

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

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

BOH Staff:

Maggie Moran

**KING COUNTY BOARD OF HEALTH
MEETING PROCEEDINGS**

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

Roll call

- Richard Conlin
- David Irons
- Greg Nickels
- Joseph Pizzorno
- Larry Gossett
- Margaret Pageler
- Ava Frisinger
- Alvin Thompson
- Karen Van Dusen
- Alonzo Plough

Call to order

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

Announcement of Alternates

Chair Nickels stated that there were no alternates in attendance. Chair Nickels announced that in late August County Executive Sims announced his appointment of Mayor Ava Frisinger and the reappointment of Mayor David Hutchinson of Lake Forest Park to the Board of Health as the Suburban Cities representatives. He welcomed Mayor Frisinger. Chair Nickels indicated that Dan Sherman would continue on as alternate and that an additional alternate would be appointed by Executive Sims.

Adoption of the Minutes

Chair Nickels noted that a quorum had been achieved and called for a motion to adopt the minutes of the June 15th meeting. Minutes were moved and seconded. Chair Nickels called for additions and corrections to the meeting minutes. There were none. A vote was called and the minutes were approved without correction.

General Public Comments

No public comments.

Chair's Report

Introduction of New Board Staff: Chair Nickels announced that Ms. Angela Sherrill had joined the Board staff. He noted that Ms. Sherrill would be providing administrative support to the Board as well as support to the Director's Office of Risk Management and Public Affairs.

Joint Conference on Health: Chair Nickels directed the Board's attention to an announcement of the upcoming Joint Conference on Health sponsored by the Washington State Public Health Association in cooperation with the Yakima Health District and the State Department of Health. He stated that the conference was scheduled for October 8th through the 10th in Yakima. Chair Nickels indicated that if Board members wished to attend they should contact Ms. Moran.

Local Boards of Health Leadership Workshop: Chair Nickels stated that the annual local Board of Health workshop was scheduled for October 25th and 26th in SeaTac. He encouraged Board members to attend and directed interested members to contact Ms. Moran regarding registration.

Future meeting dates: Chair Nickels announced that the Board would be provided with an overview of the budget at their October 19th meeting. He stated that local governments and King County in particular were experiencing a very difficult budget situation. Chair Nickels also noted that the Board would be considering several items related to the merger of the King County Health Code and the Seattle Municipal Code, specifically sections of the code related to veterinarian hospital permits and commercial fishing. At the November 16th meeting, Chair Nickels indicated that the Board would be taking a look at alcohol impact areas; an issue that had been raised in previous months.

Director's Report

Dr. Plough stated that he had two major items in his report; the review of the Joint Executive Committee Plan and a presentation by Dr. Oleru about the Department's new Food Safety Web site. He also added that he planned to also speak briefly about the role of the Department and other public health departments around the country, in response to the tragedies on September 11th.

Joint Executive Committee Plan: Dr. Plough stated that since the early '50s the City of Seattle and King County had jointly financed the Health Department. He noted that since 1984 there had been an interlocal agreement outlining the administration, structure and funding of the Department and that the agreement was amended in 1996. Dr. Plough went on to say that the 1996 interlocal agreement between King County and the City of Seattle specified that King County was responsible for basic and more critical services; specifically those services mandated by the State to be provided by counties throughout each county. He added that the agreement specified that the City of Seattle would voluntarily contribute towards the provision of an enhanced level of services, above the critical base.

Dr. Plough indicated that the Board had been previously briefed on the basic and critical service nomenclature. He stated that last year the County and the City undertook a study to look at compliance with the financial responsibility provisions of the agreement. Their findings indicated that the City General Fund had in fact been used to fund about \$2 million a year in critical health services in 11 different programs. He noted that the situation appeared

to have arisen as a result of a number of historical decisions by the City to fund certain programs. Dr. Plough stated that in response to this finding the City Council adapted their 2001 budget with a \$2 million set-aside until a plan could be developed to assure that funding allocations were consistent with the interlocal agreement.

Dr. Plough directed the Board's attention to a copy of the JEC Plan in their Board packets. Dr. Plough noted that both the City and the County worked on the plan separately, as well as together. Dr. Plough specifically stated that a watershed meeting was convened by Chair Nickels; wherein all parties were brought together to discuss an approach to resolving the funding issues. He added that at that particular meeting a strategy, in the form of the JEC Plan, was proposed by the Joint Executive Committee to be brought forward to both the City and County Councils for approval.

Dr. Plough briefly reviewed the elements of the Plan. He noted that the interlocal agreement was a framework for operating the Department. He added that there was agreement between the City and County on a particular level of funding - around \$2 million a year - and that the programs that money supported, were the programs that the Board would be reviewing at their October meeting. Dr. Plough also stated that the City of Seattle, over a three year period, would redirect \$668,000 a year from critical services into public health enhancements up to the \$2 million figure.

Dr. Plough directed the Board's attention to point # 6 in the Plan, stating that the JEC would be evaluating the programs and getting that information to the City of Seattle. He remarked that the Plan enhanced the ongoing review of Seattle funding to the Department and assured that distinctions continued to be applied appropriately to critical and enhanced services. Dr. Plough stated that the Department had been able to cover the \$ 2million through funding the Department had received through enhanced Medicaid payments. He added that the Metropolitan King County Council and its committees had approved the JEC Plan and that they awaited the final approval by the Seattle City Council.

Dr. Plough expressed his appreciation for the collaboration and insight from City and County elected officials and their respective budget offices. He added that the Plan would allow the Health Department to continue its joint City and County functions.

Chair Nickels asked Dr. Plough to comment on the 2002 budget; specifically what changes would occur and how those changes would be reflected in the 2002 budget.

Dr. Plough responded that the 2002 budget would incorporate the first substitution of \$668,000 of Seattle General Fund with other funds from the County. He stated that the funds received from enhanced Medicaid payments would allow the Department to free up other funds from one of their programs. Dr. Plough stated that the City of Seattle, in the development of their budget, would be making a determination of where to invest the \$668,000.

Chair Nickels commented that there had been serious concern on the part of the Seattle City Council and the Mayor. He stated that he thought they had worked through the issues very cooperatively and had come up with an excellent solution. He thanked Dr. Plough for the difficult work.

NOTE: Unidentified Woman asked question not picked up by recording:

Dr. Plough responded that there had been pressure building up related to some of the enhanced programs that the Department would like to be able to provide to all citizens - for

example additional diabetes screening in the African-American community. Dr. Plough also noted the work of Jim Krieger and his group related to asthma and the work of the Task Force on Youth Violence. He noted that these activities pointed to preventive work that could be done with young people on the health side as well as on social services side. Dr. Plough stated that the City Council had expressed strong interest in an expansion of methadone treatment opportunities to supplement what was being done through the drug court. He concluded that there were a number of enhancements that were being looked at, that might not necessarily come to public health, but certainly related to the broader health issues in the community.

Dr. Plough introduced the second item under the Directors Report; the Food Safety Web site. He stated that the Board was familiar with the Department's Food Safety and Restaurant Inspection Program. He stated that at the urging of the County Executive and Chair Nickels an effort had been undertaken to increase the public's knowledge about the program and to develop different access points for education and information about food safety in King County. Dr. Plough indicated his belief that the web site would serve as a portal for access to important information, both to residents who were interested in the safety of restaurants and the food service industry.

Dr. Plough introduced Dr. Ngozi Oleru, Chief of Environmental Health Services and Gary Irvine from the Environmental Health Division.

Dr. Oleru announced that she would provide an overview of the food safety web site. She noted that the web site, in addition to serving as a vehicle for public education, would also serve to provide education to those industry officials that were regulated by public health. Dr. Oleru stated that the overall purpose of the web site was to provide education on how to decrease the risk of food borne illness at food establishments and in homes. She noted for example that if a customer had a complaint about a specific restaurant that the web site illustrated how to file a complaint so that Environmental Health could be alerted to potential problems. Dr. Oleru indicated that the web site also included: information on general food safety, program services delivered by the Department and the corresponding regulations by which those services were delivered; and inspection data, including dates, outcomes, violations, and the inspection score. She noted that there would be historical records on establishments eventually going back two years. She further added that the inspection data was downloaded to the Web page at least five times per week.

Dr. Oleru commented on the broad participation in the planning and development of the web site. She thanked a number of people and directed the Board's attention, to the list of participants and their affiliation. Dr. Oleru turned the presentation over to her colleague, Gary Irvine, Food Program supervisor for the Environmental Health Division.

Mr. Irvine indicated that he would be providing a walk through of the actual web site, would describe how inspections were posted online and would outline proposed future enhancements.

Mr. Irvine provided the history on the development of the web site. He stated that a committee had been established including key personnel from the various sections within the Health Department. He restated the overall purpose of the web site and the features they identified for inclusion; information about preventing food borne illness, routine and return inspections, filing complaints, provide basic food safety, and a description of services provided to the public and to industry.

Mr. Irvine noted that the committee had researched other web sites across the country. He indicated that they had been particularly interested in Larimer County, Colorado's web site and elected to use their web site as a model.

Mr. Irvine stated that once a draft site had been developed they solicited feedback from a consumer focus group and an industry focus group which included the Washington Restaurant Association, the Washington Food Industry, as well as selected food establishments from around the area. He added that information from these groups were then incorporated into the final design of the Web page.

Mr. Irvine announced that the site was launched on September the 10th. He stated that within the first week the site had experienced 202,000 hits by over 74,000 people.

Chair Nickels recognized Board Member Conlin.

Board Member Conlin commented that the launch results were extraordinary. He asked how the Department had managed to get that many people to access the site.

Chair Nickels observed that a dynamic press conference to announce the web site may have contributed to the response.

Dr. Oleru added that the press conference was one explanation. She added that it probably also had to do with the fact that the overall Department web site had a high visitor turnout. She suggested that the communications team would probably have a better handle on the reasons for the high turnout.

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen stated that the web site had been launched on September 10th; the start of a horrible week in the country. She stated that historically some of the more subtle bio-terrorism acts, that had occurred in the country, had been through the food chain. She specifically mentioned The Dalles, Oregon, as a prime example. She commented that the number of hits on the web site could perhaps be attributed to the fact that the Department, knowingly and unwittingly and through superb timing, had provided a chance for people to feel safe.

Dr. Oleru added that King County had the reputation as being one of the safest places to eat in the country.

Mr. Irvine proceeded to walk the Board through an online version of the web site. He stated that someone could conduct a restaurant inspection search by entering a business name, street name, city or zip code. He illustrated that search feature for the Board using a fictitious restaurant name that had been preloaded on the computer desktop for the purpose of the Board meeting. Mr. Irvine pointed out that the results of the search showed routine inspections, return inspections and educational visits. He added that routine inspections were unannounced inspections, returns were follow-up visits to make sure violations mentioned on the routine inspection had been corrected, and that educational visits were unscored informal sessions with an operator or with the food handlers to go over food handling practices.

Mr. Irvine talked about the different types of violations a restaurant could receive. He noted that red violations were those violations that could lead directly to food borne illness and that blue violations had to do with sanitation or cleanliness. Mr. Irvine pointed out that specific

instructions were provided to the viewer about what the inspection violations and points meant.

Mr. Irvine described the inspection and reinspection process. He stated that if an establishment got 35 or more critical violations, the Department was required to do a reinspection within 14 days. An Environmental Health Specialist could do a reinspection with fewer red critical violations if they felt it was necessary, or if some of the red critical violations had been repeated over time. Mr. Irvine stated that a permit would be suspended if there were additional red critical violations or if the total score, red and blue, was more than 101 points.

Chair Nickels recognized Board Member Conlin:

Board Member Conlin asked for clarification on the duration of a restaurant closure.

Mr. Irvine responded that the establishment had to close their doors for business and post a notice of closure. He added that the establishment then needed to make the necessary corrections and have an office conference with the supervisor to show that the violations had been corrected or that necessary steps were being taken to correct deficiencies. He indicated that some deficiencies, like a cracked floor, might require an extended closure or until satisfactory alternatives could be arranged. Mr. Irvine stated that the restaurant had to remain closed until the conference and until the Department was satisfied that necessary corrections had been made. He added that afterwards a reinspection was conducted.

Board Member Conlin suggested that it would be helpful to include an explanation about the duration of restaurant closures.

Mr. Irvine continued the review of the web site by directing the Board's attention to a feature that described current restaurant closures. He noted that this feature had been online for about a year and that it listed establishments that were closed, why they were closed, and if and when it would be reopened. He stated that the site also included information for food handlers, specifically how they could go about getting their health card, the different locations to secure the card, what to study for and the fees. He stated that the site provided information for businesses such as information on plan review for opening a new establishment or, applying for a permit.

Mr. Irvine stated that several new features that augmented the inspection reporting system was a sample inspection form. He stated that they provided business owners with information that outlined what inspectors looked for during an inspection. He described a feature that the Department was particularly proud of; the mock restaurant inspection.

Mr. Irvine concluded by describing planned future enhancements including the addition of mock inspections of a deli, a fast food establishment, and a meat market as well as other types of inspections such as swimming pools inspections. He also mentioned that they were contemplating adding an honor roll system, similar to one in the Larimer County model that recognized those establishments that were making an effort to protect public health - those with perfect or near perfect scores. He also indicated that the New York City model had a map feature which allowed the viewer to click on different boroughs to identify places to eat along with the corresponding Health Department records of a particular establishment.

Chair Nickels recognized Board Member Pizzorno.

Board Member Pizzorno asked about Department liability if inaccurate information was posted to the Web site and the restaurant owner claimed that his business had declined because of inaccurate postings. He also commented about those establishments that technically had non-smoking sections but seemed to be just as smoky as the smoking-allowed sections. He asked if there was some way to identify those restaurants for attention from Public Health.

Mr. Irvine responded that the question about errors was a very serious matter, and one that was taken very seriously. He indicated that if an error was discovered on the Web page that an individual should contact the Department and they would make every effort possible to correct the error. He added that the information was downloaded quickly and that given the number of people who handle the data, the possibility of human error existed.

Mr. Irvine indicated that as far as smoking and non-smoking establishments were concerned, that information was already available on our Food Safety Web pages.

Dr. Plough added that the Department had a separate publication, issued each year by the Tobacco Control Program, which described voluntary smoke-free restaurants throughout Seattle and King County . He added that approximately 60% to 70% of restaurants had voluntarily gone smoke-free as had some bars and taverns.

Board Member Pizzorno restated that his point was that some restaurants that claimed they had non-smoking sections still remained smoky. He asked if there was some way that this type of feedback could be communicated to the Department.

Mr. Irvine noted that the publication, mentioned by Dr. Plough, only listed true smoke-free restaurants.

Dr. Oleru stated that they could work with the Tobacco Control staff to make sure that an accurate description was reflected in the listing.

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen expressed her thanks and extended her congratulations. She commented that four years ago, when they had started to talk about enhancements in the Food Protection Program, she hadn't envisioned a Web page with so much educational information available to the public.

Dr. Plough stated that he had one final item to his report, related to the role of public health, both in King County and nationally, as a result of the events in previous weeks. He stated that the recent events certainly exceeded any Department experience to date with tabletop exercises. He stated that from a public health standpoint, there had been an immediate national activation of the Health Alert Network; a network funded by Congress in recent years. He added that the network linked state and local health departments and the Center for Disease Control in a network designed to monitor bio-terrorist activity. He mentioned that the network was still very nascent in its structure, but that it represented one of the national nodes where they had enhanced funding. He referenced similar systems related to WTO wherein the Department had online computers connected to each of the major hospitals with an emergency room, that monitored reports as they came in to identify, what under normal circumstances might have just been vague food complaints, but in a possible bio-terrorist action served as early warning signs of anthrax. Dr. Plough stated that they did not have the funding, nor did other jurisdictions have the funding for that kind of a system. He stated that

they had been able to approximate the CDC system with the cooperation of all of the area hospitals that monitored data and reported their findings.

Dr. Plough stated that he was very pleased to see that the monitoring and surveillance form, developed by Dr. Jeff Duchin from the Department, had been distributed nationally by the National Association of City and County Health Officials (NACCHO) as the template to be used by all the health departments in the nation. Dr. Plough expressed that it was never anticipated that this application would be used for such terrible events, but that it was good that public health was at least in the initial stages of being able to respond appropriately. Dr. Plough stated that the network continued to be connected and would probably continue to grow as there were a number of funding bills currently under consideration that would support this effort.

Chair Nickels recognized Board Member Pizzorno.

Board Member Pizzorno asked Dr. Plough how difficult it would be for a terrorist organization to develop bio weapons that would be dangerous to the public. He inquired as to how much sophistication it might require, and how volatile were these agents.

Dr. Alonzo Plough responded that it would be very difficult. He added that the agents were very unstable, and that some of the viral agents needed to be in a protected environment. He indicated that it would require quite a bit of technology to distribute the kinds of agents that the CDC believed would be the agents used as a weapon of mass destruction such as anthrax, small pox, tularemia and the plague. All of which he noted had different complexities in their administration. He concluded that it would be quite difficult, but possible.

Chair Nickels recognized Board Member Thompson.

Board Member Thompson asked if any evaluation had been done of crop dusting facilities.

Dr. Alonzo Plough responded that to his knowledge, no evaluation had been done of crop dusting facilities. He added that certain types of planes had been banned, for example planes that couldn't fly on instrument piloting were still not allowed to fly in any area. He added that he wasn't sure whether or not crop dusting planes fit in that category, but indicated all private planes that couldn't do instrument flying had been grounded since the 11th, because that was the only way that the FAA could contact the plane.

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen commented that she had recalled, Dr. Duchin, in his prior presentation to the Board talking about baseline services. She recalled that Dr. Duchin had alerted them at the time that funding issues made it, at that point in time, impossible for the local health jurisdiction to be able to be as responsive to outbreaks as they had been at the time of the e-coli outbreak. She added that a peculiar and difficult time lay ahead. She asked if the Department had had an opportunity to look at staffing or capacity insofar as being able to assure responsiveness to those kinds of baseline needs for epidemiology assessment and for field inspections. She added that, from her perspective it would be important to be cognizant of the Department's status and to be prepared.

Dr. Alonzo Plough responded that Dr. Duchin's presentation focused on the Department's ability to respond to the usual kinds of communicable disease control activities and the inherent challenges. He added that the Department had continued to address that through

successive budgets that had been submitted. He noted that there had been some state changes that provided for limited emergency assistance for outbreak control. He also stated that the Department continued to have baseline resources that he believed kept up with the usual kind of communicable disease control, however he stated the need to continue to have a discussion with the Board given the need to have the capacity to respond to unusual events.

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen concurred that that was her concern. She added that her recollection of Dr. Duchin's remarks were that the Department could cope on a day-to-day basis, but that in the event of a measles outbreak the Department would not be able to meet the demands.

Dr. Plough stated his agreement with Board Member Van Dusen's remarks.

Board Work Session

Chair Nickels thanked Dr. Plough for his report. He announced that the Board would now begin its work session related to the 2002 agenda. He stated that the purpose of the work session was to try to identify a limited number or priority areas for their 2002 agenda and to reach agreement on a protocol for how staff would handle future issues that weren't identified within those identified priorities.

Chair Nickels directed the Board's attention to materials in their Board packet. He noted that the first item was a document called the "King County Board of Health Draft Discussion Paper." The second item, a large foldout sheet of paper with the heading "King County Board of Health Priority Setting Worksheet", designed by staff as a tool to stimulate their thinking on health issues that were identified in discussions with various members of the Board. Chair Nickels indicated that he hoped that the worksheet questions could serve as a starting point for the discussion. Chair Nickels stated that he had asked Ms. Moran to begin the work session by summarizing the planning process as described in the discussion paper. He stated that after Ms. Moran concluded her review he would open the floor for discussion with the goal of reaching consensus on priorities. He further noted the possibility of carrying the discussion forward to the October meeting if necessary.

Ms. Moran thanked Chair Nickels and members of the Board. She stated that several months ago she met with Chair Nickels to describe the process for soliciting input about the Board of Health agenda from key stakeholders. Ms. Moran stated that the intent was to identify and meet with key health and human service professionals and other public health partners throughout King County to gain their perspective on the most pressing health issues facing King County. She stated that over the course of the summer she met with approximately 30 stakeholders as well as the majority of Board members. She stated that a list of individuals interviewed and their organizational affiliations were included in the discussion paper appendix. She noted that in addition to learning about a wide range of organizations and services in King County, she had asked two questions of each informant. The first question, "How would they describe the King County Board of Health's role?" and the second question, "What did they think were the major health problems facing King County?" Ms. Moran stated that several supporting documents were referenced in the context of these interviews such as the Healthy People 2010 list of top priorities, the Department's Strategic Directions Report which outlined the five priority areas for Seattle/King County Public Health, as well as a document that she had included in their Board packets called "Communities Count 2000, Social and Health Indicators Across King

County." Ms. Moran stated that these reports served as a catalyst for discussion and a point of comparison with anecdotal information regarding King County's health status.

Ms. Moran described the organization of the discussion paper. Ms. Moran directed the Board's attention to section E, the summary of findings. She stated that in response to the first question asked of each informant, it became clear relatively early on in the process that the King County Board of Health was a well kept secret. She added that that was not an unusual response given that public health in general was a well kept secret. She stated that most of the informants had little to no knowledge of the Board of Health, its membership or its functions. She stated that the process therefore afforded an opportunity to provide information about the Board's role, the Board's membership and its functions, as well as some of the highlights of Board activities since 1996. She added that a few informants did acknowledge that they were familiar with some of the Board's activities specifically the work around the tobacco ordinance, but that they were particularly surprised about the statutory authority of the Board. She added that although it was not the intent of the process, the interviews did provide an opportunity to inform community leaders about the Board's unique role particularly related to public health policy development and advocacy.

Ms. Moran stated that in response to the second question regarding their impressions, their perspective on the major health issues in King County, a number of common themes emerged early on and continued to be reflected throughout the interview process. Ms. Moran indicated that on pages 6 through 8 of the discussion paper, she had outlined the major health issues identified by those interviewed. She noted that there wasn't any particular significance to the order of the health issues, although she did state that the first three items were the ones that were most frequently mentioned by the informants.

Ms. Moran proceeded to describe for the Board each of the health issues identified by informants. They are noted as follows:

The first issue -disparities and the availability and access to mental health services. Populations most in need of services were identified as youth and seniors with references to a substantial increase in the numbers of children and youth with behavioral problems and the increasing severity of these problems. Financial status, insurance status and transportation within regions of King County were cited as significant barriers to accessing treatment, as well as work force issues. They were viewed as having an impact on the availability of services, specifically the high turnover of clinicians and relatively low salaries offered in the not-for-profit sectors. Increasing demands placed on providers to meet the needs of the growing immigrant population, particularly noted in South King County and Eastside were referenced as affecting access to mental health services. And additionally, concerns were also raised about the interface with the criminal justice system by individuals affected by mental illness.

The second issue - access to primary and specialty health care. Once again financial status, insurance status and transportation were cited as significant barriers to accessing care. The growth in the immigrant population on the Eastside and South King County were noted, which has led to an increase in the need for interpretive and translation services. Disparities and health outcomes for African-Americans, Native Americans, Alaskan natives and immigrant populations were also noted. These disparities were linked to poverty, educational attainment, discrimination and other social and environmental determinants. Strong concern was expressed by a number of informants as well as Board members about the sustainability of the safety net for both primary medical care and specialty care. A number of people specifically stated that they believed it was incumbent upon the Board of Health to

have an understanding of the status of the safety net and believed that the Board had a role to play in advocating for changes in the overall health care delivery system.

The third issue - access to substance abuse treatment. Although it was less frequently cited than access to mental health and primary care services, access to substance abuse treatment was noted by a number of informants. Specific concerns expressed included the increasing toxicity of drugs of choice for youth, insufficient training for teachers, parents and others, in the early identification of substance abuse, and the inadequate supply of in-patient beds and outpatient treatment slots once an intervention had occurred. Also specifically mentioned was the insufficient number of methadone treatment slots. Financing, insurance status and transportation were cited as barriers to access to substance abuse treatment. Similar to access to mental health care, concerns were raised about the interface of those affected by drug use and abuse with the criminal justice system.

The fourth issue - access to oral health care for low income adults and families in particular. Insurance status, the shortage of participating providers willing to serve the uninsured and underinsured population, and especially the shortage of providers who were linguistically and culturally competent were perceived as barriers for access to dental care.

The fifth issue - lack of adequate and affordable housing. A number of informants commented that the people they provided services to were seeing their housing related expenses consume more and more of their discretionary incomes, often at the expense of good nutrition and preventive health care. The lack of sufficient emergency shelter and transitional housing for the homeless, assisted living options for seniors, the disabled and people with mental illness, and subsidized housing for people living with HIV were cited as significant problems throughout King County.

The sixth issue - violence. Child abuse, domestic violence, sexual assault and gang violence, exacerbated by poverty, drug and alcohol abuse, and mental illness were mentioned. Specifically mentioned were the challenges of developing culturally appropriate prevention and interventions with immigrant populations.

The seventh issue - hunger. In concert with an increasing cost of housing, informants noted that more people had inadequate resources to provide food for themselves and their families, turning instead to food banks and other emergency services.

The eighth issue- cost of prescription drugs. Concerns were repeatedly expressed about the high cost of prescription drugs, specifically for seniors living on fixed incomes and persons living with HIV.

The ninth issue - chronic disease. Cancer, specifically mentioned prostate, lung, ovarian, and breast cancer, along with diabetes, heart disease and pediatric asthma were specifically mentioned by informants. Disparities in health outcomes for minority populations were especially noted. A number of informants emphasized the importance of prevention and early detection through schools and the integration of conventional and alternative medicine.

The tenth issue - food safety, water and air quality. Several informants expressed their concern about the impacts on health by our natural and built environments and the need to maintain an adequate infrastructure to monitor food safety, water and air quality. Additionally, concerns related to environmental justice were raised by several informants, with specific reference to the concentration of industrial and commercial enterprises located in low income neighborhoods of King County. Related to water quality were the concerns about the regulation of water systems, specifically the perceived disregard of the public voice

in setting public policy and lack of responsiveness toward consumers by regulatory agencies at all levels of government.

The final issue - insufficient funding for health and human services. Ms. Moran stated that this issue was one that was interwoven throughout many of the interviews, specifically the strong concern about insufficient funding. Informants attributed this to the apparent failure by policymakers to acknowledge the increase in health and human services needs in suburban cities and or the failure to act on that knowledge. Several informants noted that while smaller cities in King County might lack the commercial tax base to invest significantly in human services, other larger cities that did have a tax base had either not acknowledged the needs or had elected to only fund a few special projects. For those reasons, as well as the pending reductions in the King County budgets, several informants called for the Board to facilitate a regional dialogue on the financing of health and human services.

Ms. Moran noted that most if not all of the people interviewed offered their own opinions about the root causes and corresponding effects of the issues that they identified. She stated that the scope of the discussion paper did not however extend to exploring any of those issues in detail, but simply limited the summary to a brief statement of the problem as just described. She added that upon concluding the interview process, she had communicated with each of the informants, and indicated to them that the next steps would involve the Board's identification of three to five priority areas that would then lead to a more expansive work plan related to each of those specific issues.

Ms. Moran stated that earlier, Chair Nickels had mentioned the proposed framework for the Board's discussion of the eleven identified issues. She stated that the framework consisted of eleven questions and was included in the discussion paper as well as the worksheet. Ms. Moran stated that she had borrowed the questions from the State Board of Health planning process, which had undertaken a similar planning process for their 2002 agenda.

Chair Nickels asked if there were any questions of Ms. Moran before the Board began its discussion.

Chair Nickels recognized Board Member Pizzorno.

Board Member Pizzorno indicated he wanted to commence the discussion.

Chair Nickels asked Board Member Pizzorno to hold his comments until all questions had been fielded.

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen expressed her appreciation of staff for pulling together the information in a usable fashion. She indicated her interest in learning about what the State Board of Health ended up using as criteria. She asked Ms. Moran or Board Member Pageler if they were familiar with the framework that the State Board of Health used.

Ms. Moran responded that she understood that the State Board had not concluded their work. She added that their September meeting had been cancelled.

Chair Nickels recognized Board Member Pageler.

Board Member Pageler pointed out that the item of insufficient funding for health and human services and the comment about the Board facilitating that discussion was not listed on the chart as one of the priorities that the Board might adopt .

Ms. Moran responded that it was probably an oversight on her part. She added that, as had been mentioned earlier, that the issue of insufficient funding had been raised in the context of the other issues, specifically the first three, substance abuse treatment, primary care, and mental health services.

Chair Nickels stated that for their purposes they would consider the financing issue a category. He stated that there appeared to be two ways for the Board to approach their discussion: discuss each issue, one at a time, or go member by member and have each member state what their top priorities were.

Chair Nickels recognized Board Member Pizzorno.

Board Member Pizzorno stated that he thought there was a matter that needed to be addressed before they began narrowing the list. He stated that first he wanted to thank staff for undertaking this process. He stated that he found this to be very exciting and he was encouraged that the Board had taken a proactive stance to determine their priorities for the future. He added, that having said that, he was actually very unhappy with what he saw in front of him. He stated that the reason he was unhappy was because when he looked at the list it was dominated by the provision of services, many of which came out of interviews of certain groups who were looking for services. He stated that he believed that this skewed the role of Public Health. He said that when he looked at traditional public health, the provision of services for various needy groups was inherent* [*not sure about word used]. He stated that far more critical were the bigger community wide activities they engaged in, such as contagion control and health promotion. He stated that he saw those things seriously underrepresented and provision of services utterly dominating the worksheet. He stated that he thought there needed to be a substantial change in the worksheet because what they had before them, did not meet what he thought were traditional public health needs. He concluded by thanking staff for a great job while he expressed his concern that the results were not where they were supposed to be going

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen indicated that she had reacted somewhat the same way because she thought a lot of what she had read in the discussion paper was about human services. She added that one of the things the Board might want to do first, even with the existing list, was to review their regulatory framework . She suggested that they might want to at least compare the list to their areas of responsibility. She added that she thought it was important to know how the public perceived their needs against what the public could reasonably expect them to address. Board Member Van Dusen restated her concern that they get back to the basics and make sure that they were adequately prepared to deal with contingent issues. She added that having raised that concern she noted that some of the things, that had been presented to the Board by the Health Department, specifically those basic public health activities that they simply were not able to do were not reflected in the paper.

Chair Nickels asked if there were other comments related to proposed approaches to reviewing the information. He added that from his perspective there were three overarching issues that they needed to deal with at the Board level; chronic disease prevention, contagious disease control and public health nursing as the front line of public health. He stated that these three areas could be lumped together under the heading insufficient

funding because each of those areas were very constrained. He said that to the extent that they could address those under more specific headings was fine?but in his estimation those three issues represented a challenge in order to meet the public health mission. He acknowledged Board Members Pizzorno and Van Dusen's comments that the existing list didn't quite address what he saw as top priorities

Chair Nickels suggested that they proceed by asking each member to report out what they believed to be the top priorities, either drawing from the list or from their own beliefs about what the most pressing issues were. He directed staff to note each member's list so that the Board could later identify common ground on the issues. He asked Board Member Van Dusen to lead off the report.

Board Member Van Dusen stated that she had gone back to page three in the report to compare the list. She added that she respected the interview process. She stated that when she reviewed the Board's role in terms of supervising the maintenance of all health and sanitary measures for the protection of public health, that drove her to take a look at food safety, water and air. She added that food, water and air were the medium by which contagion could be spread. She stated that she thought there was a linkage with some of the other kinds of things that the Board had previously talked about. Board Member Van Dusen stated that when she looked at rules and regulations that preserved, promoted and improved the public health, she didn't think they could ignore chronic disease. She said, with infection aside, she thought that chronic disease and what they saw with some of the issues that had been brought before them and how they might address them became very important. She indicated that when she thought about these issues she was using a model of public health that was quite plastic and quite old and hence she went back to a public health framework that looked at things that caused death first and then secondly morbidity; those things that caused other kinds of harm. She stated that that then included both chronic disease and contagion issues followed eventually by high level wellness. She concluded by stating that there were other things that were important but that they needed first to address the basics and assure that the fundamental pieces were in place.

Chair Nickels observed that Board Member Van Dusen's approach to identifying priorities was to view the issues in the context of the Board's statutory authority.

Board Member Van Dusen stated that in her opinion they had to first address what they were charged to do and make sure that they were doing that well. She added that that may not be what everybody would like for them to do, but that they had an obligation to not lose sight of their primary focus.

Chair Nickels recognized Board Member Thompson.

Board Member Thompson stated that there were two subjects he felt were tremendously important, food/water/air quality and access to mental health services. He pointed out that the latter subject already having been discussed by the Board. He added that with respect to mental health services, that access to services was fundamental to the problems that this county had with affordable housing, violence, and hunger. He added that access to services was important because it enabled people to be self-sufficient. He stated that the inadequacy of mental health services actually was one of the prime threats to the budget of the Department. He said that in fact he was less disturbed by the mention of health services several times across the chart, because one of the main functions of the provision of health services was education. That meant coordination of public and private health services so that they didn't compete but instead could collaborate.

Chair Nickels recognized Board Member Frisinger.

Board Member Frisinger stated that she saw the emphasis on chronic disease and food safety, water and air control, and thought that the issue of mental health was one that she would include in the category of chronic disease rather than as a separate category. She stated that one of the issues that she saw in her small jurisdiction was that there were an increasing number of people who were not receiving mental health services who needed them and who were compelled to go considerable distances to find them. She stated that she would like to see access to mental health or certainly mental health services included under the list of chronic disease. She added that she too was focused on areas that were statutorily required of the Board.

Chair Nickels recognized Board Member Pageler.

Board Member Pageler indicated that she was operating under the assumption that by setting a couple of priorities for their work that they were not advocating that they drop the basic tasks that they were committed to. She stated that that was why she would not put food safety, water and air as the priorities for this next year.

Chair Nickels responded that one objective of the Board's discussion would be to develop a protocol for how the Board dealt with things that didn't make it on their list of priorities. He stated that they would need to clarify that later.

Board Member Pageler stated that, given that context, she saw chronic disease, mental health and substance abuse as the things that she was most concerned about. She stated that mental health, from her perspective was related to prescription drug costs, because in many cases the ability to get prescription drugs that were needed to treat a particular condition might be the barrier to appropriate treatment. She stated that she would like the Board to convene and engage in a discussion about funding system for public health. She added that the funding system for health services in general was imbalanced enough without the additional imbalance that they had in King county. She stated that she thought they needed to look at the bigger picture and see what role the Board could have with the state and Federal government around funding reform as well as to attempt to bring a little more rationality to the county system.

Chair Nickels recognized Board Member Pizzorno.

Board Member Pizzorno observed that although his license only allowed him to do minor surgery rather than major surgery he had done some major surgery on the list of health issues. He stated that he thought they should add two categories and eliminate several others or combine them. He added that first he would add a category of "Health Services to Underserved Populations." He added that he would put access to mental health services, access to primary and specialty health care, and access to oral care under that new category. He stated that he would leave access to substance abuse treatment as a separate category. He stated that the issues of affordable housing, violence, hunger and prescription drug costs, while important social issues, were not in his estimation Public Health Department issues. He added that he would eliminate those four issues from the list. He stated that under the heading chronic disease he would add the word "prevention". He stated that under health, safety, water and air, instead of the word "control" he would use the word "safety" and add a new column which would be health promotion. He concluded by stating that he had looked at what were the core public health responsibilities; providing services to underserved populations and being very mindful in prioritizing health promotion.

He added that he thought that they were the most well positioned governmental body to take on that responsibility.

Chair Nickels asked Board Member Pizzorno for clarification. He asked if Board Member Pizzorno meant chronic disease prevention/health promotion.

Board Member Pizzorno responded in the affirmative.

Chair Nickels asked if Board Member Pizzorno how he would differentiate the two.

Board Member Pizzorno responded that one was the prevention of the development of the disease and the other expressed a formal commitment to improving the general health of the population because that then reduced the role of all diseases.

Chair Nickels asked if they you were to choose health promotion as a subject for a focus next year, would that include many of the same issues that they would look at in chronic disease prevention - such as exercise and diet.

Board Member Pizzorno responded that there were definitely areas of overlap but that there were certain kinds of activity that they could engage in for the prevention of chronic disease that were different from health promotion. He added that they could put them together, but I'd really like them to have said that they were a Public Health Department, not a Public Disease Department, with a focus on health promotion.

Chair Nickels thanked Board Member Pizzorno for the clarification.

Chair Nickels recognized Board Member Conlin.

Board Member Conlin commented that he was fascinated by the discussion and pleased that the Board had engaged in such a discussion. He stated that he had a somewhat similar take on some of the comments made by his colleagues. He added that he had a slightly different paradigm that he would like to suggest that didn't relate as much to the worksheet, although he did feel that it had helped stimulate his thoughts. He stated that he saw that their mission as a Health Department was really two sides of a coin - one side - the promotion of health and the other side - the prevention of illness and he added that they need to keep both of those two things in mind. He stated that the question had been asked earlier in the discussion as to whether chronic and contagious disease were the target of illness that we're looking at, why do people get chronic and contagious disease? He responded that the first reason is proximate causes, and that was their basic mission; things like vaccination, like clean water, water and sewer, environmental conditions, nuisance abatement, food safety. He stated that those things that they had, or some other agency had, direct responsibility for in terms of getting rid of those proximate causes, but that they had some oversight role to provide. Board Member Conlin stated that next would be the underlying causes, and he divided those into two elements. One element consisted of people making choices and the other were those that people didn't make choices about.

Board Member Conlin stated that choices consisted of things like lifestyle, nutrition, and exercise, things that could be targeted with public health promotion. He stated that he thought public health nursing was a very important part and that with health education, with persuasion and so forth, they could try to move people in the direction of making good choices. Board Member Conlin stated that the other side of the coin were the type of things that people didn't have the ability to make choices about; poverty, discrimination, genetic conditions and so forth. He stated that he thought there role relative to these conditions was

very limited. He added that he doubted that they had much ability to tackle many of the conditions of poverty, for example. He stated that he thought that they did have some ability to tackle the issues of discrimination, and that that issue they should absolutely work on, however they needed to be very careful about what resources they could apply to it.

Board Member Conlin stated that there were other "stepchildren" of the health system and he identified them as mental health, substance abuse, and oral health. He stated that it appeared from his perspective that there was not a clear public mandate that they felt acutely. He added that he didn't think that there was a clear understanding on the part of the public or decision makers as to how those issues should be handled and by whom. He stated he wasn't clear as to public health perspective on these issues. He said that he thought they needed to find a way to bring those elements into the system more effectively.

He concluded by stating that he thought all of the issues came down to funding. He stated that they had to have a discussion about how to mobilize the resources necessary to make public health happen. He added that based on his experiences, that unfortunately it seemed to him that utilities tended to be the best way in which they were able to successfully get a budget together that had a direct linkage to the service that was provided. He stated that everything else got thrown into the general fund and one had to fight for consideration against all the other priorities. He indicated he did not know how they could avoid that but that somehow they needed to conceive of a way public health funding could in some fashion more closely mirror the funding of utilities; wherein there was a specific funding source that wasn't tabbed for a specific purpose. He added that maybe that was a way in which they could approach the discussion.

Chair Nickels asked Board Member Gossett if he had any reaction to the areas that were on the worksheet or that had been brought up by other members in terms of 2002 priorities.

Board Member Gossett indicated that he did not have any comments.

Chair Nickels restated that his focus had been on chronic disease prevention, contagious disease control and public health nursing as frontline prevention. He referenced Board Member Pizzorno's comments about the gaps in health services for the underserved. He stated that underlying all of the issues was funding. He stated that over the last year or so, since the adoption of Initiative 695, they had had a number of opportunities to talk funding issues so that they better understood the Department's very complicated budget and how the lack of local resources affected what they could do in terms of addressing local public health priorities. He added that in terms of a Board focus, he would consider funding as being very important and very germane to their mission. He qualified that statement by saying that he meant this, not in a regulatory sense, but in a policy setting sense with resources to address their established priorities.

Chair Nickels stated that his second priority was related to chronic disease prevention. He stated that Board Member Pizzorno's mention of health promotion was good and presented an opportunity for the Board to plow some new ground. He added that public health nursing and health services to the underserved would be his third category.

Chair Nickels suggested that, as a next step, he try to summarize those issues that appeared to be most often cited by Board members. He stated that he had heard access to mental health services and also access to substance abuse treatment, which he thought for the purposes of their review might be linked to mental health services because they had a behavioral health function. He stated that he had not heard anyone mention access to primary and specialty health care. He added that not because members did not feel that this

issue was unimportant but because they felt it was less germane to their core mission. He stated that he had not heard access to oral health, affordable housing, violence or hunger or prescription drug costs, other than comments that these issues were part of a larger picture and were related to the broad category of health services to the underserved. He stated that he had heard a number of members mention chronic disease with particular emphasis on prevention. He stated that he had heard food safety, water and air [quality] control and funding as well as health promotion.

Chair Nickels recognized Board Member Pageler.

Board Member Pageler clarified that when she mentioned funding, she was not limiting it to how the Public Health Department was funded. She said that she was really concerned about the fact that safety net services were being defunded by other agencies; key services that might be provided by in criminal justice some other department that were eliminated or were at risk.

Chair Nickels added that mental health services and substance abuse treatment were within the Board's context but were not services provided by the Health Department. He added that it was not only local funding, but state funding as well where they could expect real challenges next session. He noted that the Legislature had signaled that the plug in funding the state gave them for Initiative 695 was temporary. He stated that they were going to have to fight to replace that funding or deal with the consequences of it not being renewed.

Board Member Pageler responded that she thought they had gotten used to the public, the private and the non-profit sectors taking care of certain needs. She inquired as to whether they knew what the status of all of those arrangements were and what services might be at risk.

Chair Nickels asked Ms. Moran if he had overlooked any comments in his summation.

Ms. Moran stated that in addition to the points summarized by the Chair, she had heard mention made of primary care and oral health in the context of a new category - services to the underserved.

Chair Nickels concurred that he had heard a recommendation to describe three or four or five of these separate issues under a new category of health services to the underserved .

Chair Nickels recognized Board Member Thompson.

Board Member Thompson stated a request that Dr. Plough give the Board some indication of the magnitude of the mental health services delivered within the jails and the extent to which that impacted the budget of the Health Department.

Dr. Plough stated that was a very important and complex question and he would attempt to provide a brief answer. He stated that on the day of the All Star Game there were 170 inmates in the King County Jail with psychiatric problems. He noted that the baseline capacity was 120. He stated that there was direct relationship between untreated mental illness, the utilization of the King County Jail, cuts in State funding at Western and the redistribution of mental health funding State-wide that reduced King County's mental health allocation to the RSN's [regional service networks]. He stated that in a zero sum game with public funding, this inexorably moved funding and resources away from those primary prevention agendas; which from a Health Department perspective was the core of what a Public Health Department did. He stated that what they did in the jail was part of that

continuum; sometimes meeting the problem in the community was more focused on tertiary prevention rather than primary. He added that the transformative potential of public health lay more on the preventive end of that continuum.

Chair Nickels recognized Ms. Moran.

Ms. Moran indicated that what she would propose is that in the next month or two she would develop a work plan for each of the identified priority issues and then bring that information back for the Board's review and consideration.

Chair Nickels inquired if it would be possible to review those plans at the October meeting.

Ms. Moran agreed that it would be possible:

Chair Nickels indicated that if staff could at least provide an outline of the work plan, especially in light of their planned discussion about funding because he understood that subject would take some work given the complexity of the issues. He stated that if they could at least review an outline in October they could then accomplish some preparatory work for January and get off to a good start.

Chair Nickels recognized Board Member Van Dusen.

Board Member Van Dusen asked if the Board would have additional opportunities to hone in on the issues and finalize their prioritization list, because it sounded to her like there were a number of possibilities.

Chair Nickels responded in the affirmative.

Board Member Van Dusen indicated that she was trying to understand the work that Ms. Moran had to do.

Chair Nickels responded that Ms. Moran would need to recast the condensed list for the Board's review. He added that what he believed they would need at the October meeting would be a similar worksheet with the revised list and an outlined work plan for each of the identified issues.

Chair Nickels stated that the Board could then decide which of the three to five the Board wished to try and tackle.

Chair Nickels indicated there was one additional business item requiring the Board's action and that item was the election of the Board Chair.

Chair Nickels opened the floor for nominations

Chair Nickels recognized Board Member Conlin.

Board Member Conlin nominated Councilmember Greg Nickels for re-election of Chair. He added that he recognized that Councilmember Nickels might not be able to serve out his term, but that he felt Councilmember Nickels had done a great job as Chair.

Chair Nickels thanked Board Member Conlin and asked if there was a second to the nomination. The nomination was seconded by Board Member Van Dusen:

Chair Nickels called for additional nominations. Hearing none, Chair Nickels closed the nominations.

Chair Nickels recognized Board Member Gossett.

Board Member Gossett asked if Chair Nickels was unable to serve out his term how would the Board handle the matter.

Ms. Moran responded that the Board would need to hold an additional election.

Board Member Gossett asked if the Board would just call for an election.

Ms. Moran responded in the affirmative.

Ms. Moran noted that there might be other vacancies that would need to be filled, specifically Board Member Thomas. She added that the request for a replacement would be made in this case to the Chair of the County Council.

Chair Nickels stated that the Board had a motion on the table and called for a vote.

All members voted in favor of Board Member Nickels continuing on as Board Chair.

Chair Nickels stated that the Board of Health was one of the most enjoyable and meaningful roles that he played as an elected official. He stated that he thought they were a great Board that did excellent work, and he thanked his colleagues.

[Board Member Pullen spoke from the chamber balcony; his voice not picked up on the recording]

Chair Nickels thanked Board Member Pullen. He directed the Board's attention to the evaluation forms in their packets and asked members to complete the form and forward them to staff.

Chair Nickels inquired if there was any other business to be brought before the Board.

Chair Nickels recognized Board Member Pizzorno.

Board Member Pizzorno speaking on behalf of the entire Board, thanked Chair Nickels for his outstanding leadership during the past year.

Chair Nickels adjourned the meeting at 11:30 a.m.

Thank you sir. Thank you. And we are adjourned and wish Board Member Thompson a very safe trip this afternoon.

Chair Nickels adjourned the meeting.

KING COUNTY BOARD OF HEALTH

s/Greg Nickels/s