

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

Richard Conlin
Dow Constantine
George W. Counts
Jan Drago
Carolyn Edmonds
Ava Frisinger
Larry Gossett
David Hutchinson
David Irons
Kathy Lambert
Frank T. Manning
Bud Nicola
Margaret Pageler
Alonzo Plough

BOH Staff:

Maggie Moran

KING COUNTY BOARD OF HEALTH MEETING PROCEEDINGS

**May 18, 2001
9:30 AM to 12:00 PM
Seattle City Council Chambers**

Roll call

- Richard Conlin
- Larry Gossett
- David Hutchinson
- David Irons
- Nick Licata
- Greg Nickels
- Margaret Pageler
- Joseph Pizzorno
- Kent Pullen
- Dan Sherman
- Les Thomas
- Alvin Thompson
- Karen Van Dusen
- Rob McKenna
- Alonzo Plough

Call to order

Chair Greg Nickels called the meeting to order at 9:37 AM.

Announcement of Alternates

Chair Nickels acknowledged Council Member Rob McKenna as an alternate to Board Member Dwight Pelz.

Adoption of the Minutes

Chair Nickels noted that a quorum had been achieved and called for a motion to adopt the minutes of the April 20th meeting. Minutes were moved and seconded. Chair Nickels called for additions and corrections to the meeting minutes. There were none. The minutes were approved without correction.

General public comment

Chair Nickels opened the floor for public comments. **Joan Lawson**, Executive Director of the Capitol Hill Chamber of Commerce had signed up to provide public comment. Chair Nickels welcomed Ms. Lawson to the podium. Ms. Lawson identified herself for the record and stated that she came before the Board of Health as the Executive Director of the Capitol Hill Chamber of Commerce. She began her remarks by stating that Capitol Hill had more than their share of street drunks. She stated that her neighborhood had an enormous number of stores that sold the kind of alcohol that street drunks liked - cheap, large bottles that gave a bang for their buck. She further stated that it wasn't always their own buck thanks to the generosity of kind people in Capitol Hill who thought they were helping these people. Ms. Lawson stated that in addition, Capitol Hill had an enormous number of young people that made Capitol Hill attractive to certain people and very unattractive to others. She clarified that her use of the word attractive meant that they no longer attracted the people they're used to and instead attracted people who sat on their streets who panhandled and left their urine and feces, empty and broken bottles and grocery carts on the streets. She added that large numbers of street drunks and street people meant danger, potential danger or perceived danger - that kept certain people away from their neighborhood. Ms. Lawson stated that they did have five stores that had signed a "Good Neighbor Agreement" that the Chamber and the Broadway businesses had been working on for several years, and the liquor stores had agreed not to sell airplane-size bottles of liquor.

Ms. Lawson stated that Capitol Hill was the most densely populated residential area in the State. She stated the need for City and County assistance to return it to its' former attractive self. She noted that a store across from the high school where she purchased gas, limited the number of students allowed into the store during the lunch hour. Ms. Lawson stated that Capitol Hill needed a means of limiting the number of street drunks in one store, in front of one store or in one area. She stated that by reducing the number at one store or area, they could reduce their impact. Ms. Lawson said that the County CPI (Chronic Public Inebriate) Program meant giving services, treatment and housing, and that had to go along with reducing the number of liquor stores as well. She mentioned that Capitol Hill might want to become an alcohol impact area. She posed the following question, "Why is this a health problem?" Ms. Lawson responded by stating that it was an economic health problem and a taxpayer's problem because it was very costly. She concluded by stating that street drunks were not healthy people physically. She thanked the Board for their time and attention.

Chair Nickels thanked Ms. Lawson and asked her the following question; "Has this been a problem that has been long term or is it one that you've noticed a change in since other alcohol impact areas were established a year or two ago?"

Ms. Lawson responded that they had noticed an increase since the downtown had signed "Good Neighbor Agreements".

Chair Nickels acknowledged Board Member Conlin.

Board Member Conlin stated that he had had the opportunity a few months ago to do a bicycle ride with some of the Seattle police officers on Capitol Hill. He noted that one of the things that absolutely surprised him was that at 10 in the morning they ran into two people who were totally drunk and had been harassing pedestrians. Board Member Conlin stated that they essentially had to track down the intoxicated individuals based on calls that had come into 911. When they found the two people, one of them was unable to stand up. He noted that the detox van was called and they were taken away. He indicated that he hoped that they eventually got treatment and assistance.

Board Member Conlin stated that public inebriation was a really serious problem on Capitol Hill. He noted his appreciation that Ms. Lawson raised the matter before the Board of Health. He stated that he thought they should consider this information, not as criticism of the alcohol impact area implemented in Pioneer Square, but as an opportunity to say, that they might be effective there, but that they needed to extend its' effectiveness. Board Member Conlin stated his agreement with Ms. Lawson's assessment that this was a health problem. He stated that they were not just trying to move people around, that they were trying to get people treatment and assistance.

Chair Nickels asked for confirmation from Dr. Plough as to his recollection that the Board of Health had ever considered this subject before, from a public health perspective. He recalled that the Board had had a good discussion and learned that alcohol impact areas were being considered by the Liquor Control Board. Chair Nickels further recalled a discussion about the unintended affect of moving the problem rather than solving the problem. Chair Nickels indicated his interest in revisiting the matter to see if in fact the perception that was shared today by Ms. Lawson and his own experience walking the neighborhoods represented the picture of what was happening.

Dr. Plough indicated his agreement.

Chair Nickels further indicated his interest in beginning to assess what the impact of these restricted zones were on other neighborhoods. He stated that if they simply adopted a new alcohol impact zone on Broadway, then they might possibly move the problem to another neighborhood. He raised the question as to whether there were more comprehensive ways to deal with the problem.

Chair Nickels acknowledged Board Member Pizzorno.

Board Member Pizzorno stated that he wanted to second what Chair Nickels had said because he was one of the Board Members on the committee that looked into alcohol impact areas. He stated that the concern about moving the problem as opposed to addressing the real problem was one of the main fears that were raised at that time. Board Member Pizzorno stated that he thought it would be worthwhile to ask the Department of Health or possibly the Liquor Board to give the Board of Health an update on the actual impact of decisions that were made. Specifically he asked, "Did we actually impact the level of public inebriation or did we simply move...it and make it somebody else's problem?"

Chair Nickels acknowledged Board Member Thompson.

Board Member Thompson thanked Ms. Lawson for her presentation. He asked if there had been a change in the residents, the places of social interaction, or was it only the place of purchase where people were causing the problem?

Dr. Plough interjected that the Department could respond to that inquiry and go back and revisit the strategy the Liquor Control Board had implemented. Dr. Plough stated that it would be important to involve the Liquor Control Board in developing a presentation for the Board of Health.

Chair Nickels acknowledged Board Member Pageler.

Board Member Pageler stated her recollection of the research. She noted that what she had taken from her review of the research was that the death of chronic public inebriates was

hastened by City policies that accommodated folks with the disease; policies that seemed to approve their hanging out in various places. She noted that while it might seem heartless to move people around through such policies or to restrict their access, it was one way to reduce harm; to put some roadblocks in their path to self-destruction and death. Board Member Pageler added that there would still be those who would simply move on to a place where access to their poison was easier. And they would thus impact other neighborhoods. She stated that as society built some roadblocks and took the position that they would not accommodate a person's self-destruction there would be greater likelihood that a certain percentage of people would seek help and that that was the policy.

Board Member Pageler posed the rhetorical question, if the current strategy of alcohol impact areas were a valid public health strategy than the step to take was to ask the Liquor Board to make the next area an alcohol impact area. She further stated that the statement would then be made that this behavior would not be accommodated in any part of the city because it was not in the best interest of either the general public, impacted with the secondary health effects, or with people who were killing themselves because of the disease. She concluded by stating that any pressures that could be added to help bring individuals into treatment was essential and should be done.

Chair Nickels acknowledged Board Member Conlin.

Board Member Conlin indicated his agreement with Board Member Pageler. He noted that he had drawn the same sort of conclusion from the very extensive and exhaustive analysis they had undertaken before beginning with the program. He expressed that he wasn't surprised by the observations made, however he also stated that it appeared as though they were finding people who were getting treatment and were hopefully being taken care of. He stated that a recent report from the Finance Committee indicated that they had seen a reduction in some of the issues in Pioneer Square and that people who were implementing and managing the programs were seeing an increase in the number of people that were coming into the program.

Board Member Conlin further stated that he believed the problem was something that could be solved in the short term and that they needed to keep working on strategies that were going to provide treatment. He stated that they needed to recognize that displacement might take place, but that was not the whole story. He stated that when displacement took place then they should extend the remedy to make sure that they were addressing the needs of those neighborhoods as well.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen expressed her desire not to detract from Capitol Hill, however she stated, that when this subject first came up she thought they had been talking about Queen Anne being impacted. She expressed her curiosity about what was happening in Queen Anne. She further inquired about whether information might be available on Pioneer Square because that had been the focus. However if people were moving into other areas and if part of the issue was that they wanted to extend this program, or not, she wondered whether folks in Capitol Hill or Queen Anne, that happened to be on the streets, would go for help? She asked, "Where would they find out or how would they find out that there was a treatment option available?"

Ms. Lawson responded by addressing one part of the question. She referenced what she called "the morning drunks". She stated that the drunks were detoxed and then they were released on the street at 6 in the morning. She noted that the stores that sold liquor, opened

at 6 a.m. to sell alcohol. She mentioned that she had been the lone person, in a meeting with stores and the Liquor Control Board, that thought stores should not be allowed to sell liquor before 9 a.m. The rationale behind opening at 9:00 a.m. was that that time coincided with the time when treatment services were available. She stated that she had been outvoted because the store owners felt that if they didn't sell this certain booze at all, then the timing wouldn't be an issue.

Ms. Lawson addressed the second part of the question related to people who came to Capitol Hill. She stated that it was easy to get to Capitol Hill. She noted that all one needed to do was to go right up the street or catch a free bus. She pointed out that it wasn't as easy to get to other places, and that's why, she surmised, her neighborhood was so heavily impacted.

Chair Nickels acknowledged Dr. Plough.

Dr. Plough stated that of one of the things he might suggest putting in the presentation would be steps that had taken place since the Board last visited the topic. He specifically referenced the expanded downtown sobering services and the addition of an emergency service van that worked the Capitol Hill route. He also mentioned that they might need to work on how they connect those resources to other impacted areas. He stated that he would try to bring some more updated information about that to the Board as well.

Chair Nickels stated that he would also like to know how long it took for an impacted community to get an alcohol impact zone designation. He stated that he had heard it took anywhere from 12 to 18 months, which he thought was a long period of time for a community to absorb this problem and wait for it to be mitigated. He stated that the Board would want to include that information in the follow-up presentation.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked to raise a related question. She noted that any program, particularly if there was a public health information program or treatment, that these programs cost money. She stated that although she was not on any of the councils, she had read the newspapers and clearly knew that there would be budget implications. She suggested that it might be relevant to know what if any budget impacts would exist.

Chair Nickels continued with the Chair's report; directing the Board members attention to a couple of letters in their packets. He pointed out that the first letter was from Senator Julie Patterson who expressed her thanks for the Board's resolution regarding Substitute Senate Bill 5993, which dealt with smoking in public places. Chair Nickels stated that the second letter was from Dr. Plough to Board Member Irons and Council Member Phillips, who were members of the Cedar River Council. Chair Nickels reminded Board members that Dr. Plough had talked about the Cedar Grove Mobile Home Park and the corresponding issues at the April meeting. He stated that the letter in their packets outlined the steps that the Department was taking to address those concerns.

Chair Nickels pointed out that future Board of Health agenda items would include a follow up presentation on the Local Hazardous Waste Management Program on June 15th. He reminded the Board that they first heard from program staff at the March meeting. Chair Nickels noted that at the July 20th meeting the Board would be taking a look at some of the priorities that members of the Board have indicated they would like addressed during the

next year. Chair Nickels stated that the Board would be working toward the establishment of an annual work plan, something they had wanted to do in the past and probably now had the opportunity to establish. Chair Nickels also noted that on the July agenda would be an overview of the Food Inspection Web site. He added that this subject was something they had talked about as part of the Food Safety Program, specifically looking at whether there were additional ways to get good information out to the public about the safety and wholesomeness of the food establishments that they might patronize.

Chair Nickels informed the Board that historically the August meeting had been cancelled. Chair Nickels inquired of Maggie Moran, staff to the Board, as to whether or not there were emergent issues for the August meeting.

Ms. Moran responded that there were no specific agenda items for the August meeting.

Chair Nickels inquired as to the Board's preferences related to the August meeting.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen stated that she was comfortable with canceling the August meeting however, she had wondered if they could postpone the decision until July. She stated that if they were going to address Board priorities then they might also be dealing with budget issues. She added that the August meeting might be an opportunity for the Board to make a statement about what they felt was important policy-wise.

Chair Nickels responded that a July decision was fine with him.

Chair Nickels stated that the County Executive recently made an announcement about the 2002 budget and gave Departments instructions with regard to what should be presented to the Executive. Chair Nickels proposed that a budget briefing be provided at the June 15th meeting, specifically what those instructions were and what the potential impacts might be.

Chair Nickels summarized that there were no emergent issues in August and that the Board might elect to forgo the August meeting, however the decision would be postponed to either the June or July meeting.

Chair Nickels continued his report by directing the Board's attention to information staff received from Dave Matteson, Director of the Public Affairs at Bastyr University. Chair Nickels stated that the information contained in their packets described a forum, focused on relationship center caring, which was scheduled for Saturday, June 2, 2001. Mr. Matteson had inquired of staff as to whether the Board of Health might have any interest in co-sponsoring the June 2nd event and also in serving on the leadership team. Chair Nickels indicated that their Board Administrator informed Mr. Matteson that the Board did not as a matter of practice sponsor community events, but that she would bring the information forward to the Board for their consideration.

Chair Nickels inquired of the Board whether or not there was any interest in formal representation on the leadership team. Chair Nickels indicated that he did not know much about the forum and asked staff if they could provide additional information.

Ms. Moran indicated that she had not spoken with Mr. Matteson. She pointed out that Mr. Matteson had asked whether the information could be shared with the Board of Health. Ms. Moran indicated that what information she did have available was in the Board packets, specifically an overview of work they had done to date and an announcement about the June

forum. She further stated that she did not know whether or not there was a precedent for Board of Health members serving as representatives on other governing bodies. She suggested that it might be a situation where, if a Board Member was interested in serving on the leadership team, they would do so in their own personal capacity as opposed to a Board of Health representative.

Chair Nickels acknowledged Board Member Pullen.

Board Member Pullen stated that the Board endorsed everything else under the sun. He stated that they had taken stand after stand after stand on all kinds of things in past months and past years. He stated that if this was a worthy project, he didn't see why they shouldn't take a stand on this one as well. He stated that he thought the debate ought to be centered on what would happen at this forum and what were the anticipated benefits for the public. Board Member Pullen asked if someone could give a little more information about the goals of the forum and anticipated benefits.

Chair Nickels acknowledged Board Member Pizzorno.

Board Member Pizzorno indicated that he had some knowledge of what was planned. He stated that he thought what they were doing was actually very good. He stated that the groups efforts arose from concerns from both the medical profession and from people outside the medical profession. He stated that the onset of managed care, insurance and governmental intervention into the doctor-patient relationship had seriously damaged that relationship. He noted that the forum was an effort by these organizations to look at what happened in the doctor-patient relationship and attempt to get back into that relationship what might be characterized as the soul of medicine. Board Member Pizzorno stated that while there were clearly some alternative medicine people involved in this activity, it was primarily oriented towards conventional medicine and the desire to bring joy back into the practice of medicine. He stated that about 50% of medical doctors surveyed, now state that they would not go into medicine and he believed that to be a travesty. He concluded that he thought the forum was an outstanding opportunity to improve the quality of the health care system.

Chair Nickels acknowledged Board Member Pageler.

Board Member Pageler indicated that the forum was not something she had heard about before but that it seemed to fit right in with what the State Board of Health had been doing around the advancement of minority representation in the health care professions. She added that because doctor-patient relationships were so important to the success of various kinds of therapies that frequently folks, who didn't see their color or ethnicity reflected in their service provider's office, felt estranged from the process. She concluded by stating that putting the focus once again on the relationship has had a proven connection to successful outcomes in medical therapy.

Chair Nickels asked the question as to whether the request for sponsorship came with any specific request for lending the Board of Health's name or was there something else?

Ms. Moran stated that it was a request to lend the Board's name.

Chair Nickels indicated that at least a couple of members had expressed support for indicating such sponsorship. Chair Nickels inquired as to whether there was a motion to that effect.

Chair Nickels acknowledged Board Member Pizzorno.

Board Member Pizzorno moved that the Board provide language in support of the work they were doing.

Chair Nickels stated that the motion had been moved and seconded. He restated the motion, that the Board of Health respond to the inquiry that Ms. Moran received by offering to lend the name of the Board of Health as a sponsor for the community event. Chair Nickels called for any discussion on the motion.

Chair Nickels acknowledged Board Member Pageler.

Board Member Pageler said that she thought it would be very helpful if the Board asked Dr. Plough and/or staff to research and put together a set of criteria that they could apply when other requests came before the Board of Health. She added that the criteria would help the Board to determine if the request was appropriate and what questions needed to be answered before they made a recommendation.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen stated that she thought that was an excellent idea. She wondered if there was any urgency to recommending sponsorship of the forum without criteria. She inquired if there was perhaps an opportunity to give them some kind of a statement to the effect that the Board was certainly supportive of the concept and encouraged them to go forward because the Board saw it as a part of an important process of quality medical care. She also suggested that the communication include a statement that in the absence of criteria to evaluate such requests that they could not officially sponsor the forum at this time. She noted that it was one thing to endorse, and it was yet another thing to actually sponsor without criteria. She concluded that when you establish precedent one sometimes negates criteria.

Chair Nickels acknowledged Board Member Pizzorno.

Board Member Pizzorno indicated that he thought Board Member Van Dusen had raised a good point. However he mentioned that he thought the Board needed to act that day because the kickoff meeting was June 2nd. He stated that he thought that it was important for the Board to give them support. He added that he did not think it was critical what particular language was used, whether it was to endorse or sponsor. He thought that by just saying "Yes, we think this is a good idea," would help their efforts.

Chair Nickels inquired as to whether he could interpret Board Member's Pizzoro's remarks as a friendly amendment to indicate that they endorsed and supported this effort and looked forward to participating with them.

Chair Nickels acknowledged Board Member Pullen.

Board Member Pullen indicated that the friendly amendment was fine with him.

Chair Nickels inquired as to whether or not there was any further discussion.

Chair Nickels acknowledged Ms. Moran.

Ms. Moran inquired as to whether the Board wished to communicate their support in the form of a letter from the Board Chair.

Chair Nickels responded in the affirmative, stating that he thought that would be an appropriate way to express the Board's support.

Chair Nickels asked all those in favor to signify by saying aye.

The Board of Health indicated its unanimous support of the motion.

Chair Nickels inquired as to the level of Board member interest in representing the Board on the leadership team. No Board member expressed interest.

Chair Nickels directed the Board to a document in their packets that detailed the progress made on the merger of the King County Health Code and the health related sections of the Seattle Municipal Code. He reminded the Board that, Ms. Gaylord, their former Administrator, had been working on that project and when she left last May the project was put on hold. Chair Nickels stated that Ms. Moran had prepared a table that outlined the sections of the Code that would need to be revisited by staff and then brought before the Board for review and consideration. He pointed out that the outstanding items were currently being reviewed by Department staff. He added that the Board agendas in the next few months, starting in September, would include a package of Code provisions for review and action by the Board. Chair Nickels stated that based on his recollection, when the Board dealt with these type of items they had to employ the special majority rule where the majority of the Board within Seattle and the Board outside of Seattle both needed to vote in favor of these changes.

Chair Nickels stated that he was finished with his report and he turned the meeting over to Dr. Plough for the Director's Report.

Dr. Plough stated that the major presentation in his report was a presentation from the Family Planning Advisory Board. For background information he stated that the National Family Planning Program had been created in 1970 as Title X of the Public Health Service Act. He stated that the general mission of Title X was to provide individuals with information and the means to exercise personal choice in determining the number and spacing of their children. He added that Family Planning now played a very diverse role in health care, both in the prevention of unintended pregnancies, documented reduction of abortion, and improved health outcomes. Dr. Plough stated that David Gamrath from the Family Planning Advisory Board and Dr. Grace Wang, the Department's Medical Director would be presenting the Family Planning briefing.

Dr. Plough announced that a number of State and Federal partners had been invited to the Board of Health meeting. He called upon them to stand when he announced their names. He acknowledged Dr. Steve Scott, Program Consultant from the Region X Office and Janet Widleboor, the Region X Program Consultant, who were not in attendance. Dr. Plough introduced Sharon McAllister, the Program Manager for Family Planning Reproductive Health at the State Health Department. Ms. McCallister, who attended, was acknowledged by the Board.

Dr. Plough noted that the Family Planning program represented a collaborative effort in a core part of preventive public health services at the national, state, and local level.

Dr. Plough invited David Gamrath to begin his presentation.

Mr. Gamrath identified himself and stated that he was a Senior Financial Analyst with the Boeing Company and a volunteer on the Family Planning Advisory Board. He stated that he was going to give a presentation about the Family Planning Program at Public Health. He added that he was going to do Part 1 of the presentation, followed by Dr. Wang and then return to wrap up with the Advisory Boards' recommendations.

Mr. Gamrath outlined his presentation by stating that he would provide background about the Family Planning Advisory Board and then provide an overview about unintended pregnancy in King County. He stated that he also wanted to touch on five reasons why Family Planning was considered a wise investment.

Mr. Gamrath stated that community input into family planning programs was a condition of receiving Federal Title X Family Planning funding. He stated that the Family Planning Advisory Board had been in existence in King County since 1972 and consisted of volunteers that took an active interest in supporting Family Planning, birth control services and reproductive rights. He stated that the Board membership usually consisted of between 12 to 20 people, noting that the current Board had about 12 people. He directed the Board's attention to the membership roster in the Boards' packet. He announced that a number of Board members had taken time off from work to attend the Board of Health meeting. He introduced Amandalei Bennett, Jennifer Little, Janet Huggins, and Barbara Krekeler and thanked them for their attendance.

Mr. Gamrath posed the question, "What is an unintended pregnancy?" He responded by stating that an unintended pregnancy was a pregnancy that was either unwanted or mistimed from the woman's perspective. He stated that an unintended pregnancy was not just a problem of teens, of poor women or of minority populations, but that it was a problem that affected the entire community. Mr. Gamrath directed the Board's attention to the next slide in his presentation. He noted that of all pregnancies from 1994 through 1998 in King County, 55% were unintended, 23% were unintended and resulted in birth while 32% resulted in abortion.

Mr. Gamrath referred to his next slide and said that he now wanted to talk about why Family Planning was such a wise investment. He stated that Family Planning prevented unintended pregnancies and abortions, improved the health of men, women and children, and it could be considered a key element of growth management planning. He also stated Family Planning saved taxpayers, governments and businesses money.

Mr. Gamrath directed the Board's attention to the next slide depicting reason number one, that Family Planning prevented unintended pregnancies and abortions. He added that this was done by providing birth control counseling, education and clinical services, comprehensive services and counseling, age appropriate education to school aged youth on physical development, birth control and important communication skills including the skill on how to say no. He stated that they also provided programs for educating parents and children that encouraged family communication regarding human sexuality.

Mr. Gamrath indicated that Family Planning also improved the health of children by reducing the cases of low birth weight and infant mortality by preventing teen pregnancies, by helping women to better space their pregnancies, and providing pregnancy testing and appropriate referrals for needed medical care. He also added affordable access to information and counseling on drug and alcohol use, smoking and nutrition during pregnancy. Mr. Gamrath stated that Family Planning improved the health of women and men by serving as a entry point into the health care system and providing the only medical care for some clients, such

as low income, teens, and street youth, had access to. He stated that they screened for cervical, testicular and breast cancer as well as sexually transmitted diseases and taught self-examination for early detection of breast and testicular cancer. He added that they also provided referrals to other needed social and health services.

Mr. Gamrath referenced reason number four, that Family Planning was a key element of growth management planning. He directed the Board's attention to the slide depicting data from the Washington State Office of Financial Management. He noted that the slide showed State growth projections from 2000 to 2019. He noted that state forecasts indicated population growth in the State at over 1.75 million people over the next 20 years. He added that while most of that growth was expected to be in Puget Sound, a whole lot of growth would occur in King County. He stated that births were the biggest cause of growth, almost twice that of migration.

Mr. Gamrath referenced a chart that showed the results of a study undertaken by Public Health - observing that 38% of all the births in the County were unintended. He stated that when the projections were calculated, the numbers of births over the next 20 years statewide amounted to almost 700,000 unintended new people in the next 20 years in the State. He stated that almost 40% of all population growth would come from unintended births. He expressed that these numbers were pretty dramatic. Mr. Gamrath summarized by stating that these numbers were staggering and that Family Planning could have a dramatic, positive impact on achieving growth management goals.

Mr. Gamrath stated that as a financial analyst the chart depicting cost avoidance was near and dear to his heart. He stated that Family Planning saved taxpayers a lot of money. He noted that the average cost per year for Family Planning services for a low income client was up to \$400. In other words, he stated that in order to provide a low income client with full Family Planning services at no charge to them could cost taxpayers up to a maximum of \$400 a year. He contrasted that figure to State funded prenatal care and delivery in King County as over \$8,000. He added that the cost to King County taxpayers amounted to \$21 million in 1998 and in Washington State over \$97 million dollars. He invited Board members to carry that number one step further by looking at welfare costs. He stated that the estimated welfare costs for TANF (Temporary Assistance for Needy Families) households was almost \$5,400 a year. He added that this equated to an estimated \$61 million in expenses in King County.

Mr. Gamrath stated his belief that the numbers could be dramatically reduced through investments in Family Planning. He added that it was also critical to look at other costs as the population increased; other infrastructure costs including other parts of health care, social services, education, transportation, and the criminal justice system. He concluded his remarks by stating that Family Planning provided a very high return on investment and that reducing Family Planning program funding would cost taxpayers much more in the end than the dollars saved by cuts in funding.

Mr. Gamrath turned the presentation over to Dr. Wang.

Chair Nickels acknowledged Board Member Pageler.

Board Member Pageler stated that she had mixed feelings about the subject matter because she had four wonderful grown children and 50% of her pregnancies were unintended. She added that unintended did not mean unwanted. She stated that it was important that it be made very clear that they didn't mean unwanted and that we didn't necessarily want welfare kids. She indicated that yes, some of those unintended pregnancies impose costs on the

taxpayers, but many of them did not. She asked the rhetorical question, "might something have been better in my life if I hadn't had those unintended pregnancies?" She responded, "Perhaps." She stated that she did believe in family planning, more strongly than ever. But she said that they needed to be very careful that they were talking about overall risks to the system, overall costs of not having good accessible, family planning. She added that they needed to recognize that many of these children were very much wanted. These children may not have been wanted at the time that they arrived but their parents were committed to providing for them and that these children were not all taken care of at taxpayer expense. She concluded by stating that she participated in these types of discussions often at the State Board of Health and she cautioned that they all needed to be careful how they presented this information.

Chair Nickels acknowledged Board Member Thompson.

Board Member Thompson stated that he endorsed Board Member Pageler's sentiments. He stated he had five children and wanted to have 10. He stated that most of the reasons [behind unintended pregnancies] had been societal and public health reasons, but he added that he thought there were some personal reasons having to do with the personal development of individuals. He added that women in particular, but also their partners, could make an enormous difference in terms of whether they became educated or whether they became taxpayers. Board Member Thompson said it seemed that this was an area where third world countries had realized that they could advance their social equity and justice as well their economics by assuring that women didn't immediately become married or pregnant and could instead receive an education. He added that a pregnancy very often aborted the education of women and he considered that to be abominable.

Chair Nickels acknowledged Board Member Gossett.

Board Member Gossett asked a follow up question to Board Member Pageler. He asked about the definition of unintended pregnancies and how they arrived at their definition. He further asked if inquiries were made to women in the hospital as to whether or not they intended to have their babies. He asked a second question regarding the focus on low income or poverty stricken women who had had unintended pregnancies.

Mr. Gamrath responded by stating that the definition was from the woman's perspective and was identified as having been either unwanted or occurred earlier than desired. He stated that the data came from the PRAM survey which asked women about their births. He added that in the case of abortions it was assumed that they were all from unintended pregnancies. In response to the question about the makeup of the people in the community, he stated that he thought they had copies of the Health Department study in one of the tables that gave breakdowns on income.

Chair Nickels suggested that Dr. Wang begin her presentation allowing time for Mr. Gamrath to find the data in order to fully respond to Board Member Gossett's question.

Chair Nickels acknowledged Board Member Hutchinson.

Board Member Hutchinson stated that he had noticed Mr. Gamrath reference to 1.7 million as the projected growth rate. He indicated that he saw a spot last night from PSRC which had shown the growth rate in the area of 1.6 million through 2030. He added that they might want to verify the rate.

Mr. Gamrath responded that his figure included the entire state.

Board Member Hutchinson acknowledged Mr. Gamrath's response. He asked whether or not they separated out the unwanted versus unintended.

Dr. Wang responded that the survey referenced by Mr. Gamrath was a standardized tool developed by the Centers for Disease Control and because of that they were not able to make that level of distinction.

Mr. Gamrath indicated that he would refer to the PRAM's database which was an ongoing survey and determine if they could tease out the information.

Chair Nickels invited Dr. Wang to begin her presentation.

Dr. Wang stated that she was the Medical Director for Public Health and that she had the privilege to be responsible for the oversight of the Family Planning Program. She stated that the Advisory Board had asked her to discuss Public Health's role in Family Planning. She said she would begin with the review of national goals for unintended pregnancy, provide a brief overview of national standards for Family Planning services as they applied to local efforts in King County and then would describe King County Public Health Department's Family Planning Program.

Dr. Wang referred to the Healthy People 2010 goals for the nation's health. She stated that one of these goals was to reduce the rate of unintended pregnancy to 30% or less by the year 2010. She referred to her slides depicting the comparison of rates for unintended pregnancy in Washington State and King County as compared with those for the United States. She noted that the horizontal black bar presented what the Healthy People 2010 goal was and added that there was clearly the need for improvement.

Dr. Wang stated that the national standards for Family Planning services came from two sources. She stated that Title X was the Federal Government's program initiated in the early 1970s that give poor women the same access to Family Planning services as those enjoyed by wealthier women. Dr. Wang referenced a 1995 report entitled "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families", that was developed by the Institute of Medicine. She added that the Federal Government's guidelines for Title X established national standards for Family Planning outreach, education and clinical services. Dr. Wang stated that the Institute of Medicine's report established standards for best practices and urged the nation to adopt a new social norm, whereby, "All pregnancies should be intended, that is, they should be clearly and consciously desired at the time of the conception." Dr. Wang added that the report indicated the importance of creating and implementing programs that "Engage(ed) in a comprehensive set of activities to reduce unintended pregnancies."

Dr. Wang noted that recent review of data on contraceptive use among women who had experienced an unintended birth in King County indicated that over half, or 59% were not using contraception, and 41% while using contraception experienced contraceptive failure. She stated that this clearly indicated the need for a multifaceted approach with outreach, education and clinical services as promulgated in both the Federal Government Title X standards and the Institute of Medicine's report.

Dr. Wang stated that King County Public Health's Family Planning Program was part of a network that included Planned Parenthood, community health centers, youth and family service organizations, school districts, and other community groups as well as other Public Health programs. She stated that despite the impressive array of providers and according to

the Washington State Council on Family Planning and the Alan Guttmacher Institute, a leading national researcher on reproductive health, it was estimated that less than half of the women in need of Family Planning services actually received services. Dr. Wang said that it was also important to recognize the contributions made by local Public Health Family Planning Program activities to other state and local policy initiatives such as welfare reform and growth management.

Dr. Wang noted that her next set of slides would provide an overview of Public Health Seattle and King County's Family Planning Program which had three integrated components for outreach, education and clinical services. Dr. Wang decided to take a moment to introduce her colleagues whom she indicated did all the work. Dr. Wang introduced Melinda Read who oversaw the Community Outreach Program; Breen Lorenz, lead Public Health nurse; Michelle Pennylegion, head of Education Services and her fellow health educators; Maria Wood, head of Clinical Services; and Leslie Miller, Medical Director for the Family Planning Program.

Board Member Pizzorno asked about the qualifications for a public health nurse (PHN).

Ms. Lorenz replied that PHNs had a minimum of a Bachelors of Science in Nursing. She added that many of their public health nurses had Masters degrees in either Public Health or Nursing.

Board Member Pizzorno asked if there was extra training that they had to complete in order to get that designation.

Ms. Lorenz responded that they had to complete a component in public health in their Bachelors degree in order to be considered a public health nurse. She added that there was usually at least two quarters that was focused on public health nursing practices.

Dr. Wang continued her presentation by stating that part of Public Health's mission was to provide Public Health services that promoted health and prevented disease. She stated that the Family Planning Program targeted groups with limited resources such as low income men and women, limited English speakers, and other hard to reach groups such as adolescents and the homeless.

Dr. Wang stated that the Family Planning community outreach efforts involved out-stationing public health nurses at the Department of Social and Health Services Community Service Offices (DSHSCSO) located throughout King County. She added that nine full time equivalent public health nurses provided a variety of on-site services at the DSHSCSO's. Dr. Wang stated that those services included pregnancy testing, information on contraception and sexually transmitted infections, and assistance with referrals to Family Planning service providers including Public Health.

Dr. Wang referenced her slide which showed examples of the volume and types of services provided in the outreach portion of the Family Planning Program. She noted that in 2000 there were close to 4,200 visits for birth control counseling, close to 1,800 pregnancy tests, over 1,000 referrals to Family Planning Programs, and 86 emergency contraception kits were distributed. She added that this was a program that they did with the support of their nurse practitioners who were located throughout the County supporting the public health nurses.

Chair Nickels asked if Dr. Wang could give a definition of emergency contraception.

Dr. Wang responded by stating that the old term for emergency contraception was the "morning after" pill. She said that in the last several years technology had improved greatly, and this was something that had practically no side effects and was very easily taken by women who needed it.

Dr. Wang stated that for education services, Public Health had 10 health educators and adolescent access coordinators based at the ten Public Health sites located throughout King County. She stated that these health educators provided a variety of health education services including materials development, group sessions and individual counseling, as well as consultation and training for teachers, school districts and other health and human service providers. Dr. Wang referenced her pie chart that gave a breakdown by health education topic. She noted that over 90% of health education activities addressed issues of access to health care, sexuality education and violence prevention.

Dr. Wang stated that Family Planning clinical services were provided at 10 Public Health clinics located throughout the County with a clinical staff of 44 full-time equivalents comprised of nurse practitioners, nurses, medical assistants and clerical staff. She added that the services provided included annual examinations with screening for women for cervical cancer and instruction on breast self-examinations and for men, testicular self-examination. She also stated that they provided contraceptive management, HIV counseling and testing, sexually transmitted infection testing and treatment, and assessment and referral for tobacco cessation.

Dr. Wang indicated that some of the data for the year 2000, reflected in the slide, showed that 90% of Family Planning clinic patients had incomes at or below 200% of the Federal poverty level. She added that this translated into an annual family income of less than \$35,000 for a family of four. She stated that 9.4% of Family Planning clinical visits included interpretive services. She added that services for teens made up over 40% of the visits and were provided at several sites on a walk-in basis. She noted that this was consistent with best practices for this population. Dr. Wang stated that special services for teens and the interpreted visits were examples of how the Family Planning program at Public Health specifically designed services to meet the special cultural and linguistics needs of their target population. She added that there were over 18,000 patients last year with close to 40,000 visits.

Dr. Wang noted that the last part of her presentation would be a brief discussion of some of the opportunities and challenges that Public Health's Family Planning Program faced. In terms of opportunities, she mentioned that she had been a family physician for over 15 years and she had really been pleased to see an increase in the number of contraceptive options available during that period of time; options with fewer side effects and increased safety. Dr. Wang mentioned that later this year Washington State would have the opportunity to increase access to Family Planning services with the implementation of a program called "Take Charge". She added that "Take Charge" was a five year demonstration project to reduce unintended pregnancy. She indicated that the program was funded by the Federal Government through Medicaid funding in a 9 to 1 Federal/State match. Dr. Wang noted that as of July 1, men and women with family incomes at or below 200% of the Federal poverty level, would qualify for Medicaid coverage for Family Planning services. She added that that was in distinct contrast to the current benefit in which only post-partum women were eligible. Dr. Wang indicated that men and women could sign up for this benefit with the provider from whom they received other services instead of having to go to the DSHSCSO office to sign up. She said there would also be targeted outreach for men. Dr. Wang stated that another opportunity was the increased integration that their program had with other programs at both

the State and local level. She gave the example of DSHS (Department of Social and Health Services) maternity support services and Public Health Department's home nursing services.

Dr. Wang stated that the Family Planning Program also faced some serious challenges. She used two examples that related to care for teens. She stated that in recent months they had shown increasing concern at the shift in Federal funding program priorities to those that promoted an abstinence only approach. She indicated that abstinence was and certainly should be one of the options available. However, she cautioned that research had shown that abstinence only programs did not delay the onset of sexual activity nor did it increase contraceptive behavior among those who were already sexually active. She cited other concerns and challenges related to the proposed modifications in Federal regulations for medical privacy that would limit confidentiality rights for adolescents. Dr. Wang stated that the American Academy of Pediatrics found those proposed modifications went against everything that health care providers had learned over the years about providing health care to adolescents. She concluded her remarks by stating that her colleagues at Public Health shared those concerns as the issue of confidentiality was a significant barrier to care for teens.

Mr. Gamrath indicated that the final part of their presentation would be some recommendations from their Community Volunteer Board. He stated that it seemed like every year they faced tough budget decisions at the Health Department. He noted that recently they had been in a budget reduction mode. Mr. Gamrath stated that they had attempted to show the Board of Health that family planning services provided a high return on their investment in many ways. He added that they needed to ensure that an adequate budget was allocated to the Family Planning Program. He further added that they needed to provide sufficient funding to assure Family Planning services were available, affordable and accessible to all those that chose to use the services. He concluded his remarks by stating that lastly, they needed to strongly support the use of evidence based approaches to Family Planning interventions.

Chair Nickels thanked Mr. Gamrath and Dr. Wang for their presentation. Chair Nickels asked Mr. Gamrath what he considered sufficient funding and whether the current level was sufficient or had they been historically under-funded?

Mr. Gamrath said that in his opinion they had been under-funded. Mr. Gamrath stated that his job at Boeing was to do business case analysis on prospective deals. He said that he analyzed deals from all aspects and decided whether or not they should go with them. He indicated that he got involved in supporting Family Planning when he looked at Family Planning from multiple perspectives and saw it was a wonderful return on investment. He said he was astonished to learn every year that instead of expanding the program, they had to fight very hard to save the program. He said he thought that it would be prudent to expand the program, expand clinic services and give some thought to expanding the number of clinics, providers, and health educators in the County. He concluded by stating that he thought a lot more could be done.

Chair Nickels acknowledged Board Member Conlin.

Board Member Conlin said that he wanted to add his compliments for their presentation. He said that he thought it was both informative and directed very cogently towards some of the issues that they needed to be thinking about. He asked if Family Planning Services were considered to be a basic service or an enhanced service.

Chair Nickels responded that it was a critical service.

Board Member Conlin stated that if he understood the beginning of the presentation, he gathered that it was also mandated by the federal government. He went on to say that in addition to its recognition within their priorities there was also a federal mandate. He stated that that spoke to the character of what they should be thinking about in terms of local funding systems. He stated that his first question had to do with the budget at the state and federal level and what were the implications of the current budget proposals for future years at the state and federal levels.

Dr. Wang responded that she thought that at the state level one thing that they viewed with some concern was the recent notification that they would be getting a reduction for teen pregnancy prevention programs. Dr. Wang deferred to her colleagues for a response regarding the Federal level.

Ms. Melinda Read responded that the Federal Title X dollars had gone up slightly in the last year, but over a longer course of time it had not kept up with inflation. Ms. Read stated that they have struggled with the lower amount of Title X dollars only because their costs rose. She stated that Federal dollars had not kept up with inflation and had been relatively flat. She added that in fact they had experienced a downward trend if they looked at true costs. Ms. Read stated that part of the Clinical Services Program was funded by the Department of Health, and they were in the process of looking at what the next funding cycle would look like. She stated that the Governor's budget did have a small cut in Family Planning funding through the Department of Health. She added that the House budget did not call for a cut and the Senate budget did call for a cut that was even higher than the Governor's budget. She said that they were nervous. She concluded by stating that they felt fortunate that they had the potential with the "Take Charge" Program.

Chair Nickels asked how much of the budget was derived from Federal, State and local sources.

Ms. Maria Wood responded that roughly the State and Federal dollars were about \$1.1 million. She added that they currently had a total budget of about \$6 million. Ms. Wood added that the State dollars exceeded the Federal dollars.

Chair Nickels asked if the State and Federal were about \$1 million.

Ms. Wood responded by saying that they were \$1.1 million.

Chair Nickels asked if the other \$5 million were local dollars.

Ms. Wood responded that they did have some patient generated revenue. She added that they relied heavily on local tax dollar support which amounted to approximately \$2 million.

Chair Nickels inquired if that had been part of the motor vehicle excise tax.

Ms. Wood responded that yes, it had.

Board Member Conlin said that one thing they might want to suggest to the Chair was that they could perhaps take a position in terms of the State and Federal funding priorities and express their concern about the reductions. He stated that he knew that the State process was going to be difficult to intervene in, but at least they could express their support for the House funding level. He added that the Federal process was just getting underway, and he

thought that they might have more opportunities to leverage their priorities. He asked if the Board wanted to entertain a motion on how they could go about doing that.

Chair Nickels responded that if they were going to talk about the State contribution that would be the opportunity and therefore he thought it would be appropriate. He said that he would like to ask when Dr. Plough came back in June with an overview on the budget that perhaps he could include details about Federal and local contributions. Chair Nickels asked if Board Member Conlin wanted to make a motion.

Mr. Gamrath interjected and stated that for 2001, the Family Planning Program's adopted budget included patient generated revenue at 40% of the \$6 million totaling \$5,950,000. He stated that Title X and State Family Planning dollars were at 20%, City general fund was 4%, motor vehicle excise tax and the replacement funds at 18%, and County general fund at 18%.

Chair Nickels inquired of Board Member Conlin as to whether he wished to make a motion.

Board Member Conlin made the motion that they contact the legislative delegation to express their concerns over the possible reduction in funding. He added that they also request support for at least level funding for Family Planning as was included in House passed budget.

Chair Nickels inquired as to whether there was a second to the motion.

Board Member Sherman seconded.

Chair Nickels stated that the motion had been moved and seconded that the Chair indicate to the legislative delegation their concerns over the level of funding for Family Planning that was currently under consideration by the Legislature. Chair Nickels called for any discussion.

Board Member Conlin indicated that he thought Chair Nickels made the point.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen indicated her concurrence. She stated that her one concern was that if they supported this particular Public Health Program she could not be sure that the Legislature might choose to cut somewhere else. She asked if they could amend the motion to include a broad statement that called for maintained Public Health funding levels. She noted that she believed there were probably other equally critical programs.

Chair Nickels indicated that he had not heard the intent that this would be taken out of other Public Health funding, however he suggested that the drafted letter take Board Member Van Dusen's point into consideration.

Chair Nickels called for other discussion on Board Member Conlin's motion. There being none, he called for a vote on the motion.

The motion was approved. Staff was instructed to follow up with a letter.

Chair Nickels acknowledged Board Member Pizzorno.

Board Member Pizzorno stated that he had noticed on one of the slides a 41% failure on contraceptives. He asked if there was any particular pattern to what was happening and was there education that could be done to decrease the percent of failure?

Dr. Leslie Miller responded to his question by stating that they asked woman at the time of abortion how the pregnancy happened and the woman reported a contraceptive failure. She stated that most birth control methods that are prescribed and used are better than 60% effective. Dr. Miller stated that they worked hard to make sure that that happened.

Board Member Pizzorno asked if they had seen a pattern of condom breakage or loss of birth control pills.

Dr. Miller responded that one of the big problems that they encountered in the County was that men and women had health insurance that did not pay for contraceptive supplies. She stated that women they had seen as patients would say that their doctor referred them to Family Planning for their Depo-Provera shot or their pills because they would not have to pay their co-pay. Dr. Miller stated that insurance companies were making it hard for women. She stated that women had to go every 28 days to get a package of pills, or in some cases they were given only 12 condoms. Dr. Miller said that they had programs in place in the City that you could walk out with six months or a year's supply of birth control pills. She said that it wasn't a problem with bad condoms.

Chair Nickels acknowledged Board Member Irons.

Board Member Irons referenced a statement made about the revenues and the rate of inflation. He asked if it was possible to get a break down of the numbers over a 10 year period in a graph format which showed each revenue source by year and how each source related to each other. He stated that if the raw data could be made available he could plot out the graph to see how it compared to the rate of inflation. He stated that if they were going to go and talk to people about funding they needed the ammunition to work with.

Mr. Gamrath responded that they would be able to graph the data over five years and ten years.

Board Member Irons indicated his agreement to Mr. Gamrath's response.

Mr. Gamrath suggested that as this data was presented that they also talk about the numbers that were not shown which were the additional costs and impacts on other parts of their community; the things that they faced as they experienced rapid growth.

Board Member Irons concurred with Mr. Gamrath. He said that they should do an overall comparison to a population base in this region, the cost of just providing basic medical services as well as the inflation rate in the medical field. He stated that his wife was a nurse and he heard that all the time.

Dr. Miller stated that they received \$35.00 in compensation for an IUD insertion including the actual procedure and the counseling. She stated that that amount was probably very different than what they would have expected to be paid. She added that they could show that 10 years ago \$35 was an acceptable payment, but it was not today.

Board Member Gossett asked about the total cost.

Dr. Miller asked if Board Member Gossett was talking about the device [itself or the procedure to insert the device.]

Dr. Plough responded that they could give the Board a sense of what was reimbursed in their setting versus what it would cost if you went to a private sector to get an IUD so that the Board could understand what they absorbed and subsidized.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen stated that she was intrigued with the same graph about the 41% contraceptive failure. She said that she was intrigued with the 59% not using contraceptive devices at all. She said that what was really of concern to her were deadly diseases, because of the other kinds of issues related to sexual activity that weren't related to pregnancy. She said that she was very encouraged to have learned that health education and outreach were just as critical. She noted that they had talked about contraceptive use among all women, she noted however that some of their activities addressed men. She made the observation that there were in fact two parties and she wondered how many men didn't use contraception and how many relied on women. She stated that whatever they could do to encourage responsibility from the male partner in the pregnancy would be wonderful. Board Member Van Dusen concluded her comment by stating that she thought there was a lot to be said both for health and for responsibility and accountability.

Chair Nickels acknowledged Board Member Conlin.

Board Member Conlin asked if the issue of limitations on access to confidential care for adolescents was a post-Federal regulation that was under consideration at that time.

Ms. Michelle Pennylegion responded that yes it was under consideration at the Federal level at that time and that she did not have readily available a copy of the bill that was being considered.

Board Member Conlin asked if it was legislation or an administrative rule?

Ms. Pennylegion responded that it was legislation. She stated that she thought there were a couple of different avenues that people were working on and it could include administrative rules coming through from different bureaus. She stated that the one she had seen most recently was a piece of legislation.

Board Member Conlin asked if the Director could provide some information about the proposed legislation.

Ms. Pennylegion responded that they could certainly do that.

Board Member Conlin added that they could consider taking a stand on some of the issues.

Dr. Plough indicated that he would be in D.C. the following Monday to talk about some of these issues and try to track them down on the Hill. He indicated that he would come back with information about this matter.

Board Member Conlin commented that a couple of years ago, the City of Seattle had adopted a comprehensive plan amendment supporting Family Planning as one of their policies that they endorsed.

Dr. Plough interjected and inquired if that had been in the context of growth management.

Board Member Conlin said that yes it had been part of their overall comprehensive plan.

Chair Nickels stated that the County's comprehensive plan, based on his recollection, did not necessarily set a goal for population. He stated that what they did try to project what they thought the population growth would be and then they projected how they were going to pay for services and facilities necessary for that population. Chair Nickels asked if there was a goal for population in the City's comprehensive plan. He further inquired as to whether they had taken it to the next step to determine if it would be a desirable level of growth or the desirable population level they thought they would have in the next 20 years?

Board Member Conlin responded that they had the assigned targets that came to them from the State and through the Growth Management Planning Council that had been divided up among the different jurisdictions as to what they expected it would be. He added that it was not necessarily a goal but more of an expectation. Board Member Conlin stated that they then broadened beyond some of the growth management requirements and concluded with some things such as environmental and health and human services standards. He stated that one of the things that they had put in the plan was a statement that funding of and support for Family Planning was an important way they could conceive their community functioning most effectively in the future.

Chair Nickels asked if their policy would lead them to increased support for Family Planning services if they exceeded the population projections.

Board Member Conlin responded that he did not think that it was necessarily linked; that it was simply a statement that they believed it was important for the health of their community.

Chair Nickels thanked Board Member Conlin. Chair Nickels acknowledge Board Member Pageler.

Board Member Pageler responded that it would never exceed that.

Chair Nickels acknowledged Board Member Hutchinson.

Board Member Hutchinson stated that they did a comp plan too in his little town. He asked about the "violence" service referenced in the package of services. He said he was interested in what they did and how it was linked to other governmental services such as police or rehab.

Ms. Pennylegion responded by stating that the portion of the pie related to violence prevention came in a lot of different forms. She stated that one of the activities that they have been really engaged in over the last five years was something called the "Safe School Coalition of Washington". She added that the intent of that coalition was to prevent harassment and bullying in schools, particularly towards gay and lesbian youth. She stated that there were other programs throughout the County that worked toward violence prevention. She added that the health educators worked within communities and often sat on local coalitions and task forces that addressed a myriad of issues including violence in the community.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if a portion the Family Planning package related to sexual or rape related violence.

Ms. Pennylegion responded yes and added that family violence prevention represented a huge portion of the topics covered whenever they presented to communities.

Board Member Hutchison stated that he had assumed that they had advocated for the recent failed legislation and asked if his assumption was correct.

Ms. Pennylegion responded in the affirmative.

Chair Nickels thanked Ms. Pennylegion. Chair Nickels inquired if there were any additional questions or comments. There were none. He offered the Board's thanks to the professional and volunteer members of the Advisory Board for their great work. He indicated to Mr. Gamrath that the Board would welcome more specific information about the budget in terms of what they would like to see and their comments on what was proposed as the budget process got closer.

Dr. Plough indicated he had one additional item on his report. He stated that he wanted to give a preliminary update on a report that would be coming out the following week. He said that the report was about the health status of American Indian/Alaska Native living in King County. He added that it was the first in-depth report about a population that was experiencing some very serious health disparities and one that they were going to highlight for intervention and improved outcomes. He noted that the report referenced the results of the 2000 Census and stated that there were 30,000 Seattle and King County residents of American Indian and Alaska Native heritage. Dr. Plough stated that more and more individuals were moving into urban and suburban settings and not in reservation settings. He added that the kind of health disparities they had seen in this community were relatively large. He stated that differential mortality rates for chronic disease, homicide, and infant mortality had increased in the American Indian community and were 2-1/2 times the rate in King County in general. Dr. Plough said that a lot of the perinatal and maternal and child health indicators were challenges. He noted that three times the smoking rate for pregnant women in this community compared to others at about 2-1/2 times the rate of drinking during pregnancy. He added that large disparities in diabetic outcomes in the African-American population, about three times the mortality rate of the general population.

Dr. Plough stated that they were doing this work in collaboration with the Seattle Indian Health Board. He stated that he had met with the new Indian Health Community Prevention Outreach Network the day before the meeting. He added that in the press release they had mentioned they would be developing a new collaboration to develop programs that worked. Dr. Plough added the following data points: infant mortality rates were very high; the actual number of deaths were relatively small and were very amenable to intervention as two-thirds of them were SIDS (Sudden Infant Death Syndrome). Specifically he mentioned that a lot of these deaths were happening after a baby was brought into the household which called for new knowledge about sleep position, the kinds of cribs that were safe, and not sleeping with siblings. He said these were the kind of things that were much more amendable than the issue of very low birth weight or other causes of risk that would take longer to address.

(person not identified here):...inquired if the level of disparity was huge, given the factors, such as sleep position, mentioned by Dr. Plough.

Dr. Plough responded that well over 60% of the deaths that occurred were related to those factors. He added that those were the major factors that drove the disparity which in an epidemiologic sense was better than risk factors such as low birth weight. Dr. Plough said it spoke to the living environment of kids who were delivered in an okay health status and then something happened in their next year of life. He said that they would be working closely with the Indian Health Board and a number of the tribal entities to put a focus on a couple of discrete areas. He mentioned that he had wanted to give the Board advance notice of this and that he would come back to the Board with a full presentation on this report with their community partners.

Chair Nickels acknowledged Board Member Thompson.

Board Member Thompson asked if Dr. Plough had any notion of the comparative health trends in reservation and urban Native Americans.

Dr. Plough responded that they had spent a lot of time talking about this with Ralph Forquera and the Indian Health Board. He stated that one of the underlying things that drove some of the poor health indicators were declining education indicators. He stated that Mr. Forquera and others spoke to the steps taken since they were youth in the Indian community around attaining educational standards and the impact that it had made on life opportunities, insurance status and ultimately health status. He stated that they were trying to look at some of those problems that were even more exacerbated in the reservation context, particularly for the more rural and isolated reservations. Dr. Plough stated that in King County the preponderance of this population was an urban population though larger number were moving out of Seattle and into other parts of the County where housing was more affordable. He added that this population of 30,000 people was getting more evenly dispersed throughout Seattle and King County. He further added that their focus would be more on the urban Indian situation. He noted that he had understood that Board Member Pageler had discussed this as well at the State Board of Health.

Chair Nickels acknowledged Board Member Thomas.

Board Member Thomas asked if the 30,000 figure for King County was correct.

Dr. Plough responded yes that the figure was for Seattle and King County.

Board Member Thomas said that they only had one reservation; the Muckleshoots. He asked if they had a break down for the Muckleshoots versus other tribes.

Dr. Plough responded that if they did not have it in the report he could provide it.

Board Member Thomas indicated that that information would be interesting because it lent itself to Board Member Thompson's question. Board Member Thomas indicated he would like to see a comparison of those on the reservation in King County and those off the reservation.

Dr. Plough indicated he would follow up and get them the information.

Chair Nickels acknowledged Board Member Irons.

Board Member Irons stated that the Muckleshoots had taken some real strides about creating and funding health clinics on the reservations. He added that now they were being funded through a lot of their pocketbooks if you went to their casino, but the bottom line was

that they were doing a lot with education and mental health care for their tribe on the reservation. He also added he would like to see the break down.

Chair Nickels acknowledged Board Member Thompson.

Board Member Thompson wondered to what extent could they identify Native Americans who became urbanized or suburbanized? He asked if they became homogenized?

Board Member Irons responded "yes" and that he was Native American.

Dr. Plough stated that the data represented self-reports and like the changing face of ethnicity in America it was becoming more driven by self-reports and people were varying on how they responded. He stated that he thought that some of the health data had been generated through individuals who had sought health services at the clinics and the Indian Health Board, and had identified themselves in that way. Dr. Plough stated that it was more difficult to track statistically, but that those 2000 Census track designations reflected the broadening categories in which people could report ethnicity on the 2000 Census including multi-racial.

Chair Nickels acknowledged Board Member Thomas.

Board Member Thomas thanked the Chair. He stated that he thought Councilman Irons had raised a good point that the Muckleshoots in particular had increasingly better and better coverage as the clinics had expanded and improved. He stated that 10 or 15 years ago there wasn't much on the reservation. Board Member Thomas asked if Dr. Plough provided the statistics covering a 10 year period and gave them some comparisons because he believed that in the last few years they had made remarkable improvements in health care particularly in the Muckleshoots.

Dr. Plough responded that the Muckleshoots had worked with them and had an independent but connected health system. He stated that they had purchased their own advanced life system, ambulance service and had invested monies in their communities. Dr. Plough stated that he thought their population was having more severe indicators that what they had seen.

Chair Nickels mentioned that Board Member Pizzorno had brought to his attention that the White House Commission on Complementary and Alternative Medicine had received interesting news in recent weeks and that Board Member Pizzorno would come to the Board in July with an update on where they were and what that would mean for them. Chair Nickels indicated that they would look forward to scheduling that in July.

Chair Nickels asked if there were any additional items. There being none, he reminded Board members to complete the meeting evaluations.

The meeting was adjourned at 11:10 AM.

KING COUNTY BOARD OF HEALTH

s/Greg Nickels/s