

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

March 15, 2002
King County Council Chambers

Roll call

- Richard Conlin
- Dow Constantine
- Carolyn Edmonds
- Larry Gossett
- David Hutchinson
- David Irons
- Margaret Pageler
- Joe Pizzorno
- Kent Pullen
- Alvin Thompson

Call to order

Chair Edmonds called the meeting to order. She noted that they did not have a quorum but would commence with the meeting anyway. Board Member Pageler indicated that the City of Seattle was engaged in a labor management retreat that day and thus explained her city colleague's absence.

Chair Edmonds thanked Board Member Pageler for hosting the meeting in the City Chamber. She noted that she hoped the Board would be able to continue its practice of rotating their meeting location between the city and county council chambers.

Announcement of Alternates

Chair Edmonds inquired if there were any alternates in attendance. There were none noted. Chair Edmonds stated that action on the minutes would be delayed until a quorum had been achieved.

General Public Comments

Chair Edmonds inquired of staff as to whether any public members had indicated their interest in addressing the Board. Ms. Moran replied in the negative.

Chair's Report

Chair Edmonds indicated that she had several things under the Chair's Report. She first called the Board's attention to a letter from Board Member Pullen that had been distributed to Board members that morning. She noted that Board Member Pullen had requested that his letter be included in the record. [Letter - appended to minutes]

Chair Edmonds recognized Board Member Pullen.

Board Member Pullen stated that he thought it was important to cover three issues that arose out the amalgam panel discussion. He said that number one, was the question of where did the Board go from there. He said that he simply wanted to ask Board members to give some thought to that question. He said that the second issue related to the testimony of Dr. Martin and Dr. DeRouen on the pro-amalgam panel. Board Member Pullen felt that their testimony was extremely significant if people listened carefully to what was said. Board Member Pullen said that he wanted to draw attention to their statements. He stated that the third point was that there appeared to be some confusion relative to the Department of Public Health's policy. He added that what had been said in the press, and not necessarily by Dr. Plough, conflicted with what had been previously stated and subsequently recorded in the meeting minutes of the Board of Health. He said that raised a number of questions that he thought needed some future discussion and clarification.

Chair Edmonds recognized Board Member Thompson.

Board Member Thompson asked Board Member Pullen if his objective was to see that dentists stopped using amalgams, or remove existing amalgams, or both.

Board Member Pullen indicated his response was neither option. He said that his objective was to shed some light on an issue that was increasingly getting national attention. He added that there were bills in the U.S. Congress that would change dentistry with regard to the use of amalgams. He stated that he had passed out a letter from a congresswoman in California, a Democrat, who was working very hard to stop the use of amalgam fillings. He added that many European countries had outlawed them based on evidence that they believed to be compelling, particularly the Scandinavian countries. He further added that there were disclosure actions in other states and that some states already required disclosure to the patient that amalgam fillings contained mercury which in many cases was not disclosed.

Board Member Pullen stated that he personally would not recommend that people put mercury in their mouth. Board Member Pullen indicated that, in his letter and as was reflected in the meeting minutes, Dr. Michael Martin of the pro-amalgam panel had admitted that in the last decade it was understood that amalgam fillings did volatilize mercury. He further stated that the mercury went directly into the lungs and was absorbed into the body or into the nasal cavity where it was close to the brain and spinal cord. Board Member Pullen stated that those were serious concerns and as Dr. DeRouen had pointed out did not really prove there was a danger. Board Member Pullen stated that it was suspicious and was something they needed to be concerned about and watch. Board Member Pullen stated that if you looked at data presented regarding the Lisbon study it showed that the composite group of children had a 20% increase in mercury in three and a half years, but the amalgam group had a 113% increase in mercury in their urinary output.

Board Member Thompson interjected that he was not looking for a recapitulation of the arguments. He added that he just wanted to know what Board Member Pullen's objective was to constrain dentists in their use of amalgams.

Chair Edmonds interjected and said that she did not want to embark on a debate on amalgams.

Board Member Pullen responded that he did want to answer Board Member Thompson's question. Board Member Pullen said that the answer to Board Member Thompson's question was that there he had numerous concerns. He said, at the very least, he would like better disclosure to the patient. He said that he hoped that the Department of Public Health, which he cited had been very innovative in the past, would continue to aggressively look at this issue and be particularly concerned about putting amalgam fillings in the mouths of children or pregnant women. Board Member Pullen added that beyond that he was not attempting to regulate dentistry.

Chair Edmonds thanked Board Member Pullen.

Chair Edmonds acknowledged Board Member Hutchinson.

Board Member Hutchinson announced that City of Lake Forest Park and Paul Murakami [Regional Health Officer] had developed a walking program that included the publication of a walking map. [Distributed to Board members] Board Member Hutchinson stated that the purpose of the program was to encourage community members to go for a walk; to that end the Transportation Committee developed a trail system throughout the City of Lake Forest Park that included connections to the Burke Gilman Trail.

Mr. Murakami stated that the program described by Board Member and Mayor Hutchinson was a unique collaboration that involved a lot of citizen input. He stated that they had been working on several projects to promote health in Lake Forest Park. He stated that they had done a diabetes assessment of Latino seniors throughout north and eastern King County. Mr. Murakami stated that they had looked at the kind of preventative factors in preventing chronic disease and had identified exercise and walking. He stated that in working with the Lake Forest Park Transportation Committee and with the Mayor's leadership they had developed a walking map for citizens to learn about open spaces through out the City and promote exercise. He stated that they had been approached by other cities interested in replicating their work. Mr. Murakami concluded by thanking Mayor Hutchinson for his support of the project.

Chair Edmonds acknowledged Board Member Thompson.

Board Member Thompson, referring to the map, asked whether the walking routes that were highlighted in red were on sidewalks, trails or roads.

Mr. Murakami responded that the Lake Forest Park Transportation Committee had actually walked all the routes. He stated that some of the routes were on trails, some on sidewalks, and still some placed where there were no sidewalks. He said that in the case where there were no sidewalks they identified safer routes where there existed wide shoulders and no encroachment from bushes on the side or potholes. He added that members of the Transportation Committee, City Council members and citizens actually walked the routes to assure safe passage.

Mr. Murakami noted that the map outlined low to moderate level walks. He added that the City was now exploring the possibility of developing routes for moderate to strenuous walks.

Chair Edmonds stated that she could personally testify that the City of Lake Forest Park had good walking trails. She noted that she learned this by having rung doorbells throughout the city during her last three elections.

Board Member Thompson reflected that part of the problem was the suburbanization of America and that suburbs did not have sidewalks. He added that in most places without sidewalks it was not safe to walk on the roads. He added that it was important to assure that people had appropriate lights on the back of any vehicle they used or that they wore proper vests if they were running or walking at dusk.

Chair Edmonds announced that Board Member Pizzorno had informed her that he was the alternate for the health professionals. She also noted that a quorum had been achieved and requested that the Board consider action on the minutes.

Approval of the Minutes

Board Member Pageler moved that the Board accept the minutes of February 15, 2002.

Board Member Hutchinson seconded the motion.

Chair Edmonds acknowledged Board Member Pullen.

Board Member Pullen indicated that he voted to approve the meeting minutes. He added that he wanted to thank staff for their work on the minutes. He noted that the meeting minutes would serve as a historical resource and could be of value in the future.

Chair Edmonds concurred with Board Member Pullen.

Chair Edmonds called for a vote on the minutes. The minutes were approved without correction.

Chair's Report (continued)

Chair Edmonds indicated that the balance of her Chair's Report would be focused on the results of the Legislative Session. She noted that the legislature had adjourned and that the information provided to the Board was current. Chair Edmonds stated that she and Board Member Constantine were part of a group of Council members that went to Washington, D.C. to lobby the King County agenda. She stated that her focus while in Washington, D.C. was on public health dollars, specifically related to the funding of bioterrorism preparedness activities designed to improve infrastructures for public health, and the need to have those dollars be local. She added that they would not spend a lot of time on the issue of preparedness that day because the April meeting would be devoted to the subject. She added that the intent was to hold the April meeting at the Emergency Operations Center (EOC).

Chair Edmonds stated that the good news was that, one of the few things Congress did want to fund that year was bioterrorism preparedness and public health infrastructure needs. She added that Dr. Plough was working with the State Department of Health regarding the

distribution of the money from Congress. She recalled that the amount for Washington State was 3 million and asked Dr. Plough if that amount was correct.

Dr. Plough responded that there would be \$3 million for short-term needs followed by an additional \$20 million.

Chair Edmonds asked if any funds had been received to date.

Dr. Plough responded in the negative and indicated that negotiations were still underway.

Chair Edmonds stated that one of the provisions that Congress had placed on those funds was that the distribution would be based on per capita allocation formula. She added that that would be a good thing for King County, but she understood that there were some concerns at the State level that the per capita approach would not be the best way to distribute those funds within the state. She added that those discussions were still taking place.

Chair Edmonds summarized the Legislative Session as having some good news and bad news. She stated that the Board packets included a memo from Dr. Plough about the goals of the session. She stated that she would begin their discussion with a review of the goals. She added that at a later date she wanted to have a more detailed discussion about public health funding. Chair Edmonds stated that they were funded through June of 2003 in the State Budget, which was a really good thing. However, she added that the way the Session ended they were anticipating an even bigger shortfall in the State Budget in the next biennium. She stated that she had heard that the number was close to \$1 billion and that by the time January came around that the \$1 billion could grow substantially. She added that the Board needed to have some serious discussion and strategizing around how to approach the next Legislative Session to secure permanent funding for public health. She stated that that would be one of the issues that she would continue to raise in the future.

Chair Edmonds summarized information about select bills described in the Board packet:

RE: Tobacco Settlement Funding: She stated that in her personal opinion the actions taken by the Legislature - tobacco securitization- was bad news. She added that she believed that that action constituted a misuse of the tobacco settlement.

RE: Chemical dependency treatment, Senate Bill 5418. She noted that that was a bill, introduced in 2001 Session, which did not advance in the 2002 session.

RE: House Bill 1759, sales of injection equipment. She noted that they would be discussing this particular bill at length later in their meeting. She added that the bill passed the Legislature and was forwarded to the Governor for signature. She noted that they had requested a veto of a particular section that they were opposed to.

RE: Primary seatbelt law. She noted that this bill had passed the Legislature and stated that that was good news.

Chair Edmonds acknowledged Board Member Pizzorno.

Board Member Pizzorno asked about the objection related to the injection drug bill. He asked about the foundation of the Department's objection.

Chair Edmonds deferred the response to the discussion that was to follow.

Board Member Pizzorno stated that he was outraged with the misuse of the tobacco settlement. He asked if he had been correct in assuming that the State had checked out the legality of diverting those resources.

Chair Edmonds indicated that the action taken by the State was apparently legal.

Board Member Pullen responded that he believed that the decision was marginally legal at best.

Board Member Irons responded that it might be legal, however from his perspective it was highly unethical. He added that he believed their action represented a total misuse of public trust. He added that he was adamantly opposed to the diversion of those funds. He stated that he thought they should be very clear that the Board of Health thought that the diversion of funds in that way was a misuse of funds and that they totally opposed it.

Board Member Pizzorno asked if the matter could be placed on the table for discussion. He asked if the Board of Health could express to the media their outrage at the action taken by the Legislature. He said that he wasn't sure whether or not speaking out would have any value or whether there might be repercussions for elected officials, but he wanted to speak out because he thought said action was inappropriate.

Board Member Pageler stated that she thought the Board did need to say something because the momentum was there for the Legislature to use the rest of the tobacco settlement next year to plug their budget hole. She added that their actions avoided some hard decisions. She stated that there were some other places where money could be saved that were not politically popular, but they perhaps could have supported some of those alternatives.

Board Member Thompson asked if it would be appropriate to assess the outcomes so that one had some data about the effect of the Legislature's decision - not just fiscally, but in terms of tobacco use.

Chair Edmonds stated that she understood that the Governor supported the decision and thus the action would go forward. She added that, if the Board wanted to continue debate, how should they go about it. She stated that there were a couple of things that she thought they could do, such as a letter to the Governor informing him of their official protest of this action or an op-ed piece.

Chair Edmonds acknowledged Board Member Irons.

Board Member Irons stated that he thought they should do both. He added that the letter should be very succinct and that the op-ed piece should provide a more in-depth discussion.

Chair Edmonds acknowledged Board Member Constantine.

Board Member Constantine suggested that the Board not go it alone on this matter. He suggested coordinating their response with other public health authorities from across the State as well as with the Attorney General and the State Treasurer, both of whom had been very vocal about on the subject.

Chair Edmonds acknowledged Board Member Irons.

Board Member Irons stated that from his was that they should speak up as a body and rally the greater entity as well as speaking out to their community - King County. He added that an op-ed piece would be very appropriate and that a letter asking other Boards of Health across the State, to develop a common vision, a common statement would be another good idea.

Chair Edmonds acknowledged Board Member Pullen.

Board Member Pullen stated that he concurred with comments that had been made. He added that while those actions had been tested in the courts, there were perhaps other points that had not been litigated to date. He stated that if the Board elected to go the route that had been suggested, which he concurred with, he wanted the Board to be prepared to respond to reactions from state legislators. He stated for example the question about alternative solutions such as whether the legislature should cut public health funds to balance the budget or suggest a tax increase and if so, which taxes? Board Member Pullen stated that a good legislator would ask those questions and he advised that the Board had better be prepared to offer up some alternatives.

Chair Edmonds stated that she understood that there was an affiliate of the Washington Association of Counties that represented public health officials.

Dr. Plough responded that the affiliate name was the Washington Association of Local Public Health Officials (WSALPHO).

Chair Edmonds stated that a similar discussion with the affiliate would be appropriate in order to engage the other local public health departments and local boards of health.

Dr. Plough responded in the affirmative.

Chair Edmonds sought clarification about the Board's desire to take action. She stated that her understanding was that the Board was directing her to write a letter to the Governor stating the Board's concerns about the use of the tobacco settlement dollars. Chair Edmonds directed staff to draft a letter for her review and signature.

Chair Edmonds sought clarification regarding the suggestion that the Department consider reviewing potential public health outcomes of the proposed action. Then the other one is we need more information about public health outcomes, potential public health outcomes of this particular action. She suggested that additional research might e needed. She asked if it was possible for Department staff to report back to the Board at the April meeting.

Dr. Plough sought clarification regarding the Board's request. He inquired if it was public health outcomes they were interested in because that that discounted the available money and thus shortened the period of time that the money would be available for preventive interventions and that it also kept the rate of the interventions lower State-wide.

Chair Edmonds responded in the affirmative.

Chair Edmonds said that the she thought that in the letter to the Governor the point should be made that they were very proud of the fact that Washington state was one of the few states that had reserved the tobacco settlement dollars for health care needs. She added that the Legislature had actually been very critical of other states that had diverted their settlement dollars for transportation uses. She stated that the Legislature had established a

policy and a commitment when the settlement was made that those funds would only be used for health care. She stated that the Legislature had now diverged from that policy and that was not a good course to follow.

Chair Edmonds called for additional comments on tobacco securitization. There being none, she directed them to the legislative briefing packet distributed at the meeting. She indicated that she would review this information quickly with the Board.

Chair Edmonds summarized the contents of the briefing packet.

RE: Engrossed Substitute Senate Bill 6588. She noted that there were a number of staff available to respond to any questions related to the bill. She noted that that bill in essence preempted the ability of local boards of Health to set consumer protection regulations on food safety. Chair Edmonds stated that that bill represented a bad deal for King County due to the fact that they had, over the years, established a higher standard of consumer protection than currently existed in the State. She stated that should the legislation pass it would in effect roll back the county food code to a lower standard.

Chair Edmonds stated that the bill awaited the Governor's signature. She stated that a number of people had been working to mitigate the impact of the bill. She stated that there had been good media coverage on the bill; that she had been interviewed by the Seattle Times and that she had written a letter to the Governor requesting a veto. She pointed out that a copy of her letter had been included in the Board packets. She added that Dr. Plough, County Executive Sims and Mayor Nickels had also authored letters calling for a veto.

Chair Edmonds asked that Dr. Plough inform the Board about the implications for the Department if that bill passed.

Dr. Plough responded that passage of that bill would bring the Department down to a minimal level of food protection as opposed to allowing them to have a standard that was state-of-the-art. He added that it would become a race to the bottom, of a margin of safety, for protection of the public from food-borne illness. He stated that passage of the bill would in essence gut many of the provisions of the meat code that the Board very carefully crafted in response to popular and consumer demand for those standards. He stated that instead of being allowed to be at the state-of-the-art of the Food and Drug Administration's model standards, it would preempt them and lower the standard that was prevalent in some other counties who did not have the complexity of risk to manage the types of food service establishments that they did in King County.

Chair Edmonds commented, that in her personal view, ESB 6588 had gotten so far and escaped their attention because their attention was focused on the restoration of funds for public health.

Chair Edmonds acknowledged Board Member Pizzorno.

Board Member Pizzorno asked what the rationale was behind such legislation. He asked why the State Board of Health was promoting such legislation.

Board Member Pageler stated that it was not the State Board of Health who had promoted the legislation. She stated it was the Restaurant and the Grocer's Associations that had pushed the bill through in the name of reduced regulations and uniform standards.

Board Member Conlin asked if the State Board of Health would support a veto.

Board Member Pageler stated that the State Board of Health had met the week before and that there had been a great deal of concern expressed, however the matter was not on the agenda and no action had been taken.

Board Member Conlin stated that it would be helpful to have other departments to call upon in support of a veto.

Board Member Pageler stated that while the State Board of Health would not be able to take any action, however she noted that since Carl Osaki, the former Environment Health Director in Public Health now sat on the State Board of Health. She added that he might be willing to take a position.

Chair Edmonds asked if the Board could ask that of him.

Board Member Pageler responded that that would be fine.

Board Member Thompson asked if the State Board of Health could take action through an Executive Session.

Board Member Pageler responded that she did not believe the State Board had the flexibility to do so.

Chair Edmonds asked if Board Member Pageler would contact Mr. Osaki.

Board Member Pageler agreed to do so.

Board Member Conlin inquired as to whether or not there were other health departments that Dr. Plough could contact about this matter.

Dr. Plough responded that that issue had been raised and discussed with health departments throughout the state. He stated that there was uniform opposition and that letters had been solicited from across the state. Dr. Plough added that he would see that those efforts were reinforced.

Chair Edmonds stated that she had been in contact with the Governor's Policy Analyst for health care issues, Ree Sailors to express King County's concerns. She stated that when the bill arrived at the Governor's desk, it would go through a bill review and Ree would be instrumental in making a recommendation to the Governor as to whether or not to veto the bill.

Board Member Thompson stated that the communication should emphasize the fiscal impacts of the bill that should prove to be compelling to the Governor.

Chair Edmonds stated that that would not be the case if the fiscal impacts were on the local level, although she added that one would think that if it became a statewide code, that the fiscal impacts would then be on the State.

RE: House Bill 1759 - sale of hypodermic syringes. Chair Edmonds stated that the Department had taken issue with section 4 referred to as the Hargrove amendment. She added that the Hargrove Amendment restricted pharmacists to activities that in effect placed in the role of a needle exchange and required them to make an assessment of the individuals who wished to purchase syringes.

Chair Edmonds acknowledged Board Member Pullen.

Board Member Pullen asked what the basic bill did beyond the needle exchange issue. He read from the introductory sentence on briefing sheet the following summary: "The bill would permit persons at least 18 years of age to possess up to ten sterile syringes and needles for legitimate public health purposes." Board Member asked if that meant in effect that if one had a prescription for an injectable item, that one could only acquire 10 syringes at any one time.

Dr. Plough responded in the affirmative.

Board Member Pullen asked what the current law stipulated.

Dr. Plough stated that he was uncertain about the specifics of the current law.

Board Member Pullen stated that the bill created a pretty awkward situation for people who had to inject themselves daily. He stated that there was a lot of legitimate use for injectables in conventional and natural medicine and that a lot of people had to inject them at least daily. He stated that if one had to keep running to the pharmacy or some other dispensary every week that would prove to be pretty inconvenient. He wondered what the legislators in Olympia did for counsel on this matter. He stated that if in fact, the measure did limit the number of syringes then he found that to be alarming.

Dr. Plough indicated that Dr. Gary Goldbaum had been working for the Department on this matter and could perhaps respond to the Board's question.

Dr. Goldbaum indicated that current legislation did not restrict sales for diabetics, for example, who needed to inject one or more times a day. He said the intent of the bill was to extend current law to enable pharmacists specifically to sell to individuals for public health purposes - specifically to prevent the transmission of blood-borne pathogens.

Board Member Pullen asked if the exception was only for diabetics.

Dr. Goldbaum responded that the exception was not only for diabetics.

Board Member Pullen asked if it would apply if one had a prescription from one's doctor for a medical use.

Dr. Goldbaum responded in the affirmative.

Chair Edmonds acknowledged Board Member Irons.

Board Member Irons asked Dr. Plough to expand on his earlier statement.

Dr. Plough stated that they had supported the bill so that the exchange of clean needles at a pharmacy would be part of a network of needle exchanges, getting information and clean needles to people. He added that they had worked closely with the Pharmacy Association of Washington to develop an approach that they were comfortable with.

Board Member Irons asked Dr. Plough if it was the age limit that was the objective.

Dr. Plough responded that it was the restrictions placed on the pharmacist in doing this exchange that they believed failed to address some of the concerns that the pharmacists had had. He added that the amendment would make the pharmacist unable to be as much of a part of the program as they would like to be.

Board Member Irons asked whether the objective was the quantity sold or the age or both factors that the Department objected to. Dr. Plough responded that it was the quantity and the monitoring and some of the constraints on the pharmacists that raised concerns.

Board Member Irons inquired as to whether the bill reflected any differences in the monitoring of the individual's age.

Dr. Plough responded that the bill required assessments to be made and monitoring to occur in ways that would make it difficult for the pharmacists to participate.

Board Member Irons inquired if there was another of the monitoring other than the age that was a concern of the pharmacists.

Dr. Plough responded that the bill addressed some of the infectious disease control components. Dr. Plough asked Dr. Goldbaum if the bill added additional requirements regarding the monitoring of medical waste.

Dr. Goldbaum responded that the core objection was that the bill put pharmacists in the position of having to actually handle syringes that were being discarded. He added that pharmacists would have to collect and count the syringes and then return them.

Re: House Bill 2325. Chair Edmonds stated that the bill established some regulations for non-profit organizations to donate food.

Dr. Plough stated that the Department had had some issues with monitoring the distribution of food programs particularly to homeless populations in Seattle. He added that the bill might make programs designed to accommodate safe food and the distribution of food to the homeless more difficult.

Re: House Bill 2323. Chair Edmonds stated that the bill was related to the sales of fish from commercial fishing boats and that the bill preempted some local permit and licensing requirements on the retail sale of fish and shellfish. Chair Edmonds remarked that they obviously did not like legislation that preempted local authority.

Dr. Plough stated that the Department had worked quite well and collaboratively with individuals in the past, especially those who sold salmon off boats. He said this bill would restrict their ability to monitor and set standards.

Re: Senate Bill 6833. Chair Edmonds stated that that bill had passed the House. She noted that the bill had fiscal impacts down the road and that it would change the way the state covered individuals on the Basic Health Plan. She added that federal law said that if an individual was an illegal immigrant or had lived in the country less than 5 years that they were not eligible for Federal assistance. She stated that the State had been picking up some of the cost of the program because they believed that it was bad health policy not to provide health care coverage for people living in the State. Chair Edmonds stated that the bill changed the regulations governing the coverage and that it would end up costing more downstream.

RE: Senate Bill 6337. Chair Edmonds stated that that bill was related to tobacco product sampling. She noted that the bill would not affect King County because the provisions of the bill were already addressed in King County.

RE: HB 2950. Chair Edmonds stated that she had asked that that bill be included in the Board packets. She stated that the utility tax bill had not passed. She stated that they thought they had reached agreement with the Suburban Cities however the agreement had fallen apart the previous weekend. She noted that the bill never came up for a vote. She stated that had it passed it would have given the county the authority to go to the voters for a utility tax. Chair Edmonds stated that they would then have been able to use those tax dollars to fund public health needs. She stated that the question they needed to consider in the future was how to secure a stable source of funding for public health.

Chair Edmonds acknowledged Board Member Irons.

Board Member Irons stated that if the county and/or counties elected to go back to the legislature next session he suggested that there needed to be a detailed discussion about how the funds generated by the tax would be earmarked. He suggested that they needed to define how the money would be spent for example public health and law and justice; that it wasn't sufficient to state that the money would go into the general fund because legislators did not like that response. He added that defining the uses for the tax dollars would give them a long leg up as far as generating more support from the County Council and the state legislature.

Chair Edmonds concurred with Board Member Irons statements.

Chair Edmonds acknowledged Board Member Hutchinson.

Board Member Hutchinson stated that the Suburban Cities were against the bill because it added to tax burden of citizens who were already paying close to a 6% utility tax. He concurred with Board Member Irons insofar as his remarks about the need to define the uses for the tax. Board Member Hutchinson stated that the other concerns of Suburban Cities were related to the sharing of the tax revenues. He added that there needed to be a discussion with Suburban Cities as the whole group was against the bill.

Chair Edmonds briefly mentioned the bill tracker document in the Board packets. She noted that the Board's review of selected bills was consistent with the information in the bill tracker.

Chair Edmonds directed the Board's attention to the handout related to selected budget cuts and the corresponding impacts on the Department budget. She noted that the Department's number one priority - MVET funding- had been secured. She acknowledged that one of the reasons King County and Seattle were so successful in Olympia during the legislative session is that both entities employed full time lobbyists who stayed on top of the issues and were available when last minutes changes were made on bills and the budget. She added that the Board and all King County residents benefited from that attention and advocacy.

Chair Edmonds briefly touched on cuts made in selected programs including: Northwest Family Center, Alcohol and Substance Abuse Services, Regional AIDSNet, Interpreter Services, Maternity Support Services, Farmer's Market, Bioterrorism Funding and cost sharing for HIV assistance. Staff informed the Board that the information provided in the Board packets reflected decisions made up until the legislature adjourned however staff had not had time to do a detailed analysis of the fiscal implications.

[TVSEA experienced technical difficulties in videotaping, and the audiotape did not record about a 5-minute section of the meeting.]

Board Member Conlin...the League of Cities found that most of the {BT} money was to be directed to states. He noted that in their discussion it was stated that it was not clear how much of a mandate there was for the money to be passed on to local boards of health. He stated that in particular they would attempt to get the administration to agree that they would have a specified percentage that would pass through to local government. He stated that they were uncertain how successful they would be but wanted to raise the issue with the Board. He added that he hoped their chances for securing additional funds were high but he had concerns especially given the state's decision about the tobacco settlement funds.

Chair Edmonds noted that the April Board meeting would be devoted to an overview and discussion about emergency preparedness. She added that the meeting was tentatively planned to take place at the County Emergency Operations Center.

Dr. Plough stated that he shared Board Member Conlin's concerns. He stated that he had been involved in almost daily negotiations with the state. He stated that it was not clear they would get a risk and population based allocation that met the needs in King County. He stated that the state plan had to be approved by the Governor and submitted to the federal government by April 15th. Dr. Plough noted that they might need to communicate with Board members prior to the next meeting if the outcome of the negotiations with the state did not go well. He added that he was watching things very closely and if it did not follow a population threat and risk calculus it would not be a package that he could support.

Board Member Conlin stated that he heard a very disturbing attitude from the Office of Homeland Security being expressed about local government involvement at the meeting that he had attended.

Dr. Plough responded that fortunately the money would be allocated through the Department of Health and Human Services and not the Office of Homeland Security and that HHS had committed to funding local public health.

Chair Edmonds acknowledged Board Member Pizzorno.

Board Member Pizzorno stated that he wanted to commend staff and leadership for the legislative briefing materials.

Chair Edmonds concurred with Board Member Pizzorno and thanked staff as well. Chair Edmonds stated that she wanted Board members to start to percolate ideas about the next legislative session. She said that she thought they needed to do some proactive work in order to make sure that funding needs were met and to go into the next session with their own agenda.

Board Member Thompson asked how the Board Chair envisioned the Board being more proactive.

Chair Edmonds indicated that she intended to get more involved in WSALPHO {Washington Association of Local Public Health Officials}. She also added that they needed to develop a strategy; develop contacts with King County delegation and make certain that those members of the delegation not on health care committees were educated about the issues.

Chair Edmonds acknowledged Board Member Pageler.

Board Member Pageler stated that there were some issues they could work locally. She stated that although the Board wasn't in a position to effect change in one area, she was concerned about the hundreds of millions of dollars at stake related to liability reform. She added that if the state went back to their 1960 position of sovereign immunity or something in between that and the situation where any lawyer who wanted to, brought a case forward, millions of dollars could be saved.

Board Member Pageler stated that she was interested in taking a look at the issue of generic drugs vs. named pharmaceuticals. She said that, although it was a very touchy issue, the Board was well positioned to have that discussion and formulate some recommendations that would save the state a great deal of money without putting citizens at risk. She added that if they could hold those discussions outside the legislative arena they could perhaps formulate recommendations that a lot of groups could support.

Chair Edmonds thanked Board members for their engagement in the recap of the legislative session. She said she thought it was important that the Board remained current on the issues and began to think about their engagement next session.

Chair Edmonds turned the meeting over to Dr. Plough for his Director's Report.

Director's Report

Dr. Plough introduced Tony Gomez, manager injury and violence prevention for the Public Health Department - Prevention Division.

Mr. Gomez indicated that he and his colleagues would be presenting information on: bicycle helmet safety; current Board of Health ordinances; morbidity, mortality and cost related data; effectiveness of helmets in preventing injury; and helmet distribution and education efforts.

Mr. Gomez stated that Public Health supported bicycling as a lifelong exercise option - an option that he noted tied in well with the briefing on obesity that was to follow. He stated that he and his colleagues worked to encourage bicycling and to encourage people to think about safety when cycling - whether recreational or for exercise. Mr. Gomez stated that due in large part to the excellence of the Harborview Injury Prevention and Research Center, and their early involvement with bicycle helmet work, King County had one of the most proactive communities in the country in terms of bicycle helmet use. He believed that as a result of that support they successfully passed a bicycle helmet ordinance in 1993. He noted that the ordinance - Title 9 - applied to all age riders within King County with the exception of Seattle. Mr. Gomez stated that Title 9 stated that any person riding a bicycle on any public way, trail, King County would have jurisdiction over them. He noted that for instance, private schools were regulated through environmental health, health and safety, so the ordinance applied in those circumstances. He added that the ordinance required that the helmet be fastened. Mr. Gomez stated that he believed the reason that an all ages ordinance was developed was the knowledge that adults that modeled healthy behavior encouraged and enforced children's adoption of healthy behaviors. Mr. Gomez indicated that failure to use a bicycle helmet was a civil infraction, subject to a \$30 fine. He added that a judge considerable discretion and could waive, suspend or modify the penalty.

Mr. Gomez stated that the ordinance was developed primarily for education rather than heavy-handed enforcement. Mr. Gomez stated that through the Traffic Safety Coalition he has learned that law enforcement supports the ordinance, education around bicycle helmets,

but in terms of enforcement it was a lower priority for them. He stated that on occasion one of the north suburban cities would work a patrol along the Burke Gilman Trail where officers gave warnings to offenders. He added that overall there were a number of police chiefs in the region that were very supportive of injury prevention in general.

Mr. Gomez mentioned that a recent survey of suburban cities revealed that eight cities in King County had adopted their own ordinances. He noted that those cities had done so in part to add a higher fine and in some cases had expanded the King County ordinance to include other wheeled devices such as skateboards, roller skates and scooters. He mentioned that the City of SeaTac in addition to required helmet use for bicycles, required skateboarders, roller bladers and roller skaters to wear helmets. He noted that Bainbridge Island had recently adopted a bike helmet/skateboard/horse-riding ordinance. And the City of Tacoma adopted an all wheeled motorized wheels ordinance, that applied to roller blading, skateboarding, and riding on a scooter. Mr. Gomez stated that through each of these review processes strong support came from the city Mayors, city councils, Police Chiefs, Fire Chiefs, and the community at large. Mr. Gomez stated that additional findings from the survey included information that: 22 of police departments were aware of the ordinance of which 17 enforced the ordinance through oral warnings; and that 4 cities were unaware that the ordinance applied within their jurisdiction. As a result of the survey, Mr. Gomez stated that they were doing additional education related to the requirements of the ordinance.

Mr. Gomez noted that there were currently no plans to enact a statewide ordinance. He noted that the Traffic Safety Commission wanted counties and cities to take the lead and act locally. Mr. Gomez stated that the Commission hoped to secure a federal grant to provide money for training of local law enforcement officers and provide community education through bicycle clubs and fire departments.

Mr. Gomez introduced the bicycle helmet safety panel members. Mr. Gomez stated that the first panelist was Dr. Gary Goldbaum. He stated that Dr. Goldbaum was a family physician and an epidemiologist and was the chronic disease and injury control officer for the Department. Mr. Gomez noted that Dr. Goldbaum would present information related to bike helmet morality/morbidity. Mr. Gomez stated that the second panelist would be Dr. Fred Rivara. Mr. Gomez stated that Dr. Rivara was a professor of pediatrics and the principal investigator with the Harborview Injury Prevention and Research Center at the University of Washington Medical School. Mr. Gomez stated that Dr. Rivara would describe the effectiveness of bike helmets, education and regulation in preventing injury. Mr. Gomez stated that the final presenter was Mr. Alan Abe - the injury prevention program manager for King County Emergency Medical Service Division. Mr. Gomez stated that Mr. Abe would describe some of the community education and distribution efforts underway in King County. Mr. Gomez turned the floor over to Dr. Goldbaum.

Dr. Goldbaum noted that in addition to working in Public Health he was also a committed bicycle commuter and a member of the "Saved By The Helmet Club". Dr. Goldbaum stated that three years ago while biking home from work on Eastlake a car turned in front of him at an intersection. He said that he slammed into the car fender, flew over the hood and was later told that witnesses had observed him landing on the top of his head. He said that he had rolled over but was able to get up and walk away with little more than a few scratches. He said that his helmet was cracked. He added that Bell Helmets replaced his cracked helmet at the prorated value of the helmet. Dr. Goldbaum stated that he was convinced of the value of wearing a helmet. He said that his role was to present some of the local science about helmet use and about bicycle related death and injury. Dr. Goldbaum stated that the death data he would be presenting was not specific to helmet use, but included all bicycle-

related deaths in King County, of King County residents, from 1989 to 1998. He noted that the data had been separated out in three jurisdictions - all King County, Seattle and King County outside of Seattle. He stated that in that 10-year period there were 36 bicyclists who died while biking - an annual rate of .2 per 100,000 for all of King County. He noted that that rate wasn't any different for Seattle or King County outside of Seattle.

Dr. Goldbaum summarized the data as follows:

- Male King County residents were four times as likely than females to have died in a bicycle related collision.
- Death rates were highest, for 5 to 9 years olds, ---- at .8 per 100,000; followed by 10 to 17 year olds ---- at .5 per 100,000; followed by about .1 per 100,000 for everybody else.

He summarized by stating that it was clearly the kids who were at greatest risk for dying while biking. He noted that the majority of those deaths involved motor vehicles. He qualified his comments by noting that in the data reflected, people could have died even if they had been wearing a helmet. He stated that they did not have specific helmet use information for all of the deaths included.

In regards to hospitalizations over a defined 10-year period, Dr. Goldbaum summarized the data as follows:

- Over 2,000 individuals were hospitalized for bicycle related injuries ---- an annual rate of 12.8 per 100,000. He noted that the difference between the Seattle/North King County area and the rest of King County --- about 40% higher in Seattle and North King County for the rate of injuries ---- could be partially attributable to more bikers on the roads from those communities. He said it could also mean that those bikers were less likely to wear helmets and reported for more bicycle-related injuries. He said that they could not tell from the data.
- Hospitalization rates varied dramatically by age just as they did for death.
- The 5 to 9 year olds and 10 to 14 year olds had the highest rates per 100,000.
- Seattle and North King County had far higher rates than the rest of King County in those older age groups --- 18 up to age 65. He noted that older bikers outside, in Seattle were at higher risk. He stated that he could not explain the reasons based on available data. He said he would be willing to hazard a guess that fewer of those older bikers were wearing helmets than were the kids.

Chair Edmonds inquired if the differences could have been attributable to the amount of traffic.

Dr. Goldbaum responded that there were many reasons for the differences. He said it could also represent more bikers in Seattle in that age group, although he said he could not discern that from the data.

Chair Edmonds acknowledged Board Member Irons.

Board Member Irons commented that the differences could perhaps be attributed to the type of biking in suburban versus rural versus urban. He compared the difference between biking in Ballard versus biking in North Bend with such variables as traffic and population.

Dr. Goldbaum responded that Board Member Irons made a great case for the environment playing a major role in injury. He stated that the environment made a huge difference and

that there was a piece of the environment - the personal environment that they could influence.

Dr. Golbaum referred to 2002 medical examiner data. He noted first that the medical examiner's office looked at all deaths that occurred in King County, not just deaths to King County residents. He stated that for eight deaths in 2000, four of those individuals were not wearing helmets and the remaining four it was not known about their helmet use. Dr. Goldbaum stated that the medical examiner did not try to ascertain whether or not helmet could have prevented death. He stated that they simply described the types of injuries. However, he said they did have another mechanism for looking at a subset of the population of individuals who died and that that was child death review. Dr. Goldbaum said that child death review was a very intensive investigation of all deaths that occurred to children, under the age of 18. He stated that since July of 1998, child death review had examined the deaths of five children - ages 9-16--- all of whom had died while riding a bike. He added that four of those children did not have a helmet at the time of the incident. The child death review team; a team that included law enforcement, the medical examiner, injury prevention specialists, and physicians, had concluded that three of the four deaths among the children who were not wearing a helmet could have been prevented had the child been wearing a helmet.

Dr. Golbaum concluded his remarks by stating that there were costs beyond the loss of human life. He added that one could translate the cost of death and injury into direct costs such as medical care costs and the indirect costs such as lost productivity and lost contribution to society. Dr. Goldbaum reviewed some data that they had analyzed using software developed by the Centers for Disease Control using Harborview Injury Prevention Research Center data. He noted that the direct costs and the indirect costs associated with the injuries added up to approximately \$10 million for 1997.

Chair Edmonds asked if there was data more current than 1997.

Dr. Goldbaum answered that data was not available for every category noted however he noted that even if the data was available he doubted there would be any dramatic changes in the numbers with the exception of the costs.

Board Member Conlin asked how he defined indirect costs in the formulas used.

Dr. Goldbaum responded that indirect costs were largely due to lost productivity due to death or disability.

Dr. Goldbaum summarized by stating that many King County residents died or were injured while biking. He added that deaths were associated with not wearing bicycle helmets and that helmets might have prevented some of those deaths. He stated that not wearing a helmet was clearly costly to society. He then turned the presentation over to Dr. Rivara.

Dr. Rivara stated that he was a pediatrician and had worked at Harborview since 1984. He stated that the reason he had gotten interested in injury prevention was because he saw kids with bicycle related injuries in the wards, the ICU and the emergency department. He stated that back in 1984 hardly anyone wore a helmet and no one really had a good idea as to the effectiveness of helmets. He stated that the national data revealed that about half a million people ended up emergency departments each year for bicycle related injuries. He believes that if one really wanted to affect bicycle related injuries, one needed to look at how to prevent head injuries.

Dr. Rivara posed the question about the effectiveness of bicycle helmets. He noted that there had been two large studies, the first of which came out in 1989. He stated that that looked at people who had been in a bicycle crash, had head injuries, didn't have head injuries, and looked at their helmet use. He said that the study results concluded that bicycle helmets were 85% effective. To put the data in perspective, Dr. Rivara noted bike helmet effectiveness to other safety devices: Seatbelts -decreased the risk of serious injury by 45%; airbags provided an additional 10% impact upon the risk of serious injury or death; motorcycle helmets because of the greatest speed of motorcycles decreased the risk of serious injury and death by 27%; and bicycle helmets decreased the risk of serious injury by 85%.

Dr. Rivara described the second study as published in the Journal of American Medical Association in 1996, which involved 3,400 cyclists. He stated that that study was the largest that had ever been done in the world. He stated that that study showed overall a 75% reduction. He stated that even if a person was hit by a car, the helmet decreased the risk of injury greatly. He noted that it wasn't only the people that fell over their handlebars or fell off the bicycle because they lost control. He said that if one was riding and got struck by a car, a helmet was going to be effective and decrease one's risk of serious injury. He added that bicycle helmets were remarkably effective devices, even when they were used incorrectly. Dr. Rivara stated that because of the fact that the helmet hung over the front of a person's face, it actually afforded protection for their forehead and mid face to the person's nose and cheekbone. He added that while a helmet didn't afford any protection for a person's jaw or teeth, it decreased the risk of injuries to the upper and the mid face by about two-thirds.

Dr. Rivara stated that since 1985-86 they had been doing bicycle helmet education programs in Seattle. He stated that he was director of the injury center for 13 years and that was one of the center's main programs. He stated that they had worked to decrease the cost of helmet through the provision of discounted coupons; worked with the media and the Health Department to get the information out to the public; and worked with the manufacturers to get helmets to appeal to kids. He stated that each summer the center hired high school and college aged students to stand on street corners and count the number of kids on bicycles they observed wearing helmets. He stated that the first year they undertook the count of 1,000 kids, only 2% were wearing helmets. He noted on his chart that the latest data from 1999 revealed that 60% of the kids counted wore helmets. He said he suspected that more recent data would probably reveal a slightly lower percentage because they backed off on their educational program. Dr. Rivara stated that public education campaigns would only reach a certain number of people and therefore he believed that there was a limit to how much one could achieve through public education. Dr. Rivara stated that they had done some studies with his colleagues at Group Health. He stated that the studies showed that over a period of time head injuries in 5 to 9 year olds and 10 to 14 year old kids decreased by about two-thirds. He stated that that program now served as the model for programs around the country.

Dr. Rivara stated that they had a number of approaches in their "bag of tricks" to encourage people to increase their use of injury prevention devices. He said the first was education; the second - modifying the environment and the third was legislation and enforcement. He said that the data suggested that most all programs reviewed had an educational component. He noted that in regards to the added impact of legislation on behavior change revealed that all the jurisdictions/states cited in the study had realized a dramatic increase in helmet use as a result of enactment of laws.

Dr. Rivara concluded by stating that: helmets were really effective; that educational programs had been successful but that the effects had plateaued; and that jurisdictions that

had passed legislation had seen an increase in helmet use. He stated that we could expect that with passage of an ordinance in Seattle that they would end up saving lives, preventing disability and ultimately saving money.

Mr. Alan Abe introduced himself to the Board by stating that he was in charge of community programs. He did an informal poll of the Board about bike riding and helmet usage. Mr. Abe stated that King County EMS had been in the business of distributing bike helmets for over 12 years and that in the first three years he had been with EMS they had spent over \$20,000 on helmets alone. He stated that last year they had given away 2,300 helmets at various events, worked with the fire departments, and health fairs. He stated that formerly they had distributed bike helmets at Public Health Clinics, but now worked directly with local area fire departments. Mr. Abe stated that one of the special programs they had was the bicycle safety citation program. He added that when medics or fire department saw a person or child riding a bike and wearing a bike helmet they were issued a coupon redeemable for a Subway sandwich. Mr. Abe described another program where they contracted with a number of people who were saved by wearing a helmet. Mr. Abe directed the Board's attention to a slide projected onto the screen of a young boy named Hunter who had had a traumatic bicycle collision with a building. Mr. Abe stated that Hunter favorite saying was that he might have looked ugly before but not as ugly as a gravestone.

Mr. Abe described the costs of various helmets ---snowboard helmets, bike helmets. He noted that they bought the helmets for about \$5.00-\$9.00 and asked for a donation to cover those costs.

Mr. Abe concluded by stating that they worked with a number of community partners including Harborview Injury Prevention Center and the brain injuries associations. He added that other hospitals like Valley Medical Center and Overlake Hospital were also involved with bicycle helmet programs.

Chair Edmonds acknowledged Board Member Irons.

Board Member Irons noted that they had talked about bicycle helmets but he said he had experienced a situation where, had he not been wearing a helmet while roller blading he wouldn't have been in the room. He added that his three daughters did not go out on their bicycle or their roller blades without a helmet. He said he was quite surprised at the speed one could achieve on roller blades and how quickly one could stop when meeting the asphalt.

Mr. Gomez responded that they had considered an all wheels ordinance but had wanted to start out small and work up to a broader ordinance at a later date.

Chair Edmonds acknowledged Board Member Thompson.

Board Member Thompson asked if it was considered cool to wear a helmet and how did they address this issue.

Dr. Rivara responded that that aspect had changed over time. He noted that when helmets first came into use they were considered ugly. He noted that that manufacturers responded to the demand and created helmets that were considered snazzier and better looking. He said that their idea had been to focus on kids when they first began to ride, so that they got into the habit of wearing a helmet whenever they got on a bicycle. Dr. Rivara noted that they did realize that when it came to the teenage years that helmet use dropped off. He said that an ordinance proved helpful because even if a 13-year old left their home with the helmet on,

as soon as they turned the corner the helmet might be removed. With ordinances he thought there was a greater likelihood that teens would wear their helmets.

Chair Edmonds acknowledged Board Member Conlin.

Board Member Conlin stated that he had looked at a bicycle helmet ordinance last year in the City of Seattle. He said that he was a little confused because he had heard talk about an ordinance but he understood that the Board of Health already had an ordinance and that it was only the City of Seattle that didn't have one. He asked what the panelist's thoughts were relative to the Board of Health. He also noted that when he had taken the matter to the Bicycle Advisory Committee, everyone had agreed that helmets were a good thing and that they should encourage helmet use. However he said they were fairly skeptical about the benefits of adding an ordinance in Seattle. He added that his observation was that there was a higher percentage of people wearing helmets in Seattle than anywhere else that he had ever seen. He asked what it was they were looking for in terms of a law and if there were other things that the Board might want to consider. He stated that one thing that had occurred to him was some type of requirement that a helmet accompany the sale of a bicycle.

Dr. Rivara responded that he believed he had shown the Board some pretty compelling data that showed that they had been successful in increasing the use of bicycle helmets. He noted that helmet use at that time was pretty high but it had plateaued. He said that he thought individuals, particularly teens were still at a very great risk of bicycle related injuries. He stated that data from other areas indicated that legislation plus educational programs were most effective. He noted that he had been working in the field for 15 years and found it interesting that bicycle manufacturers had never been supportive of helmets because they wanted to sell bicycles and did not want their product to be perceived as dangerous. He added that even some of the bicycle organizations varied in their level of support for helmet use. He noted that those organizations reminded him of motorcycle groups who also didn't want to be forced to wear helmets although many of them did. Dr. Rivara expressed uncertainty about the value added of working with bicycle manufacturers and bicycle clubs. Dr. Rivara deferred to Mr. Gomez on the matter of ordinances.

Mr. Gomez responded that the purpose of the briefing was a status update about the current law. He stated that Board Member Conlin was current that the law did not apply in the City of Seattle, but did apply everywhere else within King County. Mr. Gomez stated that it had been part of their intent to have a conversation with the Board and discuss and what direction they might want to take. He stated that they could do some things through the Traffic Safety Coalition to provide additional education to suburban cities, law enforcement and fire departments and perhaps realize some improvements. He stated that it was up for discussion within the City of Seattle and that they would certainly support whatever direction the City elected to take.

Chair Edmonds acknowledged Board Member Pizzorno.

Board Member Pizzorno stated that he was surprised that bicycle helmets didn't look more like motorcycle helmets. He added that he understood that there had been a lot of research done on motorcycle helmets. He stated that he was always worried about the bicycle helmets that appeared to be perched really high on an individual's head. He asked if there was any data on increased neck injuries because of added torsion one got from trauma to the head

Dr. Rivara responded that in terms of the comparison between bicycle helmets and motorcycle helmets, one of the big issues was the fact that bicyclist's generated heat and therefore they wanted a helmet that allowed for heat loss. He stated that another factor was the weight of the helmet. He noted that individuals who engaged in mountain biking sometimes wore helmet with full facial shields.

Dr. Rivara responded that in terms of neck injuries the data showed that neck injuries were relatively uncommon. He stated that in less 1% of the cases, and there did not seem to be any increased risk of neck injuries with or without helmets.

Dr. Rivara stated that Board Member Pizzorno's point made it pretty clear that one would want to cover more than just the top third of one's head. He stated that it was easier if a child had a helmet that came down lower and that had been fitted on the child so that it did not move around.

Chair Edmonds acknowledged Board Member Hutchinson.

Board Member Hutchinson stated that it was a pleasure to have Dr. Rivara speak with the Board. He noted that he had met Dr. Rivara years ago. He added that Dr. Rivara was an international expert in the field. Board Member Hutchinson asked if in terms of the ordinance, had the data shown that if one had an ordinance it increased the likelihood that people would wear helmets.

Dr. Rivara responded in the affirmative.

Board Member Hutchinson stated that given the correlation an ordinance in Seattle would be a good idea. He cited the example of drinking in Pioneer Square where there had been a voluntary effort that had apparently not worked.

Dr. Rivara responded that there was considerable data in the literature. He stated that a lot of jurisdictions had passed laws and all had been associated with an increase in helmet use. He said the greatest effect occurred when there were both legislation and educational programs.

Board Member Conlin stated that he was very interested in the idea of legislation. He stated that given the fairly high level [of helmet use], what impact could they expect from an ordinance. He surmised that those places where they had seen the most dramatic increases had been ones where the helmet use level was pretty low.

Dr. Rivara responded that he suspected that they were now probably in the 50% to 60% range and he thought they could get up to the 70% to 80% range. He added that they would not get to 100%, but he thought they could improve by about twenty percentage points.

Board Member Conlin responded that that would be worthwhile.

Chair Edmonds thanked Dr. Rivara and his colleagues for the briefing on bicycle helmets. She invited Dr. Plough to continue his report.

Dr. Alonzo Plough introduced the second Board briefing on overweight and obesity. He stated there was an epidemic of obesity in the United States, and that the data that would be presented indicated that the same was true in Seattle and King County. He noted that he had recently reviewed two studies that week on the Internet that emphasized the important and unique pressures that overweight and obesity placed on health problems in America. He

stated that the first study documented that the excess hospital utilization of individuals who were obese was equal to or greater than individuals who smoked tobacco. He stated that obesity as a factor for excess medical care utilization was approximating that for tobacco. He stated that the second study was about childhood diabetes where juvenile diabetes or Type I diabetes had been the preponderant cause of diabetes in kids. He stated that recent data showed that up to one-third of pediatric diabetes was now related to Type II diabetes related to obesity. Dr. Plough stated that those factors would also be discussed in the Board briefing.

Dr. Plough stated that the focus was on the impact of overweight and obesity on health, and not the physical or attractiveness nature. He stated that epidemiological evidence documented a relationship between serious weight gain and health impact that could be prevented. Dr. Plough stated that the panel would talk about the epidemic from both a national and local perspective.

Dr. Plough introduced panel members Dr. Gary Goldbaum, Dr. Cheza Collier and Dr. David Solet.

Dr. Goldbaum stated that Dr. Plough had made the point that an epidemic was underway. He shared with the Board the national results from 1985-2000 of the Behavioral Risk Factor Surveillance System (BRFSS) started by CDC (Centers for Disease Control) in 1983. Dr. Goldbaum stated that the BRFSS was a randomized telephone survey of households across the United States. He pointed out in the data displayed for the Board that during the time period 1985-2000 there had been an increase in prevalence of obesity. He noted that in 1995 the number of individuals who were obese ran about 15% to 19% and in 2000 many states were showing numbers greater than 20%. He stated that that represented an epidemic.

Chair Edmonds observed from the data that there was a geographic pattern to the data.

Dr. Goldbaum concurred with Chair Edmonds and noted that the epidemic swept from the East to the West. Dr. Goldbaum stated that overweight and obesity were now judged to be the second leading preventable cause of premature death, trailed only by tobacco use. He stated that overweight and obesity could be prevented and reduced by lifestyle changes. Dr. Goldbaum stated that the professional literature was replete with very solid evidence that lifestyle changes were important. He stated that at the national level the evidence was clear that: any weight excess increased the risk of death, especially among adults aged 30 to 64 years; unhealthy diet and inactivity were the predisposing factors to obesity and the national estimates nationally indicated that 300,000 U.S. deaths could be attributed to unhealthy diet and inactivity, and its consequence obesity, every year.

Dr. Goldbaum clarified the two different terms he had used - overweight and obesity. He stated that the way they arrived at the two definitions was using the Body Mass Index. Dr. Goldbaum stated that the Body Mass Index (BMI) used a simple formula that used height over weight squared. He stated that the reason that that formula worked so well was that in repeated scientific studies that was the measure that clearly corresponded best to the health outcomes. Dr. Goldbaum stated that when a BMI of 25 to 29 was considered overweight. He added that individuals who fell in that range had a moderate risk of adverse outcomes. Dr. Goldbaum stated that obesity was defined as a BMI greater than or equal to 30. He added that at that BMI the individual had a very high risk for heart disease, cancer, and other kinds of conditions that resulted in premature death. He stated that a 5'8" adult who weighed 164-197 pounds would be defined as overweight. He added that they would have some risk of

adverse health effects. He stated that someone of the same height who weighed more than 197 pounds would be considered obese and at very high risk

Board Member Pageler observed that she had a problem with the index in that it would mean that everyone, with the exception of Dr. Goldbaum, would be overweight.

Dr. Goldbaum responded that he seriously doubted that. He added that he thought they would be surprised at how those figures translated. He stated that for an individual who was 5'8", 164 pounds was pretty high.

Dr. Goldbaum stated that obesity was associated with premature death, Type II diabetes. He said that when he was in medical school twenty years ago he learned about juvenile onset diabetes and adult onset diabetes. He stated that adult onset diabetes started when you were 30. He added that it was not uncommon to now see kids and teenagers with that type of diabetes. He stated that they had abandoned the notion that it was "adult onset" Type II diabetes. He stated that heart disease, stroke and blood pressure and cholesterol, gall bladder disease, many cancers - colon and endometrial - kidney, gall bladder, breast cancer, and sleep apnea were all associated with obesity. He added that asthma, depression, osteoarthritis, stress and incontinence, and surgical risk were dramatically increased among the obese as well as pregnancy and menstrual problems.

Dr. Goldbaum stated that he found the most compelling data from the 1999 National Health and Nutrition Examination Survey; a survey done about every 5 to 8 years. He stated that that survey drew a nationally representative sample of adults and children and then gave the study participants a thorough physical exam accompanied by laboratory studies. Dr. Goldbaum stated that in that study, 34% of adults were overweight with an additional 27% obese. He stated that the results for children were 13% of children and 14% of adolescents were overweight.

Dr. Goldbaum stated that the economic consequences of obesity were great. He stated that in 2000 the direct costs were estimated at \$61 billion with indirect costs or lost productivity estimated at \$56 billion. He added that the total costs of \$117 billion to our country were largely associated with Type II diabetes, coronary heart disease and hypertension. Dr. Goldbaum stated that the science was undeniable - even modest weight loss reduced risk - 5% weight loss would substantially reduce an individual's risk. He stated that lifestyle changes were clearly demonstrated to be at least as effective as drugs in managing overweight and its consequences.

Dr. Goldbaum stated that the Surgeon General responded to the evidence of the epidemic by hosting a public listening session in the summer of 2000, followed by a public comment period and then convened the National Nutrition Summit. He stated that the findings from those sessions were summarized and released in the Surgeon General's Call to Action a month ago. Dr. Goldbaum summarized the framework of the report: four distinct areas that included communication, action, research and evaluation in settings that included families in communities, schools, health care, media and communications, and work sites. He cited some specific examples such as: encouraging the food industry to decrease food and beverage portion sizes; increasing nutrition information for foods eaten away from the home; implementing public policy to assure safe and accessible sidewalks, walking and bicycle paths, and stairs; ensuring that meal programs met nutrition standards; restricting access or providing healthy foods in vending machines; and providing all children with quality daily physical activity that could be translated into activity for life.

Dr. Goldbaum concluded by stating that overweight and obesity were serious problems. He stated that King County could and should be part of the national effort spearheaded by the Surgeon General. He then turned the presentation over to his colleague Dr. David Solet.

Dr. Solet informed the Board that they would receive a copy of a report about overweight and obesity in King County. He stated that his charge was to present local data on the epidemic. He noted that the local data was taken from the same BRFSS survey referenced by Dr. Goldbaum. Dr. Solet stated that the percent of people who were obese had more than doubled from 7% to 16% and the percent that were overweight had also risen quite a bit. He added that together that 36% and 16% was 52% of people who were either overweight or obese.

Dr. Solet referenced the remark made by Board Member Pageler regarding the Body Mass Index. He reviewed the index with Board members and showed them how they could locate height, weight and calculate their own BMI.

Dr. Solet stated that the percentage of overweight and obesity was increasing across the country and in Seattle and King County. He noted however that the data showed that the percent of people who were overweight and obese in King County was actually less than it was in the U.S., and that Seattle was somewhat less than for King County.

Dr. Solet also pointed out that overweight and obesity prevalence also varied by age group -- the lowest percentages was in 18 to 24 year olds; plateaued up at 45 to 64 to 74 year olds, and 75 years and older percentages went down a bit. He also noted that there were disparities in overweight and obesity by race and income. He added that African Americans and American Indians were at higher risks of obesity while Asian Pacific Islanders were at lower risk than the population as a whole.

Dr. Solet also noted that there were also some rather wide differences which depended upon where one lived in King County. He added that the highest rate of obesity was in the southeast and the lowest rate in the central and northern part of the county.

Dr. Solet referred to his next slide that depicted the relationship of serious health conditions to weight status. He noted that the joint affect of age and weight status on the risk of diabetes, coronary heart disease or hypertension increased with weight in selected age ranges. He stated that as one got older, where the risk of diabetes increased, even if one was in the "Healthy Weight" area, that for overweight and obese people it increased even more. He stated that for people age 65 and older who were also obese, approximately one out of every three of them had been diagnosed with diabetes. He noted a similar pattern for coronary heart disease.

Dr. Solet referred to a chart that depicted comparisons of people at healthy weight, overweight and obese to their respective caloric intake and level of physical activity. He noted that fewer people who were obese were exercising to maintain or lose weight.

Chair Edmonds acknowledged Board Member Pullen.

Board Member Pullen inquired as to whether the survey asked respondents what they considered fat when talking about foods consumed. He stated that in his experience people were not getting enough of the right kind of fats, such as Omega III and Omega VI, essential fatty acids; instead they were getting trans fat out of margarine which he noted was one of the worst fatteners and artery cloggers around.

Dr. Solet responded that the question regarding fat intake was not asked. He stated that the question asked was "What are you doing to maintain or lose weight?" He also stated that respondents were specifically asked about physical activity and nutrition.

Board Member Pullen stated that he thought that was unfortunate because a lot of people he knew who were overweight told him that they were trying to cut back on fats. He said that when he quizzed them further he discovered that they were eating a lot of sugar because sugar didn't have any fat in it. Board Member Pullen stated that sugar was then converted to body fat and then their appetite for more and more sugar and more and more processed foods went higher and higher, and so people ate more and more.

Board Member Pullen stated that he thought at some point they needed to survey to determine how much really understood about essential fatty acids that would improve their health and probably help them to lose weight.

Dr. Solet stated that there was very little data on children and this ended up being a very important category because national data indicated that overweight in children had increased considerably and in fact in adolescents aged 11 to 17, national surveys indicated that it had gone up three-fold. Dr. Solet stated that the only local data they had was from a 1999 survey of Seattle high school students that showed those who were, normal weight, at risk of overweight, and overweight. He stated that about one out of five high school students given their height and weight measurements were either at risk of overweight or overweight. He noted that about 70% of adolescents who were overweight ended up being overweight as adults.

Dr. Solet stated that there were some related factors to overweight and obesity such as physical activity that he noted had a number of health benefits independent of weight status. He referred to the next slide that depicted the percent of adults in King County who met the recommended physical activity guidelines. He noted that that percentage was only 27% or a little bit more than one in four. He added that only 15% of adults engaged in no leisure time physical activity.

Board Member Pullen interjected and asked whether that data had changed over time such as in the last twenty years. He stated that based on his observations that obesity was more diet related than due to lack of exercise, although he noted both were factors.

Dr. Solet stated that he did not have data going back to 1987 but that they looked at the data on physical activity, and there had been very little change in physical activity over that time period.

Board Member Pullen responded that that was what he would have expected. He added that it was little wonder when one saw the Seattle School District promoting a contest among the students as to whether Pepsi or Coke should be the official soft drink of the Seattle School District. He stated that as long as promotions like that were going on, children would be thinking about Coke or Pepsi when in fact they should not drink either one.

Chair Edmonds acknowledged Board Member Thompson.

Board Member Thompson commented that he had been running for about 65 years and that up until about 30 years ago one didn't see people running. He noted that more and more women began running in the last 10, 15 years that he found exciting. He commented that there had been an increase in physical activity in the population.

Dr. Solet pointed out that the kind of physical activity recommended by the Surgeon General included things like gardening, walking or anything that increased the heart rate. He stated that of those surveyed it was apparent that people who did this kind of physical activity, in a regular and sustained way, had not unfortunately since 1987 when they began keeping track of those things.

Dr. Solet referred to the next slide that depicted physical activity level by weight status. He commented that one of the things that increasing weight did was to make it less attractive to exercise and that the chart reflected the percent of people who were either inactive or participated in no physical activity. He observed that 26% of obese people participated in no physical activity.

Dr. Solet stated that there was very little information about nutrition at the local level. He stated that there was a question on the same survey about whether people ate five servings of fruits and vegetables per day. He added that that type of information was notoriously difficult to capture especially on a telephone survey. He noted that the data did show healthy weight people were somewhat more likely than obese people to be eating the recommended five servings of fruits and vegetables per day. He commented that, as a population it was clear that they could all be eating more fruits and vegetables since the 28% who met the recommended level was still pretty low.

Dr. Solet stated that there had been some speculation about why overweight and obesity had increased. He stated several factors that included: an increase in energy uptake related to increased portion sizes both in restaurants and convenience foods; busier lives - two parent worker households with less time to prepare healthy foods; and the increased consumption of soft drinks and sugar. Dr. Solet added that physical activity was either dropping or had leveled off since 1987, and that there was probably due to an increase in screen time - television and computers. He also added that as people have moved out into the suburbs they had become more dependent on automobile use. He stated that people had also grown more concerned about crime in neighborhoods that possibly contributed to decisions by parents to keep their children from doing physical activity outdoors.

Dr. Solet turned the presentation over to his colleague Dr. Cheza Collier.

Chair Edmonds stated that before Dr. Collier began, she had a question related to the BMI index. She observed that the index did not factor in exercise. She asked about a situation where two people at the same height and weight where one person was a couch potato and the other walked briskly every day and worked out at a gym once or twice a week. She said that the BMI would indicate that they were both overweight and yet one of them was clearly a healthy person.

Board Member Thompson interjected that the BMI did not distinguish muscle from fat.

Chair Edmonds asked how that situation got factored in to the equation.

Dr. Solet responded that weight and physical activity were related but also independent factors. He stated that someone who was overweight and physically active was clearly going to have a better long-term health picture than someone who was overweight and physically inactive or someone who was physically inactive and at normal weight. He said he did not think one could look at the factors in isolation of each other; one needed to look at both to get a total health picture.

Dr. Collier indicated that she would provide the Board with an overview of several of the prevention recommendations included in the Surgeon Generals' report and related activities in King County. She mentioned that her colleague, Patricia Manuel, a nutrition consultant had contributed to the presentation but had been unable to attend.

Dr. Collier stated that they wanted to encourage people to balance food intake with physical activity on a daily basis. She stated that people were trying to lose weight, they would encourage them to decrease their food intake and increase their physical activity - not one or the other but both. She stated that they wanted to encourage people to adopt life-long healthy eating habits starting early and continuing throughout life.

Dr. Collier stated specific nutrition recommendations such as: eating a total of five or more servings of fruits and vegetables each day; increasing consumption of other high fiber, low fat and low sugar foods such as grains, beans and lean meat; and learning about accurate portion sizes to avoid overeating.

Dr. Collier described the physical activity recommendations. She stated that the current recommendations consisted of 30 minutes or more of moderate physical activity per day. She described activities such as brisk walks, gardening, vacuuming, bicycling, and dancing. She stated that sustained activity for at least 10 minutes at a time, five days or more per week. She described a bookmark that had been distributed to Board members that described recommended activities for to sustain a healthy heart and to maintain weight.

Dr. Collier described the environmental recommendations that included: improved access to healthy foods for everybody; improved viability of produce or farmers' markets; increased opportunities for physical activity; increased safety from traffic and crime; and support for existing programs or new programs.

Dr. Collier mentioned that she was a clinical psychologist and therefore she needed to comment on stress and mood management. She stated that many people used food inappropriately to manage their mood, to manage their stress, to keep from being depressed or anxious. She stated that people should avoid the use of comfort foods, such as candy and chips, to manage stress. Dr. Collier stated that physical activity could help manage stress and help lift one's mood. Dr. Collier stated that Public Health had a number of activities underway. She specifically mentioned: The Seattle Nutrition Action Consortium program that provided food demonstrations to school age children; the Maternal Support Services women and children's program that produced the bookmark, provided nutrition guidance, physical activity promotion and farmers' market program through the State. She described the program called "Healthy Eating for Healthy Aging" that provided food demonstrations to people 40 and older. Dr. Collier also mentioned the Meals on Wheels program that delivered fresh produce to homebound seniors.

Dr. Collier described several other programs that included: a healthy aging partnership which engaged and emphasized physical activity for 2002; the King County Physical Activity Coalition - a spin-off from the Washington State Coalition- that promoted physical activity. She noted that they had recently created and conducted their first award program for excellence in physical education in the public schools. She described the "Transit-ize Your Bus Trip" - a collaboration with Metro and the YMCA that described ways to relieve stress and engage in a little physical activity while waiting at the bus top. She noted the Lake Forest Park City Park open spaces and walking map that had been distributed to Board Members. She commented on the Reach Diabetes Program that developed a food guide pyramid in several different languages for people who had diabetes. She noted the Five a Day promotions such as the potholders that had been distributed to Board members.

Dr. Collier stated that the challenge is more than addressing individual behavior change. She said that they wanted to move beyond the idea that the problem of obesity and overweight was not just about the person who eats too much or didn't exercise. She said that they were taking a systems approach to dealing with obesity and overweight. She stated that the problem was a societal problem and reflected our social values. She stated that they had a new term - "obesigenic" - that described that how we structured our society engendered obesity. She referenced the book *Fast Food Nation* by Eric Schlosser that provided details about how the fast paced, high stress environment contributed to the problem.

Dr. Collier concluded by stating that they had wanted to emphasize that there were opportunities to encourage policy change, to support a healthy environment and to change some societal perceptions about obesity and overweight.

Chair Edmonds acknowledged Board Member Thompson.

Board Member Thompson stated that he had spent a lifetime trying to get people to reduce their weight as a way of curing diabetes for example. He stated that there was a significant correlation to health and particularly diabetes and high blood pressure. He said that he was particularly pleased with their initiatives. He stated that he would caution them not to engage in the process of blaming the victim. He added that to the extent that obese people were perceived as slothful, as being unproductive, one could do great damage. He said that there was a significant socioeconomic correlation with obesity. He stated that if one observed what had happened to various groups as they increased in socioeconomic strata, one observed a decrease in weight. He noted that that was particularly and very quickly observed in people who had come from undeveloped countries. He commented that he had lived in an undeveloped country at one time and observed people who at age 30 and 40 were scrawny and short. He stated that upon revisiting that country he observed that people were quite voluptuous because they had increased in weight. He added obesity was a mark of status in some circumstances. He stated that when food no longer became something to hoard, where one could afford not to eat as much, then people would not weigh as much. Dr. Thompson cautioned that they not blame the victim and that they understand that one of the best things that one could do from a political point of view was to increase the socioeconomic and educational status of all Americans.

Dr. Collier stated that she was in complete agreement with Dr. Thompson. She stated that one simple step was to take food home when dining out rather than consume everything.

Chair Edmonds acknowledged Board Member Pizzorno.

Board Member Pizzorno stated that he had studied a lot and had done a lot of public education, and he thought what they had done was quite good. He stated that he thought the emphasis on physical activity was important. He said that he thought it needed to have more emphasis placed on physical strength such as muscle mass building. He remarked that if one looked at the caloric consumption of a pound of muscle versus a pound of fat, a pound of fat only required 5 calories per day to maintain and a pound of muscle required 50 calories per day to maintain. He added that if one looked at an average person who over a lifetime lost 10 pounds of muscle and maintained the same caloric intake, they gained one pound of fat per week because of the decreased basal metabolic activity. Dr. Pizzorno stated that he had seen a study the previous week that showed that one of the best predictors of a child's obesity was the amount of soft drinks they consumed. He stated that soft drink consumption was huge in the United States. He stated that the average person consumed half a pound of sugar per day or of 20% or 25% of their caloric intake in sugar. He said that

consumption of sugar was the root of the obesity problem. He stated that one of his greatest concerns about low fat foods was that they substituted sugar and carbohydrates for fat and therefore it was actually worse than normal healthy whole foods. He concluded that that type of information was very graphic and people understood that and he wanted to encourage them to include that in their educational programs.

Dr. Collier responded that Lays Potato Chips was a perfect example of substitution of sugar. She stated that one of the things they had been working on with the faculty at the University of Washington was a grant to the National Institute of Health to look at the non-commercialism in policy that was adopted by the Seattle School District. She stated that they hoped to encourage some of the school vendors to put something other than soft drinks in their vending machines and replace it with healthier alternatives.

Chair Edmonds acknowledged Board Member Thompson.

Board Member Thompson stated that he would add one other caveat. He stated that he had treated a number of anorexia-bulimia patients over time and he thought that one had to be very careful in any approaches, particularly to young people, that one did not induce a greater incidence of anorexia-bulimia.

Chair Edmonds thanked the panelists for their presentation. She commented that the subject of overweight and obesity was a quintessential public health issue because of the impacts to citizens was enormous, the costs to government were huge, and it was preventable. She said that she wanted to encourage Dr. Plough to continue the good work and that as policy questions arose to bring them forward to the Board.

Chair Edmonds inquired if there was any additional business before the Board. There being none, she reminded Board members to complete their evaluation and then adjourned the meeting.

KING COUNTY BOARD OF HEALTH

Carolyn Edmonds, Chair