

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

Richard Conlin
George W. Counts
Jan Drago
Carolyn Edmonds
Ava Frisinger
Larry Gossett
Steve Hammond
David Hutchinson
David Irons
Kathy Lambert
Frankie T. Manning
Bud Nicola
Julia Patterson
Alonzo Plough
Tom Rasmussen

BOH Staff:

Wendy Roark

**King County Board of Health
Friday, April 16, 2004
King County Council Chambers
MEETING PROCEEDINGS**

Members Present: Richard Conlin, Carolyn Edmonds, Ava Frisinger, David Irons, Steve Hammond, Tom Rasmussen, Jan Drago, David Hutchinson, Larry Gossett, Bud Nicola, George Counts, and Kathy Lambert

Members Absent: Julia Patterson and Frankie Manning

Staff: Alonzo Plough and Lisa Werlech

I. Subject Call to Order

The meeting was called to order at 9:36 a.m. by Board Chair, Carolyn Edmonds

II. Subject Announcement of Alternates

Chair Edmonds: No alternates present.

III. Subject Approval of Minutes

A motion was made to approve the minutes of March 19, 2004. The motion was seconded and the minutes were approved.

IV. Subject General Public Comments

There were no public comments.

V. Subject Chair's Report

Chair Edmonds reported that the Health Department and the University of Washington School of Public Health will be co-sponsoring an obesity forum in June. This will be a half-day event involving school districts, food industry representatives, nutritionists, health care providers and other stakeholders. A project coordinator will continue to work with action teams throughout the summer and another meeting will be convened in September to continue recommendations for a plan to prevent obesity. Chair Edmonds will notify the Board once final arrangements are completed for the forum.

Chair Edmonds informed the Board that she participated in a press conference announcing Initiative 890, a statewide smoking ban. Other participants included Seattle Mayor Greg Nickels, Pierce County Executive Ladenburg, and Pierce

County Board of Health Chair Phelps. Currently, two initiatives are gathering signatures (each initiative requires 200,000 signatures by July 1, 2004) to be put before voters for approval. Initiative 891 is a more liberal smoking ban allowing smoking in places of entertainment, such as bars, casinos etc.

Chair Edmonds updated the Board that she has a letter to Senator Murray requesting federal funding for immunization programs ready to sign and send to Senator Murray.

VI. Subject Board Members' Updates

Board Member Conlin informed the Board that the Seattle City Council is planning to send a letter to the Board of Health requesting that bike helmet regulations be amended to require the use of helmets when riding motorized scooters and Segueways. Currently there is no regulation requiring use of helmets when using these fairly new types of vehicles.

Board Member Lambert expressed concern regarding discontinuing funding of the child death review committee, which in the past, has led to new child death prevention strategies. Board Member Lambert also noted that proposed changes in the WAC requiring children in licensed family childcare homes to be in constant sight and hearing of the childcare provider may lead to unsafe napping situations. Chair Edmonds indicated that she plans to speak with the chair of the Children and Family Services Committee on another issue today, so she will also discuss these concerns. Chair Edmonds will share the results of this conversation with the Board via e-mail.

VII. Subject Director's Report

Dr. Plough updated the Board on the imported measles cases in King County. This is due to eleven families traveling to China to adopt twelve children, six of whom now reside in King County. Three of these children have confirmed measles and three are considered probable as of this week. At this time, there is no evidence of community transmission or secondary transmission. Dr. Plough stated, "this raises the important question and awareness that in a global situation where measles is often pandemic in many parts of the developing world – China, Korea – nearly 800,000 deaths a year, we're only a plane ride away from potential exposures to these kinds of infectious diseases."

The Health Department has undertaken a number of activities in response to the outbreak: identifying cases and potential cases; identifying people who were exposed to measles; appropriate testing and treatment of new cases; and increasing the awareness of public health providers, schools, and laboratories about measles in our community. The Health Department has coordinated with the Washington State Department of Health and the U.S. Centers for Disease Control to provide information to the public on possible locations where they may have been exposed.

Board Member Lambert suggested adding imported diseases to the list of core health indicators tracked by the Health Department's Epidemiology, Planning and Evaluation

now understood that there are multiple determinants of health: biology; age; sex; race; genetic makeup; behavior; social, family and community networks; living and working conditions; employment and occupations; income; education; physical environment; built-in environment; public health services; health care services; and global economic conditions and policies. These determinants interact and link with one another and they also occur for individuals and communities over the span of a lifetime. The ability to improve the population's health will require multiple strategies from multiple sectors, therefore, the committee proposed an intersectoral public health system.

Dr. Wahl stated that the committee identified six action areas for assuring the public's health in the 21st century: (1) adopt a population-level ecological approach; (2) strengthen the government public health infrastructure; (3) build partnerships; (4) develop systems of accountability; (5) base policy and practice on evidence; (6) enhance communication. The committee also recommended including communities as actors in the public health system and establishing better links between health care delivery and public health systems. It is also important to increase the role of the corporate sector in the public health system, as well as enhance the media presence, to strengthen public health practice and education.

Dr. Wahl posed questions for the Board to contemplate while reading the report:

- What is the role of state and local public health agencies in developing the intersectoral public health system?
- Are we ready for public accountability?
- What is the role of governmental health agencies in assuring the public health workforce?

Chair Edmonds thanked Dr. Wahl for an informative presentation including specific recommendations to the Board such as inviting panels from the media and corporate sector to discuss their efforts to promote public health. Chair Edmonds asked Dr. Wahl to describe efforts to recruit high school and community college students into the profession of public health. Dr. Wahl responded that there are no public health degree programs in this state that offer an undergraduate degree. Several Board members, as well as Dr. Wahl, agreed that the lack of undergraduate programs is a challenge when trying to replenish the public health workforce. Chair Edmonds stated that this is an issue upon which the Board can take action.

Board Member Lambert described a video of a program Microsoft is piloting regarding workforce medical care via video technology. Board Member Lambert stated that employees can link with a health care provider via computer and video cameras to receive an interactive exam, after which, the doctor may email any necessary prescriptions. Dr. Wahl stated that while this is certainly exciting technology, the investment in equipment and manpower to implement the program is not always possible.

Board Member Conlin commented on the excessive costs incurred when trying to recover costs from insurance companies for covered health services. He also commented that these kinds of costs are probably increasing more than the whole public health budget.

IX. Subject Rule Making Title 8 Rabies

Dr. Ngozi Oleru informed the Board that Environmental Health Services revised the proposed rabies regulation to address the concerns raised by the public and the Board at last month's meeting. These changes were made in consultation with the prosecutor's office and the veterinarian who expressed concern about the proposed regulation. Chair Edmonds stated that one public comment regarding the proposed regulation had been received via e-mail. This comment questioned whether there was a requirement in the proposed regulation for pet owners to keep their pets' rabies vaccinations current. Dr Oleru assured the Board that this is addressed by the proposed regulation.

A motion was made to adopt Title 8 Rabies Regulations. The motion was seconded. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Title 8 was adopted.

X. Subject Drinking Water/Wastewater Briefing

Dr. Oleru gave the board a general overview of the Wastewater and Drinking Water programs in Public Health – Seattle & King County, including scope of work, breakdown of staff, the rationale behind the programs, and the methodology used to develop the new fees. Dr. Oleru stated that the proposed fee increases are due to a directive from the King County Council requiring full cost recovery for all services that are eligible for fees.

Dr. Oleru informed the Board that some of these fees have not been increased for five, ten, or even twenty years. The proposal more closely aligns the fees with the actual costs of performing the service. Environmental Health Services has held stakeholder meetings allowing public comments on the proposed fee increases. The Board was provided with summaries of the public comments from these stakeholder meetings.

Chair Edmonds announced that she intended to create a subcommittee of the Board to review the proposed fees and the Department's methodology when determining the new fee amounts. Chair Edmonds asked for volunteers for this subcommittee. Board Members Irons, Lambert, and Nicola volunteered to work on this issue with a report back to the Board on June 18th.

XI. Subject Active Seattle Briefing

Dr. Plough introduced David Levinger, Executive Director of Feet First. Dr. Plough stated that Mr. Levinger would introduce the Board to the Active Seattle project, which is aimed at reducing obesity through active living. Mr. Levinger introduced his co-presenters Pete Lagerway, Supervisor of the Bicycle and Pedestrian Program, Seattle

Department of Transportation, and Amy Schuman, Health Educator, Chronic Disease Prevention and Healthy Aging, Public Health – Seattle & King County.

According to Ms. Schuman, Washington State had obesity rates that were less than 10% in 1991, but in 2002, this rate increased to 20-24%. King County has a 25% obesity rate; data indicate that walking is declining and the number of overweight adults is increasing. A Surgeon General report stated “that the impact of sedentary lifestyle on mortality is equivalent to smoking a pack of cigarettes a day.” Ms. Schuman informed the Board that physical activity is important for heart health and that the mortality rates for lean people who are inactive are comparable to those of obese people. Those people who are fit and lean, or fit and obese, have reduced rates of mortality.

Mr. Lagerway showed photos depicting poorly-design streets in terms of walkability. According to Mr. Lagerway, “when we build communities designed around cars, we simply eliminate the opportunity to really walk for most people.” Mr. Lagerway told the Board that approximately 25% of people will purposefully join a health club, walk, or bicycle, which means that 75% of the population is not involved in any formal exercise regimen and probably never will be. This is why the concept of active living is so important and exercise should be incorporated into day-to-day routines by how urban environments are built. The rates of obesity are lower in some cities than others, which is partially attributable to increased levels of exercise. This does not necessarily mean that more people are consciously exercising, rather, they are active because they live in an environment that promotes physical activity.

Mr. Lagerway showed the Board a photo depicting how a four lane arterial was transformed into a walkable road by constructing a two lane road with a turn lane in the middle and bike lanes on either side of the road. A crossing island was also added to promote walking. Another example is mixed use development where there are dwellings and shops in close proximity, thereby, reducing the distance people have to travel by car for errands. Another important design element involves accommodating all pedestrians, including persons with disabilities. In Seattle, approximately 300 to 400 improvements, such as curb ramps and wide sidewalks, are made each year. These are small improvements, but make a huge difference for pedestrians.

Mr. Levinger informed the Board that Active Seattle is a project of Feet First. Feet First is a regional organization that promotes the rights and interests of pedestrians and encourages walking. Currently, there are multiple layers of effort and funding to promote active living. These efforts include :

- Feet First receives some funds from the Robert Wood Johnson Foundation *Active Living by Design* grant;
- Active Living Network based in Seattle;
- *STEPS To a Healthier U.S.* grant is sponsored by the Department of Health and Human Services. Washington is the only state with both an urban grant and a statewide grant in the same area;

- The University of Washington Health Promotion Research Center focuses on healthy aging that incorporates physical activity;
- Physical activity coalitions that meet monthly to bring various organizations together with a common goal of promoting physical activity;
- Corporate initiatives in the region, including Weyerhaeuser and Microsoft, encouraging physical activity among their employees.

The Active Seattle project timeline is as follows;

- 2003-04 – building partnerships, developing training and tools to communicate about Active Living, publishing walking maps, new promotions, and physical improvements on a small scale;
- 2005-06 – targeting policies, standards, and legislation that can support ongoing changes;
- 2007-08 – targeting sustainability and cultural changes that are embraced, visible, and adopted by the many organizations involved.

The Active Seattle vision is to establish a neighborhood-by-neighborhood movement that embraces all citizens, transforms institutions, and leads to the physical and cultural changes that result in more people walking more often. It is a big vision and requires a strong partnership. Five Seattle neighborhoods (North Aurora, Lake City, Central Area, Beacon Hill, and Delridge) were selected for the project on the basis of neighborhood plans, health disparities in the neighborhoods, other partnering projects, community interest, and partner organization. These neighborhoods afford opportunities for innovative land use development and sidewalk construction. A discussion ensued regarding placement of trees and other vegetation in the design of sidewalks. Board Member Lambert expressed concern regarding safety related to poor visibility for drivers, cracked sidewalks from tree roots, pedestrians colliding with the trees, and the ability for someone to hide behind the trees.

In conjunction with other agencies, Feet First created walking maps that have been warmly embraced by the communities for which the maps were developed. The back of the maps contain public health messages, as well as neighborhood information.

Ms. Schuman discussed other techniques for promoting physical exercise. For instance, point of decision prompts are posted at the base of elevators or escalators encouraging people to take the stairs. Additionally, outreach efforts with providers at Puget Sound Neighborhood Health Centers and Public Health clinics are being conducted to encourage health care providers to address physical activity with their clients. People listen to their doctors, so it is important that health care providers recommend incorporating physical activity into clients' daily lives.

Mr. Levinger stated that there are significant roles for leaders in terms of prioritizing funding and policy making for promoting walking and bicycling, as well as educating individuals regarding the positive long-term benefits of active living. Mr. Levinger invited the Board Members to join Active Seattle for a walk.

X. Subject Adjournment

Chair Edmonds adjourned the meeting at 12:08 p.m.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE