

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, May 21, 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 George Counts

Staff: Alonzo Plough and Lisa Werlech

I. Subject Call to Order

The meeting was called to order at 9:37 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 April 16, 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 reminded the Board that the Health Department and the University of Washington School of Public Health will be co-sponsoring an obesity forum tentatively scheduled in September. This will be a half-day event involving school districts, food industry representatives, nutritionists, health care providers and other stakeholders. Chair Edmonds wanted to ensure that Board members actively participate in this forum. Board members will be notified as soon as a date is established and a location is formalized. Chair Edmonds favors the Shoreline Center.

On behalf of Board Member Counts, Chair Edmonds advised the Board regarding an issue related to funding mental health services for low income persons. As of January 1, 2005, it will no longer be permissible to use medicaid funds to provide mental health services to non-medicaid eligible persons. One

estimate is that health services will have to be discontinued for approximately 2,000 low income mentally ill persons in Seattle and King County.

The Council Committee of the Whole conducted several town hall meetings throughout King County to educate the public. One such meeting featured Dr. Plough who provided an overview of services that Public Health offers. Public Health staff representing Environmental Health and Communicable Disease discussed their programs.

Chair Edmonds and Dr. Plough participated in a forum that the League of Women Voters held regarding a study that was conducted by the State Department of Health and Public Health – Seattle & King County. The study evaluated what public health is, what it does, how it is funded, funding challenges, and the future of public health. The League wanted to draw attention to public health and the need for more funding and more stable funding.

The State Board of Health met last week and passed a recommendation that it work with the Department of Health to convene an advisory group on vaccination requirements as a condition of school entry. Apparently, the current regulations are dated and the Board of Health will evaluate criteria for determining whether specific immunizing agents should be required and rule making will occur later this year. Also, there was a discussion regarding transient accommodations and that homeless shelters are subject to the same standards as hotels and motels, which does not seem appropriate. Apparently, a legislative change is the only way to solve the problem, or perhaps, creating a new section of the code exclusively dealing with shelters.

Chair Edmonds reminded the Board that a subcommittee had been formed to evaluate the proposed fee increases associated with the Health Department's waste water and drinking water programs. The subcommittee will report recommendations to the Board at the June 11, 2004 meeting.

Chair Edmonds attended a press conference regarding bike helmet safety during which helmets were available for purchase at a very low cost. Also the City of Seattle police officers and fire fighters were rewarding kids wearing helmets with a free pass to a pool or Subway Sandwich store. This was a great incentive program advancing safety among young people.

VI. Subject Board Members' Updates

Board Member Lambert suggested that the King County Board of Health may need to meet twice per month in order to address all the important public health issues and concerns that arise. Chair Edmonds recommended exploring additional ad hoc subcommittees comprised of two or three members who could work with Department staff on specific issues and then bring a report to the Board. This model is used by the State Board of Health.

Board Member Frisinger advised the Board that the Department of Ecology must monitor coliform bacteria in streams throughout the state in accordance with the Clean Water Act. The Issaquah and Tippets Creek Basins, which are largely within unincorporated King County, are being monitored right now and the City of Issaquah was presented with a total maximum daily load plan, which is a basin cleanup plan. There are excessive bacteria during the summer months when the stream flows are low.

VII. Subject Director's Report

Dr. Plough reminded the Board that bike helmets need to be worn by people of all ages. Beginning in mid-June, Seattle Police will issue citations to bicyclists not wearing helmets. The Health Department will continue to provide positive incentives to kids. A bike helmet is a wonderful investment that can prevent brain injury trauma and disability.

Dr. Plough also discussed preventive measures regarding West Nile virus, which is expected to arrive in Washington next year. There were 3,000 case of West Nile virus in California and 61 deaths last year. One in five persons who are bitten actually get symptoms. Of those persons who exhibit symptoms, only one in 150 will get serious neurological complications. The Health Department will continue to provide education to the public via web communications, as well as monitoring dead crows.

VIII. Subject IOM Report Introduction

Chair Edmonds invited the public to submit questions to the guest speakers via electronic mail: boardofhealth3@metrokc.gov.

Dr. Plough thanked the Board for continuing the multi-part sessions on the implications of the Institute of Medicine's report, which discusses major trends that are likely to influence the nation's health in the coming decades and the practice of public health both locally and nationally.

Dr. Plough introduced Kathy Cahill, Senior Advisor for Strategy and Innovation, who provides leadership and direction for strategic planning at CDC/ATSDR. She develops long range plans that will enable CDC to meet future public health challenges. Ms. Cahill works internally and externally to communicate the Director's priorities for DCD/ATSDR with public health partners, private industry, and other stakeholders.

Dr. Plough also introduced Patrick Libbey, Executive Director of the National Association of County and City Health Officials (NACCHO), the national voice of local public health serving nearly 3,000 local public health agencies nationwide. Under his leadership, NACCHO supports efforts that protect and improve the health of all people and communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems.

Ms. Cahill discussed the futures initiative, which is CDC's strategic response to the IOM report. Ms. Cahill emphasized the growing relationship between CDC and metropolitan

health departments such as Public Health – Seattle & King County. According to Ms. Cahill, CDC really tried to take a look at what is changing in the world, and in particular, what can be predicted for the future, such as major changes in science, new diagnostic tests, and medical treatments, etc. These changes affect public health. The second area relates to demographics, including an aging society that is increasingly burdened with chronic diseases, as well as other issues affecting seniors. Baby Boomers want to live long, healthy lives, but that may be a challenge due to the construction of communities and health care delivery systems. The aging of America poses a challenge for public health. Another issue relates to systems. There are many gaps in the system both for preparing communities for terrorism, for example, but also gaps in serving the uninsured, and gaps in improving the health of the public at all stages of life. We have a health care delivery system that is oftentimes fragmented and not always efficient and effective. Rising health care costs will burden society and public health. Finally, there is the whole arena of prevention and preparedness and how CDC can balance epidemic challenges, such as obesity, with preparedness from potential terrorism.

Disseminating health information is a relevant issue, because there are a variety of different sources; health portals include everything from web M.D. to numerous Internet sites. There is an explosion of magazines, periodicals, television, and other sources that provide important health information. However, one challenge in public health is ensuring that information is evidence-based and accessible. The CDC is exploring this whole issue of health information both from the Internet side, as well as working with partners in local government to decide on ways of disseminating accurate health information over the next few years.

The CDC identified six strategic imperatives: (1) CDC's mission is to help improve health in this country; (2) customers; (3) public health system; (4) public health research; (5) global health; and (6) efficiency, effectiveness, and accountability.

Preparedness and health promotion and prevention remain core principles for the CDC. In the preparedness arena, the goal is to protect people from all threats to health, not just terrorism, but environmental threats, such as air, water, food, and infectious threats (West Nile virus is an example). The CDC is promoting health and prevention by increasing programs and services around prevention, such as chronic diseases, improving HIV prevention, injury prevention, and intentional injury (homicide/suicide prevention). In an effort to further refine these goals, the CDC is evaluating preparedness by looking at the customer and having a system that can respond to people's needs related to health threats. Systems issues surrounding protection and preparedness are also being evaluated. Public health agencies must work cooperatively with private health care providers, businesses, educators and other stakeholders to protect people and communities from threats.

The CDC's Future's Initiative is intended to realign the organization in order to meet the emerging challenges for improving the health of the public in the 21st century. The CDC is committed to collaborating with large metropolitan health departments, federal and

state governmental agencies, educators, research scientists, and private enterprises to advance disease prevention and injury.

Mr. Libbey presented trends and issues facing metropolitan health departments from a national perspective. He also addressed federal funding issues of future concern, particularly bioterrorism-related funding.

Mr. Libbey described the vision of the National Association of County and City Health Officials (NACCHO) as the voice of local public health in this country. NACCHO represents approximately 2,800 local health departments throughout the United States, with a goal to enable local health departments to better protect and improve the health of the people of their communities. Many of these communities are quite diverse and organized differently. Among the 2,800 local public health departments, governance structures vary. Approximately 60% serve a county jurisdiction, 10% serve cities, 7% are a county-city base, 15% serve on a township basis, and approximately 8% are multi-county district or special purpose units of government. However, there is no clean demarcation for the kinds of issues public health addresses; public health issues simply do not respect boundaries. Years ago, Washington State established 34 local health departments, but with no overlapping jurisdiction. This model may be one of the more effective models.

NACCHO is also evaluating the distinction between resident population and daytime population in terms of protecting non-residents, those people who come in and out of a community on a regular basis. The majority of the health departments in this country serve relatively small populations. Well over half serve a population of less than 50,000. The mean staff size of all health departments is 67 FTEs. These numbers are skewed by some of the significantly larger health departments. Larger health departments are more likely to offer a full and more complete range of services, particularly in areas of surveillance. There was also a tendency among larger health departments to be engaged in active partnering across health systems. A growing trend in the last two years involves partnering across emergency management and other first responder systems.

Referring to the IOM Report in its depiction of a broad public health system, the engagement of all partners includes a set of parameters from the individual level to a national level that involves policies. Mr. Libbey suggested that communities will have the most impact broadly in carrying out this ecological model, even up to and including changes over time in the social determinants of health. Some national policy will be required, but will actually be realized incrementally.

In response to Board Member Nicola's question regarding specific CDC proposals related to strengthening governmental public health, NACCHO has been advised of three emergency issues: workforce; workforce development (the notion of defining standards which will lead to accreditation); and preparedness. It has been eight years since the last attempt to conduct a national enumeration project of the workforce. Anecdotally, 25% of the current workforce is either now, or will be within the next two

years, eligible to retire. The percentage may increase as budget issues change. Key leadership is often lost due to early retirement opportunities; it is difficult to replace the experience of 25 years. It is imperative to learn more about the workforce population in order to better inform policy decisions. Workforce in large jurisdictions is complex. Oftentimes, the larger health departments actually represent the state's largest concentration of workforce resource in a number of key areas, including emergency preparedness. Trained disease investigators are most concentrated, for example, in the larger urban and metropolitan centers. Accreditation is an interesting topic that raises a number of questions regarding performance measures. Everyone, regardless of where they live, should have the right to expect their governmental public health system to provide certain services and protections. How jurisdictions render services may vary according to history, culture, and size, however, every community needs to be served. The final area is preparedness. Public health has had a tradition of responding to emergencies. According to Mr. Libbey, the quality of emergency care and treatment response raises the notion of multiple partners, hospitals, emergency management systems, isolation and quarantine. There are logistics and coordination issues. It will be the work of the local health departments and hospitals in planning, preparing, and exercising that will ultimately determine how well the people of a community are served. A state coordinating council may be helpful in a broad policy sense, but it will not be of much help in an on-the-ground response.

Yesterday, the Secretary of Health and Human Services proposed redirecting \$27 million to 21 specific cities for the express purpose of assuring that public health jurisdictions serving those cities can reach every member of that community within 48 hours of an event. Unfortunately, this allocation is extracted from existing funds; it does not represent additional monies. This may ultimately hurt other preparedness efforts and cause conflict between state and local jurisdictions in terms of use of funds. There is a rumor that less than half of the monies have actually been used, which is not accurate. What it really amounts to is an increasing loading of expectation and a carving out of very specific federal priorities. Similarly, the President's 2005 budget takes approximately 11%, or \$105 million, out of the public health emergency preparedness money and redirects it toward much more technical advancement.

NACCHO is committed to working with local board members, the U.S. Conference, and National League of Cities to create a functional public health delivery system inclusive of all citizens..

IX. Subject Adjournment

Chair Edmonds adjourned the meeting at 12:10 p.m.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE

