

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**

**October 21, 2001  
9:30 AM to 12:00 PM  
King County Council Chambers**

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### **Roll call**

- Richard Conlin
- David Irons
- Ava Frisinger
- Greg Nickels
- David Irons
- David Hutchinson
- Nick Licata
- Joseph Pizzorno
- Larry Gossett
- Margaret Pageler
- Dwight Pelz
- Joseph Pizzorno
- Alonzo Plough
- Kent Pullen
- Ava Frisinger
- Les Thomas
- Alvin Thompson
- Karen Van Dusen

### **Call to order**

Chair Greg Nickels called the meeting to order at 9:45 AM.

### **Announcement of Alternates**

Chair Nickels stated that there were no alternates in attendance.

### **Adoption of the September 21, 2001 Minutes**

Chair Nickels noted that a quorum had been achieved and called for a motion to adopt the minutes of the September 21st meeting. Minutes were moved and seconded. Chair Nickels called for additions and corrections to the meeting minutes. There were none. A vote was called and the minutes were approved without correction.

## **General Public Comments**

Chair Nickels invited members of the public to address the Board. He noted that two people had signed up, Mr. Dave Gamrath and Mr. John Moore. He instructed each person to take three minutes each to address the Board.

Mr. Gamrath introduced himself and his colleague Mr. Joe Mount. He stated that they were both Seattle residents and volunteers on the Family Planning Advisory Board to Public Health of Seattle and King County. He reminded the Board that the Family Planning program staff and members of the Advisory Board had given a presentation to the Board of Health in May and that he was back before the Board to make a few comments about the proposed 2002 budget.

Mr. Gamrath indicated that each year the program faced a tremendous budget challenge in the County and within the Department. He added that in light of this year's tragic events budget challenges were greater than ever calling for the need to make wise choices on how to spend precious taxpayer dollars. Mr. Gamrath stated that the 2002 proposed Public Health budget included full funding for the Family Planning Program and that the Family Planning Advisory Board applauded this proposal. Mr. Gamrath stated that a small investment in Family Planning services would help avoid much higher prenatal care and delivery costs estimated to be at over \$21 million per year in King County and welfare costs estimated at over \$60 million per year in King County. He also noted the additional infrastructure costs that the community incurred with growth, including environmental costs, education costs, transportation costs, criminal justice costs, and others. Mr. Gamrath stated that the federally funded Take Charge Family Planning Program, a program that assisted with Family Planning services to the low-income clients, was implemented in July. He added that federal revenue generated from Take Charge in King County was estimated at approximately \$3 million for 2002, which he said represented almost half of the entire Department's Family Planning Program budget. He stated that these additional federal funds would allow the Department to allocate dollars normally used in the Family Planning Program to other critical programs, which would be a tremendous benefit during difficult budget times.

Mr. Gamrath concluded by stating that the Family Planning Program represented approximately 3% of the total Health Department budget; almost half of which was covered by federal funds through the Take Charge Program. He said that the remaining small investment made in Family Planning saved taxpayers millions of dollars in other areas. He stated that the Family Planning Advisory Board recommended that the Department and the County not only maintain the Family Planning Services and budget, but that they increase it as much as possible each fiscal year.

Chair Nickels thanked Mr. Gamrath and invited Mr. Moore to address the Board.

Mr. Moore introduced himself to the Board. He stated that fourteen years ago he almost died from mercury poisoning from the fillings in his teeth. He stated that he understood that some of the Board members had previously discussed the amalgam issue, and he wanted to commend the Board for doing that. Mr. Moore stated that the Board might be aware that Governor Gray Davis of California passed a bill in June, spearheaded by Senator Elizabeth Figueroa, that disbanded the Dental Disciplinary Board and reassembled it under the Governor's supervision. He indicated that Governor Davis took such action in response to the Dental Disciplinary Board's refusal to produce and disseminate a fact sheet to inform the public about risks associated with mercury filling material.

Mr. Moore directed the Board's attention to a picture he held up. He identified the source of the photo as having been taken from the National Geographic Magazine. He stated that the picture depicted a vial of mercury that was putting out fumes that migrated through the walls of the glass. He stated that this migration started at 50 degrees below zero Fahrenheit and continued as the temperature increased. Mr. Moore concluded by stating that he represented a Mercury Awareness Team and that they were working with the Legislature to try to get something passed at the State level. He thanked the Board for their effort and the opportunity to speak to them. He stated that he would be happy to do dental research for the Board and support them in their efforts.

Chair Nickels thanked Mr. Moore and invited Ms. Elaine Stannard to address the Board.

Ms. Stannard identified herself for the record and indicated that she lived in West Seattle. She stated that she was also concerned about the mercury issue. She stated that she was before the Board to ask them to consider inviting a panel of experts to discuss the topic. She stated that the whole issue of toxic metals had come up more prominently in public discussion and that this was something that should have some good scientific light shed on the subject. She stated that she had not personally been poisoned by mercury but that she did have a lot of mercury amalgam fillings put in when she was pregnant with her first child and that this child was handicapped. She added that since fetal intake of mercury was one of the biggest issues, she had a personal interest in the issue.

Ms. Stannard stated that there were some wonderful scientists working on the issues. She mentioned Murray Vindley [SP], a Canadian researcher who had done research on the brains of animals. She added that they had put fillings in the teeth of sheep and then they got the pictures of the mercury going into their bodies. She mentioned that Mr. Vindley [SP] had done a teleconference in Seattle several years ago. She also mentioned a researcher in Kentucky named Boyd Hailey [SP], who was very prominent in the field. She acknowledged that the American Dental Association should be represented to give the other side.

Ms. Stannard stated that she understood that it was a policy here in King County to not have mercury fillings put in the mouths of children. She stated that in Sweden and in some other countries there were other limitations put in place on the kinds of fillings used. She stated that she had some handouts that she would like to share with members of the Board.

Chair Nickels thanked Ms. Stannard.

Chair Nickels acknowledged Board Member Pullen.

Board Member Pullen indicated he would be interested in receiving the handouts. He also stated that he would very much like to have a panel discussion on the hazards of mercury in the teeth.

### **Chair's Report**

Chair Nickels indicated that he had requested an addition to the agenda - an update from the Director on the issue of bioterrorism. He noted that bioterrorism was obviously something of great concern here and across the country. He acknowledged that compared to other jurisdictions across the country the Department and County were perhaps better prepared because of the advance planning that had been undertaken leading up to WTO. He invited Dr. Plough to provide an update on bioterrorism and general emergency preparedness.

Dr. Plough summarized the national picture. He noted that as of that day there were six individuals who had, by CDC criteria, been confirmed to be infected with anthrax, 35 individuals who had been exposed and 5 individuals from Florida that were to be tested to see whether they had been exposed. He stated that the Department had been in ongoing communication with federal public health officials and that the recent events, although very troubling, were not cause for widespread panic. He expressed concerns about messages that had gotten out to the public that were incorrect, and stated that he would take a moment to clarify this misinformation.

Dr. Plough stated that the Senate office building exposures, were not weapon's grade anthrax, despite what had been reported in the media. He noted that all of the anthrax exposures to date had been found by the CDC to be "garden variety anthrax" which were treatable by a wide range of drugs, not just Cipro. Additionally, Dr. Plough stated that there had been a statement that the anthrax had been spread through the heating/ventilating system. He stated that this information was not true. He added that the type of anthrax identified and tested to date was not the type that could be aerosolized through the building heating and ventilation systems. He stated that the exposures of record had been limited to individuals who were in the immediate proximity of a particular letter or package.

Dr. Plough stated that as of that day there had been numerous false alarms, but no exposures in Washington State. He stated that Seattle Fire Hazmat team had responded to over 25 calls.

Dr. Plough summarized the planned sequence of events and Public Health's role; both of which had been refined over the previous few weeks with first responders throughout the county. He stated that the sequence of events would be as follows: A law enforcement official, either FBI or police, would make the determination of a credible risk before testing the substance. The definition of a credible risk would be made by law enforcement. If the determination of a credible risk were made, the rest of the sequence and control of the operation would fall to local Public Health. Local public health, or specifically in the case of King County, Public Health - Seattle and King County, would arrange for and coordinate the submission of the substance to the State Lab for testing. Dr. Plough stated that the State Lab was the only reference lab in the area that could do a sanctioned test for anthrax. The State Lab would do the test and then communicate the results back to Public Health Seattle and King County. Public Health would then in turn communicate the results to the public.

Dr. Plough indicated that the County's approach had recently been modified with the Seattle Hazmat team now responding with a smaller circumscribed five member response team rather than the large engine response previously employed. Dr. Plough stated that the Department had regular meetings with EMS first responders throughout the County. He added that Dr. Duchin had taken the lead in providing intensive training of hospital and practice based clinicians from throughout the region. Dr. Plough stated that they had conveyed, and would continue to emphasize to hospital CEO's and Medical Directors from all of the teaching hospitals and major health plans, the need to strengthen their overall emergency response protocols, and not just those specific to anthrax response.

Dr. Plough stated that the Department had an ongoing bioterrorism work group that met weekly and received daily updates. He added that King County Executive Ron Sims had instituted a weekly meeting of a cabinet level task force on bioterrorism preparedness.

Dr. Plough stated that the Department received real time updates from the U.S. Center for Disease Control through the Health Alert Network [HAN]. He indicated that these updates allowed for close technical and policy coordination activities around anthrax exposure.

Dr. Plough concluded his update on bioterrorism response by stating that he felt that the county was responding from a strong base. He noted that the Department had been identified by the U.S. Center for Disease Control as one of five metropolitan areas in the nation best prepared to address these issues. He added that the grant and technical support the Department received during the World Trade Organization episode has helped considerably, however he added that the Department still needed to build on that capacity. He stated that the Department was still not where it needed to be but that they were certainly better off than most parts of the country.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if there was anything that Dr Plough could share as to the criteria set forth to determine credible risk and what was being done to remove the public fear factor.

Dr. Alonzo Plough responded that one of the major things that they did was to follow the guidelines established by the U.S. Postal Service about suspicious packages, for example the absence of a return address, obvious factors like leaking powders or fluids, mangled packages that were taped together, envelopes that were taped and not licked. Dr. Plough stated that the Department Website included such information and that this information was shared with organizations that had large mail handling capability. Dr. Plough stated that classic public health risk communication included informing the public about where the risk occurred and attempting to get people to bound their sense of concern based upon what was known about the risk. He added that large government agencies, media operations and large mail handling organizations had been the targets. He added that those types of organizations should begin to think about their overall risk and their mail handling protocols. He stated that there were currently no examples of affected items coming through household mail, hence the Department was not suggesting that households needed to be on the same level of alert as large mail handlers.

### **Future Meetings**

Chair Nickels updated the Board about future meetings and tentative agenda items: November 16th - alcohol impact areas, pharmacy syringe access, and Board action on the Environmental Health fee package. Chair Nickels indicated that the Board was slated to meet on December 21st. He noted that no items had been scheduled and that the Board might wish to reconsider holding a meeting in December. He indicated that they could evaluate that matter at their November meeting.

### **Local Boards of Health Workshop**

Chair Nickels reminded the membership that the local Boards of Health Workshop was scheduled for October 25th and 26th. He noted that Board Members Hutchinson and Thompson would be representing King County Board of Health at that conference.

Chair Nickels directed the membership's attention to the following information included in the Board packets: State Board of Health work plan development information; National Association of Local Boards of Health newsletter; and an e-mail regarding substance abuse treatment programs from Mr. Tom Krohmer with additional information provided by Department staff.

Chair Nickels invited Dr. Plough to commence with the Director's Report.

## **Director's Report**

### **Joint Executive Committee:**

Dr. Plough announced that the first item was related to the Joint Executive Committee Report. He stated that the County Council had approved the Joint Executive Plan that outlined how monies would be reallocated from the County to the City over the next three years. He stated that the matter was now before the City Council. He stated that the Plan called for the review, in consultation with the Board of Health, four enhanced programs - teen health centers, interpretive services, field dental and community health centers. Dr. Plough stated that the Joint Executive Committee had approved the plan the previous day and therefore staff would be providing an overview of the four programs. He introduced Kathy Uhlorn and Susan Eisele from the Department to provide an overview of the programs noted in the JEC plan.

Ms. Uhlorn directed the membership to the information contained in their packets. She stated that the Seattle Interlocal Agreement with King County stipulated that the City of Seattle contributions to Public Health were voluntary and should only be used for enhanced services. She said the agreement also stated that the County should be financially responsible for the funding of basic health services throughout the County. She further stated that the City of Seattle felt that the County was not in compliance with the Interlocal and as a result withheld funding from the 2001 allocation to Public Health pending a review of the issue and submission and approval of a plan to the City of Seattle.

Ms. Uhlorn indicated that major work had been undertaken by the Department this past year including a January meeting convened by Chair Nickels that included County Executive Ron Sims, Deputy Seattle Mayor Tom Byers, and Board and City Council Member Margaret Pageler. Ms. Uhlorn indicated that at that meeting the framework for the review was established. It was determined that the Joint Executive Committee created in the 1996 Interlocal Agreement would work to resolve Public Health conflicts. The Department and JEC worked on full agreement as to which programs were deemed critical and which ones were deemed enhanced. That information was presented to JEC, approved and then presented to the County Council, with final approval secured on August 20th of this year. It was then forwarded to the City of Seattle Committee and approved by that Committee on September 25th, followed by the full Council approval October 21st.

Ms. Uhlorn stated that in addition to the four programs spelled out in the Plan, other programs would be reviewed and a presentation of that review would go back to the City of Seattle at the end of the first quarter - April of 2002. She stated that discussions with the JEC and the meeting with both the City and County Budget offices determined that subsequent reviews would include a description of project variations within City and County project services, as well as a history of funding revenue sources and requirements of each program.

Ms. Uhlorn stated that the guiding principals for future budget directions were also reviewed by the JEC and included in the packets. These guidelines directed the Department in its preparation of future Public Health budgets. First, that budgeting of local county support would continue to be prioritized according to the terms of the Interlocal Agreement and requirements spelled out in legal mandates. Second, programs categorized as critical Public Health services would receive the highest priority for County-wide funding through the City

and the County; according to terms 3 and 4 of the JEC Plan. Third, legally mandated services would be funded. Fourth, that any remaining County support would be budgeted for enhanced services according to the criteria outlined in term 4 of the JEC Plan, which is based on need, practice standards and available funding.

Ms. Uhlorn stated that the colored copies that accompanied the white cover memo described the various programs.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if there was a recommendation that the interpretation program be moved to a mandated versus an enhanced program.

Ms. Uhlorn responded that that at the January meeting, it was determined that the WAC would be used as the basis for determining or categorizing programs as enhanced or critical. She stated that interpretive services were not mentioned in the WAC, although there were several documented legal requirements for providing interpretive services and therefore it was moved to the legal mandate category.

Board Member Van Dusen asked if Ms. Uhlorn could elaborate on how legally mandated programs were funded, whether it was out of the core County budget or funded out of the fees.

Ms. Uhlorn responded that they were funded from a variety of funding sources, including the two that Board member Van Dusen mentioned.

Chair Nickels acknowledged Board Member Conlin.

Board Member Conlin stated his appreciation to everyone who had been involved in this process. He acknowledged how painful a process it was and the difficulty involved in unraveling all of the tangled threads of history that had led to the current situation. He asked Ms. Uhlorn what the timeline and next steps were for the JEC related to the four programs presented that day.

Ms. Uhlorn stated that the Joint Executive Committee had met the previous day to review the four programs. She indicated that she believed the next step was for the City Council to review it.

Dr. Plough concurred with Ms. Uhlorn's response.

Board Member Conlin noted that what appeared to be missing were recommendations as to where to go with these four particular programs.

Dr. Alonzo Plough responded that the charge was to review those programs, not to advance a recommendation. He stated that there apparently had been some residual confusion about how the four enhanced programs were constituted. The charge was to present that information back to the City Council after it had gone through the JEC and the Board review.

Board Member Conlin asked if he was correct in assuming that at this point there wasn't a recommendation for accepting the funding allocation.

Dr. Alonzo Plough stated that there was no recommendation.

Board Member Conlin asked if he was correct in his understanding that it was basically up to the City Council to go back and review the information and determine what they liked or did not like and then enter into negotiations.

Dr. Plough stated that it represented the passive recommendation of the Department and the JEC that this was a reasonable way to fund these kinds of services, which was why they had them on the enhanced list initially.

Dr. Plough stated that this was a re-review of what the JEC had always thought were enhanced programs and not critical programs. He stated that the one issue - interpretative services--- that was expected to raise more discussion was the new category that came up- legally mandated - which was not part of the WAC but was clearly something that was legally needed but not subject to the same kind of critical enhanced issues. He stated that these services were important and that DSHS no longer provided funding for those services.

Dr. Plough stated that it was a legal mandate for the health profession as a whole, but there was not funding for this service. He stated that it was a major access vehicle because obviously one had to be able to use the language that a person spoke in order to provide effective health care. He added that this was one area where they were constrained to cobble together capacity and he wished that they were better able to provide that service.

Board Member Conlin inquired if this represented an unfunded mandate from the Legislature.

Ms. Uhlorn responded that it was both from the Legislature and the federal government.

Board Member Conlin paraphrased his understanding of the Department's recommendation as one wherein the Department felt that funding structures for those programs was reasonable and that it was up to the City Council to then respond.

Dr. Plough concurred.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if the Department was expecting any action from the Board in terms of review or comment on these four programs.

Ms. Uhlorn stated that they were not requesting any Board action. Ms. Uhlorn indicated that the JEC Plan stipulated that the Department inform the Board.

Chair Nickels acknowledged Dr. Plough.

### **Department Budget Overview**

Dr. Plough stated that the next item in his report was the Department Budget overview. He stated that Ms. Uhlorn and Ms. Eisele would provide an over of the Department budget. He stated that they had experienced a number of challenges just to come into balance on both the City and the County budget. He added that those challenges had been exacerbated by a recent communication they had received from the State Department of Health. He stated that recent discussions with the Secretary of Health indicated that the Governor had proposed a 15% cut for the Department of Heath which in effect meant cuts that would be passed on to local public health. He added that all indications suggested that the replacement funding for MVET was certainly not solid for next year, and would represent an



ongoing challenge to hold onto it in its entirety. Dr. Plough stated that the budget presented was predicated on some assumptions of continuation of funds around which there was considerable uncertainty. He added that the Department budget continued to be a budget largely composed of funding outside of the two major local funding sources - the City and the County - and represented about 200 different funding sources. He added that the Department relied more and more on grants, reimbursement from fees for service and insurance and other federal and state funds.

Ms. Uhlorn introduced Ms. Susan Eisele, noting that she had been the acting Budget Manager the past year. She stated her appreciation for Ms. Eisele's assistance and effort in preparing the budget. Ms. Uhlorn stated that the county budget had been transmitted by the Executive to the County Council the previous Monday and thus their presentation to the Board was very timely in terms of public review. Ms. Uhlorn stated that Public Health had developed their budget around the Washington Administrative Code, looked at services that were critical that should be provided by Public Health, and in accordance with the Interlocal Agreement with the City of Seattle and the Public Health business plan.

Ms. Uhlorn stated that the budget demonstrated the success of Public Health in pursuing other funding resources other than local funding. Ms. Uhlorn walked the Board through the materials contained in the Board packets. She pointed out that four funds compose the Public Health Budget, the largest of which was the Public Health fund at \$183 million followed by emergency medical services, local hazardous waste and grant fund. She stated that Public Health overall had increased its budget by \$19 million, which amounted to an 8.6% increase. Ms. Uhlorn stated that the budget was largely balanced by projections of fees rather than reduction in service.

Ms. Uhlorn offered the following highlights from the information contained in the Board packets: declines in the percentage of current expense report for Public Health; Department's budget had grown about 230% and yet they had experienced a 20% decrease in local funding support from the County; Public Health asked to take a million dollar reduction; largest reduction of current expense was the reduction to the community health clinics, [\$736,000]. Ms. Uhlorn cited the following challenges that Public Health met in order to balance the budget: step increases for employees, [\$2.1 million challenge]; cost of employee benefits [18% increase]; FICA, retirement costs and the biggest challenge - wage contingency. She added that the County was undergoing a classification compensation study and that the Department, with 12 bargaining units represented, had to put away a significant amount of money into this account.

She added that in addition to those challenges, the million dollar County CX target reduction, they had also made the first installment to the City of Seattle to replace general fund in critical Public Health services.[\$668,000]

Ms Uhlorn directed the Board's attention to a chart that depicted the general fund changes in the Department budget from 2001 adopted to 2002 proposed. She noted that as requested by the County Council, they had presented this information in terms of critical allocation, enhanced, enhanced critical and legally mandated. She noted that they outlined the current expense presentation in the general fund as well as in replacement funding. Ms. Uhlorn stated that they had received a letter from the City of Seattle Budget Director, Joan Walters, which asked that all Seattle departments submit proposals to decrease general fund 4% from the 2002 proposed budget. She stated that they would respond to that request and submit their results by October 29th to the City.

Ms. Uhlorn directed the Board to the third and final spreadsheet. She stated that MVET, a replacement funding, went to fund critical Public Health services at a larger level in 2002 versus enhanced and enhanced critical, legally mandated, which had been keeping with future guidelines.

Chair Nickels asked if the dollars that had been provided by Suburban Cities were funding what were called Personal Health Services.

Ms. Uhlorn responded that they were Basic Personal and Environmental Health Services.

Chair Nickels asked how that corresponded with the breakdown of where the MVET replacement had been going related to what was the original purpose of the funds.

Ms. Uhlorn responded that they directly corresponded with the original purpose.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked for clarification regarding the agreement with the City of Seattle related to critical services and legally mandated services and how that agreement related to the numbers presented in the chart.

Ms. Uhlorn responded that the chart depicted a decrease in general fund and critical services, and increase in enhanced. She also noted that \$668,000 that was removed from critical services of Seattle sites, that that funding has been placed in a separate project fund and they awaited direction from the City of Seattle as to how they would like to fund those programs.

Ms. Uhlorn outlined a number of budget reductions in addition to CX. She stated that the North Rehabilitation Center [NRF] would experience two closures, resulting in a decrease in the census potential from 291 to 191.

Chair Nickels acknowledged Board Member Hutchinson

Board Member Hutchinson asked about the justification for that decision..

Ms. Uhlorn responded that the Criminal Justice Task Force had looked at several issues relating to County Criminal Justice Programs. She deferred to Dr. Plough who was on the Task Force to elaborate.

Dr. Plough stated that one of the major driving forces around NERF was that \$800,000 or \$900,000 of the NERF budget and the part that was used for treatment was part of a criminal justice bond that ended, therefore NERF was challenged from the beginning with this reduction. He stated that the Task Force had worked most of the year trying to figure out how they could keep the treatment facility without that essential funding. He stated that in the end the Task Force thought that NERF was an important part of the system because it provided substance abuse treatment and work programs that allowed people a more rehabilitative pathway. Dr. Plough stated that given the many scenarios reviewed over the course of the year, although a reduction was necessary, the decision did reflect a commitment in the Executive budget to keep the facility going.

Board Member Hutchinson asked if there had been Suburban Cities involvement in the process.

Dr. Alonzo Plough responded that the City of Shoreline had been very much involved in the discussions. He added that there had been multiple community meetings. He stated that he had been encouraged by the support of the City of Shoreline for this facility.

Chair Nickels acknowledged Board Member Irons.

Board Member Irons asked that if the actual capacity of the facility was going from 291 to 191, what would happen to the other 100 people.

Dr. Plough responded that the NERF facility was always considered part of the general capacity and that projections for the entire DAD included the reduced NERF beds plus the beds available at the Regional Justice Center, the downtown jail.

Board Member Irons asked if in other words the 100 individuals would be processed through the jail instead of at the facility.

Dr. Plough responded that some would, but that there were so many things going on in Criminal Justice planning - actions on the sentencing side to use the drug court and other alternatives to incarceration - so that some of those people could go directly to treatment and not be incarcerated; thereby affecting the flow of patients who would otherwise go to the NERF.

Board Member Irons asked if the plan overall was to not have these people end up across the street - at the jail.

Dr. Plough responded in the affirmative.

Board Member Irons stated that they could then safely assume that they would not see an additional hundred inmates show up across the street and affect that budget.

Dr. Plough responded yes.

Board Member Irons:

Chair Nickels acknowledged Council Member Fimia.

Council Member Fimia indicated that she had been listening in on the discussion from elsewhere in the building and had come down to the chamber to weigh in on the NERF issue. She stated her strong recommendation that a representative from District 1 be at the table. She stated that she did not know that there were discussions about closing NERF until they had received phone calls and e-mails, and it wasn't until a huge ruckus was made publicly that the issue was turned around. She stated that District 1 needed to be at the table for any future discussions about NERF. She noted that they had been on the track of rebuilding NERF and to have it come out of the blue that closure of this facility was under consideration was in her mind unbelievable.

Chair Nickels acknowledged Board Member Hutchinson.

Board Member Hutchinson suggested that Suburban Cities be represented as well. He stated that the City of Shoreline didn't represent Suburban Cities in that particular context.

Ms. Uhlorn continued to describe the budget reductions. She noted changes in the Medical Examiner's Office, specifically staff reductions in a number of areas - autopsy, administrative

areas, which she stated would not result in a reduction in the Medical Examiner's ability to carry out its critical missions, although it might result in delays in technical capability.

Chair Nickels asked for clarification on what Ms. Uhlorn meant by delays in technical capability.

Ms. Uhlorn responded that only those activities that could be delayed would and that the core mission would not be compromised.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen, reflecting on the information provided about current trends, asked whether or not the Department had taken into account the kinds of complaints or concerns that had arisen as a result of recent national events.

Dr. Plough responded that the kind of the major service demand changes that were projected here were in part a result of the downturn in the construction industry. He indicated that Environmental Health was a major part of the risk communication about bioterrorism and that their capacity was not severely impacted by this. He added that in fact, they were trying to do some training so that the Environmental Health supervisors, who might be the first person called because they're known by the organizations they work with - restaurants, schools - could be frontline communicators about bioterrorism risk.

Ms. Uhlorn added that the Public Health budget was put together in May and June, so it certainly did not reflect a decline in the economy which had been further exacerbated by the events following September 11th .

Chair Nickels acknowledged Board Member Irons.

Board Member Irons asked if relative to Environmental Health and the permits if that was where the permits for such things as septic systems would fall.

Ms. Uhlorn responded in the affirmative.

Board Member Irons stated that in the last year or so there had been a bit of a back log in processing [permits] and he wondered whether there would be any further impacts on the turnaround time based on the reduction in FTE.

Dr. Plough responded that in the session to follow they would discuss the need for fee increases in special areas where they thought they would experience an increase in volume.

Board Member Irons stated that increases were one thing, but increasing a fee didn't address the point of the timeliness of processing a permit if staffing was reduced.

Dr. Plough responded that the Division had worked to improve efficiency particularly in the on-site system where delays had been experienced. He indicated that he had been monitoring this quite closely with Dr. Oleru and that they had made some improvements in timeliness and customer responsiveness. He added that they brought in new leadership to provide the kind of direction at the Eastgate office where many of those functions were carried out.

Board Member Irons asked if it would be possible for staff to meet with him in the next few weeks to provide him with a briefing and to assure him that reduction in FTEs would not result in further delays in processing permits.

Dr. Plough responded that staff would follow up with him to schedule a briefing.

Ms. Uhlorn outlined the revenue-backed additions. She noted that gaps that were made in budgets for service sites providing clinical services, were largely being filled by increases in patient-generated revenues. She noted that they had added clerical and nursing support in order to bring in a higher level of patient-generated revenue. She stated that in order to meet this challenge they would have to be more productive, and in a clinical setting that meant that providers who drove productivity needed to have sufficient nursing and clerical support. She stated that the Department was pleased to be able to announce that there were two enhanced Public Health nursing programs - Best Beginnings Program - included in the budget, that were partially funded by match from patient-generated revenues and additional County dollars.

Chair Nickels acknowledged Board Member Conlin.

Board Member Conlin asked whether this service was characterized as enhanced or critical.

Dr. Plough responded that the program represented an enhancement. He stated that Best Beginnings, based on the David Olds model, depending upon the complexity of the family, required two or three visits a week for the purpose of developmental assessment of the child as well as parenting support and training. He stated that that model, tested throughout the country, particularly targeted young families who had criminal justice or drug involvement. He added that Best Beginnings represented a family ecological model that was designed to intensively address a number of factors, and was not garden variety public health nursing.

Board Member Conlin stated that he was not challenging the program but wanted to know how it fit into the overall funding.

Dr. Plough responded that it was an enhancement of public health nursing.

Ms. Uhlorn added that the Best Beginnings model funding came from the Children and Families Commission as well as some federal funding matching dollars. She added that the public health nursing services' increase was a result of current expense finally going into public health nursing in the County. She stated that the South County and White Center sites were selected because they were sites that provided services to both City and County and it represented an enhanced service.

Dr. Plough added that they were working with the City to invest some of its reserve in expanding that Best Beginnings program.

Board Member Conlin stated that the clarification was important because it was one of the items under consideration by the Council.

Ms. Uhlorn continued with the overview of additions to the budget by noting that the reference to Site Hazard Assessments reflected a grant from the State to assist the Department in doing more in-depth investigation of site hazards.

Ms. Uhlorn stated that the next spreadsheet in the Board packet outlined the top 10 revenues in the Department and the proposed changes. She noted that the largest increase

was in Title 19, more specifically the new program called Take Charge, which provided Medicaid funding for women 200% and under poverty level. She added that this new program provided a big boost and enabled the Department to keep Family Planning Services at the current level.

Ms. Uhlorn noted that, through its annual consolidated contract with the State Department of Health, they would receive funding that would fund some of the safe drinking water activities and thus the Department would no longer need to collect a fee for those activities. She added that they did have two fee increases - one in the Water Recreation Facilities Program and the second in the food service establishment program. Ms. Uhlorn stated that another fee change in the on-site program was under review and might be included in the Board's November packet.

Other highlights mentioned by Ms. Uhlorn included:

Emergency Medical Services - local current expense remained at the same level that it has for over the last decade. There was a significant grant increase of \$250,000 that allowed EMS to evaluate and propose interventions to prevent reoccurring falls among seniors previously requiring 911 assistance for a fall related event. The 2002 proposed budget incorporated the final recommendations of the Emergency Medical Services Task Force. The Task Force reviewed numerous potential funding options and recommended a six-year dedicated property tax level of .25 cents per \$1,000 of assessed property value. The levy requires voter approval and will appear on the November 2001 ballot. If the levy initiative fails, no other funding source had been identified for the service at this time.

Local hazardous waste fund. A significant change included the establishment of an illegal drug abatement account as a subaccount within the local hazardous waste fund. The fund would be available for Public Health to decontaminate abandoned and illegal drug labs throughout King County.

Chair Nickels asked about the number of abatements that could be undertaken with \$150,000.

Ms. Uhlorn asked that that question be deferred to Dr. Oleru, the next presenter.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if the proposed 16% increase in food service establishment fees would be considered an essential, critical, or legally mandated service.

Ms. Uhlorn responded that it was a critical service.

Board Member Van Dusen stated that it seemed like a fairly substantial fee increase in light of the fact that the Board had approved fee increases over the last few years.

Ms. Uhlorn responded that the size of the proposed increase was largely due to the continuing costs for the two inspection visits - specifically the classification-compensation settlement for the inspectors doing the work, increased lease costs, and benefits costs. She stated that this increase was specifically proposed to cover the costs associated with the two inspection visits.

Board Member Van Dusen suggested that if funds were not needed in one program they could be shifted into the Environmental Health Program, citing the \$300,000 taken out of Environmental Health and Safety.

Chair Nickels acknowledged Board Member Irons

Board Member Irons asked if the two referenced inspections amounted to the total number of inspections done annually.

Ms. Uhlorn responded that the total number was three; two inspections plus an educational visit. She noted that for high risk establishments, additional return inspections were often warranted to address any follow up provisions.

Chair Nickels acknowledged Dr. Plough.

### **Environmental Health Fee Packages**

Briefing: Dr. Plough announced that the next presentation was a briefing on the Environmental Health fee packages. He stated that Dr. Oleru, Chief of Environmental Health, would lead the discussion. He added that three areas would be addressed: drinking water fees, water recreation facilities and food service establishment fees.

Chair Nickels interjected that Board Member Pullen had submitted notes regarding the numbering of packets that would facilitate future review of board materials. He asked that staff take this feedback under advisement for future meetings.

Dr. Ngozi Oleru introduced herself for the record. She stated that first she would like to address Chair Nickels' question about the \$150,000 for drug labs. She stated that that was the first time that the program was being done under Public Health. She indicated that the Department was taking it over from DDS and that the money was for those property owners that would not or could not afford to do the cleanup. She stated that they would not know how much money was needed until they had at least one year's worth of experience with the program.

Chair Nickels asked what the cost was for one cleanup. He asked how much overall capacity the Department would have given the total pot of money.

Dr. Oleru responded that she did not have those figures but could perhaps find out from the agency that had previously done the work.

Chair Nickels asked how the Department had arrived at the \$150,000 figure.

Dr. Oleru responded that that amount was what they could negotiate. She added that the clean up cost varied; up to \$20,000 per incident depending on the level of contamination.

Chair Nickels inquired if the prior abatements had been done by law enforcement.

Dr. Oleru responded that previous abatements had been done by the property owner. She added that the responsibility rests with the property owner however sometimes no property owner came forward to accept responsibility and in those situations the County could go ahead and put a lien on the property.

Dr. Oleru directed the Board's attention to the drinking water fee package. She stated that the Department was recommending a decrease because the Department anticipated receiving an increase in funding for safe drinking water activities from the State effective January 1st. She added that that funding was for the biennium and they expected continued funding. She noted that these fees had been used in the past for comprehensive system evaluation, database setup and ongoing maintenance charges.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if, in light of recent developments at the State Health Department, whether or not those funds were guaranteed.

Dr. Oleru indicated that they did not have any information at that point that those funds would be affected. She indicated that the funds were contracted and she believed that they were safe. She added that she believed that the Environmental Health Directors group would advocate very hard to make sure that those funds were retained.

Dr. Oleru introduced the next set of fees - water recreation fees. She stated that the fee increase the Department had proposed was strictly to maintain current levels of service based on the fact that costs had increased. Dr. Oleru stated that the program had had incremental costs in labor and supplies. She stated that the water recreation permit fees were reviewed on a three-year cycle, and that those fees were last adjusted in 1994. She added that in 1997, in lieu of increasing the fees, service levels were reduced from three to two return inspections per year, and that was done to manage increasing costs. She stated that due to environmental safety reasons, Public Health did not recommend further reductions in service, hence a proposed fee increase in order to maintain current service levels. She stated that the Department proposed an increase in the water recreation facility operating permits from \$300 to \$350, and from \$150 to \$175 for additional pools or spas at the same site. She restated that the proposed fee increases were tied directly to and paid for direct program costs.

Dr. Oleru directed the Board's attention to a chart that depicted the number of: inspections, routine inspections, return inspections, complaint investigations and follow-up, illness and injury investigations and consultation, and education requests that were provided. She noted that they had outlined costs per service for each of those services and provided the total costs for the 2002 budget. She pointed out comparisons with adjacent counties [Pierce and Snohomish]. She added that in addition to the operating permit fees, they were also asking the Board to establish a miscellaneous category where the program would be able to recover costs that were acquired through requests from facility owners. She stated that facility owners requested inspections and reinspection and reinstatement of permit fees after suspension. She noted that those types of fees were similar to those in the Food Code and would be used on an as-needed basis.

Chair Nickels acknowledged Board Member Irons.

Board Member Irons asked if the type of inspections done under the miscellaneous fee category were for after-hour inspections and if it was the cost of service that Dr. Oleru had referenced. He asked if that were so, how those fees compared to inspections done during regular hours.

Dr. Oleru responded in the affirmative and clarified that if an inspector went out after-hours, it would include overtime costs. She stated that the number of hours that were spent would have to include the regular pay for that inspector plus overtime costs.



Board Member Irons asked whether or not the only time this fee would come into play was when a recreation facility owner requested an inspection

Dr. Oleru indicated that it would only occur when requested.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen wanted to know if the essential difference was due to the overtime costs associated with a request. She asked if someone called for help or requested an inspection during regular work hours, did they go ahead and service them as part of their regular permit.

Dr. Oleru responded that if there was a request for an inspection that was not within the operating permit, the program would charge for that. She added that if it was a complaint, that visit would be included in the operating permit fee, because that's the package of services that they received within the operating permit.

Dr. Oleru directed the Board members to the food service establishment fee package. She noted that the Department recommended a fee increase due to the increased costs associated with the program. She noted that the request would allow them to maintain the same level of service. She described a chart that showed the number and associated costs of: return inspections, complaint investigations and follow-up, enforcement actions, and illness and special investigations of establishments. She also pointed out the construction related fees for food establishments and indicated that those included the plan reviews and the pre-occupant inspections that went with those plan reviews. She noted that the second chart included a comparison between fiscal year 2001 and the proposed 2002 with comparison figures given for Pierce and Snohomish Counties.

Chair Nickels acknowledged Board Member Van Dusen.

Board Member Van Dusen stated that when she looked at the 2000 fee for a restaurant with seating capacity between 1 to 75 the fee was \$340. She noted that they had reduced it in 2001 to \$274. She stated that now they were proposing to increase it to \$318, which was still less than the year 2000. She asked if Dr. Oleru could explain why the 2002 proposed would still be less than what they had in 2000.

Dr. Oleru deferred to Phil Holmes.

Mr. Holmes responded that in 2000, Initiative 695 passed and the Board had anticipated a large loss of motor vehicle excise tax for the Food Protection Program as well as other programs. The Board had wanted the food program to be self-supporting except for the field education visits, which was the reason for the very high level of fees in the year 2000. In 2001 the State had mitigated the loss of motor vehicle excise tax dollars that were allocated to counties, some of which were applied to the food program that then allowed the Department to propose a reduction of those fees in 2001.

Board Member Van Dusen stated that again, in light of the comments from Mary Selecky [Secretary of Health], was the Department comfortable that the proposed 2002 fees were going to be adequate to provide the basic essential services that were mandated. She asked if State money was a little fuzzy right now, was there anything that was going on at the State that could impact the Department's proposed fees.

Dr. Oleru responded that they did not yet, have any solid information to make those determinations. She stated that when their budgets were developed those recent announcements by the State were not known and they had yet to do an analysis as to what the impacts might be.

Board Member Van Dusen asked if it would be possible, before Board action next month, for staff to brief the Board on what that analysis might look like. She indicated that she was worried that the proposed state cuts might impact the Department's ability to meet current service levels.

Chair Nickels acknowledged Dr. Plough.

Dr. Plough stated that Secretary Selecky asked for feedback from health officers about how to deal with a 15% reduction. He stated that she would receive that information and then make some decisions. He stated that he hoped that by next month he would have some indication of what those cuts would be. He added that at the present time they were purely speculative and he thought it best to move forward and react when they got an indication of how they spread those dollars.

### **Rulemaking on Aquatic Foods**

Dr. Plough introduced the next item under the Director's Report - rulemaking on aquatic foods. He indicated that it was a housekeeping item related to the merger of the Seattle Health Code with the Code of the King County Board of Health. He indicated that Roman Welyczko from the Environmental Health Division would introduce proposed rulemaking related to the retail sale of seafood from commercial fishing boats.

Mr. Welyczko introduced a technical amendment to repeal a Seattle Health Code section that the Department had intended to repeal in July of 1998. He stated that at that time the Board adopted comprehensive revisions to Title 6 of the Code of King County Board of Health otherwise known as the meat, poultry, rabbit and aquatic foods code, or the MPRAF Code. He stated that that code contained a number of substantive requirements pertaining to establishments that sold meat, poultry, rabbit and aquatic foods. He stated that when the Board repealed the Seattle Health Code provisions--- Seattle Municipal Code, Chapter 10.13--- they had not repealed Seattle Municipal Code, Chapter 10.14, governing the retail sale of seafoods from commercial fishing vessels. Mr. Welyczko said that at the time the Board adopted the revisions to Board of Health Code Title 6, staff had streamlined requirements and had made them more comprehensible and less complex.

Mr. Welyczko stated that this housekeeping item was part of the ongoing process to merge the Seattle and Board of Health Code health provisions under one comprehensive Board of Health Code. He stated that the amendment before the Board accomplished that task.

Chair Nickels stated that it was obvious that the Board of Health could not repeal a City of Seattle ordinance. He stated that his understanding was that they had wrapped up all of the provisions of the Seattle Municipal Code that dealt with health and put them into a combined code, and that they were now finding that there were places where there was duplicative or conflicting elements that needed to be sorted out.

Mr. Welyczko indicated that the Chair was correct.

Chair Nickels asked if the Seattle City Council had thus repealed this provision some time ago

Mr. Welyczko responded that technically that was not the case. That once the Board had taken action, the matter would go back to the City Council. He added that at some point in the future staff would need to present to the Seattle City Council a package of all items that had been repealed by the Board of Health and still needed to be repealed by the City Council.

Chair Nickels acknowledged Board Member Pullen:

Board Member Pullen asked what would happen in the meantime if there was a conflict or a lawsuit or someone felt that there were two laws in conflict. He asked how that type of situation would be resolved legally.

Mr. Welyczko responded that we had not encountered such a situation however he would expect that they would refer to the history of the Board and how it was constituted by the King County Council some years ago. That history included the subsequent transmittal of the Seattle Health Code to the Board, moving it to the Board's jurisdiction, and that the Department had enforced those laws as Seattle Health Code, as laws that were under the Board's jurisdiction. Mr. Welyczko said that in the course of their enforcement the Department regulations governing sale of seafoods from boats, that they were enforcing Title 6 of the Code of the King County Board of Health, and were clearly within their legal rights to do so.

Board Member Pullen responded that he hoped that they were addressing the code merger so as to reduce potential future conflicts.

Mr. Welyczko responded that staff had undertaken this review process and were back on track and would in the future bring other provisions before the Board.

Chair Nickels asked if there were questions related to the staff report. There being none, he convened the public hearing on rulemaking related to the sale of aquatic foods. There were no public comments and he closed the public hearing. Chair Nickels called for a motion on the proposed amendment on the aquatic foods rule.

A motion was made and seconded. Chair Nickels called for discussion.

Chair Nickels acknowledged Board Member Thompson.

Board Member Thompson asked about the magnitude of those kinds of sales and related problems.

Mr. Welyczko responded that the inspectors had advised him that the types of food usually sold from those fishing vessels at dockside were for tuna and salmon. He added that the magnitude of the problem was fairly minimal. He stated that the number of vessels seen in any given season was about eight, compared to approximately 10,000 food service establishments throughout the County that were regulated and inspected.

Chair Nickels noted that there were no other questions. He inquired of staff about the special majority requirement rule.

Ms. Moran read the following excerpt from the Board's Operating Rules. "Any amendment or repeal of an existing rule or regulation adopted by the Board of Health of the City of Seattle, and effective prior to January 1, 1996, shall be adopted only by an affirmative vote of the majority of the Board as well as an affirmative vote of the majority of the members appointed by the City of Seattle." Ms. Moran noted that a majority of the members representing the City of Seattle were present.

Chair Nickels called for a roll call on the passage of the rule.

Roll call was taken:

Board Member Pelz: Aye

Board Member Pullen: Aye.

Board Member Gossett: Aye.

Board Member Irons: Aye.

Board Member Thomas. NOT PRESENT

Board Member Conlin. Aye.

Board Member Licata. Aye.

Board Member Pageler. NOT PRESENT

Board Member Hutchinson. Aye.

Board Member Frisinger. Aye.

Board Member Van Dusen Aye.

Board Member Pizzorno NOT PRESENT

Board Member Thompson... Board Member Thompson stated that he was an alternate for Dr. Pizzorno, and he voted aye.

Board Member Nickels: Aye.

Ms. Moran stated that the vote carried.

Chair Nickels stated that they had met the super majority requirements.

Chair Nickels acknowledged Council Member Fimia.

Council Member Fimia stated that she was an alternate for Board Member Pelz and voted Aye.

Chair Nickels stated that the rule carried and that he would sign the same at the conclusion of the meeting. He noted that there was an additional item however he would be turning over the remainder of the meeting to Board Member Hutchinson, Vice Chair for the Suburban Cities. Chair Nickels stated before his departure that the Board did not yet have a Vice Chair identified from the Seattle or King County membership and that they would need to do that at some point in the future. He asked that the various members consult with their colleagues and see if they could do that by the next meeting. With that, he turned over the gavel to Board Member Hutchinson.

Vice Chair Hutchinson announced that the Board of Health would now move into a work session for the balance of the meeting. He stated that the primary purpose of the work session was to review the revised list of priority areas and discuss a draft work plan template prepared by staff.

Vice Chair Hutchinson directed the Board to the materials contained in the Board package. He indicated that the first item was a second draft of the priority setting worksheet. He pointed out that the priority issues had been renamed based on the Board's discussion at the September meeting.

Vice Chair Hutchinson stated that the second item was a draft work plan template, distributed that morning by staff. He stated that he would ask Ms. Moran to walk through the template later in the discussion.

He stated that the third item was a document entitled "Board of Health Priority Areas and Department Policies." He added that this particular document was included in the packet as a point of reference for their discussion. In referring to the list he stated that it was interesting as well as confirming to note the similarity between the Board's seven priority areas and the Department's five priority areas as noted in parentheses. He said, for example, the Board identified the priority area of health promotion and wellness, and the Strategic Directions Report listed the Department's priority of health and wellness promotion. He stated that the corresponding set of Department objectives should help facilitate the Board's identification of objectives that were consistent with the Boards' unique roles and responsibilities.

Vice Chair Hutchinson asked if there were any comments or questions.

Vice Chair Hutchinson acknowledged Board Member Pullen.

Board Member Pullen stated that earlier in the meeting the Board had heard testimony from citizens who wanted them to do some work on the issue of toxic mercury in teeth. He stated that the Board had had a prior discussion on this subject at a meeting a couple of months ago. He stated that at that time it was noted that Dr. Plough, through the King County Department of Health, no longer put toxic amalgam fillings in the mouths of low-income children. He stated that the Board had also learned that new rules, phased in over a certain period, were already in effect and required dentists to trap mercury. He recalled that someone on the Board had suggested that they set up a panel discussion to bring in experts who would tell them more about the problems of mercury in amalgam fillings. He added that they had heard that morning that in California Governor Gray Davis was working to help clarify that situation for citizens. He asked if this was an appropriate time to add this issue to the agenda for next year if the Board so desired?

Vice Chair Hutchinson acknowledged Dr. Plough.

Dr. Plough responded that Board Member Pullen had nicely summarized the actions the Department had already taken to minimize the use of mercury in dental amalgams and their work through the local hazardous waste fund to help dentists throughout the County capture mercury before it got into the waste stream.

Board Member Pullen added that he thought those actions were a wonderful step forward and he commended Dr. Plough for his leadership. He stated that he heard in the last Board discussion and from the citizen testimony that day that there were many other areas that they needed to be looking into and needed to hear about such as mercury in the teeth of pregnant women. He stated that he would be very interested in some of the evidence that they were talking about that morning that could be a danger not just for children and pregnant women, but for regular adult citizens. He said that he had yet to see what evidence there was and would love to see the evidence presented by a panel discussion of experts.

Board Member Hutchinson acknowledged Ms. Moran.

Ms. Moran responded to Board Member Pullen's initial question, that their work session was the appropriate time to raise subjects of interest to Board Members. She stated that the information she had provided the Board reflected where the Board had left off with their

discussion last month, specifically taking the 11 broad areas that were suggested by Board Members and public stakeholders and narrowing list to the 7 items reflected on the new handout. She stated that the intent of their work session was to further refine those subject areas so that staff could then go back and prepare a more detailed work plan for each of those issues. Ms. Moran stated that the work plan would consist of briefings and/or specific regulatory action that the Board might want to entertain under each of those broader headings. She stated that that was the time to further refine the seven areas as well as to make some determinations as to issues that had been raised in past months that had yet to come before the Board. She noted that mercury amalgam was one of those items that remained on a short list and had not yet been scheduled for presentation.

Board Member Pullen suggested that a motion to add a panel discussion on mercury might be needed. He added that he would like to move that they add the panel discussion so that the Board could get an overview of the issue and the seriousness of it and what the evidence was, and what the pro and con sides were at an appropriate time in the future.

Vice Chair Hutchinson asked if there was a second to the motion under consideration. The motion was seconded by Board Member Gossett.

Vice Chair Hutchinson called for any further discussion.

Vice Chair Hutchinson acknowledged Board Member Van Dusen.

Board Member Van Dusen stated that the issue around mercury was perhaps an example of a chronic disease issue. She stated that mercury was not a fast-acting, immediate problem. She added that mercury would certainly be something that they might want to look at as they discuss mechanisms by which chronic disease was prevented. She stated that if they wanted to look at this issue then they should have information that describes how big a public health issue it was, what was the evidence that linked mercury exposures to chronic disease and what, if anything, a Board of Health could reasonably and legally do about it.

Board Member Pullen stated that he had no problem with a panel discussion being put under the chronic disease heading as long as they ended up with the panel discussion so that they could finally hear what some of evidence was and what the extent of the problem was and what, if anything, they could do in the future. He stated that at a previous meeting a panel discussion had been suggested and everyone seemed to think that was a great idea. He added that the idea would be to let the experts come in and tell what they knew and what research was going on. He added that efforts were underway to prevent mercury from going into Puget Sound, which was certainly desirable, but he asked if it made sense to put mercury directly into people's mouths. He said that he thought that that was an appropriate question for the Board. He said he felt that there was a lot he could learn on the subject and that the panel discussion under the chronic disease prevention work plan would be most appropriate. He stated that he thought the motion was to set up a panel discussion and then they could then assess from there what if anything to do in the future.

Vice Chair Hutchinson acknowledged Dr. Plough.

Dr. Alonzo Plough stated that there had been some significant work done on the public health risk of mercury from a variety of sources. He mentioned recent EPA directives to pregnant women around the consumption of bottom dwelling fish and mercury exposure. He suggested that if the placement of this subject under the umbrella of chronic disease or the other umbrella of heavy metal toxicity in chronic disease were added then they might also want to talk about the range of exposures including dental amalgam. He suggested some

comparative risk work so that the Board could understand the risk related to dental amalgams in a broad epidemiologic sense.

Board Member Pullen stated that he agreed completely with Dr. Plough's statement. He added that he would like to take a look at other heavy metals, but that the motion was specifically to have a panel discussion on amalgam fillings. He stated that he thought that that issue in and of itself was worthy of a special discussion because nowhere else were we putting toxic heavy metal directly into the human body.

Dr. Plough stated that he wasn't suggesting that they talk about all heavy metals but that they provide an opportunity discuss mercury exposure through amalgam and other sources such as bottom dwelling fish. He added that in some parts of the country, boards of health had led efforts to collect old mercury thermometers in communities and replace them with new electronic thermometers because of the risk of exposure when those thermometers broke. Dr. Plough stated that there were a number of kinds of issues that might be actionable for the Board beyond the dental amalgam. He added that he hoped his suggestion was complementary to Board Member Pullen's general concern about mercury in amalgams.

Board Member Pullen responded that Dr. Plough's suggestion was constructive as long as they didn't lose the panel discussion on the amalgam filling issue.

Vice Chair Hutchinson acknowledged Board Member Van Dusen.

Board Member Van Dusen asked if, based on the previous discussion, would Board Member Pullen entertain a friendly amendment to his proposal that the presentation by the panel include not only sources of mercury that people could potentially be exposed to through the dental amalgam, but also identify what the other sources of mercury were.

Board Member Pullen responded in the affirmative. He added that he thought that would be very helpful and constructive, and he would certainly consider the amendment friendly. He stated that he thought the testimony from the panel of experts would probably end up showing that the number one source of mercury in humans was from the teeth and that was the issue that he thought many people might not fully appreciate.

Vice Chair Hutchinson asked if Board agreed with the amendment. Hearing that the Board did agree, he called for a vote. The motion passed.

Board Member Hutchinson invited Ms. Moran to provide an overview of the draft work plan.

Ms. Moran stated that at the last Board work session Chair Nickels had asked staff to bring back a sample work plan. She stated that she had prepared a basic outline of what a work plan could look like for each of the priority areas identified by the Board, specifically, 1] health promotion and wellness, 2] chronic disease prevention, 3] infectious disease control, 4] access to services for underserved populations, 5] public health funding and infrastructure, 6] food, water and air safety, and 7] public health nursing.

Ms. Moran stated that for each of those seven identified priority areas, staff in consultation with Department and other experts, would develop a one to two page work plan. She stated that the elements of the work plan would consist of a statement of the issue, a statement of purpose, and a summary of the issue including King County specific data and comparative data from other Washington counties, the State Department of Health data as well as national data. She added that the work plan would also outline specific activities for the

Board's consideration that would generally fall into four categories. Specifically activities designed to: promote public dialogue on an issue, disseminate information, formulate public policy commitment through a regulatory change, and/or collaborate with others to effect change and recommend actions. Ms. Moran stated that the final piece of the work plan would consist of those activities the Board had agreed they wanted to address in the coming year. She stated that the final draft work plans would then be brought back to the Board for review and adoption and that that would form the bulk of the work that the Board would address in 2002. She stated that that did not preclude the Board from going beyond those general parameters if something should arise during the year. However, she noted that those work plans would provide staff with sufficient guidance to develop the 2002 agenda.

Vice Chair Hutchinson acknowledged Board Member Van Dusen.

Board Member Van Dusen referencing the example of infectious disease and recent events suggested that it would be very helpful if staff, when they developed each workplan to incorporate information about the ability and capacity to address infectious agents in the public sector and how the Department and others were positioned to do that.

Vice Chair Hutchinson asked if it was possible to geocode the County data.

Dr. Plough indicated that the Department had a number of ways to do geocoding. He stated that the easiest way would be to divide the County into south, north, east and Seattle. He also added that it was possible to go into more detail by an area, for example right down to specific zip codes. Dr. Plough stated that initially they would start with a more regional aggregation then go from there depending upon the questions raised by the Board.

Vice Chair Hutchinson asked whether or not, upon Board adoption of the work plan priorities and or follow up recommendations, the Board would forward those recommendations to the Council.

Dr. Plough responded that it depended on the issue. He stated that the Board could communicate its work a number of ways to a number of places. He stated for example that Board Member Van Dusen had suggested looking at infectious disease capacity. He said that the Board might want to review that and make recommendations to the U.S. Center for Disease Control to reverse their long-standing policy of putting most of their resources at state and national levels and put more resources into localities where disease outbreaks actually occurred. He stated that in that case, the communication would be a policy communication to CDC. Dr. Plough stated that if it was a budget issue the communication might be to the County Council or the City Council who controlled Department budgets. He stated that the analysis and corresponding recommendation would dictate where the communication should be. He added that Boards of Health were powerful communicators to a variety of organizations about what needed to be done.

Board Member Hutchinson acknowledged Board Member Van Dusen.

Board Member Van Dusen commented that the Board had heard a lot about the proposed budget in terms of services being enhanced or legally mandated. She suggested that it might be helpful to look at some of those issues in more detail and to incorporate references to what the WACs or other drivers required particularly if the issue was related to capacity.

Ms. Moran asked Ms. Van Dusen for clarification on her suggestion. She wanted to know if Board Member Van Dusen was recommending that the work plan include appropriate references to WACs and RCWs.



Board Member Van Dusen responded that if there was for example a piece of the of the Public Health improvement plan or the State Board that was driving something, that it would be helpful to include that as background information that in turn could help the Board evaluate its' approach.

Vice Chair Hutchinson concurred and added that they were interested in knowing about unfunded mandates.

Vice Chair Hutchinson called for additional questions or discussion. There being none, he inquired as to whether or not the Board agreed with the proposed format for the work plans.

Vice Chair Hutchinson acknowledged Board Member Van Dusen who made the motion to accept the proposed format. The motion was seconded. There being no further discussion a vote was called. The motion passed and the format was approved.

Vice Chair Hutchinson announced that the meeting was adjourned.

KING COUNTY BOARD OF HEALTH

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s/Greg Nickels/s