KING COUNTY BOARD OF HEALTH
999 Third Avenue, Suite 1200
Seattle, Washington 98104-4039

Carolyn Edmonds, *Board of Health Chair*

KING COUNTY BOARD OF HEALTH
MEETING PROCEEDINGS

May 19, 2000
9:30 AM to 1:00 PM
King County Council Chambers

Roll call

- Steve Colwell for David Hutchinson
- Richard Conlin
- Maggi Fimia for David Irons
- Greg Nickels, Chair
- Margaret Pageler
- Dan Sherman
- Alvin Thompson
- Alonzo Plough, Administrative Officer

Call to order

Chair Greg Nickels called the meeting to order at 9:44 AM.

Announcement of Alternates

Kenmore City Councilmember Steve Colwell served alternate for Lake Forest Park Mayor David Hutchinson and this is his first meeting as a voting member of the Board of Health. County Councilmember Maggi Fimia was present as alternate for County Councilmember David Irons.

General Public Comments

Mr. Richard Lee stated that he didn't know whether the Board witnessed the act of physical evasion of his questioning by Dr. Plough only minutes ago. He said he was short on time before the meeting started and that was at least ten minutes ago. But the fact is that Dr. Plough has been evading a very important issue for more than a year. Mr. Lee has tried to get him to address his letter dated June 12th of last year, eleven months ago, in which he drew attention to the fact that there are extremely troubling problems with the potential administration of Dr. Richard Harruff as Chief Medical Examiner of King County. This is a transfer of power that has only occurred in the last several months. On March 1 there was a press release issued by Dr. Plough's office and Mr. Lee didn't believe that the public has ever had an opportunity to give any input into the appointment of this very high government office, perhaps the most important appointed office in King County government. And what Mr. Lee had attempted to address a year ago with Dr. Plough, foreseeing the possibility of a Dr. Richard Harruff administration, which he has completely ignored for eleven and a half

months, and which he has rather dramatically evaded today, is the fact that Dr. Richard Harruff has engaged in scientific fraud through the instrument of The Journal of Forensic Sciences. Mr. Lee spoke to the editor of The Journal of Forensic Sciences only two weeks ago, and asked him if there was any evidence whatsoever that Dr. Harruff had revealed to him his conflict of interest in publishing a so-called scientific study on the subject of shot gun wounds. That is, did Dr. Harruff reveal to The Journal of Forensic Sciences that he had a conflict of interest because pathologists Dr. Reay, Dr. Harruff and Dr. Hartshorne did the Kurt Cobain autopsy, which has become extremely controversial because of the shot gun wound scenario. If Dr. Harruff did not reveal that he had a conflict of interest, then he has committed scientific fraud, which also calls into question whether or not the entire study is scientific fraud. Dr. Harruff claims to have found, in his study of intra-oral shotgun wounds, that "the external head remains fully intact in 55% of 20 gauge intra-oral wounds." This is completely unprecedented in any anecdotal or scientific reporting to date in the history of forensic sciences. This is an illustration of what typically happens in a case of intra oral-shotgun blast. The head does not stay completely intact. This is an elaborate cover story contrived by the pathologists of the King County Medical Examiners Office to account for the fact that there was little or no blood at the Kurt Cobain crime scene. Now, ask yourself what's going to happen when Dr. Harruff starts certifying cases as suicides and the families of people with insurance polices and insurance companies get involved. You're going to have huge litigation issues because it can easily be demonstrated the Dr. Harruff has engaged in scientific fraud on precisely this point. Mr. Lee asked was there any public input into the appointment of Dr. Harruff, which apparently passed with little or no notice on March 1. Mr. Nickels indicated that the Board would not be engaging in dialogue with him. Mr. Lee pressed for the question to be answered. Mr. Nickels stated that this was an opportunity for public comment, that the Mr. Lee had made his comment and that the Board appreciated his taking the time to do so. Mr. Lee continued to press for an answer, whether this would be addressed in any way. He also asked Mr. Nickels if scientific fraud disturbed him and told him to get ready for litigation.

Chair's Report

Recognition of Larry Kirchner.

We have, in the last year, started a tradition of recognizing the outstanding performance of some of our public health employees as they move on to new phases of their career, or they retire from public service. Today we want to recognize Larry Kirchner who worked with the board on a number of issues that we all probably remember well. His job generally is to walk us through very technical issues that we as elected officials--and I'll exclude the health professionals from this--need some help to understand and appreciate the significance. He's done this with great patience and graciousness and has served the public very well. Mr. Nickels read Mr. Kirchner's recognition award stating that he is duly recognized "for all his accomplishments and contributions to Public Health - Seattle & King County, and the safety of our community, dated this 19m day of May, 2000." Mr. Kirchner thanked his peers in Public Health and the Board of Health for the support that members have given the Department on a whole variety of issues. He knows some of the issues have been very trying to work through for the Board of Health and in fact have been trying for some of the public who have spoken to the Board. He has enjoyed his career in Public Health. Mr. Kirchner is not totally giving up his career in public health and the Board may see me back here as a member of the public advocating for certain issues.

Recognition of Cathy Gaylord.
Mr. Nickels then recognized a person who has really been, in his estimation, the heart and soul of our Board since we established a federated board in 1996, and that's Cathy Gaylord. Cathy has been our Board administrator since 1996. We were creating a brand new board, and we didn't really know how to go about that. We certainly didn't know how complicated rulemaking and some of the other activities we engage in to fulfill our mission might be. Cathy literally helped write the book on how we do this business. Cathy's work has been recognized statewide in the respect she has amongst her peers and the fact that she was called in to help create education programs for local boards of health in Washington state in the annual meetings that some of us get to participate in. Mr. Nickels read Ms. Gaylord's recognition which thanked her for all her accomplishments and contributions to the Public Health - Seattle & King County and the King County Board of Health. Mr. Nickels then teased Ms. Gaylord with an impromptu humorous mock evaluation, which produced much laughter, then thanked her and told her she would be missed.

Swedish - Providence Strategic Alliance.

In February we all heard about a significant event in our community's health care system as it was announced that Swedish Medical Center and the Providence Health System of Washington would merge in a strategic alliance. We are pleased today to have with us Mr. Richard Peterson, Chief Executive Officer of the Swedish Medical Center, and Dr. John Koster, CEO of the Providence Health System of Washington. They will talk to us about the merger and what impact they believe it will have on our community's health care system and particularly the issues that we're involved with in public health and the safety net that we have for the low income and for vulnerable populations.

Dr. Koster explained that he and Mr. Peterson hope to give an overview of the strategic alliance and demonstrate how coming together is really a response to the dramatic changes that are occurring in health care of which the Board is certainly aware, and that by coming together and joining forces we will better be able to handle Dr. Koster began by talking about what it is they're doing. The Providence Health System in Washington and Swedish Health Services are forming a strategic alliance to identify areas where they can collaborate and find ways where they can utilize resources in a more effective way. It is a complex relationship and it has three major points. First of all, Swedish will manage and own the Providence Medical Center and the Jefferson Towers, which is a medical office building on site in the Providence medical group. The Providence Health System in Washington, of which Dr. Koster is the Chief Executive, will have two seats on the board which will be manned by lay folks from our their own board. The Providence and Swedish systems will jointly own a new company, which will operate expanded administrative services, such as patient financial services, information systems, etc. Those of you who are in business or in the Seattle economy are acutely aware of how difficult it is to recruit and retain employees in either financial services or information systems. One of the key thrusts of this is to find ways that we can provide high levels of talent to both organizations through having a common administrative infrastructure. Dr. Koster showed the Board a very rough management chart that shows the Providence Health System in Washington, which is a quite large health system not only involving Providence Seattle Medical Center, but also Providence Everett Medical Center which has three campuses, the Central Washington Service area which includes facilities in Yakima and Toppenish, and the Southwest Washington Service area in Olympia, which has St. Peter's Hospital in Olympia as well as the hospital in Centralia. We also operate eight long-term care facilities within the state of Washington and a hospice in King County. All of those facilities will continue to operate under Providence Health Care System in Washington. Under the Swedish Health System we are transferring the Providence Seattle Medical Center, the medical office building, the Jefferson Towers and the

Providence Medical group to Swedish Health Services. The new company, which we will jointly own, will operate what we're calling a service center, which is the information systems, patient financial services, etc. As Providence Health System of Washington is already operating a service center, we will be managing that, going forward, and then identifying opportunities for health joint ventures throughout the state for the Providence and Swedish systems. That's an overview of what we're trying to accomplish.

Dr. Koster then gave some history to explain why the two systems are creating the strategic alliance. The Providence system has been around the northwest for a long time, over 150 years, and is one of the first, if not the first, hospitals in Seattle. Dr. Koster again pointed out, and assumed the Board is acutely aware of, the changes that are occurring in health care. We are faced with significant challenges in terms of reimbursement. Dr. Koster heard that the Board would be addressing 1-695. The health systems are facing 1-695 plus the balanced budget amendment which has created significant reductions, managed care insurance pricing, etc. At the same time, we're faced with burgeoning new technology. Information systems are radically changing the way health care is being delivered and the way that we can approach various disease entities through bio-engineering, etc. But it costs a tremendous amount of money to try to create the cutting edge technology for the citizens of Seattle. At the same time, we both have missions which are directed toward being able to serve the poor and vulnerable. So, faced with significant reimbursement constraints, burgeoning technology--which we think the citizenship wants and needs--and our commitment to serving the poor and the vulnerable, we have to look at creative new ways they can make best use of the resources we have. Dr. Koster showed a simple bar graph that gives some idea of the impact of the balanced budget amendment in terms of the state hospital operating margins. Monday of this week, Dr. Koster was in California where Providence operates hospitals as well. There, the infrastructure has been systematically dismantled by declining reimbursement, to the extent that in certain elements of Los Angeles the critical infrastructure for the poor and the vulnerable and for trauma is being dismantled because of lack of funds. Soon there may not be a trauma system in certain parts of Los Angeles. In order for a health system to maintain viability you have to maintain a 5% to 6% total margin simply to be able to replace technology. As you can see, with the institution of the balanced budget amendment which impacts Medicare primarily, the operating margins have been diminishing radically. What they have to do is look at how to do things in a different way. The strategic alliance is an approach to do that. We are not-for-profit organizations, community-based, with limited mechanisms to access capital. One of the ways they access capital is through the debt market. They go out to bond agencies to access capital to use for new technology. Dr. Koster pointed out that because of the reimbursement climate, of sixty bond issues that were issued for health care services (bond ratings issued for health care services over the last year), all except for four of those have been downgrades. So they are facing significant problems in health care services being able to access capital from even the debt market, which we should be able to do for a not-for-profit status because of the challenges we're facing. Dr. Koster is just trying to set a context for the Board to understand that they are trying to be creative and innovative. They can demonstrate that they are serving the needs of the community. But the status quo, doing business as usual, is not an option if reimbursement for health care services is going to be restricted the way it is. By partnering, they're able to reduce the amount of duplication of health care services, which do not serve the community. Together we can build on the strengths both organizations have. The Providence Health System service center, which has been successful in aggregating its patient financial services and information systems, will be brought to the arrangement. Swedish has a long history of very high quality clinical care and Providence has a long history of high quality care in heart and other services. By combining these, a better form of health care delivery can be provided in these changing times to the citizens of the state. The immediate impact will be negligible. Regulatory approval is sought

by July I. They're in the process of working with the state regulators to minimize the impact and they would anticipate no layoffs. They will take a very measured approach to how we aggregate programs, but there will not be significant changes immediately.

Dr. Koster introduced Mr. Richard Peterson of Swedish Medical Center. Mr. Peterson stated that the partnership brings some significant opportunities to begin to address some of these serious issues jointly and at the foundation. It's important to point out that the two organizations have had a long history as not-for-profit organizations. Not-for-profit organizations have a mission beyond just making money. Having that common ground and common theme between the Sisters of Providence and Swedish organizations over the years gives them an opportunity to work together that perhaps dissimilar organizations would not have. Both have an interest in charity care and an interest in the issues that face this community from a health care perspective, that are currently not being reimbursed. With a substantial commitment to charity care, together both organizations spend in excess of $8 million in any given year. This is care provided to patients who have no ability to pay whatsoever. This is not the difference between what is being reimbursed and what is being charged. This is literally care that is rendered for no charges whatsoever. Both organizations have had a strong commitment over the years to provide that service. With this combination, they think they will be able to continue that kind of commitment. They also provide a number of services other than acute care offered with no expectation of reimbursement. They have been working over the last year and a half to calculate the community benefit that these two organizations provide and it's rather amazing. The services that are being offered in which there is no reimbursement added up to in excess of $19 million in 1999. They expect to continue their commitment to these services. One of the opportunities in the new alliance is with a program Providence has had for a long time--an office of mission and ethics. In the strategic alliance, they have committed to sustaining that office and have added community relations. That office literally works with the community agencies and creates that network and integration with other health care delivery systems within the community. Providence has had a long tradition in that area and both want to sustain it in the alliance.

What they have been able to accomplish with this alliance and the new organization creates opportunities of scale. It's not necessarily that they're going to be able to reduce substantially the cost of these services, but by the scale that's been created, they should be able to attract excellent personnel to provide these kinds of capabilities. And within the alliance they would be able to understand the needs of their respective markets more effectively so that they can begin to coordinate the activities that go on within King County and the activities that go on around the state. An obvious question that comes up is what happens to employees. With an announcement like this, people fear for job security. Both organizations have made it clear to their employees that there is no intention of closing the Providence facility. They will need all of the capabilities of that campus to continue to deliver acute care. In fact, the ability to attract people in today's employment market is a severe problem. They have over 300 openings within the two organizations right now, of positions they are unable to fill. About 120 of those are nursing positions. It's a significant problem in health care. There is growing demand for the services and it is very difficult to find employees.

All of our employees have been told not only not to worry about their jobs, but that their employment is guaranteed through next year, because all the resources will be required through this transition period. Mr. Peterson addressed what this will mean to patients. This will be invisible to patients. They will be able to seek the same levels of care in the same facilities and see the same physicians they always have. It does not affect any of the insurance plans and patients will be able to maintain their insurance. They will address any perceived disruptions through their special needs program. There is a very sophisticated and elaborate plan for this transition, so that they can integrate the services and the cultures of

these two organizations, understanding that both have had a long history in this community and the intent is to maintain the best of both. Over the next several months they will be working closely with the medical staff, volunteers, auxiliaries and employees to begin to create this new environment. There are several review processes that must be undertaken. They have been through two out of the four so far. Approval has been given from the Church, a process required since this transaction involves a religious organization. Federal anti-trust approval has also been received. Pending are a review by the Certificate of Need organization within the State Department of Health and the anti-trust element of the Attorney General's office. They are confident that approval for those will be forthcoming. Due to the amount of information being developed and the potential for rumor, they have worked hard to develop their communication systems internally. They offered to answer any questions the Board and meeting attendees may have about the strategic alliance. People may contact Sally Wright at Swedish and Abby Kaplan at Providence.

Dr. Sherman has heard a lot about this alliance, as he has been a staff member at both Swedish and Providence for over 24 years. He looks forward to a good collaboration. At Providence, Dr. Sherman could see that they needed some financial support, some of which looks forthcoming. He has one concern. He's aware that Swedish Medical Center has never had an in-patient mental health service. When Cabrini closed, Swedish took over their chemical dependency and eating disorder programs, which are now located at the Ballard campus of Swedish. Dr. Sherman believes that right now Providence has the only mental health in-patient service at a private general hospital in Seattle. He hopes that program will be maintained as a public health service to the community.

State Budget Update.

The legislature is done and we have more detail than last month how they have determined filling the revenue gap of the Motor Vehicle Excess Tax (MVET) that we have historically relied on for local public health services. Dr. Plough will take a minute to explain the structure which is not what was expected. It will impact how we approach a couple of issues including the food inspection fee issue.

Dr. Plough indicated, as had been reported to the Board, the House, the Senate and the Governor's budgets all agreed on 90% of MVET replacement to local public health. In an interaction with the Association of Counties and Cities, most other entities who were getting mitigation monies from the legislature - transit, roads, other places - receive their payments quarterly. In calculating that and in how they wanted to get their money back, they wanted the same arrangement. Since Public Health got their money in a different kind of allocation, instead of getting 90% of the money back for all of calendar year, we bot back the equivalent to about six months at 90%, which left us about 50% short. Instead of getting the full $9.6 million that we should have gotten for this year, we're going to get something more like $5.6 million, leaving us short. For 2001, we'll receive the full $9.6 million and we would expect that would happen prospectively, but it is a temporary shortfall. Because of the Executive and the County Council providing one-quarter of MVET funding for the Department while all of this transpired (which won't be paid back because we didn't receive a full settlement), plus the $1.2 million cut that we took, plus the money that was added from the fee increase, we end up $80,000 below our current expenditures for this year--something we can handle. But this is a problem. The State Health Department is currently talking to the Governor's office. There's a letter going out from the Association of Counties to the Governor's office trying to correct this retrospectively early in the next legislative session.

We look fine for 2001 forward, but this year we just break even with everything intact. Mr. Nickels indicated that will create some challenges for us, but also in the year 2001 some

opportunities to maybe build on the discussions we've been having with regard to public health nursing, chronic disease prevention, and communicable disease issues. When we adopted the food inspection fees we included in the rule a provision that the Board would revisit those if the legislature restored those dollars and so Mr. Nickels asked the staff to begin preparing materials for us to do that. At our June 16th meeting they will come back with options for us to consider. They will discuss those with the affected parties and we'll have a discussion at the board level. We will talk about various elements of the public policy that are involved, what proportion of the costs should be borne by the industry and what proportion should be borne by the public through Current Expense (CX). A proposal will be made at the July 21st board meeting. Given how the legislature restored these funds, it is unclear yet whether that proposal can be effective in this calendar year or will need to be effective with next year's fees. That is the date we are going to at least begin discussion around a specific proposal and the affected parties should be aware of that and mark their calendars.

Board of Health Renewal.

An ordinance has been introduced to the County Council to renew the enabling legislation for the Board of Health. Copies are in today's Board materials. The ordinance will be worked through the Council over the next couple of weeks. It reflects the comments that board members made in the evaluation process and the changes that have been proposed are relatively small. One of those is for the non-voting health professional to act as an alternate in the case one of the two voting members is not present. There's also a minor change that takes out the specific meeting time of the Board. The ordinance currently says the Board meets on Fridays, or as the Board of Health determines. We have the opportunity to remove that from the ordinance and just specify the date in the Board's Operating Rules. Other amendments may be offered. One, requested by a member of the Council, would lengthen the sunset provision to every four years. The Board has renewed three times in the last four years, so four years I think would be a reasonable sunset date. Mr. Nickels indicated that each time the Board has renewed, improvements have been made. It's a useful process and that is a fairly friendly amendment. Another potential amendment regarding suburban city representation would address how, for example, a Bellevue City Councilmember would be appointed if he/she was interested. Ms. Pageler stated that the Seattle City Council has had an ongoing discussion about their concern that the $15 million dollars that they contribute from their general fund for enhanced services is at risk without their having any real input into the voting on the budget here at the County Council, since the County Council controls the budget. They may ask for an amendment that clarifies the authority of the City to direct its enhanced funding. Ms. Pageler said that it may be something as simple as bringing the budget to this Board for an opportunity to talk about the enhanced services and the funding for them.

Dr. Thompson's Presentation on the Criminalization of the Mentally Ill.

Dr. Thompson address some comments to the Board that he has made in writing on behalf of the State Association of Black Professionals in Health Care. Historically governmental policies have needlessly obstructed the treatment of the mentally ill with the result that the mentally ill, particularly schizophrenics, are a significant element of the Washington state homeless and incarcerated populations. In the past 3 to 4 decades, since the enlightened response to respect the civil rights of the mentally ill, remarkable treatment capabilities have become available for the treatment of the mentally ill. Now the alternative to treatment is not prolonged incarceration of the mentally ill, but the use of therapeutic modalities that are capable of markedly diminishing the danger of the mentally ill, both to themselves and to the public. Now it is possible to return these sick human beings to an enjoyable and productive

relationship with their community, and very importantly to relieve them of the enormous misery of their disease. The new therapeutic modalities warrant a re-examination of public policies developed decades ago. To do otherwise, is profound abuse of the civil rights of the mentally ill. The argument that budgetary constraints prevent adequate treatment of the mentally ill overlooks the present expenditures for the management of the mentally ill street people and the enormous expenditure for the incarceration of the mentally ill. We respect the right of police officers to defend themselves. However, when the threat to them is posed by obviously mentally ill persons, we raise the injunction that police officers have a duty to protect the helpless, even at increased risk to themselves. What police shooting policy is there for the not unlikely probability, that a ten year old child should threaten the public safety. We request your urgent evaluation and resolution of the obstacle to the timely appropriate treatment of the mentally ill and an equally urgent evaluation of police policies which have resulted in the unacceptable alternative of the preemptory shooting of the mentally ill.

Mr. Nickels responded that Dr. Thompson presented to the Board a very articulate and compelling issue and one that has obviously been a very difficult one for our society for to come to grips with for many years. He thinks the Board would be very interested in following up and taking a look at our system of treatment and what barriers there may be for individuals in many walks of life. When we deal with our budget for the jail here at King County, our former director of adult detention often would comment that the King County jail is the third largest institution for the mentally ill in the State of Washington, and that just is not right. We will follow up on this and find ways for the Board to engage in this issue.

Board Planning Process.

We continue to work on presenting options to the Board to more formally engage in a planning process to deal with how we identify priority issues and set that agenda. It's something that a number of Boardmembers mentioned in their evaluations and Cathy Gaylord has done some good work on that, but we're not yet there. We will be reporting back at our next meeting.

Alcohol Impact Zones.

Alcohol Impact Zones. There are a number of new stories in today's materials about the efforts to create alcohol impact zones in the City of Seattle. In 1998, the Board adopted a resolution that called upon the State Liquor Control Board to exercise its rulemaking authority to restrict the sales of designated alcohol products within specific geographic areas, that is, alcohol impact zones and/or restrict them to State Liquor Control Board facilities. Pioneer Square is set to be the first alcohol impact zone and the Seattle City Council held a public hearing, on this issue. Mr. Conlin, at Mr. Nickels request, commented on this issue saying that a public hearing had been held, at which there was generally strong support for the alcohol impact zone proposal. It has been voted out of the City's Finance Committee and will be on the agenda next Monday before the City Council. Mr. Nickels indicated he would request a status report briefing at a future meeting if the Board wished.

Ad Hoc Committee on Natural Medicine Integration with Public Health.

Mr. Nickels indicated that the report from this committee would be postponed due to Dr. Pizzorno, committee chair, being out of town. We will address this at our next meeting.

King County Integrated Medicine 2010.

Mr. Nickels called on Councilmember Maggi Fimia to talk a little bit about the 2010 Health Care Project that she's working on. Ms. Fimia spoke about the collaborative project, called King County Integrated Medicine 2010, that many have been working on for about two years. The project is an attempt to get all the players and stakeholders in the same room at the same time over the course of three meetings to celebrate what they've accomplished with integrated medicine over the last ten years in this region, identify where they are now and determine where they want to be by 2010. There are 5 to 8 specific accomplishments that they would like to be able to have complete by 2010. They are discussing who should be taking the lead and identifying the next steps to make it happen. It is collaboration between conventional, complimentary and alternative medicine, stakeholders and the public. It is happening in a series of three meetings with lots of organizational meetings in between. There is a steering committee that works on developing and preparing for each of those meetings. The goal is to culminate in the fall with the third meeting and to progressively enlarge the circle of stakeholders, identify whom else needs to be at the table for the next meeting, and have working dialogues of what should be in a strategic plan. Ms. Fimia explained that it is a mapping of the landscape now, goal setting for the future, and identifying the ways to collaborate on attaining those goals, both in going after funding for projects and programs, to eliminating overlap or gaps in their efforts. Public Health has a big piece of this, which includes research of integration, insurance coverage, sharing and cross training of clinicians and serving the under served populations. There has been a tremendous amount of incubation of projects and programs in this region, but we don't have the mechanisms or institutions in place to help coordinate all these different activities. Now we need to sit down together and strategically plan for the future. We have welcomed the King County research institute to the table. There is also a collaboration with Region 10, Northwest Indian Health, chiropractors, nutritionists, midwives and different medical establishments. Ms. Fimia said she will make sure all are invited to the second meeting happening in the summer.

June 16th Meeting to be held at Harborview Medical Center.

Mr. Nickels announced that the June 16th board meeting will be at Harborview Medical Center. There will be a briefing on the trauma center and a tour will be available for Boardmembers. This is the second annual visit to recognize the important role Harborview plays in the health of our community and its public role as the County hospital operated by the University of Washington.

Director's Report

Arsenic and lead levels on Maury and Vashon Islands.

Findings of elevated levels of arsenic and lead on Vashon and Maury Islands continue. Through a community meeting held about two weeks ago, the preliminary report was discussed with members of the Vashon and Maury Island Community. Mr. Nickels was also there on the multi-agency panel addressing these issues. We continue to expand our sampling to residential sites, to child sensitive areas. Fortunately, in two rounds of lead testing of children who live in areas where there would have been potentially high lead soils, we have not found highly elevated blood leads in those children. We hope to continue to find no human health effects related to these exposures. An important change has been that the State Department of Ecology has assumed the regulatory, lead on this issue and will

continue to move forward and determine what kind of mitigation strategies may need to take place in those areas.

Heroin Prevention Initiative.

The first meeting of the Heroin Prevention Initiative, chaired by Executive Sims and Mayor Schell, was held. They looked at the problem of heroin addiction in our community and discussed some of the likely opportunities for better prevention, as well as treatment and early intervention programs for people with opiate addiction. That group will meet monthly for the next six months and come up with a series of recommendations.

Gypsy Moth Spraying.

Regarding the spraying for gypsy moths in Ballard and Magnolia, our role has been just to review with the State Health Department some of the toxicology of B.t.K. We are in agreement with the State Department that there are no serious health risks related to B.t.K. The decision to do that spraying was made by the State Department of Agriculture and not by the State Department of Health or Public Health.

Approval of the April 21, 2000 Meeting Minutes

The Board approved the meeting minutes as presented.

Rulemaking to Bring the County Food Code in Compliance with the State Food Code

Mr. Nickels introduced rulemaking on the food code indicating that the changes are designed to deal with notification regarding unpasteurized juice and to reflect changes in the state food code with regard to food worker permits. Dr. Thompson inquired, regarding the food worker permits, what are the requirements of the worker to obtain that permit and what hoops do they have to jump through. Ngozi Oleru, Public Health's Chief of Environmental Services, explained that the worker is required to attend a 30-minute training, take an exam afterwards, and upon passing they obtain a card to be able to work in a food establishment. Ms. Oleru answered no to Dr. Thompson's questions of whether or not there is any sort of physical examination or health testing required.

No persons were signed up to testify on the proposed food code rule, so Mr. Nickels closed the public hearing. The regulation was adopted with a vote of 7 in favor and 0 opposed.

General Public Comments (continued)

Dr. Wayne Johnson addressed the Board regarding Resolution No. 00-303, concerning Seattle's park system developed at the request of Ms. Pageler at the last meeting. He proceeded as follows: My name is Wayne Johnson and I represent the Northwest Animal Rights Network which is one of the plaintiffs, along with PAWS and the Humane Society of the United States, in a case which will appear before a federal judge, Marsha Pechman, on the 5th of June to have a preliminary injunction from the federal court against the proposed Canada goose kill. The reason it is going to federal court is that these birds are highly protected under the 1918 Federal Migratory Treaty Act. We hope to say, one, that pooping is not a capital crime. Not only is pooping not a capital crime, it is not a justification for making an exception to this highly protective treaty. Secondly, we believe there needs to be rigorous scientific evidence, the kind of evidence that Dr. Plough can point to, in order to kill these

birds. The federal government's report says, about a serious threat to human health, which is the standard, "Is it uncertain whether the e. coli of geese can cause human illness." Two pages later, the same report upon which the permit to kill 3,500 Canada geese is based says, "Transmission of disease or parasites from geese to humans, has not been well documented." This Board is about to endorse a resolution based on anecdote rather than science. We will tell the federal court on the 5th of June, that there is not hard evidence, there is not hard science, that there is a serious damage to human beings, or serious damage to agriculture, which is the threshold. We are blaming and making scapegoats of these Canada geese for pollution on our Eastside beaches. Two weeks ago, 63,000 gallons of sewage was dumped into the beautiful Yarrow Bay area of Kirkland and we are blaming the geese for contaminating our waters. These geese have become scapegoats. There is not the slightest shred of evidence to make an exception to this highly protective treaty. There is only anecdotal evidence. Swimmer's itch is not enough to kill these geese. Finally, from a moral point, what are we teaching people about life here? What are we teaching people about the value of life? What are we teaching our children if these magnificent geese can be rounded up and gassed to death? And let me ask you, as you prepare to vote for this resolution, could any of you round up a beautiful Canada goose that flies over you in formation, that teaches us about loyalty, because they are so loyal to their families and mate for life, could you round that bird up and then kill him with gas?

Mr. Nickels introduced **Jonathan Frodge** from the King County Department of Natural Resources, **Don Harris** from the Seattle Parks and Recreation Department, **Larry Kirchner** with Public Health and **Roger Woodruff** from the U.S. Department of Agriculture--Wildlife Services Division of the USDA, to take questions concerning the Canada geese situation. Mr. Nickels asked what is the public health implication of the overpopulation of Canada geese in our urban area. Mr. Kirchner responded that the public contact implication of the goose poop that accumulates on the beaches of King County, on the playfields, in the public areas, is taken seriously in Public Health. It is true that the hard evidence of being able to document specific illnesses to goose poop is not there. But, it has been shown that the goose feces do carry a variety of organisms that have the potential of transmitting disease to the public. The risk becomes the contact of the public with the goose poop. He commented that he would challenge you to feel comfortable, from a public nuisance standpoint, with your children playing on the shorelands of our parks, golf courses and other public places, and feel that it is not a public health risk to your family members. Even though the specific disease tie-in is difficult to demonstrate, the public health risk is there and the growing population of geese is creating a greater exposure to the public. The Health Department has seen increasing complaints from the public about the exposure that they are faced with inevitably in trying to use public facilities, and the threat that the public perceives to their health.

Mr. Nickels asked Mr. Kirchner if swimmer's itch or if any other specific disease or condition is caused by the presence of the overpopulation Canada geese. He went on to question the seriousness of the issue and how Mr. Kirchner would characterize the situation as a public health issue on a scale from nuisance to emergency. Swimmer's itch can be tied to the feces of geese or ducks, according to Mr. Kirchner. Salmonella has been shown to be in the feces. There has been concern about Giardia organisms. Those are the most commonly spoken of. It is not a public emergency at this stage, but it is certainly well past a minor nuisance. He believes there is increasing risk as the population grows and the public gets tired of not being able to use their beaches. Mr. Harris added that we've all recognized in the park and recreation business that parks and recreation as an experience contributes to the health to our community and the public, mental health, quality of life in the urban area throughout the County. He believes what we're seeing is an increasing perception that people cannot comfortably enjoy the experience of using our public facilities. It used to be confined to

swimmer concerns on the beaches. It has now extended to our play fields, golf courses, children's playgrounds, small craft centers and reservoirs. It goes beyond the question of science. It is the public's ability to enjoy that experience, which contributes to their overall well being and health.

Dr. Thompson asked if there is any comparability of the geese to dogs and cats that are euthanized regularly by the Humane Society. Dr. Johnson responded that he believes all life is sacred so the principle that applies to the euthanization of Canada geese is the same principle that should apply to the euthanization of dogs and cats, namely we shouldn't be doing it. But what is most important, is that this treaty says that birds can only be killed under "extraordinary circumstances" not because of anecdotal evidence, not because we have some psychological health problem, not because people are a little bit uncomfortable sliding in goose poop. We can see that it's not comfortable to play soccer on goose poop. That in no way rises to the level of the treaty. Finally, the alternatives exist. Kirkland is doing a terrific job. Bellevue and Renton are doing a terrific job using dogs. Dogs aren't the perfect solution, but they are working and that's why these municipalities are using them. The City of Seattle won't even consider dogs according to Mr. Harris's quote in the Seattle Post Intelligencer. Finally, methyl anthranilate, which is a very good, non-lethal repellent, hasn't even been tried in the City of Seattle, and that's used very successfully in other places in the country.

Roger Woodruff, Assistant State Director of Wildlife Services, responded in kind to Dr. Thompson, concerning the non-lethal measures which have been used in Seattle. His program has worked closely with the Seattle Waterfowl Committee since 1988 on this issue. At that time, USDA was approached by the Committee due to the serious problems this community was having with geese. In the last twelve years, a wide variety of methods have been employed by the Parks Departments, individuals in the community and their program to try to non-lethally solve this problem. Many geese were relocated from the area in attempts to reduce the population here. There is an active addling program to reduce the reproduction of geese around the Lake Washington area. Both of these efforts, although they have helped, have not really solved the problem, which has continued to worsen through the years. The environmental analysis the agency provided took these things into account and as a federal agency that is mandated to assist the public with wild life problems, they had to come up with a workable solution. Having exhausted a wide variety of techniques across the area, and without the level of success that is needed, it became evident at that time that lethal control is probably going to be necessary at specific problem locations. That is when the agency completed the environmental assessment. They accepted that management plan and applied for a permit with the U.S. Fish and Wildlife Service and that permit has been granted. They are currently under complaint in federal court in regards to that permit and in regards to the E.A. That is on hold until Jun 12. Mr. Woodruff and his agency believe that the geese throughout the Puget Sound are posing a greater hazard and risk to the public, from safety consequences and health consequences. The public is feeling frustration with this issue because they are not seeing suitable resolution being granted.

Mr. Nickels followed up with Mr. Woodruff's statements by bringing up the fact that there were some news reports about one of the agencies that was re-examining the issue because of public comment. Mr. Woodruff responded to the confusion explaining that his program completed an environmental assessment to conduct a specific action. Both the Washington Department offish and Wildlife and the U.S. Fish and Wildlife Service recognize that there is a problem with resident Canada geese. The U.S. Fish and Wildlife Service has undertaken an environmental impact statement nationwide to deal with this issue. They are considering looking at new management alternatives, whereby a greater authority would be granted to individuals or agencies to control geese. There are also efforts coming from the

State Department of Wildlife. They are planning to increase the limit on geese in the September hunt to try to reduce the local population. All the federal and state agencies are in agreement that this is a problem and it needs to be managed.

Ms. Pageler commented that in public health we typically respond to risks, particularly when it comes to water quality. The City of Seattle is putting $200 million into filtration plant on the Cedar River because we had exceeded the limit of the fecal coliform count. It was a result of wild animal contamination of the water shed. It had been a long, dry summer and there was a sudden rainstorm. Anything that accumulated from the five elk and two hundred deer that are up there, washed into the river. The result is that we have to, because this is drinking water, go to extraordinary lengths to make sure that we never exceed those counts. Similarly, we've closed beaches in Lake Washington when the water is contaminated. We don't wait until there are a bunch of reported illnesses before we take action to prevent illness. That is the kind of concern that she has as a parent whose kids all played soccer and engaged in rowing and water sports. A lot of the little infections that people gel - the stomach upsets - don't get reported and never get linked back to that contamination. But we still have a responsibility to deal with it. Ms. Pageler is concerned about the sewer overflows. We have combined sewer overflows in the Duwamish and the Ship Canal that are not scheduled to be managed until 2017 and 2030. We are just as angry about that and prepared to do something about it. We need to deal with this on the basis of reducing risk and not waiting until we have a whole lot of reported sicknesses that can be directly tied back to this contamination.

Mr. Conlin echoed Ms. Pageler's concerns. He believes we have a well-known history from a medical and historical perspective of the transmission of bacteria between animals and humans. It's not something that is a surprise to us. It is a part of our evolutionary history. Science does not act necessarily to provide us with absolute certainty. Science provides us with the best guidance it can. Mr. Conlin is struck by the analogies that are sometimes made. Mr. Conlin appreciated the sincerity of the comments that Dr. Johnson provided; but it sounds a little like the oil companies talking about global warming being an unproven scientific event. The fact is, you have to deal with the preponderance of science, with what has happened in the past, with what your history is and what you know. He also expressed his respect for the agency staff and the Committee that's been working on this. He knows they've been working on this for several years, checked all the alternatives, and worked hard trying a number of different alternatives in different locations around Lake Washington and around Puget Sound. Mr. Conlin appreciates the fact they did not come to this choice lightly. This is not a good thing to do. It's very unfortunate. It's regrettable that we do have to proceed with this kind of measure. But, it's also kind of a responsibility that we need to undertake because of the way we have transformed the ecosystem around here. In a healthy ecosystem what you have is a circle consisting of consumers, predators, decomposers and producers. We as humans have introduced this new element into our ecosystem that does not have an effective predator. Under the circumstances, in the built-up environment, it's really not possible for us to introduce a predator, which would be the way in which this ecosystem would be restored to balance more naturally. One of the things that could potentially happen is that some bacteria might evolve to create an epidemic among the geese in this area. We don't know when or if that would happen. At some point, it's quite likely something would happen. It is up to us to take on the moral responsibility and it is a moral action to recognize that we've created the situation. We need to find a remedy with which to deal with it. It's our fault the system has become unbalanced and it's our responsibility to take the action to do what we can do try to bring that system back into balance.

Dr. Thompson asked how the number 3,500 was derived, what parameters will be observed and will there be any secondary effects, other than simply a decrease in numbers. Mr. Woodruff responded that the number 3,500 is based on two things: the goose population of Puget Sound (number of problem geese involved) and the number of problem areas. The program is only going to provide assistance to those people who ask. Thirty-five hundred was the best estimate at how many geese might need to be removed in the first year. There will be monitoring that takes place through the State Wildlife Agency and through our own counts, to ensure there is no overall impact on the total goose population of Puget Sound. The 3,500 geese can be removed annually without negatively affecting the total goose population. With 25,000 geese, they can sustain a harvest of 20% annually without any negative impacts on their populations. We have monitoring in place with the state and also the Seattle Waterfowl Committee and participating parks are assisting in monitoring.

Dr. Sherman asked why Canadian geese have grown to a population size where they are a problem. The resolution states there were very few of them here in 1970 and now there are 25,000. He asked further why this is not a problem with other fowl species. Mr. Woodruff replied that it is habitat. The geese were introduced here after dam building activities on the Columbia River in the !ate 60s and early 70s. The geese were brought here as goslings. The birds were raised and released here, not having adult birds to teach them to migrate. Additionally, there were no climatic factors that would cause them to migrate due to the mild climate of the area. The geese have settled in here and proliferated. The main cause is the habitat here - lots of water and feed and a mild climate. Geese feed primarily on grasses and clovers, so they are very much attracted to our parks, playgrounds, golf courses and beaches. According to the population models, this population is currently doubling every 4 to 5 years in the area and there is no immediate cap in site. We are still in the exponential growth phase of this population. We could be looking at as much as 50,000 to 100,000 geese in this area within the next ten years.

Ms. Fimia questioned how committed were we to other types of control applications in the past. Mr. Woodruff explained that they have been very committed. In a five-year period, over 7,000 geese were relocated out of the area and in peak years up to 2,500 geese in a single year. Because these geese are urbanized and used to living in cities, they found their way to other cities in other parts of the state and the problem was just being spread to other places. For that primary reason that measure was discontinued. The egg addling is more difficult to do. Addling is shaking of an egg to destroy the embryo inside. However, we actually spray the egg with oil that stops the transfer of gases through the membrane of the egg and the embryo ceases to develop. We continue the egg addling and it will still remain a part of the program. Under the permit issued, we have a 2,500 egg per year limit. We are working around Lake Washington primarily and the greater Seattle area with the addling. Ms. Fimia asked why they don't try to increase the numbers of egg addling. Mr. Woodruff answered that there are a lot of difficulties because of property access issues. Geese are nesting in so many locations that for a federal agency or anybody else to go to somebody's property and addle goose eggs, you must have permission from that individual and know where the nest is. It is a very difficult process. Ms. Fimia commented that it sounds like we haven't really tried to get public cooperation. Mr. Harris responded that there is a local waterfowl management committee, which includes all the city and county agencies around the Lake Washington basin. They have contracted with them as aggressively as permitting has allowed for over thirteen years, taking advantage of every opportunity. The permits that come from the other branch of the federal government limit the number of eggs allowed to be addled. Close to 10,000 eggs have been addled over the years. Ms. Fimia suggested there be a campaign to inform the public about addling versus killing the geese. Mr. Woodruff went on to explain that through an addling program, they have been able to slow the growth down, but even with a more aggressive addling program they will not successfully

reduce geese numbers in problem locations. Mr. Woodruff indicated that expanding addling opportunities wherever possible would be supported. In response to Ms. Fimia's comment about the use of carbon dioxide (CO2), which she said basically suffocates the bird, Woodruff related that the carbon dioxide, according to the American Veterinary Medical Association (AVMA) Journals, is the recommended procedure for euthanasia. It is considered humane by the AVMA. Carbon dioxide, according to AVMA guidelines, has an anesthetic effect causing them to simply go to sleep and not suffer. Ms. Fimia took exception to Mr. Woodruff's comment and offered the analogy of getting punched in the stomach, and not being able to get a breath. Woodruff repeated that there is an anesthetic effect to CO2 when it is introduced, that has a calming effect on the animal. As they have looked at how the geese might be killed, this is the most humane measure available to them.

Mr. Nickels asked for clarification on the number of votes it would take to adopt a resolution. No motion was made on the resolution. The issue will be brought back for potential action at the June 16 meeting at Harborview.

Re-election of the Board Chair

Mr. Nickels explained that the Board is required by rule to elect a Chair on an annual basis. Ms. Pageler moved to nominate Mr. Nickels for Chair and congratulate him for the good work that he's done to support this Board. Mr. Nickels indicated that he's enjoyed chairing the Board. It is a hardworking Board that deals with an incredible variety of issues as evidenced today. They are not easy issues, but they are very satisfying when we come to a decision that furthers the public health. It's been an honor, and Mr. Nickels said that he would like to continue as Chair in response to the inquiry from Dr. Sherman. Mr. Conlin stated that he appreciates that Mr. Nickels wants to continue. Mr. Nickels has done a great job and has worked very hard. Mr. Conlin said that it's a pleasure to support Mr. Nickels. Dr. Thompson stated that he's practiced as a physician approaching 50 years in this community. Dr. Thompson suspects that Mr. Nickels has saved more lives than he has. Mr. Nickels attributed the lives saved to the Board as a whole. The Board voted 7 in favor, 0 opposed, re-electing Mr. Nickels as Chair of the Board.

Budget Workshop Continuation -- Chronic Disease and Healthy Aging

Mr. Nickels introduced the workshop and explained that the Board has been taking a look at a number of specific public health issues: public health nursing, communicable disease response, and today, our system for dealing with chronic disease prevention and healthy aging. These are areas that, because of the trends in local funding of our public health mission, have experienced real challenges. This is the third opportunity for the Board to look at an area and see what some of those challenges are as we come up with a strategy for meeting the need Mr. Nickels introduced Kathy Uhlorn, Manager of Public Health's Administrative Services Division. Ms. Uhlorn stated that at the February Board of Health Budget Policy Workshop, we presented financial information about our Public Health budget, differentiating service programs as critical and as enhanced. We presented funding sources that support these programs, and are now looking at the 3 critical public health programs Mr. Nickels mentioned. Ms. Uhlorn gave a budget overview for the chronic disease program. The program is very small and in its infancy despite its critical link with the leading causes of death in our County. When Dr. Plough examined the Department, he felt that chronic disease and healthy aging was an area Public Health should address.

This program, which began in 1997, represents a very small percentage of the Department budget. Ms. Uhlorn showed a slide with a graph, which illustrated that the budget for the

chronic disease and healthy aging program is less than 1% of the total Public Health budget. Mr. Nickels asked for clarification that the large bars on the graph represent the total Public Health budget, and the barely visible bars represent the portion that goes into preventing chronic disease and promoting healthy aging. Ms. Uhlorn confirmed that was correct, that the portion for this program is so miniscule that bar on the chart hardly shows. Ms. Uhlorn also confirmed for Mr. Nickels that diabetes and cancer are diseases this program deals with. Mr. Nickels said that the Board was told recently that 17% of our total health care dollars are going into diabetes these days. Dr. Cheza Collier of Public Health's Chronic Disease and Healthy Aging Unit confirmed that that is the approximate percentage. Mr. Nickels asked rhetorically how many billions of dollars does that represent in comparison with our investment. He commented that this is an amazing chart because of what you can't see. We have so little going into preventing chronic disease that you can't even see it on the scale. Ms. Pageler interjected that the chart shows the amount in the Public Health budget, which is not to say there aren't other agencies doing that work. Typically, that has been the work of other agencies. Dr. Plough responded, however, that there needs to be a distinction drawn, because many of the other agencies focus on the treatment or access to services for people with diseases. Very few entities are looking for prevention opportunities in chronic disease. Ms. Pageler added that the non-profit agencies like the Lung Association are doing prevention. Dr. Plough agreed, but explained that the comparison of total prevention dollars versus the treatment dollars would still show this very small amount. We figure it's the biggest mismatch in problem to budget that exists in the Public Health Department.

Ms. Uhlorn continued. The next slide showed the amount of local funding that supports this small program. For the past 4 years funding has remained relatively constant. Between 49% and 51% of the budget for this program is supported by current expense. There is no general fund in this program. The next slide showed an overview of the revenue sources within the chronic disease and healthy aging program. There has been a steady increase in current expense or local support. The last slide showed the program staffing, which is relatively stable with an assistant, health educator, manager and a part-time nutritionist being added in 1999. Dr. Collier, in looking forward to opportunities for where this program should be going, has come up with some additional staffing recommendations, which are reflected in the last column on the chart.

Dr. Collier began by stating that she won't be able to give the level of detail that this topic warrants, but there are additional materials in the Board handouts. The main idea for the Board and public is that chronic diseases are our leading causes of death and disability and we have the least amount of funding for prevention of them. Effective prevention methods exist, but the implementation is under funded. Our goal is to decrease the overall burden of chronic disease and disability while increasing health promotion for all ages, the well-being of seniors and to help reduce health disparities. Most of the data presented is applicable for King County and for the U.S. The top ten causes of death in King County include the top killer, heart disease (as it has been for a number of years), cancer, stroke, chronic obstructive pulmonary disease (COPD) and others including diabetes. Some of the health disparities include the relatively high rate of heart disease deaths among people of color, particularly African-Americans and Native Americans. Strokes are really high in those two populations as well. The lowest rate of heart disease is among Asians and the lowest rates of strokes are among Hispanics. Colorectal cancer death rate trends for 1987 to 1997 show gross disparity among subgroups, African Americans having the highest rate. Among the Asian/Pacific Islanders, there are also subgroups that have higher rates. Dr. Collier explained that the Department would like to focus on colorectal cancer, because it is theoretically 100% preventable, meaning deaths from this disease are unnecessary. There is prevention and early detection technology for this cancer that can help eliminate the disease.

Diabetes death rates are high among African-Americans. There are moderately high rates among Hispanics, and steady but slowly increasing rates among Asians and Caucasians.

Dr. Collier showed a chart of the five leading causes of years of potential life loss. The graph shown shows us that these diseases, at least the top 2 killers don't just apply to people over 65. It shows the 2 chronic diseases, cancer and heart disease, and other sources of death, for people who are not yet 65 and are still potentially productive in the work force. The next slide showed the leading causes of disability. If one can think of a few people in their life personally who are dealing with these diseases, just think how many more people who are out there suffering.

Dr. Collier would like to add arthritis to our list of priority disease categories. Mr. Nickels asked if arthritis is a preventable condition, to which Dr. Collier said that it depended on the type. The one that is the most debilitating for the largest number of people is degenerative osteo-arthritis. It occurs and worsens over time. It is not preventable, but treatable and manageable so that people can be more functional. Osteo-arthritis affects younger people as well as older people.

The next slide showed the percentage of people who have high blood pressure. High blood pressure is potentially manageable, probably not totally preventable, but we can do more to manage it. About 25% of the population, people of color, have higher rates of high blood pressure.

There is good news and bad news concerning asthma hospitalizations. People over 65 are having fewer hospitalizations from asthma, hopefully meaning their asthma is better managed, not that they are just not getting care. Unfortunately, there are increasing rates among children. To give the Board a comparison of total deaths and hospitalization numbers for colorectal cancer and diabetes. There are more deaths from those two diseases than homicides or motor vehicle injuries. Smoking leads to most of the cancers and heart disease in this society. We also include and have unreasonable rates of overweight and sedentary lifestyle factors, which means lack of physical activity among adults. When weight is controlled and increase physical activity, we can prevent or reduce the number of those chronic diseases.

Dr. Collier explained that they operate from three prevention levels: primary prevention, which means avoid the disease all together; secondary prevention, which means to detect it early and treat it early; and tertiary prevention, which means to try to increase and improve management of the disease. There are numerous recommendations for individual behavior changes. They have been shown to have an effect in prevention and better management of chronic disease. Health service delivery system changes include emphasis on culturally appropriate outreach and clinical services. Social and political system changes include needing to work at a broader community-wide level and within our government system to improve and enforce resources that are available for people at lower or no cost. One of the goals is to try to achieve a gold standard of outreach and care through community partnerships and demonstration projects. As Ms. Pageler mentioned, there are organizations doing some work in this arena. We are partnering with them and we want to enhance our ability to partner with them to further our work. There is a role for public health there, and those organizations are pleased to find that we're interested and want to work with them. Dr. Collier used an analogy of a river working upstream and downstream at the same time. If you're only working downstream, it's like waiting for people to get diseases and be in a severe state before we do anything about it. Instead we should work upstream and put a barrier up so that people don't fall in the river in the first place.

Dr. Collier gave some historical background of the program. There used to be a strong public health nursing role until 1979. During the last 20 years, there has been a shrinking and virtually non-existent role of public health nursing. We would like to improve that and add other multi-disciplinary approaches to chronic disease prevention in the community. Dr. Plough added that there used to be a broader funding base for public health nursing. At one point the department actually had a visiting nursing function within 'the Department of Public Health. After the funding became overwhelmingly Medicaid, the populations that the nurses came to serve were moms and kids. We are now unable to provide the kind of public health nursing support for elderly, home visiting for chronic illness or preventive activities not related to mothers and children. Dr. Plough answered Mr. Nickels' question of what the funding was before 1979, that we had more local support. Ms. Uhlorn added that Visiting Nurse Services left the Department in the late 70's. She said that she would research this and come back with the funding sources that left.

Since 1997, there have been 4 areas prioritized: asthma, cancers of multiple types, cardiovascular disease including stroke and diabetes. They've also prioritized two areas of health promotion: nutrition and physical activity. A third area of health promotion is the tobacco program which is independent. Their role is to provide technical assistance, planning and consultation within the Department and around King County, making presentations and writing grants. They also conduct surveillance and issue reports on the different topics they would like to see enhanced. Their objectives are: to increase awareness, education, and prevention program efforts for chronic disease and the healthy aging priority area mentioned; to assure a public health infrastructure for grantsmanship and for program development and community support, so that there is core funding that is not dependent only on the grants secured; to assure collection of evidence from community interventions and demonstration projects, so that they are adding to the body of evidence for what interventions work; and to add priority areas as they emerge and as evidence to support intervention for them, like arthritis and more in the area of mental health.

The program's current staffing capacity of 2.5 FTEs is a small staff. They have to borrow clerical support from other parts of the prevention division because they lack the funding support. They are forced to turn down opportunities to work with other organizations because of lack of time and staff. Dr. Collier proposed a core staffing increase in the unit of an additional 25% to the health educator, so that there is a full time health educator. This person would work with a concentration in asthma and across a number of different areas to develop education materials and do presentations. It would add .5 FTE to the nutritionist position to make it full-time. That person would work in broadening nutrition assessment and counseling and training of nutritionists in the community to be able to do improved nutrition counseling for adults. They would hire one public health nurse, dedicated to the African American Elders Project and would provide a certain amount of time for consultation and training of other nurses on chronic disease support. They would hire a clerical support person. They would have a program coordinator who would be responsible for helping to coordinate programmatic demonstrations in the different areas with a primary emphasis on colorectal cancer. They would also have an exercise physiologist who would work half-time to help develop the physical activity initiative and work with the physical activity prevention efforts and the diseases that are related. An epidemiologist would assist with developing and monitoring the data and doing regular reporting to keep up with what's going on statistically, modify programs accordingly and assist with the evaluation of the programs. A grant specialist would assist with developing contracts, keeping them in order, and helping to monitor those. The research assistant would do literature reviews and manage the materials needed for grantsmanship. In contract, they would have about $300,000 where they would continue to support the Senior Wellness Program out in the community and would continue to support the Visiting Nurse Services to a certain extent. They would establish blood

pressure screenings and keep that as a core program in the community. They would support a health aging partnership, which is now doing senior information campaign with help from the County Executive's office. They would conduct an annual survey looking at different health promotion areas and efforts. All of these things would be in partnership with community-based organizations, and national organizations locally based. In that way they can leverage the resources that they all have together. There would be a focus on those four chronic diseases, nutrition and physical activity, healthy aging and then surveillance, evaluation and improvement of those abilities. In summary, chronic diseases are the leading causes of death and disability. We can do something about it. There is technology and there are methods available, but they are under funded for implementation. Dr. Collier added, that they want to decrease the overall burden of chronic disease and disability while increasing health promotion across the life span with emphasis on well being for older adults and in reducing health disparities.

Dr. Thompson commented that he is pleased they are putting resources into colorectal cancer, a preventable and treatable disease. He wanted to know what is the magnitude of blindness due to diabetes and glaucoma. Glaucoma is extremely common and treatable and Dr. Thompson wondered if there are existing programs for screening for it. Dr. Collier did not know, as she has not prioritized visual impairments as part of their plan for the chronic disease unit. Visual impairment was on the list of disabilities and probably deserves some attention.

Dr. Sherman said he is glad to see they are putting a number of resources into reaching out in the community, and also managing asthma, as that has become an increasing problem, especially among children. Dr. Sherman remembered a couple of studies done in emergency rooms following up with asthma information. He asked if the Health Department is involved in those. Dr. Plough answered that the Department is working on a collaboration with Children's Hospital in reducing unnecessary emergency room utilization through a home visiting model. That work was done with Dr. James Stout at Odessa Brown and Children's Hospital developing a model where an outreach worker/educator trained parents and families with kids who were asthmatic about what asthma triggers are in the home and better household management of asthma. In the latest study, they've reduced hospital emergency department utilization by 30-40% compared to families with asthmatics in the control group. That data is available and that model is replicated in the Renton area. We have prevention models that will work, just not the funding to get them out there. Dr. Sherman applauded those efforts. Dr. Collier added that they are partnering with Dr. Stout and Odessa Brown in a King County Asthma forum and working with another association. This group is working together to come up with an asthma management plan focusing on the schools to work toward seeing that children have fewer asthma attacks in the school setting. When they do have them, teachers will know what to do and medications can be made readily available for those kids.

Mr. Conlin raised the question, that given these proposals do call for a significant increase in funding, is there a need to think about what the sources of the funding are and how does this board take a position in which to influence the allocation of that funding. While some of it could come from state or other sources, it seems that it will most likely have to come from local sources. We need to figure out the most effective way to influence that. Mr. Conlin thinks this has presented a very graphic description of what the needs are, what the opportunities are and, with a relatively modest investment, what we might be able to accomplish. Ms. Pageler asked what dollars in the budget would be transferred from someplace else to meet this need. Most of the other dollars are project specific. She thinks we are back at the same conundrum that we've been faced with all along. Mr. Nickels explained that that is one of the reasons he asked the Department to construct this review

for us is education. If one just opens up the budget book and takes a look at the Public Health Department budget, you get almost zero information. There is no way to tell what it is we're funding and what it is we're missing. That's because we have 300 different revenue sources and 110 different programs and no one outside the Department, and very few within the Department really understand where those dollars are going and why. We've made a lot of progress over the last several months in our understanding as boardmembers where the gaps are, why they exist and the challenge in bridging those gaps. A similar process is underway with the County Council. We will be continuing that in the Law, Justice and Human Service Committee and the Budget Committee as well. We structured the decisions we made on Initiative 695 funding to give us some flexibility to be able to ask these questions and potentially make some budget decision's based on the answers that we get. It really is a matter of understanding that there is a trend over the last generation of lower and lower local public resources going into our Public Health mission. There is a consequence to this, although it has not been well articulated in the past. We are getting our arms around what those consequences are and as a result we will be able to lay out a vision for this in public health nursing, which is clearly linked to this area and the contagious disease responsibilities we have. We've made a big step in that direction and over the next few months the Board will continue this discussion and work with colleagues to reverse this trend.

Chairman Nickels requested of Dr. Collier to give a little thought to outreach, perhaps to the University, in developing a model to explain why an increased public investment is warranted and what the return of that investment would be. Dr. Collier added that part of the return on the investment is not only health care dollars, but productivity in work settings and people's sense of their quality of life.

Dr. Plough added, that beyond the issues of the funding, the Board talked about the State Department of Health's standards last time. He was part of a meeting where these were finalized yesterday. When you look at the mismatch that we have in chronic illness, we will probably not be able to reach some of those standards. We're not where we want to be in this area. On standard four, health promotion activities are carried out at local and state levels--appropriate to epidemiological data--and with the exception of tobacco we aren't there. The standard setting activities of the state are going to illustrate for King County, and health departments throughout the state of Washington, that we will not be able to do the things we want in these very important prevention areas. Dr. Plough believes this is a very important concern to talk about with the Board.

Outdoor Tobacco Advertising

The Board wished to engage in an executive session to talk to the prosecutor about the ruling of the 9th Circuit Court of Appeals and status of regulation on tobacco advertising.

Executive Session

(This portion of the meeting was closed to the public). Following the Executive Session, Mr. Nickels indicated that, regarding the tobacco advertising regulation, there may be discussion or action taken at a future meeting.

The meeting was adjourned at 12:32 PM.

KING COUNTY BOARD OF HEALTH

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s/Greg Nickels/s