enrollment

~750




K-12 schools In King County


500 public schools
250 private schools

19


Public School Districts in King County



URBAN
Highest with 51,000 students




SUBURBAN



RURAL
Smallest with 52 students

Half



of Washington's private schools are in King County with 40,000 students

More Racially & Linguistically Diverse Students in King County Public Schools (compared to WA State as a whole)

64%

Non-White or Multi-Racial


19%

English Language Learners (ELL)

Sources: Washington Office of Superintendent of Public Instruction. (n.d.). OSPI Report Cards, 2024-2025 School Enrollment. Washington Department of Education (2024).
Photo: Beniyam Yetbarak, Pexels

Board of Health
October 16, 2025

Public Health
Seattle & King County





What we heard from some King County School District staff....



Inadequate funding: facility operations, maintenance, improvements; unable to pass bonds; new “unfunded mandates”; little staff time for grant applications



Staffing constraints: limited capacity & training to address EHS, often wears multiple hats



Facility improvements: deferred maintenance, short work windows, priorities include HVACs, playgrounds, roofing, lighting, security, asbestos.



Climate change priorities: balance energy efficiency with building health & safety (extreme heat, smoke); climate adaptation planning for schools

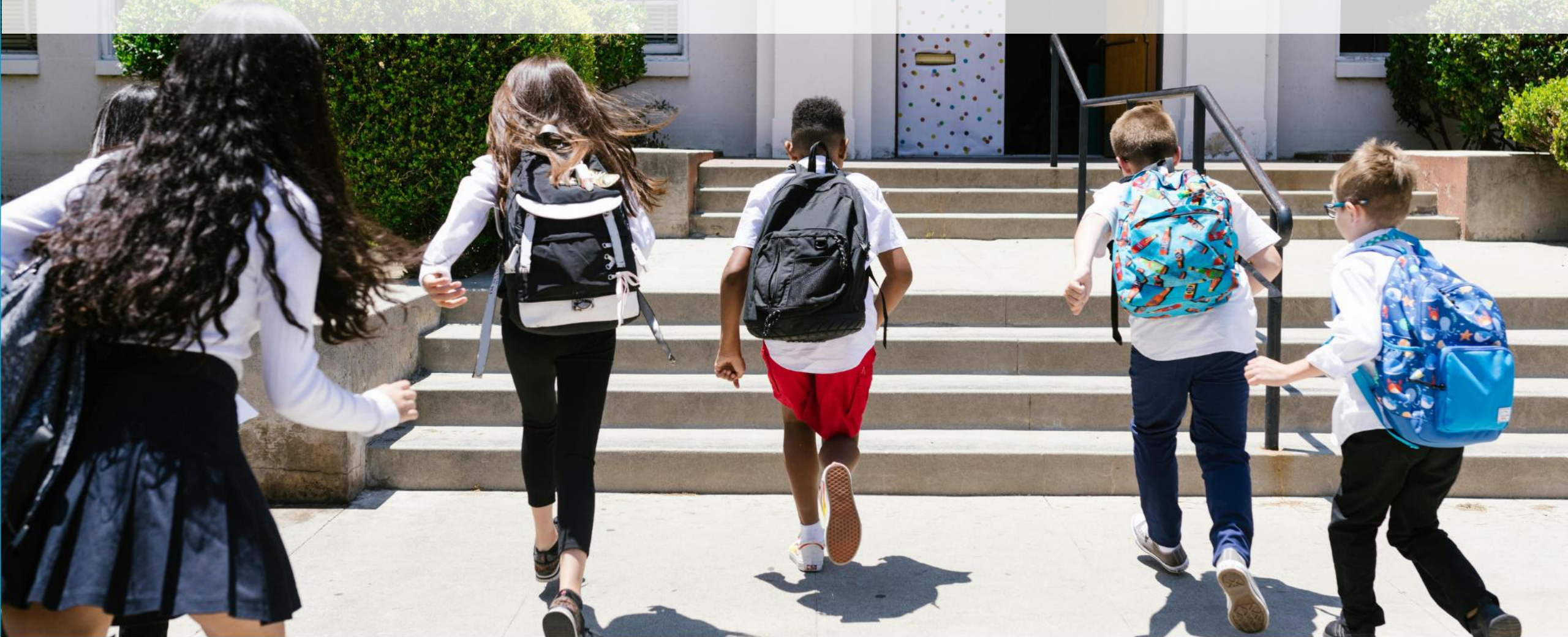


It feels like more and more is landing in the school system, but we need funding to go along with that.



We all wear so many hats. So, to be an expert in so many different areas is definitely a challenge.

State's Draft School Environmental Health & Safety Rule



School Rule History

1960: Chapter 248-64 WAC: Primary and Secondary schools established.

1971: Chapter 248-64 WAC repealed; recodified as Chapter 246-366 WAC.

1990s: Chapter 246-366 WAC last updated.

2004: State WA Board of Health began update of school environmental health rules.

2009: An Operating Budget (2009 ESHB 1244) proviso prevented the implementation of new school rules without funding from the Legislature. The Board adopted Chapter 246-366A WAC and delayed the effective date.

2024: Legislature directed Board to review Chapter 246-366 WAC and Chapter 246-366A WAC for updates. Board convened the Technical Advisory Committee.

2025: Technical Advisory Committee completed rule review and finalized recommendations. Board repealed 246-366A, adopted committee recommendations, and sent final report to the Governor and Legislature.

State Board of Health Charge 2024 ESSB 5950 §222(159)

August 2024—Convened a multi-disciplinary Technical Advisory Committee (TAC) to:

- Review chapters 246-366 and 246-366A WAC
- Draft a new school environmental health and safety rule
- Complete fiscal analysis
- Develop implementation recommendations
- Submit these products and an Environmental Justice Assessment to the Governor and Legislature by June 30, 2025

TAC GOAL: Develop minimum standards for schools to protect student health and safety.



Community Engagement

Listening Sessions 2024-2025

Yakima, Olympia,
Spokane, Tri-Cities,
Vancouver, Auburn

Tribal Outreach

29 Tribes

12 Tribal educational /
community organizations

Listening session

Community Outreach

Latino, BIPOC, LGBTQ+,
Disability, and
community-based
organizations

Three Virtual Listening Sessions

Morning & Evening

Nine Educational Districts

24 School Districts

Flyers to families of
198,232 students

364 schools
contacted



Summary of Proposed Changes from Chapter 246-366 WAC

NO CHANGE

- Noise
- Lighting
- Severability
- Appeals

UPDATED

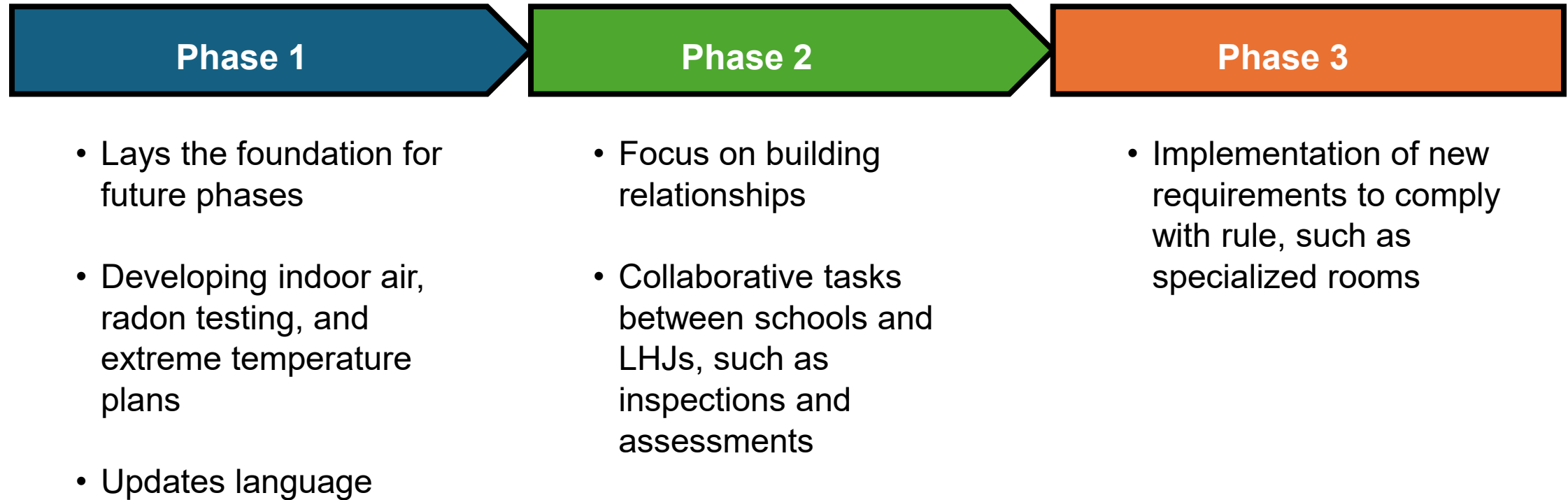
- Definitions
- Guidance
- Site Assessments
- Construction Plan Review
- Routine Inspection
- General Building Health & Safety
- Showers and Restrooms

NEW

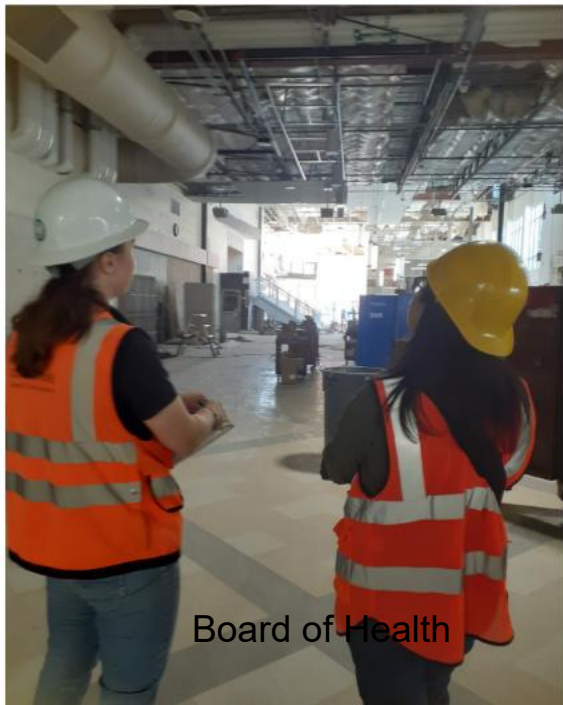
- Indoor Air Quality
- Ventilation
- Imminent Health Hazards
- Playgrounds
- Specialized Rooms



Three-Phase Implementation



Potential King County Board of Health adoption of updated State of Washington School Rule

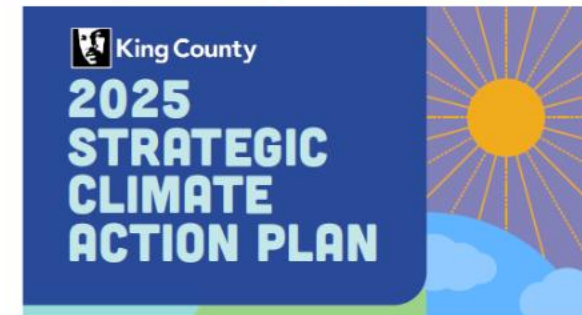


Board of Health

PHSKC School Environmental Health Program



October 16, 2025



Technical Advisory Committee Discussion and Concerns

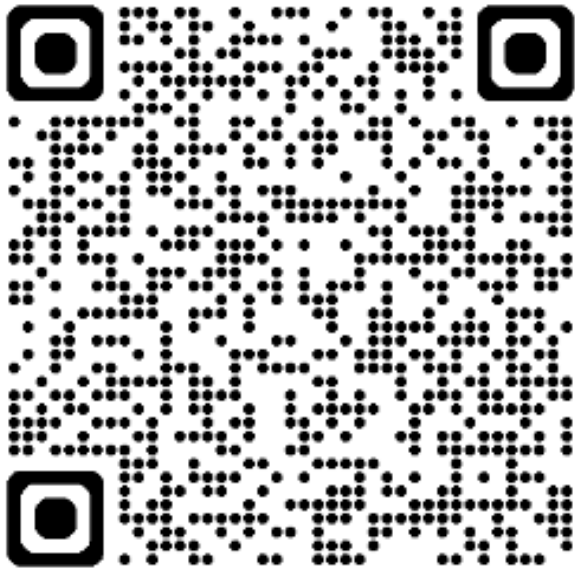
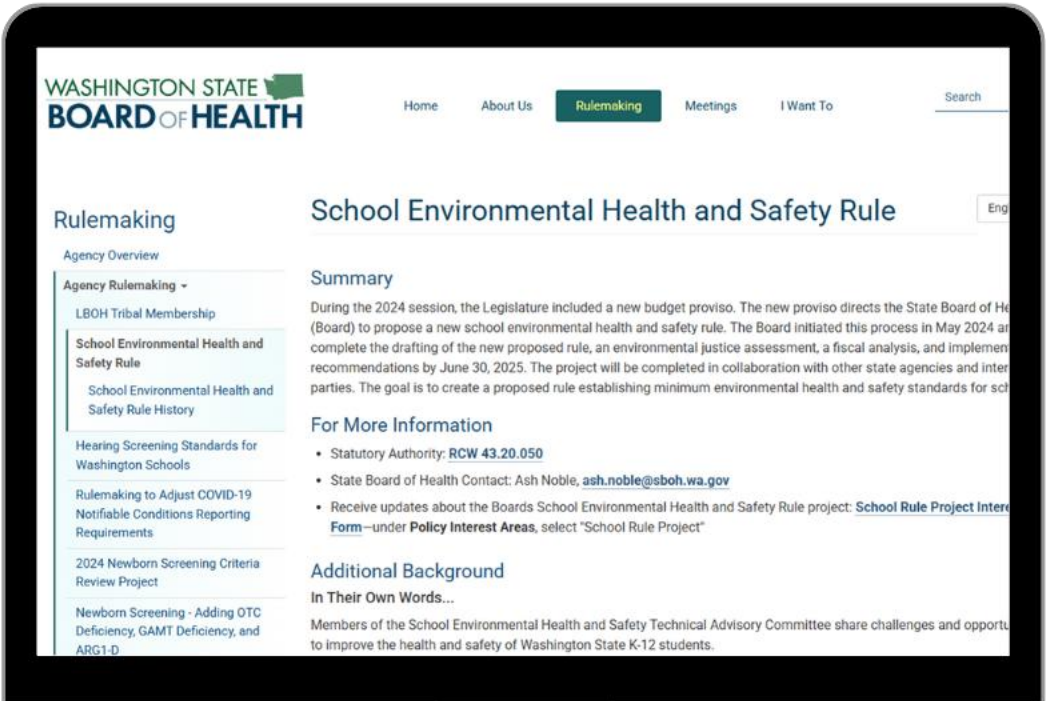
- Funding-model barriers, levy dependence, and school-type differences
- Schools (public and private) and health agencies experience funding and capacity challenges in meeting state mandates
- Workforce capacity and funding stability
- Small-school burdens and capacity constraints
- Lead in drinking water
- Gaps and emerging school models

Now What?

- June 2025 – State Board of Health (SBOH) voted to repeal chapter 246-366A WAC, the repeal was effective September 1, 2025
- SBOH wants to continue to work with interested parties to share information about the work we've done and ways to move forward
- Schools and local health have real funding needs
- If the Legislature lifts the proviso in 2026, the SBOH could begin the Phase 1 rulemaking as early as summer 2026
- When state adopts new rule, PHSKC will come back to KCBOH to adopt
- PHSKC will explore revenue models with partners

**If the legislature does not lift the proviso...
the existing 60-year-old rule continues.**

SBOH Online Resource

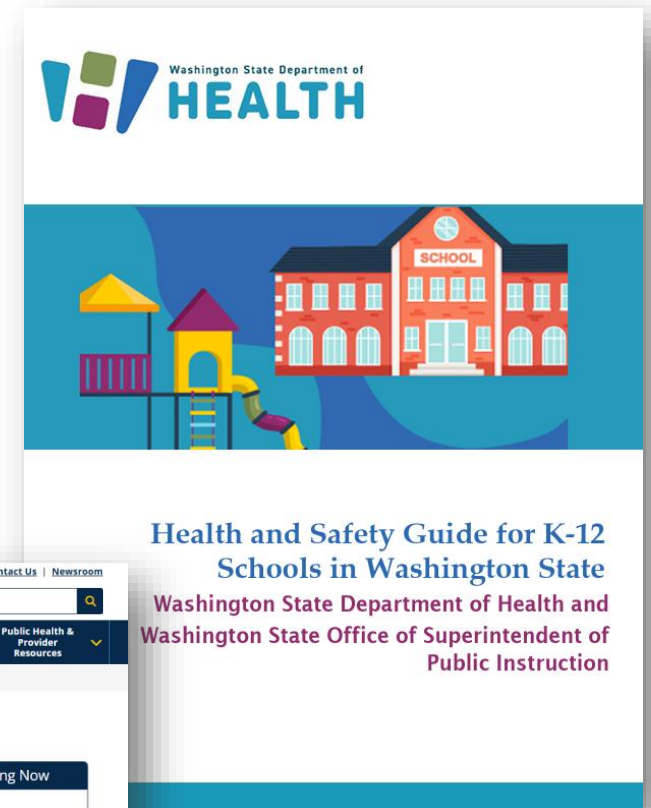
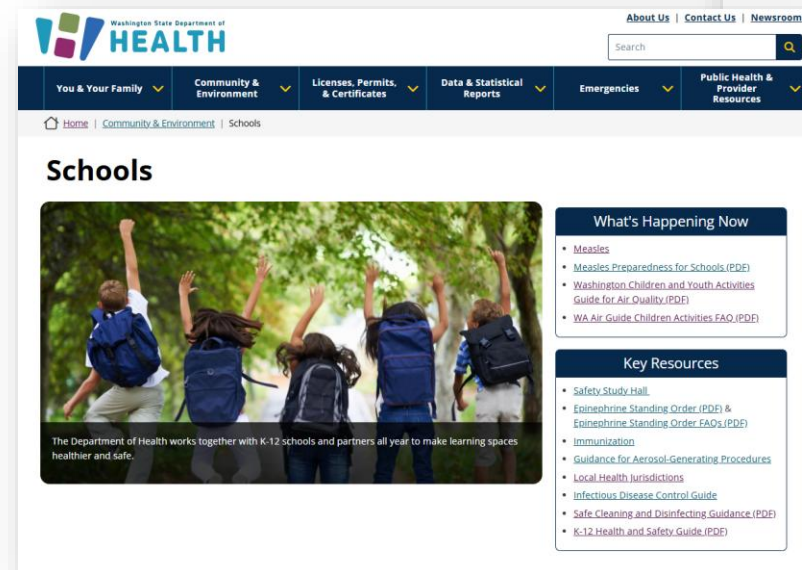


Other Resources

- The DOH-OSPI K-12 Guide
- DOH School EH&S webpage
 - Guidance
 - Technical assistance
 - Plan templates coming
- King County School EHS Program
www.kingcounty.gov/school-ehs
 - Guidance and technical assistance
- Partners are your best resource!
Remember to reach out.



<https://doh.wa.gov/schoolenvironment>





Questions?

Contact:

KCBOHAdmin@kingcounty.gov





King County Community Health Improvement Plan (CHIP) 2025-2030

Presented by:

- *Victor Loo*, Member, King County Board of Health and CHIP Steering Committee
- *Adrienne Webb*, Executive Director, Community Health Investment, North Division, Providence, King County CHIP Steering Committee
- *Pastor Derek Lane*, Member, Health Equity and Anti Racism Community Advisory Group and CHIP Steering Committee Member
- *Matías Valenzuela*, Director, Office of Equity and Community Partnerships, Public Health Seattle & King County and CHIP Steering Committee Member



A CHIP is ...

- A **long-term**, systematic effort
- **A shared implementation plan** for collective action
- Data-to-Action informed by the **2024/25 Community Health Needs Assessment+55** community reports
- Developed by **community**
- To **promote the health** of King County communities.

CHIP Steering Committee

Community-based Organizations

Health Equity and Anti-Racism Community Advisory Group

- **Lane Consulting**
 - » Pastor Derek Lane
- **Grupo Asesor Latino**
 - » Emma Maceda

Native/Indigenous

- **United Indians of All Tribes Foundation**
 - » Meera Forespring
 - » Scott Pinkham

Community Health Centers

- **Neighborcare Health**
 - » Candace Jackson
- **Seattle Roots Community Health Centers**
 - » Dr. Valerie Rock

Philanthropy

- **Seattle Foundation**
 - » Lindsay Goes Behind

King County Board of Health

- **Community Partners**
 - » Victor Loo
- **Consumers of Public Health, Board of Health Vice Chair**
 - » Quiana Daniels
- **Consumers of Public Health**
 - » Mustafa Mohammed

Academia

- **University of Washington**
 - » Betty Bekemeier
 - » Jenna van Draanen

Health Systems

King County Hospitals for a Healthier Community

- **Virginia Mason Franciscan Health**
 - » Cynthia Ricks-Maccotan
- **Providence Swedish**
 - » Adrienne Webb

Public Health

- **Public Health – Seattle & King County**
 - » Matías Valenzuela

Mission

We seek to promote and improve access to health by actively engaging agencies to work together to support and sustain the physical, mental, emotional, and social well-being of all people in King County by leading with racial and social equity to address social drivers of health. We value cultivating thriving and resilient communities by centering collective action around short-, mid-, and long-term solutions while mitigating and, where possible, eradicating systemic barriers of oppression and structures that impact health.



Vision

A thriving, resilient, and racially inclusive King County with agencies that actively work together to uplift the needs, assets, and resources of historically and currently marginalized communities, where everyone has equitable access to health that supports their physical, mental, emotional, and social well-being.

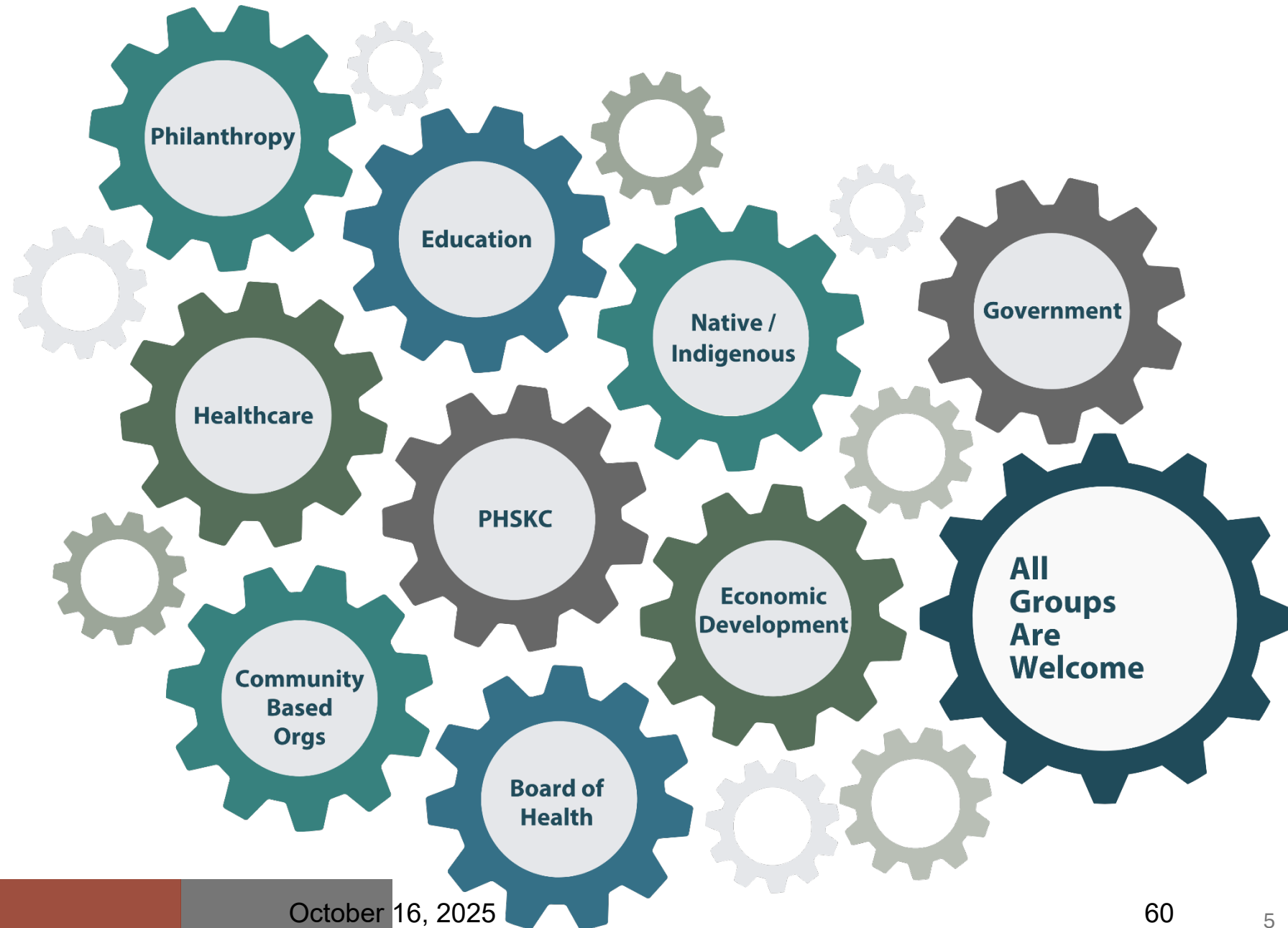


Values

- Equity, anti-racism, and social justice
- Leadership
- Collaboration and trust
- Shared commitment and accountability
- Working upstream by addressing social drivers of health



Sector Partners





CHIP Community partners, CHIP Steering Committee members, and Public Health – Seattle & King County staff gather to co-create King County's inaugural CHIP.

Priority: Income & Employment

Goal:



Living wages with upward mobility that covers universal healthcare access and educational access.

Priority: Housing & Homelessness

Goal:



Housing for all, regardless of family size or affordability, and recognizing housing as a human right.

“I hope to see **strong collaboration** among organizations united by **shared goals and passion.**”

— CHIP Implementation Partner,
April 2025 Meeting

Questions?
Contact
KCBOHAdmin@kingcounty.gov



King County Community Health Improvement Plan 2025-2030

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FOR BEST VIEWING EXPERIENCE
This report is designed for on-screen reading. For the best experience, we recommend opening it in a PDF viewer instead of a web browser.



Letter to Community

To our community:

We are pleased to share with you King County's inaugural 2025-2030 Community Health Improvement Plan (CHIP). This plan addresses needs identified by a broad set of community partners and in the King County [2024/2025 Community Health Needs Assessment](#) (CHNA). The CHIP was co-created by representatives from a variety of organizations and community sectors with a shared vision for a healthy King County. This is a plan that outlines priorities, establishes goals, strengthens connections, and collectively defines actions that local organizations will work on to improve the health of all people and communities in King County.

The recent CHNA identified social and health conditions with trends and differences by neighborhood, income, educational attainment, and race. These health inequities are shaped by underlying social drivers that impact community health, such as systemic racism. Through a collaborative and intentional process, representatives from local organizations prioritized **housing & homelessness** and **income & employment** for the 2025-2030 CHIP. These priorities recognize the importance of social drivers in influencing health and focus the CHIP on meaningful actions with measurable outcomes.

Over the spring and summer of 2025, a group of leaders representing over 90 organizations and various community sectors — including education and economic development partners, community organizations, Native/Indigenous organizations, hospitals and health systems, community health centers, philanthropy, faith-based organizations, the King County Board of Health, and government — worked together to co-create the goals, objectives, actions, and measures of progress in this five-year plan. This inclusive process centered voices representing communities most affected by health inequities.

The CHIP reduces silos through cross-sector collaboration among organizations in King County. While we recognize that addressing these priorities takes considerable collaboration, resources, and time, this plan responds to community priorities in a transparent, long-term, and systematic way. Furthermore, the CHIP creates opportunities to leverage, amplify, and inform the activities of each organization and our community at large.

We invite members of our community and organizations who share our vision of a healthy King County to join us in this effort. Together, we can effect meaningful change and advance our collective health equity goals. We encourage you to share the CHNA report and this plan within your networks to further inform and mobilize our community as we collectively take steps toward a thriving, resilient and racially inclusive King County where everyone has equitable access to health that supports their physical, mental, emotional, and social well-being.

King County CHIP Steering Committee, October 2025

Acknowledgments

The King County CHIP was co-created by CHIP Community Partners: leaders representing over 90 organizations from a broad set of sectors. We thank and acknowledge each organization and the participants who contributed to this plan.

CHIP Steering Committee Members

Aging and Disability Services Division, Human Services Department,
City of Seattle

American Heart Association

Anything Helps

Arcora Foundation

Asian Counseling and Referral Service

Atlantic Street Center

Bastyr University

BIPOC Health Careers Ecosystem

BLKBRY and BLKBRY Community

Build 2 Lead

Building Beyond Communities

CarePoint Clinic

Center For MultiCultural Health

Childress Nursing Services

Chinese Information and Service Center

City of Seattle - Fresh Bucks

Coalition of Immigrants, Refugees & Communities of Color (CIRCC)

Communities of Opportunity

Communities of Rooted Brilliance

Community Health Plan of WA

Congolese Integration Network

Eastside For All

Empower Next Generations

Family First Community Center

FEEST

Fred Hutchinson Cancer Center

Fun to Catch, Toxic to Eat

Golden Heart Cancer Support

Grupo Asesor Latino

HealthierHere

Health Equity and Anti-Racism Community Advisory Group

Help Me Grow Washington - Part of the WithinReach family

Indian American Community Services

Integration Family Services

International Community Health Services

Kaiser Permanente

Khmer Community of Seattle / King County

King County Board of Health

King County Department of Community & Human Services

King County Department of Local Services

King County Executive Climate Office - Climate Equity Team

King County Hospitals for a Healthier Community

King County Housing Authority

King County Library System

King County Metro

Public Health Community Navigators

King County Promotores Network

King County Regional Homelessness Authority

Korean Community Service Center

Lake Washington Institute of Technology–Public Health

Lane Consulting Group

Lutheran Community Services Northwest

Maranatha Seventh Day Adventist Church

Mercy Housing Northwest

Molina Healthcare

Mother Africa

Muslim Community Network Association

Navos Hospital

Neighborhood Health

Neighborhood House

Northwest Kidney Centers

Ounce of Care

Overlake Medical Center

Pacific Islander Community Association of Washington

Pacific Islander Health Alliance NW

Partners in Employment

People of Color Against AIDS Network (POCAAN)

Project Access Northwest

Providence Swedish

Public Health – Seattle & King County

Puget Sound Educational Service District

Seattle Community Colleges

Seattle Foundation

Seattle Housing Authority

Seattle Roots Community Health Centers

Seeds of Success

Snoqualmie Indian Tribe

Somali Health Board

Sound Cities Association

Stronger and Healthier Program

Supporting Visions / Testimony Praise Worship Gatherings

Surge Reproductive Justice

United Indians of All Tribes Foundation

University of Washington School of Public Health, School of Nursing, and Northwest Center for Public Health Practice

Urban League of Metropolitan Seattle

Vee Sau

Villa Comunitaria

Virginia Mason Franciscan Health

Washington Alliance for Better Schools

Washington Health Benefit Exchange

Washington State Board of Nursing

Washington State Department of Commerce

Washington State Department of Social and Health Services, Economic Services Administration

Washington State Department of Revenue

Washington State Employment Security Department / WorkSource WA

Workforce Development Council of Seattle – King County

World Relief Western Washington

YMCA of Greater Seattle

We would also like to thank the following people for their contributions

King County CHIP Steering Committee members

Community-based Organizations

Health Equity and Anti-Racism Community Advisory Group

- **Lane Consulting**
 - » Pastor Derek Lane
- **Grupo Asesor Latino**
 - » Emma Maceda

Native/Indigenous

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 - » Meera Forespring
 - » Scott Pinkham

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 - » Mustafa Mohammed
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- **Public Health – Seattle & King County**
 - » Matías Valenzuela

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Version: October 2025

Learn more at: www.kingcounty.gov/chip



CHIP Implementation Partners participate in an activity to develop CHIP goals.

Introduction and Background

The King County CHIP is a collaborative effort that reflects the joint planning efforts of organizations throughout King County. Cross-sector partnerships and relationships are foundational in our approach to amplify efforts, reduce redundancies, and inclusively engage diverse perspectives. The King County CHIP is a community co-created plan with an overarching goal of continuously seeking and engaging partners to collectively improve the health of King County communities.

The King County CHIP utilizes a data-to-action approach by first reviewing the qualitative and quantitative data, information, and community-identified priorities in the [2024/2025 Community Health Needs Assessment](#) (CHNA). In addition, the CHIP is informed by over 55 recent community and organizational reports. Population health data and dashboards are also publicly available on [Community Health Indicators](#) to support ongoing community planning, programs, and investments.

Beyond strategic collective action, the CHIP represents an opportunity to increase community voice in individual organizational decisions by integrating CHIP priorities, goals, and actions into organizational strategies. Organizations can succeed in their own strategic goals by amplifying these efforts and supporting shared successes.

King County CHIP Mission, Vision, and Values

Mission

We seek to promote and improve access to health by actively engaging agencies to work together to support and sustain the physical, mental, emotional, and social well-being of all people in King County by leading with racial and social equity to address social drivers of health. We value cultivating thriving and resilient communities by centering collective action around short-, mid-, and long-term solutions while mitigating and, where possible, eradicating systemic barriers of oppression and structures that impact health.



Vision

A thriving, resilient, and racially inclusive King County with agencies that actively work together to uplift the needs, assets, and resources of historically and currently marginalized communities, where everyone has equitable access to health that supports their physical, mental, emotional, and social well-being.



Values

- Equity, anti-racism, and social justice
- Leadership
- Collaboration and trust
- Shared commitment and accountability
- Working upstream by addressing social drivers of health

**Please see Appendix for full description of values*



Organizational Structure

The CHIP Steering Committee

The King County CHIP is guided by a Steering Committee comprised of individuals from organizations that represent various sectors. The Steering Committee provides strategic direction on operations and oversight of the CHIP including identifying shared priorities, measurable objectives, and implementation activities.

CHIP Implementation Partners

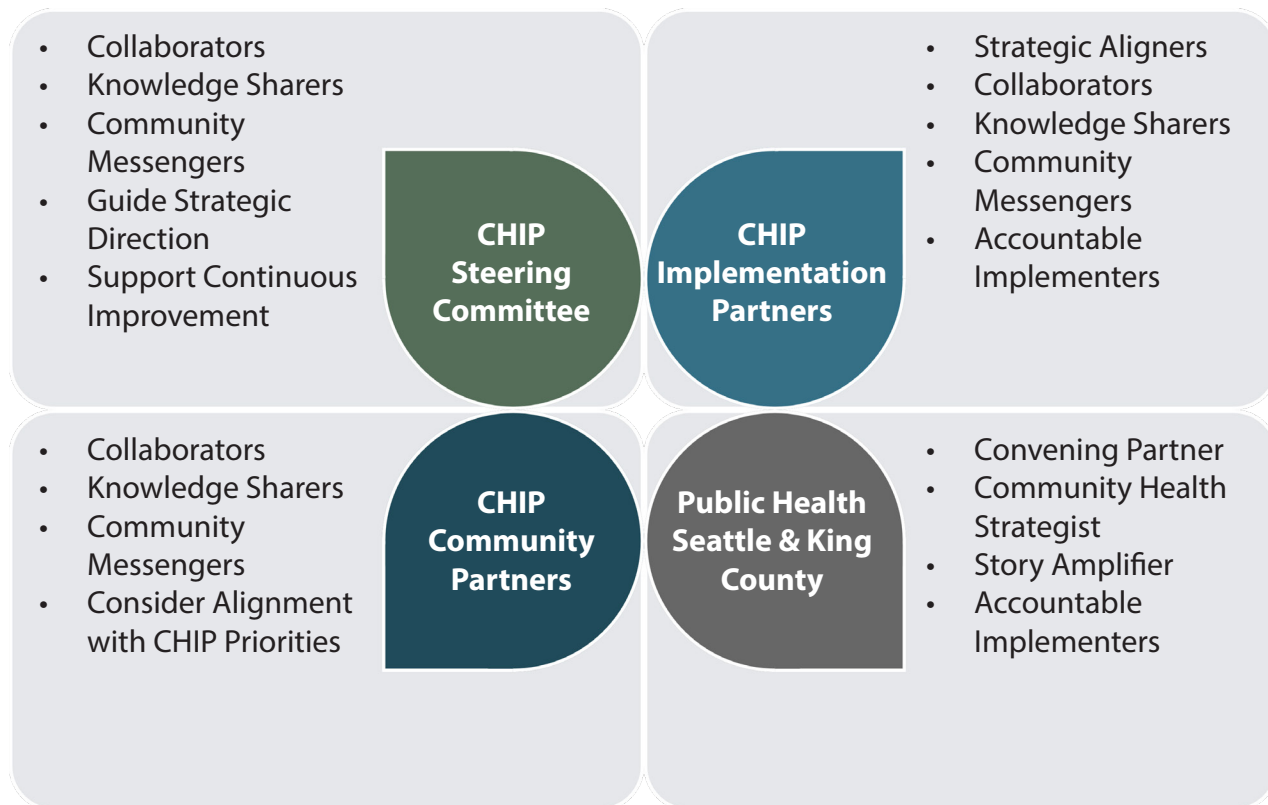
CHIP Implementation Partners actively work on identified CHIP activities alongside other King County organizations in implementation work groups. In addition, CHIP Implementation Partners participate in biannual CHIP Partner meetings to share progress on CHIP activities.

CHIP Community Partners

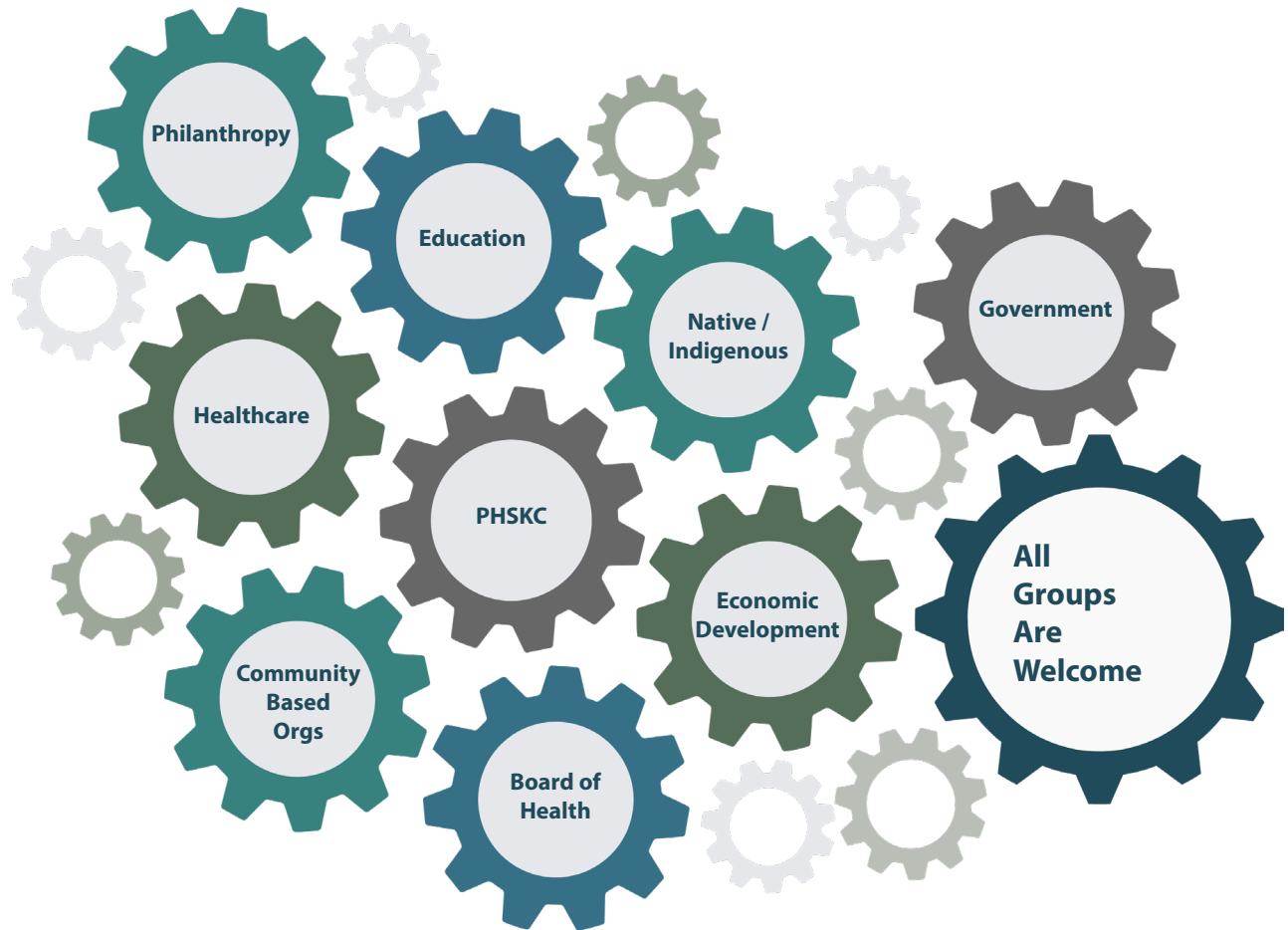
CHIP Community Partners actively participate in biannual CHIP Partner meetings to learn about the progress of the King County CHIP activities as well as provide input and feedback on CHIP priorities

Convener: Public Health – Seattle & King County (PHSKC)

PHSKC serves as the convening agency to bring together organizations across King County to improve the health of King County. As a local public health jurisdiction, PHSKC also serves as a Community Health Strategist by providing data and strategic support to achieve our collective mission and vision. PHSKC also participates as a CHIP Implementation Partner and Steering Committee member.



Who has a role in the CHIP?



Development Process and Timeline

The King County CHIP was developed through a structured and inclusive process that was guided by the Steering Committee, co-created with CHIP Partners, and grounded in community data. The process unfolded through a series of key meetings from December 2024 through October 2025:

December 2024-January 2025: CHIP Steering Committee formed

- Finalized the CHIP Mission, Vision, Values
- Developed a working charter and created a CHIP development timeline

February 2025: CHIP Steering Committee identified the top six priorities

- Reviewed findings from the CHNA including more than 55 local community engagement reports
- Developed criteria grounded in CHIP Values to identify initial set of priorities

March 2025: CHIP Community Partner meeting

- Reviewed and visually connected with CHIP priority areas across King County
- Discussed power and change at an individual, organization, and systems level
- Reviewed CHIP Issue Profiles to inform a vote that identified the top two CHIP priorities

April-May 2025: CHIP Implementation Partner meetings

- Explored social drivers of health and health inequities for CHIP priorities
- Shared opportunities to align existing efforts and created shared goals
- Drafted initial objectives, activities, measures, and implementation partners

June 2025: CHIP Community Partner meeting

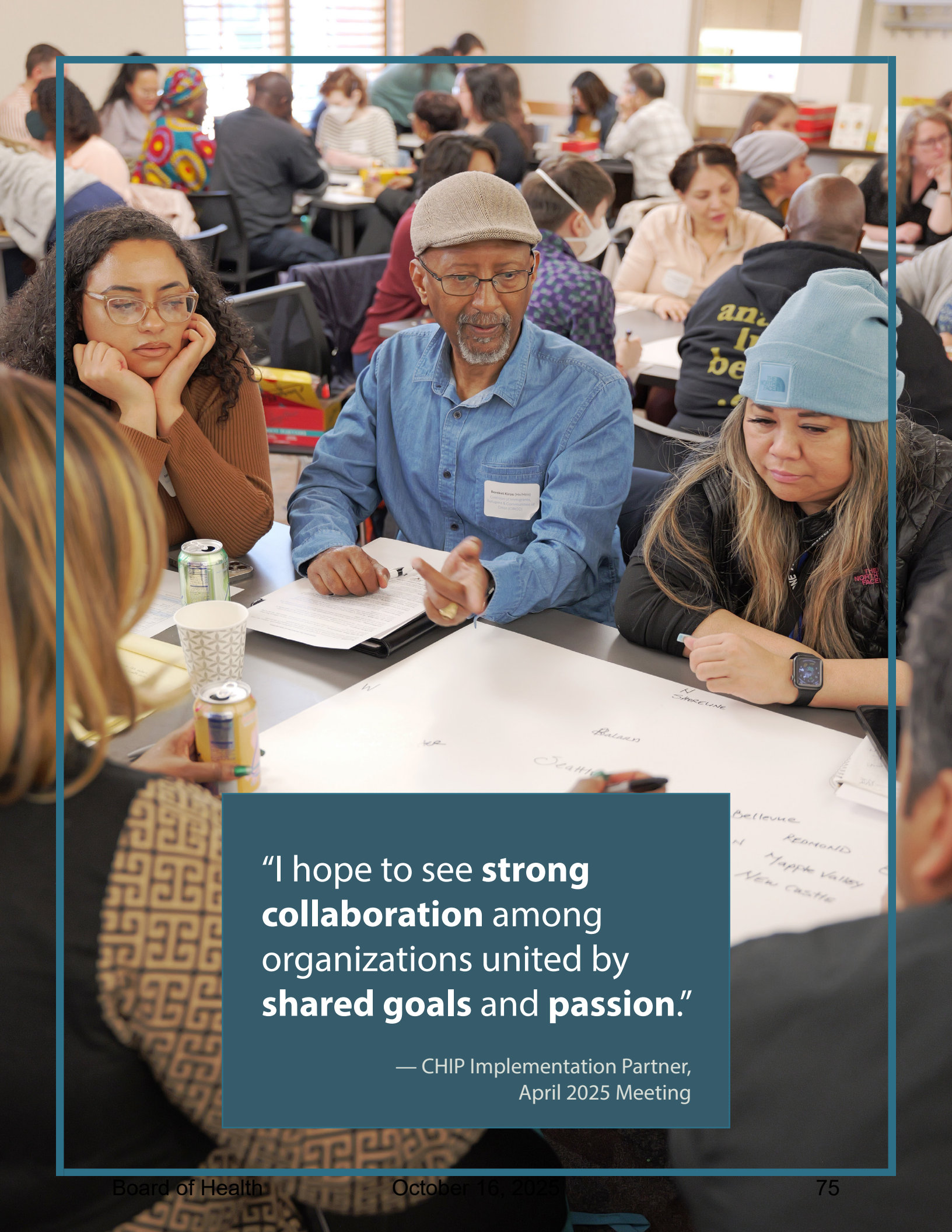
- Finalized objectives, activities, measures, and identified implementation partners

July-August 2025: CHIP Steering Committee voted to adopt the King County CHIP

October 2025: 2025-2030 CHIP launched

- Implementation workgroups begin convening

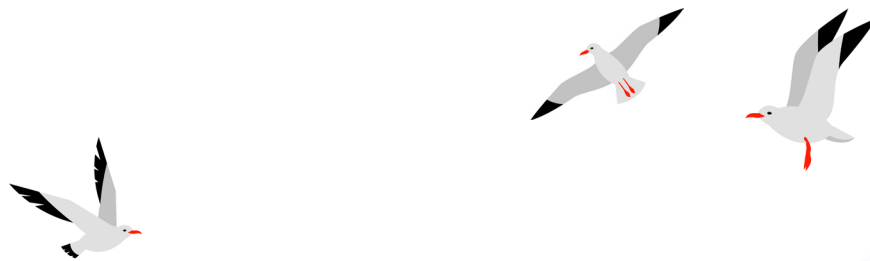
Throughout the process, numerous King County organizations were invited to take part in the process as CHIP Community and Implementation Partners. At each meeting and as priorities were identified, CHIP Steering Committee members and meeting participants suggested additional organizations to join. There continues to be an open invitation for organizations to join.



"I hope to see **strong collaboration** among organizations united by **shared goals and passion.**"

— CHIP Implementation Partner,
April 2025 Meeting

CHIP Overview



Definitions

Priorities

are the top issues identified to focus on throughout the 2025-2030 King County CHIP.

Goals

are aspirational statements of the future state that CHIP partners would like to build towards over the long term.

Objectives

outline specific, measurable changes and work to meet this goal.

Activities

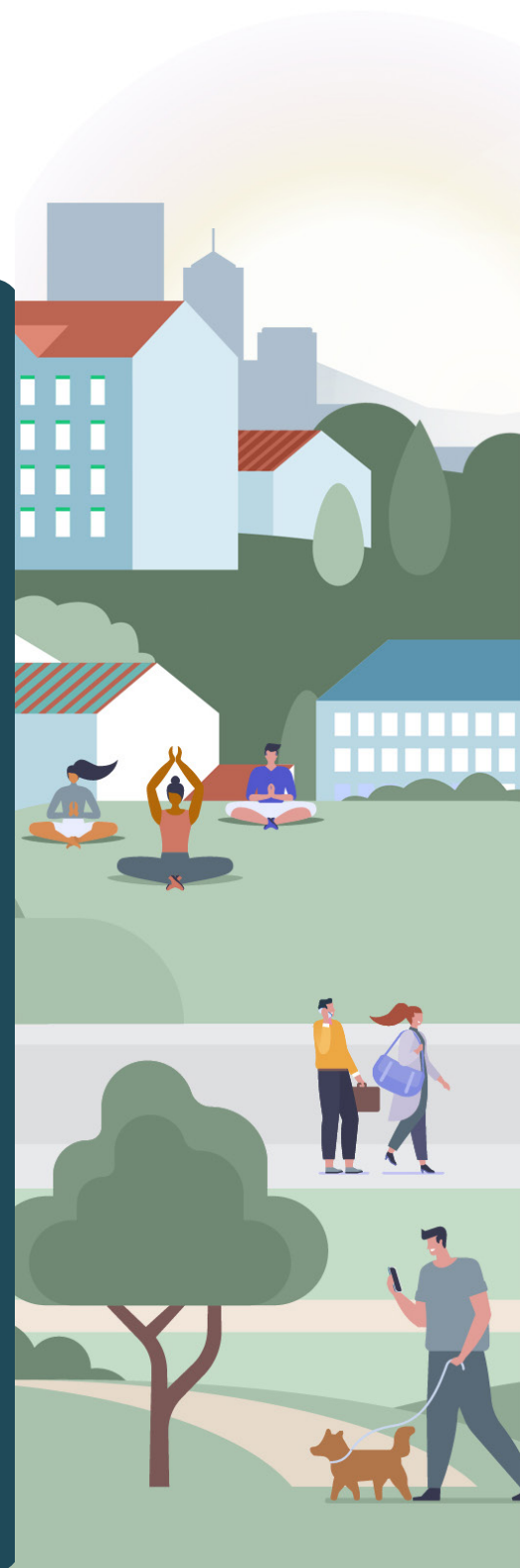
summarize actions needed to achieve these goals and objectives.

Partners

identify organizations that have made an initial commitment to take part in at least one activity listed for each objective.

Sample Measures

are examples to monitor successes, challenges, and progress of CHIP activities.



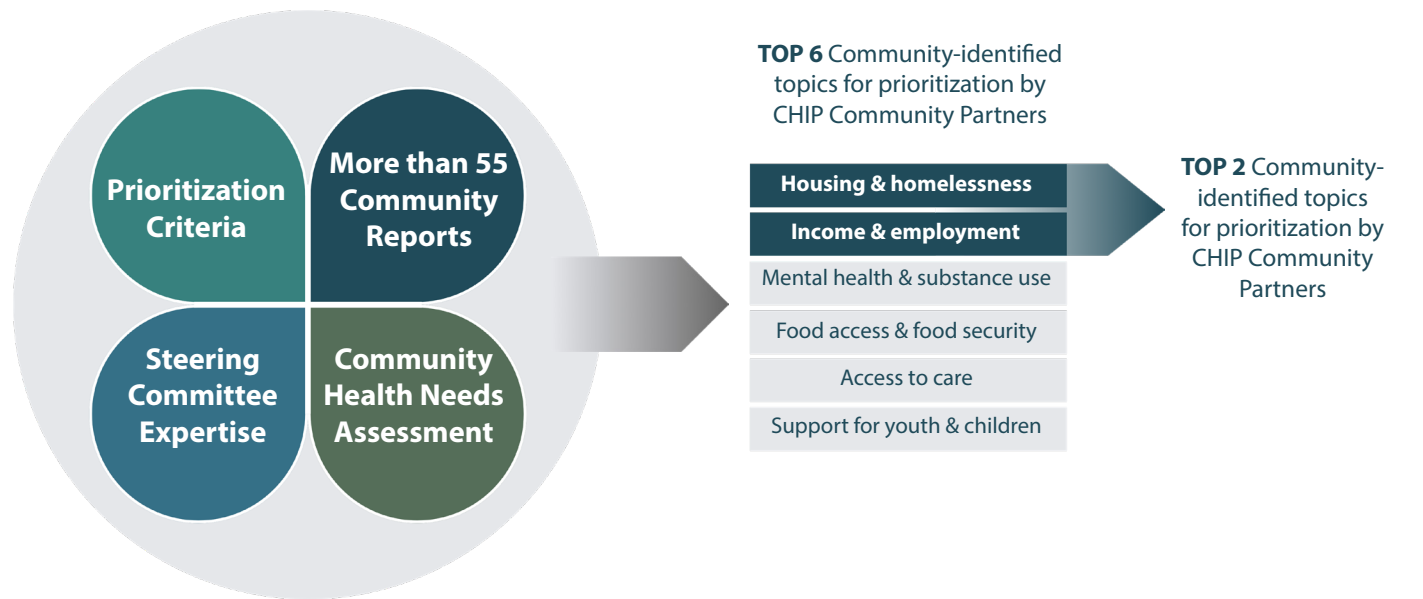
Prioritization Process

The CHIP Steering Committee

The King County CHIP priorities were identified through a series of equity-focused reviews and discussions with CHIP Steering Committee members and CHIP Community Partners. This process began by reviewing the community-identified priorities outlined in the [2024/2025 CHNA](#) and recent community reports. The CHNA report highlights community priorities, describes key characteristics of the community, and includes data for social drivers of health that influence health behaviors and outcomes for communities across King County. In addition, the CHIP is informed by the [2024-2029 Public Health – Seattle & King County Strategic Plan](#) as well as over 55 recent community and organizational reports to better understand local community needs, assets, and resources. This process led to identifying the top 10 community priorities.

The CHIP Steering Committee reviewed local data, disaggregated demographic data, and examined trends for each of the top 10 community-identified priorities to better understand local experiences and inequities. CHIP Steering Committee members created criteria (listed on page 13) that were grounded in King County CHIP values, and they narrowed the 10 priorities to six for further consideration by CHIP Community Partners (Figure 1):

Figure 1



CHIP Prioritization Criteria

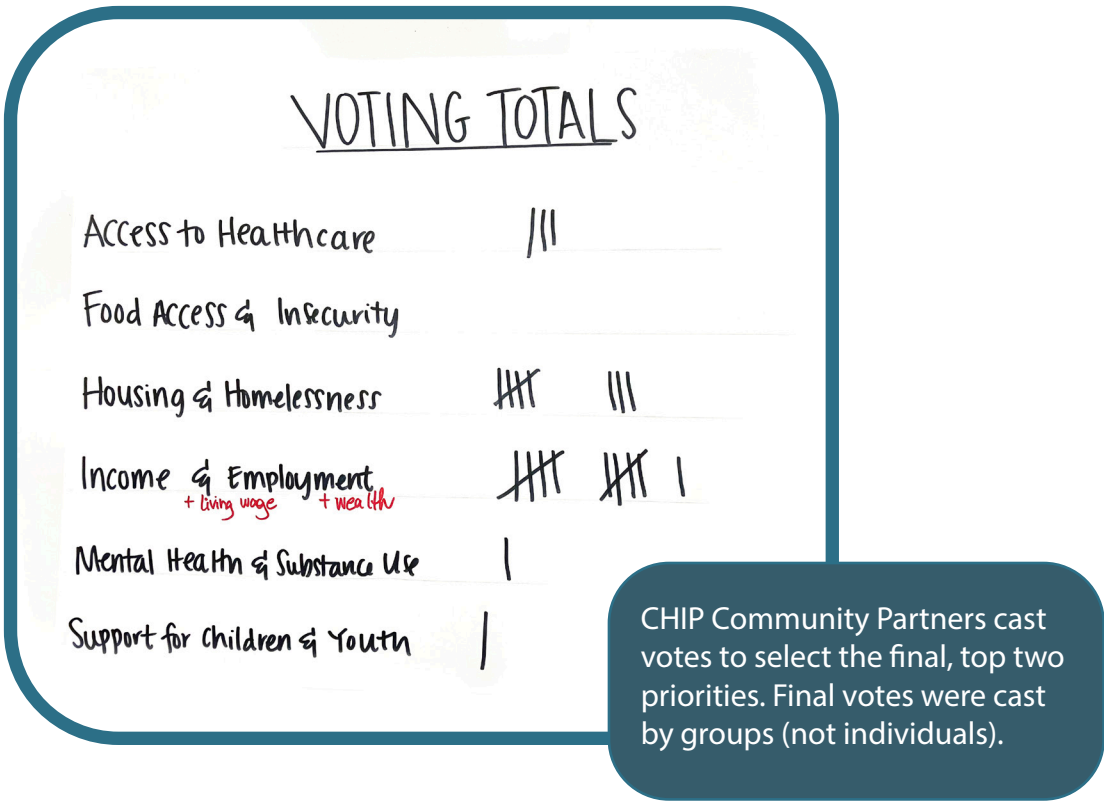
At the March 2025 CHIP Community Partner meeting, over 70 participants reviewed in-depth CHIP Issue Profiles for each of the six priorities. Issue Profiles contained local qualitative and quantitative disaggregated data, local assets, and potential effective strategies (see Appendix for full description). In small groups, participants chose their top two CHIP priorities. With two votes per group, votes were tallied to determine the final two overall priorities: housing & homelessness and income & employment (Figure 2).

From April to June 2025, CHIP Partners worked together to brainstorm opportunities to collectively address and impact these two priorities. They also identified goals, objectives, activities, and measures. During the June 2025 meeting, participants made initial commitments to support activities as CHIP Implementation Partners.

CHIP Values

	Equity, anti-racism, and social justice
	Severity/magnitude and urgency of the health issue
	Feasibility and readiness
	Potential impact that our collective work can make
	Working upstream to address drivers of health

Figure 2



Priority: Income & Employment



Goal:

Living wages with upward mobility that covers universal healthcare access and educational access.

Objective A: By 2030, build relationships, build momentum, and share resources to enhance collaboration and sustain collective CHIP implementation.



Policy Activity

Build relationships to enhance collaboration:



- Build relationships and create partnerships across government, private, and community sectors.
- Join additional coalitions on these topics to enhance collaborations.
- Invite into the CHIP partnership at least 10 community organization networks to dismantle silos and barriers to accessing services.
- Move upstream to develop or change a policy that is related to income & employment and housing & homelessness in King County.
- Establish an implementation workgroup to keep working on CHIP priorities to maintain momentum and move activities forward.

Measures (quantitative and qualitative)/What Did We Do:

- Strengthened relationships
- # Members/partners/organizations engaged
- # Sectors & communities engaged

Partners in the following sectors:

- Community-based organizations
- Economic Development
- Education
- Government
- Healthcare
- Native/Indigenous

For a full list of partners, see the CHIP website at www.kingcounty.gov/chip

Objective B: By 2030, strengthen the workforce to make it easier to find a living wage job and build careers.

Identify gaps and connect employees with resources:

- Address gaps in existing curricula and refer employees to industries that focus on living wage jobs so that people have the income to pay for child care and basic needs.
- Highlight King County employers who provide positive and upward mobility to their employees.
 - a.) develop of list of criteria to be included in the list; examples are equity, inclusion, women focused, diverse sectors.
 - b.) use the criteria to create a list of employers.
- Seek opportunities for outreach, engagement, and raising visibility about career pathways and employment programs to communities that need it most.

Partners in the following sectors:

- Community-based organizations
- Economic Development
- Education
- Government
- Healthcare

Measures (quantitative and qualitative)/What Did We Do:

- Criteria developed; list of employers developed
- # People referred
- # Partners/organizations engaged
- Strengthened relationships
- # Outreach campaigns, resource hubs and events

Training and education support that centers communities:



- Support and connect communities to career pathways through early investments in K-12 experiential learning, apprenticeship, and paid training programs.
- Address a shortage of culturally relevant healthcare providers by educating immigrants with healthcare experience on how to transfer degrees into equivalencies.

Partners in the following sectors:

- Community-based organizations
- Economic Development
- Education
- Government
- Healthcare

Measures (quantitative and qualitative)/What Did We Do:

- # People engaged
- # People referred
- Develop education and workforce development opportunities resource portal

For a full list of partners, see the CHIP website at www.kingcounty.gov/chip

Priority: Housing & Homelessness



Housing for all, regardless of family size or affordability, and recognizing housing as a human right.

Objective A: By 2030, advocate for housing-related resources and center King County communities to support access to healthy, stable, high-quality housing.



Policy Activity

Identify gaps in services and connect people—including people experiencing or at risk of homelessness—with resources



- Advocate, support, and collaborate as a coalition to connect people with resources and education. Examples of resources include housing and rental assistance, eviction prevention, home ownership incentives, tenant rights, financial literacy, digital literacy, medical care, and social services.
- Identify gaps in currently available housing and homelessness prevention resources and seek opportunities to close them.
- Identify opportunities to support and implement housing that connects people with culturally and linguistically appropriate on-site and wrap-around services and supports to keep people in housing.
 - » Examples of resources include financial literacy, digital literacy, tenant rights education, roles and responsibilities, resource navigators/resource fairs, staffed computer labs and libraries, healthcare (including respite care, onsite behavioral health), mentorship and education.

Partners in the following sectors:

- King County Board of Health
- Community-based organizations
- Economic Development
- Education
- Government
- Healthcare
- Native/Indigenous

Measures (quantitative and qualitative)/What Did We Do:

- # Resources developed
- # People engaged/who are receiving the resources
- Length of time housed

For a full list of partners, see the CHIP website at www.kingcounty.gov/chip

Support and center community access to affordable, healthy, high-quality housing

- Support and strengthen policies that guarantee tenant protections and rights in order to assure housing.
- Advocate for funding for tenant protections and housing initiatives.
- Identify opportunities for community members to actively share their lived experience and priorities through town halls, community engagement, and information sharing to build community trust and inform policies, programs, and services.
- Advocate, support, and collaborate as a coalition to direct housing funds to communities most in need.
- Advocate, support, and collaborate as a coalition for:
 - » inclusionary and affordable housing policies for low-income people to afford housing.
 - » revised income criteria that accurately reflect levels needed to afford housing in King County.
 - » housing resource navigators to prevent evictions.
 - » home ownership incentives.
- Advocate for software for closed referrals, in order to strengthen current navigation supports by ensuring follow up on referrals.

Partners in the following sectors:

- King County Board of Health
- Community-based organizations
- Economic Development
- Education
- Government
- Healthcare

Measures (quantitative and qualitative)/What Did We Do:

- # People engaged
- Identify available funding to respond to needs
- Amount of funding disbursed
- # Bills brought to the CHIP partnership regarding low-income affordability criteria
- # Referrals closed



For a full list of partners, see the CHIP website at www.kingcounty.gov/chip

Objective B: By 2030, build relationships to reduce siloed efforts and maximize collective impact by identifying and actively joining existing coalitions focused on housing programs, policies, and investments.



- Build relationships and create partnerships by identifying and reaching out to potential partners and mapping:
 - » who is working on the issues.
 - » how are the groups connected.
 - » how to support alignment on policies.
- Join additional coalitions on these topics to enhance collaborations.
- Move upstream to develop or change a policy that is related to income/employment and housing/homelessness in King County.



Partners in the following sectors:

- Community-based organizations
- Economic Development
- Education
- Government
- Healthcare
- Native/Indigenous

Measures (quantitative and qualitative)/What Did We Do:

- # Partners/ organizations engaged

For a full list of partners, see the CHIP website at www.kingcounty.gov/chip

Implementation & Monitoring

The CHIP Steering Committee, CHIP Community Partners, and CHIP Implementation Partners have uplifted the importance of alignment, coordination, collaboration, and trust-building across partners to most effectively improve the health of all communities in King County. The King County CHIP implementation and monitoring plan focuses on creating opportunities for shared power, learning, as well as collective commitment and accountability.

This CHIP plan includes convening regular workgroup meetings with Implementation Partners as well as biannual Community Partner meetings. CHIP Implementation workgroup meetings will focus on active coordination and action planning with organizational partners who have committed to take part in CHIP activities. During biannual CHIP Community Partner meetings, participants will learn about the progress of CHIP activities as well as the successes, challenges, and opportunities from CHIP Implementation Partners. Progress towards implementing CHIP activities will be reviewed on an annual basis, and any edits or revisions to the plan based on emerging priorities or opportunities will be documented.

The shared strategies identified in this plan build upon the foundation of each organization's existing activities and their shared commitment to partnering with other organizations. While recognizing the success of CHIP activities will depend on partner organizations' capacity to engage, funding needs, and the spectrum of implementation feasibility, CHIP partners look forward to seeking resources and strengthening connections to improve our community's health.



CHIP Community Partners collaborate on a shared activity during a CHIP implementation meeting.

Appendix

Glossary

Accountability:

entails the procedures and processes for transparency and reporting back by which one party justifies and takes responsibility for its activities.

Anti-racism:

is a process of actively identifying and opposing racism. The goal of anti-racism is to actively change policies, behaviors, and beliefs that perpetuate racist ideas and actions.

Equity:

is the full and equal access to opportunities, power and resources so that all people achieve their full potential and thrive. Equity is an ardent journey toward well-being as defined by those most negatively affected.

Health equity:

means that everyone has a fair and just opportunity to achieve their full health potential.

Racial equity:

is the vision or existence of a community, society, or world in which race or color does not predict the amount and quality of opportunities, services, and benefits. It is the condition where one's race identity has no influence on how one fares in society amount and quality of opportunities, services, and benefits.

Racism:

can be defined as the organized system within U.S. society that causes avoidable and unfair inequalities in power, resources, capacities and opportunities based on race. Racism exists and manifests at the individual, institutional and systemic/ structural levels.

Social drivers of health:

are the conditions in which people live, learn, work, and play that can affect health, often referred to as the social determinants of health. These drivers of health influence the health status of an individual and a population. Examples include access to healthy foods, access to quality healthcare, reliable transportation, stable housing, economic stability, and structural racism. These circumstances are shaped by the distribution of money, power and resources. These are also referred to as upstream factors or root causes of health.

Well-being:

is what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life. This includes mental, emotional, and social well-being. Physical well-being is an important component of overall well-being. Community well-being is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential.

Full Description of CHIP Values

Equity, anti-racism, and social justice:

- By centering Black, Indigenous, and people of color;
- By recognizing Racism is a Public Health Crisis to inform collective actions;
- By recognizing the intersectionality of people's overlapping identities and experiences – such as race, ethnicity, ability, age, gender identity, sexual orientation, religion, economic status, class, and other -isms – and its role in discrimination, oppression, access, and privilege;
- By incorporating equity, anti-racism, and trauma-informed actions throughout our collective systems, practices, and behaviors as well as using data to inform action that positively impacts lived experiences with a focus on the strengths and assets in our resilient communities;
- By embracing inclusion through the celebration and incorporation of the diverse gifts, talents, and voices throughout King County.

Leadership

- By cultivating leadership and collaboration among partners that influence health;
- By aligning and coordinating opportunities across community sector partners to actively work towards improving equitable access to health that supports physical, mental, emotional, and social well-being in the community;
- By supporting community leadership to advocate, innovate and influence public health.

Collaboration and trust:

- By cultivating partnerships that share power and value learning, collaboration, respect, and trust to build sustainable processes and stronger relationships among community, hospitals, community health centers, public health, and other sectors that impact community health;
- By restoring, building, and maintaining community partnerships to collaboratively identify issues and co-create solutions;
- By working to leverage work in a coordinated way to align implementation strategies.

Shared commitment & accountability:

- By committing to creating effective, safe, positive, and collaborative feedback loops and partnerships among partners;
- By holding each other accountable to our public commitments to work together, over the long -term, towards stronger, better resourced, and true partnerships;
- By working to identify sustainable strategies that support thriving and resilient communities.

Working upstream:

- By addressing social drivers of health and root causes of health inequities to change and impact health and health equity.

Prioritization Process Details

Issue Profiles included:

- a description of the topic,
- local data and information,
- a description of disparities that can often be linked to social drivers/root causes that impact the priority topic,
- community quotes providing additional contextual information,
- example promising and evidence-based strategies to improve the priority, and
- community assets to address the priority.

In small groups, CHIP Community Partners considered facilitated discussion questions to help uplift key insights, takeaways, and opportunities to collectively impact the six community-identified topics included in each CHIP Issue Profile:

- What makes the issue unique?
- How do these issues relate to each other?
- Which issues are you already working on, or are we already making an impact in?
- Why would this issue be worth prioritizing, according to our criteria?

Each participant voted for their top two priorities for the CHIP. To determine the final two CHIP priorities, individual votes were tallied in small groups to determine the top two topics for each small group, then results were tallied across all small groups to determine the final decision.

CHIP CONTACT

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King County

King County Board of Health

Changes to the Membership of the King County Board of Health Resulting from HB 1946

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HB 1946

In 2025, the Washington State Legislature passed Engrossed Second Substitute House Bill 1946¹ (HB 1946), which amended tribal membership on local boards of health. State law now requires that the King County Board of Health (BOH) must allow a tribal representative from any federally recognized tribe whose reservation or trust lands are within the county, and any Urban Indian Organization recognized by the Indian Health Service, registered as a 501(c)(3) organization in Washington that serves American Indian and Alaska Native people, and is providing services within the county. The effective date of HB 1946 is July 27, 2025.

The Washington State Board of Health (State Board) filed a CR-101, Preproposal Statement of Inquiry, for chapter 246-90 WAC on September 10, 2025.² Based on their estimated rulemaking timeline, the State Board indicates that this rule will be effective July 27, 2026.

Resulting Changes to King County BOH

In King County, eligible tribes and Urban Indian Health Organization includes the Snoqualmie Tribe, the Muckleshoot Tribe, and the Seattle Indian Health Board (SIHB). State law requires that these representatives be selected by the tribe or organization.

The effective date of HB 1946 and proposed State Board rule is July 27, 2026, however, the BOH operates on a January to December period, so the Board Administrator has connected with both tribes and the SIHB to confirm their interest in seating members on the board starting in January 2026.

Proposed Timeline/Process

The proposed timeline for these changes:

- October 6, 2025: PO 2025-0284 Committee of the Whole briefing and action
- October 16, 2025: KC BOH briefing
- October 21, 2025: PO 2025-0284 Full Council possible action
- October 31, 2025: KC BOH R&R Notification Deadline

¹ HB 1946 (2025), [https://lawfilesexternal.leg.wa.gov/biennium/2025-26/Pdf/Bills/Session Laws/House/1946-S.S.L.pdf?q=20251006105424](https://lawfilesexternal.leg.wa.gov/biennium/2025-26/Pdf/Bills/Session%20Laws/House/1946-S.S.L.pdf?q=20251006105424)

² Proposed Rulemaking, chapter 246-90, submitted on September 10, 2025 <https://sboh.wa.gov/rulemaking/agency-rules-and-activity/lboh-tribal-membership>

- November 20, 2025: KC BOH R&R to amend membership briefing and possible action
- January 1, 2026: new tribal representative positions in effect
- State Board Rule changes effective July 27, 2026

Current Board Composition

The BOH was expanded in 2021 as a result of Engrossed Second Substitute House Bill 1152 passed by the Washington State Legislature.³ The current membership composition of the BOH includes:

- 3 regular and 1 alternate King County elected official
- 3 regular and 1 alternate City of Seattle elected official
- 2 regular and 2 alternate elected officials from the Sound City Association
- 7 regular and 3 alternate nonelected members based on categories described in RCW 70.05.035(1)(a)⁴
- 1 regular and 1 alternate tribal representative, selected by the American Indian Health Commission of Washington State (AIHC)

King County Council Proposed Ordinance 2025-0284⁵

Under the proposed ordinance, the position selected by AIHC would become a representative for the Snoqualmie Tribe, and two new positions would be created representing the Muckleshoot Tribe and Seattle Indian Health Board (SIHB). This brings the total nonelected membership to ten.

In order to equalize membership between elected and nonelected members as required by state law, the changes to tribal membership require the addition of two elected positions. The proposed ordinance would add:

- 1 additional King County councilmember, for a total of 4 King County councilmembers, and
- 1 additional position representing cities other than Seattle, for a total of 3 members representing cities.

The proposed ordinance would convert the previous AIHC selection alternate to a Snoqualmie Tribe alternate, and add two additional alternates one of which would represent the Muckleshoot Tribe and one representing SIHB. The proposed ordinance would also add one additional alternate for SCA members, bringing the total SCA alternates to three. The proposed changes to the membership composition are shown in Table 2.

³ HB 1152 (2021), <https://app.leg.wa.gov/bills/summary?BillNumber=1152&Year=2021&Initiative=false>

⁴ RCW 70.05.035(1)(a) requires the board members to include (1) persons who are practicing in public health, health care facilities, or as providers; (2) consumers of public health; and (3) other community stakeholders.

⁵ PO 2025-0284 was passed in the King County Council's Committee of the Whole on October 6, 2025. A full staff report on this proposed ordinance is available at

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7663049&GUID=1AA6C7F3-23F4-4F71-99A1-06BC1A6D6266&Options=Advanced&Search=>

Table 2. Proposed Membership of the Board of Health
New Positions in Yellow; Converted Positions Bolded

	Elected Members	Nonelected Members
Primary Members	(1) King County	AIHC <u>convert</u> to Snoqualmie Tribe
	(2) King County	Muckleshoot Tribe
	(3) King County	Seattle Indian Health Board (SIHB)
	(4) King County	(1) Category in RCW 70.05.035(1)(a)
	(1) City of Seattle	(2) Category in RCW 70.05.035(1)(a)
	(2) City of Seattle	(3) Category in RCW 70.05.035(1)(a)
	(3) City of Seattle	(4) Category in RCW 70.05.035(1)(a)
	(1) Sound City Association	(5) Category in RCW 70.05.035(1)(a)
	(2) Sound City Association	(6) Category in RCW 70.05.035(1)(a)
	(3) Sound City Association	(7) Category in RCW 70.05.035(1)(a)
Alternate Members	King County Alternate	Nonelected Alternate - public health, health care facilities, and providers
	City of Seattle Alternate	Nonelected Alternate - public health consumers
	SCA Alternate	Nonelected Alternate - community stakeholders
	SCA Alternate	AIHC Selection alternate <u>convert</u> to Snoqualmie Tribe Alternate
	SCA Alternate	Muckleshoot Tribe Alternate
		SIHB Alternate

KC BOH Legislation

The BOH Chair has instructed staff draft a Rule and Regulation (R&R) to amend BOH Code in response to the changes made by Proposed Ordinance 2025-0284 to be voted on by the Board at the November 20, 2025 amending sections of BOH Code 2.04 affected by HB 1946 and PO 2025-0284.

If an R&R is passed and becomes effective in January 2026, each tribe, as well as the SIHB, would select its representatives and alternates to serve as members of the BOH at that time; these positions are not subject to confirmation by the King County Council. Additional elected officials would be appointed by their respective jurisdictions, consistent with existing processes.