



King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda Board of Health

*Metropolitan King County Councilmembers: Joe McDermott, Chair;
Kathy Lambert, Julia Patterson
Alternate: Reagan Dunn*

*Seattle City Councilmembers: Nick Licata; Sally Clark, Richard Conlin
Alternate: Bruce Harrell*

*Suburban Elected Members: Suzette Cooke; Ava Frisinger
Alternate: David Baker*

Health Professionals: Ben Danielson, MD; Frankie T. Manning, RN, M.A, Ray M. Nicola, MD, MHSA, FACPM

*Director, Seattle-King County Department of Public Health: Dr. David Fleming
Staff: Maria Wood, Board Administrator (263-8791)*

1:30 PM

Thursday, February 16, 2012

Room 1001

1. Call to Order
2. Roll Call
3. Announcement of Any Alternates Serving in Place of Regular Members
4. Approval of Minutes of December 15, 2011 pg 5
5. Public Comments
6. Director's Report

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



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

TDD Number 206-1024.

ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.



7. Election of Chair and Vice Chairs**8. Appointment of Health Professional****Discussion and Possible Action****9. Resolution No. 12-01 [pg 9](#)**

A RESOLUTION designating the order in which the vice-chairs of the King County board of health may act in the absence of the chair in 2012.

Maria Wood, Board of Health Administrator

10. Resolution No. 12-02 [pg 13](#)

A RESOLUTION supporting the inclusion of health in the Washington state transportation system policy goals.

Bud Nicola, Board of Health Member

Briefings**11. BOH Briefing No. 12-B01 [pg 25](#)**

Annual Report to the Board of Health

David Fleming, Director & Health Officer, Public Health - Seattle & King County

12. BOH Briefing No. 12-B02 [pg 29](#)

Public Health Standards and Accreditation as Mechanisms for Improving Quality

David Fleming, Director & Health Officer, Public Health - Seattle & King County

13. BOH Briefing No. 12-B03 [pg 37](#)

Legislative Update

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

14. **Chair's Report**
15. **Board Member Updates**
16. **Administrator's Report**
17. **Other Business**
18. **Adjournment**

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

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King County

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Seattle, WA 98104

Meeting Minutes Board of Health

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

*Seattle City Councilmembers: Vice Chair Nick Licata; Sally
Clark, Richard Conlin
Alternate: Mike O'Brien*

*Suburban Elected Members: Vice Chair David Hutchinson; Ava
Frisinger,
Alternate: Dan Sherman*

*Health Professionals: Vice Chair Ben Danielson, MD; Frankie T.
Manning, RN, M.A, Ray M. Nicola, MD, MHSA, FACPM*

*Director, Seattle-King County Department of Public Health: Dr.
David Fleming
Staff: Maria Wood, Board Administrator (263-8791)*

1:30 PM

Thursday, December 15, 2011

Room 1001

--DRAFT MINUTES--

1. **Call to Order**

*The meeting was called to order at 1:40 p.m.
The Chair acknowledged that December 15, 2011 is Mayor Dave Day.*

2. **Roll Call**

Present: 8 - Ms. Lambert, Ms. Clark, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. Licata,
Mr. McDermott and Dr. Danielson

Excused: 2 - Ms. Patterson and Mr. Conlin

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

4. **Approval of Minutes of October 21, 2011**

*Boardmember Hutchinson moved approval of the minutes of the October 21, 2011
meeting, as presented. The motion passed unanimously.*

5. Public Comments

*The following people spoke:
Sam Bellomio
Alex Zimmerman*

Discussion and Possible Action**6. R&R No. BOH11-05**

A RULE AND REGULATION relating to farmers markets and farmers market permit fees; adding a reporting requirement; amending R&R 91, Section 1 (part), as amended, and BOH 2.10.020 and R&R 91, Section 1 (part), as amended, and BOH 5.04.640 and adding a new section to BOH chapter 5.42; enacted pursuant to RCW 70.05.060, including the latest amendments or revisions thereto.

Mark Rowe, Manager, Environmental Health Services Division, Food and Facilities Protection Programs, presented a powerpoint and briefed the Board.

On 12/15/2011, a public hearing was held and closed.

*The following person appeared to speak:
Judy Kirkhuff*

Boardmember Hutchinson moved amendment S2. The motion passed unanimously.

*Mark Rowe, answered questions of the Board.
Jill Trohimovich, answered questions of the Board.*

A motion was made by Mayor Hutchinson that this Rule and Regulation be Passed as Amended. The motion failed by the following vote:

Yes: 6 - Mr. Hutchinson, Ms. Frisinger, Dr. Danielson, Dr. Nicola and Mr. McDermott

No: 2 - Ms. Clark and Mr. Licata

Excused: 3 - Ms. Patterson and Mr. Conlin

The Chair recessed the meeting at 2:45 p.m.

The Chair reconvened the meeting at 2:50 p.m.

A motion was made by Mayor Hutchinson to reconsider the vote on Item 6. The motion passed by the following vote:

Yes: 8 - Ms. Lambert, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. McDermott and Dr. Danielson

No: 2 - Ms. Clark and Mr. Licata

Excused: 3 - Ms. Patterson and Mr. Conlin

A motion was made by Mayor Hutchinson that this R&R be Passed as Amended. The motion carried by the following vote:

Yes: 8 - Ms. Lambert, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. McDermott and Dr. Danielson

No: 2 - Ms. Clark and Mr. Licata

Excused: 3 - Ms. Patterson and Mr. Conlin

7. Resolution No. 11-11

A RESOLUTION approving the scope of project changes for the Healthcare for the Homeless Grant.

A motion was made by Mayor Hutchinson that this Resolution be Passed. The motion carried by the following vote:

Yes: 10 - Ms. Lambert, Ms. Clark, Mr. Hutchinson, Ms. Frisinger, Dr. Nicola, Mr. Licata, Mr. McDermott and Dr. Danielson

Excused: 3 - Ms. Patterson and Mr. Conlin

Briefings**8. BOH Briefing No. 11-B23**

Legislative Update

Jennifer Muhm, Legislative Affairs Officer, Department of Public Health, briefed the Board on the Governor's supplemental budget that was released. She also briefed the Boardmembers on the recent special session that concluded and noted some upcoming discussions in prevention funding on the federal level.

This matter was Presented

9. BOH Briefing No. 11-B24

Public Health Preparedness: Current Capabilities and Future Initiatives

Michael Loehr, Emergency Preparedness Program Manager, briefed the Board on the current status of Public Health Preparedness capability and future initiatives. Mr. Loehr noted that our region is highly vulnerable to earthquakes, pandemics, terrorism, bioterrorism and climate disruption. He noted three key guidelines - excellence in partnerships, building and sustaining capabilities and accountability of needs for all. He also discussed another handout, a summary of strategic planning process and goals.

This matter was Presented

10. Chair's Report

The Chair reported that progress is being made on the Board of Health work program for 2012. He noted that the Board will continue with the current focus on healthy eating and active living as well as the sustainable public health funding. He invited Boardmembers to suggest ideas and hopes to vote on the work program in February.

The Chair noted that Boardmember Sherman is leaving public service and the Board after 12 years of service. Boardmember Sherman was not in attendance, but the Chair wanted to thank him for his many years of service to the community.

The Chair also noted that this is the last meeting for Mayor Dave Hutchinson as a member of the Board of Health. The Chair thanked Mayor Dave for his 13 years of service representing the suburban cities of King County. The Chair presented Mayor Dave with the traditional parting gifts.

11. **Board Member Updates**

There were no Boardmember updates.

12. **Administrator's Report**

Ms. Woods reported that the next meeting will be January 19, 2012 at 1:30 p.m. She noted two materials in the packet, a Communicable Disease Surveillance Summary from the Communicable Disease Epidemiology and Immunization Section and a letter from the City of Woodinville that the Environmental Health Section is working on.

13. **Other Business**

14. **Adjournment**

The meeting was adjourned at 3:04 p.m.

Approved this _____ day of _____.

Clerk's Signature



KING COUNTY
Signature Report

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

January 11, 2012

Resolution

Proposed No. 12-01.1

Sponsors

1 A RESOLUTION designating the order in which the vice-
2 chairs of the King County board of health may act in the
3 absence of the chair in 2012.

4 WHEREAS, on April 16, 2009, the King County board of health adopted
5 operating rules for the board through BOH R&R 09-04, and

6 WHEREAS, the adopted operating rules state that the board shall designate
7 annually four vice-chairs, each representing one of the major categories of membership,
8 and

9 WHEREAS, the adopted operating rules state that, in the absence of the chair, a
10 vice-chair will exercise the duties, powers and prerogatives of the chair, and

11 WHEREAS, the adopted operating rules state that each year the board shall
12 designate by resolution the order in which the vice-chairs may act in absence of the chair,
13 and

14 WHEREAS, the adopted operating rules state that the order of the vice-chairs
15 shall rotate annually;

16 NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF HEALTH OF
17 KING COUNTY:

18 For 2012, the board designates the following order in which the vice-chairs may
19 act in absence of the chair:

- 20 A. Vice-chair representing the health professionals;
21 B. Vice-chair representing the metropolitan King County council;
22 C. Vice-chair representing the city of Seattle; and
23 D. Vice-chair representing the suburban cities.
24

BOARD OF HEALTH
KING COUNTY, WASHINGTON

Joe McDermott, Chair

ATTEST:

Anne Noris, Clerk of the Board

Attachments: None



King County

King County Board of Health

Staff Report

Agenda item No: 9

Date: January 19, 2012

Resolution No. 12-01

Prepared by: Maria Wood

SUBJECT

A RESOLUTION that designates the order in which vice-chairs of the King County Board of Health act in the absence of the chair in 2012.

SUMMARY & ANALYSIS

The operating rules for the King County Board of Health require the Board designate four vice-chairs, each representing one of the major categories of membership, who would act in the absence of the chair. The rules require the Board to pass a resolution each year to rotate and designate the order in which vice-chairs will exercise the duties, powers and prerogatives of the chair in the chair's absence. Proposed Resolution 12-01 would meet the requirement of the rules by establishing the following order of the vice-chairs for 2012:

- A. Vice-chair representing the health professionals;
- B. Vice-chair representing the metropolitan King County council;
- C. Vice-chair representing the city of Seattle; and
- D. Vice-chair representing the suburban cities.

ATTACHMENTS

1. Proposed Resolution No. 12-01

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KING COUNTY

1200 King County Courthouse
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Signature Report

February 3, 2012

Resolution

Proposed No. 12-02.1

Sponsors

1 A RESOLUTION supporting the inclusion of health in the
2 Washington state transportation system policy goals.

3 WHEREAS, well-designed transportation systems have been shown to impact
4 public health by increasing opportunities for physical activity and reducing risk factors
5 for chronic disease, decreasing air pollution, reducing traffic-related injuries and
6 increasing economic prosperity, and

7 WHEREAS, active transportation through walking, biking and transit provide
8 opportunities for physical activity which in turn reduces obesity and other chronic
9 diseases, and

10 WHEREAS, transportation-related exhaust is a major source of air pollution and a
11 less car-dependent system reduces air pollution from emissions in turn reducing asthma
12 and other respiratory health problems, and

13 WHEREAS, the rate of obesity in Washington has almost doubled over the last
14 fifteen years, disproportionately affecting those of lower socioeconomic and educational
15 status, and

16 WHEREAS, currently obesity and related disease result in state health care costs
17 of \$1.33 billion per year, and

18 WHEREAS, nearly one third of adults and eighty-five percent of youth in King
19 County do not receive the minimum thirty minutes of physical activity per day, and

20 WHEREAS, a lack of physical activity is a major contributor to the steady rise in
21 rates of obesity, diabetes, heart disease, stroke and other chronic health conditions, and

22 WHEREAS, prevention and reduction in these disease outcomes saves the state
23 billions in health care costs, and

24 WHEREAS, a well-designed transportation system is not only a source of good
25 jobs, but is also a great conveyance to jobs in other sectors, as well as to goods and
26 services, and

27 WHEREAS, transportation solutions that benefit public health can create social
28 and economic equity and improve the economy;

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

31 The Board of Health calls on Washington state to include health among its state
32 transportation system policy goals indicating a commitment to considering the health

- 33 implications of project planning and design with the goal of increasing health and
34 decreasing health care costs.
35

BOARD OF HEALTH
KING COUNTY, WASHINGTON

Joe McDermott, Chair

ATTEST:

Anne Noris, Clerk of the Board

Attachments: None



King County

King County Board of Health

Staff Report

Agenda item No: 10
Resolution No. 12-02

Date: February 16, 2012
Prepared by: Amber Bronnum, Amy
Shumann

Subject

A RESOLUTION to support the inclusion of health in the Washington state transportation system policy goals.

Purpose

To call on Washington state to include health in its state transportation system policy goals, making the commitment to consider the health implications of project funding, planning and design with the goal of increasing health, reducing health inequities and decreasing health care costs.

Summary

Washington's transportation system has been shaped by multiple policies and actions from transportation and community planners, funding agencies and others at federal, state and local levels. Today, the system is designed to move people and goods efficiently; however, there is a growing awareness across communities that transportation systems impact quality of life and health. Transportation planning decisions affect human health in three primary ways: traffic-related injuries (crashes), pollution emissions, and by affecting physical activity levels.

Prevention and reduction in injury rates and disease outcomes saves the state billions in health care costs. A well-designed transportation system provides access to employment, goods, services and opportunities for education, recreation and social connection. Transportation solutions that benefit public health are shared solutions that can create social and economic equity and improve the economy.

House Bill 2370, before the Washington State Legislature in the 2012 session, asks the state to include health in their considerations when making transportation policy decisions.

Background

An emerging body of evidence and best practices increasingly links planning decisions associated with land use and transportation to environments where residents can be physically active, eat nutritious food, and live in safe and healthy places. Significant evidence indicates that “place” matters and that the leading and actual causes of death and disability are linked to the environments where we live, work, learn and play. For example, healthy communities as described by the U.S. Department of Health and Human Services Healthy People 2010 are those designed and built where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.

The King County Board of Health has a long history of supporting the collaboration between urban planning and public health. Most recently, the Board of Health has shown their support through the Planning for Healthy Communities Guidelines, approved on March 17, 2011. The guidelines are intended to inform land use and transportation planners of strategies that can improve the health of residents and communities throughout King County. Legislation such as House Bill 2370 is a perfect opportunity for transportation policy to include health at the state level.

Transportation planning decisions affect human health in three primary ways:

Physical Activity

Almost a third of adults and 85 percent of youth fail to get at least 30 minutes of physical activity per day – the amount needed for good physical and mental health. The rate of obesity in Washington state has almost doubled over the last 15 years, with 25.5 percent of the adult population now obese costing the state \$1.33 billionⁱ in annual obesity-attributable medical expenditures. Planning and design that encourages and enables access to walking, bicycling, and transit in safe and inviting environments provides residents with ways to obtain needed levels of daily physical activity. Both recreational and utilitarian trips (to work, school, or errands) help meet physical activity recommendations. Almost a third of people that use transit to get to work meet recommended levels for physical activity just from walking to and from transit.ⁱⁱ

Air Pollution

Motor vehicles are a major source of pollution. Health outcomes associated with vehicle exhaust include asthma and other respiratory diseases (especially in children), cardiovascular disease, cancer, preterm and low birth-weight births and premature death. Runoff from roadways contains many pollutants (sediment, bacteria, heavy metals, and petroleum hydrocarbons) that then find their way into ponds, lakes, and streams, and eventually the drinking water system. Transportation-related improvements can reduce vehicle-related pollution by decreasing number of driving trips, increasing walk and bike trips and encouraging public transit use.

Traffic-related Injuries

According to the Washington State Department of Transportation, on average, two Washington residents die in a traffic-related crash each day, and more than 100 are injured. In 2010, there were 925 collisions involving pedestrians in King County. These

collisions resulted in 19 fatalities and 884 major and minor injuries. Crashes rank third (behind cancer and heart disease) in shortening lifespans and estimates of the comprehensive cost of crashes is more than \$5.6 billion per year; \$930 for every man, woman, and child in Washingtonⁱⁱⁱ. Transportation system design and access to active transportation options can play a strong role in improving safety for pedestrians, bicyclists and vehicle occupants.

ANALYSIS

Transportation policy has the potential to improve public health and safety because of the direct effect that transportation decisions have on land-use and community design. At the core of public health service is the goal of achieving equal health for all – a goal that is particularly important for the most vulnerable: the poor, the elderly, children, disabled individuals, and underserved minority populations.

Because the transportation system touches most aspects of daily life, optimizing transportation and community design can play an important role in improving health. The Centers for Disease Control and Prevention (CDC) provides recommendations for bringing public health considerations into transportation issues:

Reduce injuries associated with motor vehicle crashes

Policies that improve the safety of pedestrians, bicyclists, and motor vehicle occupants, such as reducing motor vehicle traffic and vehicle speed on neighborhood streets.

Improve Air Quality

Policies that decrease per capita vehicle miles traveled and encourage use of more fuel-efficient/cleaner technology vehicles.

Expand Public Transportation

Policies that encourage public transportation infrastructure and improve access for all people.

Promote Active Transportation

Policies that increase resources for non-motorized transportation options and that support transportation infrastructure, such as sidewalks, shared-use paths, and safe roadway crossings.

Design to Minimize Adverse Health and Safety Consequences

Policies that enhance coordination with public health agencies.

Require Research and Surveillance

Policies that support public health data collection and analysis activities for active transportation and public transportation.

Support Professional Development and Job Creation

Policies that support the development of professionals who are committed to enhancing the relationship between public health and transportation policy through fellowship programs and development of curricula related to integration of these areas.

House Bill 2370 highlights the connection between transportation funding, planning and design on public health.

ATTACHMENTS

1. Resolution No. 12-02
2. HB 2370

ⁱ The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses. A collaborative report from United Health Foundation, the American Public Health Association, and Partnership for Prevention, 2009. <http://www.nccor.org/downloads/CostofObesityReport-FINAL.pdf>

ⁱⁱ Besser LM, Dannenberg AL. Walking to public transit: steps to help meet physical activity recommendations. *American Journal of Preventive Medicine*. 2005;29:273–280.

ⁱⁱⁱ The Cost of Motor Vehicle Collisions to Society, Washington State Department of Transportation. Available online: www.wsdot.wa.gov/planning/wtp/datalibrary/Safety/CostofMVCollisions.htm

HOUSE BILL 2370

State of Washington

62nd Legislature

2012 Regular Session

By Representatives Billig, Jinkins, Cody, Llias, Fitzgibbon, Green, Lytton, Ryu, Moscoso, Ladenburg, Maxwell, Tharinger, Finn, Pedersen, Reykdal, Hansen, Hunt, Ormsby, Clibborn, Moeller, Kenney, and Santos

Read first time 01/12/12. Referred to Committee on Transportation.

1 AN ACT Relating to including health in the state transportation
2 system policy goals; amending RCW 47.04.280; and creating a new
3 section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds and declares that the
6 consideration of health implications in transportation policy has the
7 potential to save lives, improve health and well-being, and reduce
8 health care costs by creating transportation opportunities that prevent
9 chronic diseases, improve air quality, and reduce obesity. Wise
10 transportation investments that include a consideration of health
11 consequences will save billions of dollars in health care costs.

12 The rate of obesity in Washington has almost doubled over the last
13 fifteen years, disproportionately affecting those of lower
14 socioeconomic and educational status. Twenty-five percent of adults
15 are obese and thirty-six percent are overweight, while more than
16 twenty-five percent of our youth are overweight or obese. Washington
17 is committed to reducing the 1.33 billion dollars that the state spends
18 on the medical costs of obesity annually by increasing opportunities
19 for active transportation. For the last few generations, opportunities

1 for physical activity have declined as they have been engineered out of
2 our transportation system. Lack of physical activity is a major
3 contributor to the steady rise in rates of obesity, diabetes, heart
4 disease, stroke, and other chronic health conditions in the United
5 States.

6 Washington is committed to considering the health implications of
7 project planning and design with the goal of increasing health and
8 decreasing health care costs. Many Americans view walking, bicycling,
9 and taking public transit within their communities as unsafe because of
10 traffic and the lack of sidewalks, crosswalks, and bicycle facilities.
11 To encourage people to utilize healthy transportation options, safe
12 facilities, such as sidewalks, are a necessity. In 2008 the Washington
13 state nutrition and physical activity plan called for increasing the
14 number of active community environments by changing transportation
15 policy and funding to promote walking and bicycling.

16 Washington is committed to reducing unhealthy air quality and the
17 associated negative effects on health. Exposure to traffic emissions
18 has been linked to many adverse health effects, including premature
19 mortality, cardiac symptoms, exacerbation of asthma symptoms,
20 diminished lung function, and increased hospitalization. More than
21 fifty percent of Washington's residents suffer from at least one
22 medical condition that is made worse by air pollution.

23 Transportation planning and projects that connect low-income
24 communities to basic goods and services hold enormous potential for
25 addressing many of our state's most pressing health issues.
26 Transportation solutions that benefit public health are shared
27 solutions that can create social and economic equity and improve the
28 economy.

29 Therefore, it is the intent of the legislature that this act serves
30 to expand the existing goals, objectives, and responsibilities related
31 to the operation of an efficient statewide transportation system to
32 include the health of the citizens of Washington.

33 **Sec. 2.** RCW 47.04.280 and 2010 c 74 s 1 are each amended to read
34 as follows:

35 (1) It is the intent of the legislature to establish policy goals
36 for the planning, operation, performance of, and investment in, the
37 state's transportation system. The policy goals established under this

1 section are deemed consistent with the benchmark categories adopted by
2 the state's blue ribbon commission on transportation on November 30,
3 2000. Public investments in transportation should support achievement
4 of these policy goals:

5 (a) Economic vitality: To promote and develop transportation
6 systems that stimulate, support, and enhance the movement of people and
7 goods to ensure a prosperous economy;

8 (b) Preservation: To maintain, preserve, and extend the life and
9 utility of prior investments in transportation systems and services;

10 (c) Safety: To provide for and improve the safety and security of
11 transportation customers and the transportation system;

12 (d) Mobility: To improve the predictable movement of goods and
13 people throughout Washington state;

14 (e) Environment: To enhance Washington's quality of life through
15 transportation investments that promote energy conservation, enhance
16 healthy communities, and protect the environment; (~~and~~)

17 (f) Stewardship: To continuously improve the quality,
18 effectiveness, and efficiency of the transportation system; and

19 (g) Health: To improve the health of Washington's citizens and
20 reduce health care costs by considering health implications when
21 designing, building, and maintaining Washington's transportation
22 system.

23 (2) The powers, duties, and functions of state transportation
24 agencies must be performed in a manner consistent with the policy goals
25 set forth in subsection (1) of this section.

26 (3) These policy goals are intended to be the basis for
27 establishing detailed and measurable objectives and related performance
28 measures.

29 (4) It is the intent of the legislature that the office of
30 financial management establish objectives and performance measures for
31 the department of transportation and other state agencies with
32 transportation-related responsibilities to ensure transportation system
33 performance at local, regional, and state government levels progresses
34 toward the attainment of the policy goals set forth in subsection (1)
35 of this section. The office of financial management shall submit
36 initial objectives and performance measures to the legislature for its
37 review and shall provide copies of the same to the commission during
38 the 2008 legislative session. The office of financial management shall

1 submit objectives and performance measures to the legislature for its
2 review and shall provide copies of the same to the commission during
3 each regular session of the legislature during an even-numbered year
4 thereafter.

5 (5) This section does not create a private right of action.

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King County

King County Board of Health

Staff Report

Agenda item No: 10

Date: January 19, 2012

Briefing No: 12-B01

Prepared by: Hilary Karasz, Maria Wood,
Kirsten Wysen

Subject

A BRIEFING on recent trends in the health of King County, with a focus on health inequities.

Purpose

This briefing is designed to provide the Board with essential information to protect the health of King County residents and to provide background for the 2012 Board of Health work plan. The briefing also fulfills an annual requirement of the Washington State Public Health Standards and Measures to provide the Board of Health with information on current patterns and trends in public health data.

- Health and economic well-being are linked for most countries, but in spite of its economic affluence the U.S.'s health measures are falling behind.
- Despite King County's relatively good average health measures, residents in some parts of the county are much less healthy than others. In fact, King County has some of the most profound health inequities among large U.S. counties. Why is this?
- King County is becoming increasingly separated by income, race and ethnicity and immigration status.
- The features of some King County communities have detrimental effects on residents' health.
- In the past, public health and the health care system have been successful in improving health, but new approaches are needed to address health disparities and current leading causes of premature death and disability.
- Place-based interventions that include a component of economic development and that involve a variety of non-traditional partners to improve communities show promise.

Summary

Globally, health and economic well-being are linked. As countries prosper, population health tends to improve. For the U.S., however, despite one of the highest incomes per capita worldwide, and despite spending substantially more per capita on health than any other country, our health measures are lagging. Out of the 34 member countries of the Organization for

Economic Co-operation and Development (OECD), the US ranks 27th on life expectancy (i.e., 8th from the bottom).

King County enjoys a longer average life expectancy than the U.S. In fact, if King County were an OECD member country, it would rank 7th out of 34 on life expectancy. However, within King County, there is great variability in life expectancy and other health measures depending on where one lives. Some cities in King County have life expectancies as much as 7 years lower than others (e.g. Auburn residents' life expectancy is 78, while Mercer Island's is 85).

The Health of King County presentation this year asks why such large differences in health occur and what King County can do to address these inequities.

At least two dynamics play possible roles as contributors to health disparities in our county. The first is the ever increasing physical separation of more affluent King County residents from residents with lower incomes. For example, over the last ten years, while the Ballard, Fremont and Wallingford neighborhoods of Seattle had a 3% reduction in the percentage of residents with incomes under poverty, SeaTac and Tukwila had an increase of 10% in the number of residents with low-incomes. There are similar trends of people of color and foreign born leaving Seattle and relocating to South King County.

A second contributor is the features of the community in which one can afford to live. For example, different communities have different numbers of fast food outlets, tobacco retailers and grocery stores. In South Seattle, SeaTac and Tukwila, all of which are more affordable for lower income families, there are two fast food restaurants and two tobacco retailers for every 1,000 residents, while in Kenmore, Bothell and Woodinville both of these are only one quarter as common (0.5/1,000 residents). On the other hand, in Seattle there is one full-service grocery store for every 2,000 residents, while in Federal Way there is one for every 10,000 residents. A dearth of grocery stores may mean less availability of healthy foods.

The accumulation of these economic and community geographic disparities may contribute to King County having one of the greatest levels of inequities among the 15 largest counties in the country. When looking at 10 measures of economic and health risk (e.g. educational attainment, poverty, unemployment, smoking, diabetes and obesity), King County ranks among the top 5 in greatest disparities by race in seven of these. For example, among large urban counties (Maricopa AZ, Los Angeles CA, Orange CA, San Diego CA, Riverside CA, San Bernardino CA, Miami-Dade FL, Cook IL, Wayne MI, Clark NV, Kings NY, Queens NY, Dallas TX, Harris TX and King WA), King County has the greatest difference in white and African American smoking and diabetes rates.

In the past, Public Health and the health care system have had significant success improving health in King County. Tobacco use and smoking levels declined over time as investments in tobacco control and cessation rose in the 1990s and 2000s; however in 2011 the state de-funded the tobacco control program and all tobacco prevention activities. There is a recent uptick in

adult smoking from a low of 10% of adults in 2008, to 11% in 2009, and 12% in 2010. Infant mortality declined following the state's investments in maternal and child health in the early 1990s, with programs for low-income pregnant women, new mothers and infants such as Maternity Support Services, infant case management and First Steps. In the last two years, these state-funded programs have been cut by half and the current state legislature is considering further cuts. Cardiac arrest survival in King County is among the best in the country. Local investment and coordination of first responders and well-funded EMS training have resulted in a 48% survival rate in King County vs. 8% in other areas. The King County EMS Levy provides stable funding for this system.

But many of these successes have improved the outcome for some but not all residents. While improvements have been achieved on average, people of color, lower income and lower educational attainment residents have often not benefited to the extent other residents have. To address health disparities, new approaches are needed. The Centers for Disease Control and Prevention (CDC) recommends "dual approaches" of area-wide population-based interventions coupled with intensive efforts among populations experiencing disparities.

Because a person's community has so much influence on their health, making communities healthier places to live can reduce the risk particularly of chronic conditions, like diabetes, cancer and heart disease. Solutions that improve both the physical features of communities as well as the opportunities for education and employment can be particularly effective. Place-based interventions that include a component of economic development and that involve a variety of non-traditional partners to improve communities show promise.

Recent health department projects that align with both the King County strategic plan and the King County Equity and Social Justice Initiative represent movements in the right direction. The Communities Putting Prevention to Work initiative, which addresses obesity and tobacco, has worked with five South King County school districts to make school lunches healthier and buy more local produce. Over 122,000 King County children now have healthier food in their schools. Public Health worked with four South County cities on policies to make walking and biking easier and safer, and now 359,000 residents live in cities with new policies for safe, physical activity-friendly streets. Three housing authorities and two non-profit housing developers worked with their residents to implement smoke-free policies that make their housing safer to live in and less costly to maintain.

The Global 2 Local (G2L) project is a partnership with the Washington Global Health Alliance, Swedish Health Services, Public Health Seattle & King County and HealthPoint and the residents of SeaTac and Tukwila. G2L builds on the expertise of Washington State's global health institutions to pilot approaches to improve individual and community health outcomes, lower health care costs, and empower economic development. As part of the G2L initiative, Community Health Promoters started work in October 2011 to conduct community outreach on priority health issues, including diabetes, and to mobilize the community to work together to achieve shared health objectives. In addition, Medical Interpretation classes started at the same

time at Highline Community College. G2L staff are working with the University of Washington to pilot a jointly-developed mobile application to connect people with on-demand interpretation services. “Community cafes” are being held to provide a venue for community dialogue. Staff are providing T-Mobile phones and technical support for local community organizations to send text messages supporting health. HealthPoint provides referrals to YMCA programs and JPMorgan Chase Foundation is providing financial support to launch a local leadership development training program.

Effects of the recession and state budget cuts are likely to make improving community features more challenging in the near term. Communities Count quantitative and qualitative findings have documented the toll of recent job losses and benefits limits on King County families.

Policy makers, including Public Health and the King County Board of Health, increasingly recognize that community issues—such as the economy, jobs, education and housing—impact health issues and that economic development, policy and system changes are new tools for public health to use to improve health. We need now to work with appropriate partners to tackle health systematically. This means continuing to work on the policy front with new partners, such as economic and community development experts, city planners, transportation experts, housing providers, food system players and grassroots community organizations. Working across disciplines aligns goals of many King County systems, including education, criminal justice prevention and housing, among others.

Background

Data included in the presentation is based on analysis of population-based local data. Identification of policy priorities is guided by the scientific literature on the actual causes of death. Data are available on Public Health’s Community Health Indicators website (<http://www.kingcounty.gov/healthservices/health/data/chi2009.aspx>).



King County

King County Board of Health

Staff Report

Agenda item No: 11

Date: January 19, 2012

Briefing No: 12-B02

Prepared by: Kate Neville, Maria Wood

Subject

Information will be provided on the 2011 *Standards for Public Health in Washington State* triennial performance review, how the standards review aligns with national accreditation standards, and how these efforts aim to improve quality in public health.

Purpose

Inform the Board of Health of state public health standards and national accreditation, and provide history on public health standards reviews in Washington, and background information on national public health accreditation.

Summary

The *Standards for Public Health in Washington State* were designed to evaluate the performance of Washington's public health system. For the first time in 2011, the receipt of state flexible funds became dependent upon our participation in the review and the subsequent quality improvement plan. In 2011, Public Health – Seattle & King County (Public Health) “fully demonstrated” conformance to 92% of standards and measures and “partially demonstrated” conformance to 8% of measures. This represented the second highest score in Washington State.

National public health accreditation was offered for the first time in 2011 and is managed by the Public Health Accreditation Board (PHAB). The Washington State Department of Health received permission from PHAB to adopt the PHAB beta measures for the 2011 standards review, and will continue to use PHAB standards and measures in future performance reviews.

Background

The *Standards for Public Health in Washington State* were developed in 1998, and have been updated four times. Public Health – Seattle & King County has participated in every review, in 2002, 2005, 2008 and 2011. The scores are shown below. Scores greatly improved between 2002 and 2011, with Public Health – Seattle & King County receiving the second-highest score in the state in 2011¹.

¹ Spokane Regional Health District received the highest score with 94% fully demonstrated

Standards for Public Health in Washington State triennial performance review scores

	Fully demonstrated	Partially demonstrated	Did not demonstrate
2002	72%	9%	18%
2005	79%	20%	1%
2008	71%	29%	0%
2011	92%	8%	0%

In September 2011, a quality improvement plan was submitted to the state addressing “partially demonstrated” measures. The Public Health – Seattle & King County Quality Council will monitor the progress of the quality improvement plan.

Measures that “partially demonstrated” conformance to standards and measures

Measure	Description
3.14	Review prevention and education information of all types (including technical assistance) at least every other year and update, expand or contract as needed based on revised regulations, changes in community needs, evidence-based practices and public health data. There is a process to evaluate the content and use of and to update materials
4.13	Link stakeholders to technical assistance regarding models of recruiting and engaging with the community, as requested
5.3.4	Monitor progress on strategies and health improvement in order to revise the CHIP, as needed.
6.2.1	Maintain agency knowledge and consistent application of public health laws
8.2.2	Implement an agency workforce development plan that addresses the training needs of the staff and development of core competencies
9.1.4	Monitor performance measures for processes, programs and interventions
9.1.5	Evaluate the effectiveness of processes, programs, and interventions and identify needs for improvement
9.1.6	Implement a systematic process for assessing and improving customers’ satisfaction with agency services
9.1.8	Report annually to the BOH regarding progress toward program goals and the recommendations based on evaluation of After Action Reports (AARs), via a single compiled report or multiple reports throughout the year

Looking to the Future - Accreditation

Concurrently, work was underway on national accreditation of Tribal, local and state health departments. The goal of voluntary national accreditation is to improve and protect the health of the public by advancing the quality and performance of state, local, Tribal and territorial public health departments. The Public Health Accreditation Board was created, standards and measures

were developed, and a beta-test of those measures was conducted in 2010 across the nation. Dr. Bud Nicola is a member of the PHAB Board of Directors, and Dr. David Fleming participates in a work group focusing on issues surrounding accreditation and large metropolitan health departments.

The Washington State Department of Health participated in the 2010 beta-test, and received permission from PHAB to adopt the PHAB beta measures for the 2011 standards review. The Department of Health will adopt all PHAB standards, and will move the state review cycle from three to five years, to align with the PHAB. This positions Washington State well to transition to national accreditation.

There are many benefits to seeking accreditation, rather than merely continuing with the standards review. Accreditation is a community standard for clinical health care entities including hospitals, health plans, and other direct service providers. We take it for granted that accreditation provides a structure that holds organizations accountable for things like service quality and patient safety, and it is accreditation is credited with quality improvement, increased accountability, enhanced credibility, promoting high performance, and improved communication and teamwork, and in some cases is linked to receiving funding.

The PHAB puts forth 12 domains, 32 standards, and 96 measures for local health departments. Of particular interest to the Board of Health are several measures relating to governance functions which the King County Board of Health shares with King County government. Examples include requirements to communicate public health responsibilities, the governing entities roles and responsibilities, general information about current Public Health issues and activities including assessing and improving the performance of the health department. The cost to apply for accreditation is determined by the size of the population served, and is estimated to be \$48,000 over a five-year period for Public Health – Seattle & King County.

Forty-seven public health agencies have already begun the process of applying for accreditation this year. Accreditation will likely become a standard expectation of high performing health departments. Public Health – Seattle & King County plans to seek accreditation in the future, and will use accreditation to continually evaluate, improve and monitor our processes and responsibilities.

Public Health – Seattle & King County will keep the Board of Health apprised of future accreditation activity and general performance improvement efforts.

Attachment

1. Public Health Accreditation Board Standards: An Overview



*Advancing
public health
performance*

Public Health Accreditation Board

STANDARDS: AN OVERVIEW

VERSION 1.0

APPLICATION PERIOD 2011–2012

APPROVED MAY 2011

Board of Health

February 16, 2012

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ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards

Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan

Standard 5.4: Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

Standard 6.2: Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care services

Standard 7.1: Assess Health Care Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

QUALITY IMPROVEMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

ADMINISTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.0 document, available at www.phaboard.org, for the full official standards, measures, required documentation, and guidance.

ELIGIBLE HEALTH DEPARTMENTS

Health departments must submit their community health assessment, community health improvement plan, and department strategic plan to PHAB in order to be eligible to apply for accreditation.

TRIBAL HEALTH DEPARTMENTS

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government,¹ Tribal organization or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership or formal collaboration.

1. As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.

STATE AND TERRITORIAL HEALTH DEPARTMENTS

A state or territorial health department is defined, for the purposes of PHAB accreditation, as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state or territorial constitution, statutes or regulations, or established by Executive Order. State or territorial health departments may also apply if they are part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions. However, PHAB will review and accredit only the public health function of the health department.

LOCAL HEALTH DEPARTMENTS

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department, or a city, city-county, county, district, or regional health department.



The goal of national public health department accreditation is to improve and protect the public's health by advancing the quality and performance of public health departments.

The **Public Health Accreditation Board (PHAB)** is the national organization that accredits Tribal, state, local, and territorial public health departments.

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Materials for Item 12 will be available on the day of the meeting.