

Carolyn Edmonds, *Board of Health Chair*

**BOH Members:**

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

**BOH Staff:**

Maggie Moran

**KING COUNTY BOARD OF HEALTH  
MEETING PROCEEDINGS**

**June 20, 2003**

**King County Council Chamber**

**Members Present:** Dow Constantine, George Counts, Jan Drago, Carolyn Edmonds, Larry Gossett, , David Irons, Kathy Lambert, Frankie Manning, Bud Nicola, Margaret Pageler

**Members Absent:** Richard Conlin, Ava Frisinger David Hutchinson

**Staff:** Alonzo Plough, Maggie Moran, Craig Page.

- I. Subject Call To Order**  
The meeting was called to order at 9:37 a.m. by Chair, Carolyn Edmonds
- II. Subject Announcement of Alternates**  
No Alternates.
- III. Subject Public Comments [public comments included as transcribed]**

Trent Piepho:

*My name is Trent Piepho, and I live at 4210 Woodlawn Park Avenue N., Apt. 101, Seattle, Washington. I would like to talk today about the proposed bicycle helmet legislation.*

*I'm going to assume that most members of the Board here like most adult Americans drive a car frequently probably every day. And because we do something frequently it becomes commonplace and we perceive it to be safe. I'm also going to assume that most members of the Board don't regularly commute by bicycle. And because it is unusual, something that they do not do every day, they perceive it to be more dangerous, unless riding a bicycle seems more dangerous than driving a car. The key word there is "seems" because the truth is that it's not. According to statistics from Failure Analysis Associates, per million vehicle hours use the head injury rate for fatality,*

*that's just from head injuries and that's just fatalities, is .47 for cars versus .26 for bicycles. So occupants of cars are actually at a greater danger for head injury. So I would say that if a bicycle helmet is no big deal to wear, it's no inconvenience, something that all bicyclists should be forced to do, including commuters who have to wear it everyday or everywhere they go, then I would challenge the Council to wear one yourselves until the next meeting every time you get in your car, everywhere you go, and when you leave your car, hang it on your mirror to be stolen or carry it with you everywhere you go. Because when you, if you pass the proposed bicycle helmet ordinance, that's what you'll be asking bicycle commuters and people who live car-free like myself to do. And if this isn't something you are willing to do for yourself, then how can you in good conscience ask someone else to do it? Thank you, and that's all I have to say for now.*

#### **IV. Subject Chair's Report**

##### **Tour of International District**

Chair Edmonds announced that at the invitation of Seattle Council Member Jim Compton she had joined Dr. Plough and other community leaders and elected officials on a walking tour of the Chinatown International District on June 4<sup>th</sup>. Chair Edmonds stated that Council Member Compton had organized the tour in response to concerns raised by the business owners in the International District that the SARS epidemic had kept tourists out of the International District, and this had had an economic impact on their businesses. The tour and group luncheon was conducted to send the strong message that SARS was not a threat in King County.

Chair Edmonds also announced that she had attended a one-day conference on May 21<sup>st</sup> that was organized and sponsored by the Pacific Northwest Chapter of the National Black Chamber of Commerce in partnership with the African-American Mental Health Professionals, the National Association for Black Veterans and other community-based organizations. She added that she had had the privilege of being the luncheon speaker for the program entitled "Bridging the Gap." She stated that she benefited tremendously from her participation and from listening to the program panelists. Chair Edmonds stated that the sponsoring groups were developing a report to the Governor with recommendations for promoting the understanding of mental health issues in communities of color. Chair Edmonds also noted that there was considerable discussion about cultural competencies. She added that she wanted the Board to explore the issue of cultural competencies and how it was applied within King County.

### **City Council Resolution**

Chair Edmonds acknowledged the resolution passed by the Seattle City Council in support of the proposed Board of Health regulation related to bicycle helmets.

### **Legislative Update**

Chair Edmonds invited Tom Bristow from the Council's legislative staff to join the Board of Health. Mr. Bristow recapped the outcome of the extended legislative session, specifically the details of the compromise budget. He stated that the compromise budget did include public health backfill for both years of the biennium; approximately \$9+ million for Public Health – Seattle and King County. He added that legislation designed to create a long term, stable source of funding for public health had died in committee, however he understood that a group would be convening soon to develop strategies for promoting this idea in the '04 session.

Mr. Bristow responded to Chair Edmonds question regarding mental health funding by stating that mental health was essentially a carry-forward budget with no new cuts to mental health funding Statewide. He added that King County, Pierce County and the Peninsula were in the third year of a phase down in funding to equalize funding across the State. He also added that the County received a lower rate per Medicaid-eligible while the numbers of Medicaid-eligible continued to increase. Mr. Bristow stated that they were in the midst of some changes in how rates were formulated based on actions by the federal government that could have some impacts on King County.

Mr. Bristow stated that BHP enrollments had been frozen 100,000 slots and that there would be some changes in eligibility for Medicaid and the children's health program with higher premiums for families whose level of income is up to 200% of the federal poverty level.

Chair Edmonds also noted that there were impacts due to the elimination of the Medically Indigent Program. She inquired as to what that might mean to Harborview Hospital and asked that Dr. Plough report back to the Board on the implications of the compromise budget on the hospital.

Chair Edmonds stated that the Board had received a spreadsheet in their packets that outlined specific impacts of the compromise budget on the Public Health programs, services and populations served.

**V. Subject Approval of May 16, 2003 Minutes [taken out of order due to lack of quorum at the start of the meeting]**

A motion was made by Board Member Pageler to approve the minutes of May 16, 2003 M/S/A.

**VI. Subject Board Member Updates**

Board Member Lambert stated that she had had a number of constituent contacts from small business owners [espresso stands] regarding the fee increases. One vendor indicated that it would cost them \$20,000 per year to do business in King County relative to \$180 per year in Snohomish County for the permit with no individual event charge. She indicated that one constituent had intended to address the Board directly but was delayed in arriving. She relayed his message as follows: "I cannot afford the \$494 plus the \$199 which could reach me up to \$20,000 in permits when up in Snohomish County it's \$180." Board Member Lambert stated that she thought the Board should reevaluate the fees.

Chair Edmonds asked that the matter be added to her monthly planning meeting with Dr. Plough and the Board Administrator.

Dr. Plough stated that the temporary food permit charge was created for those vendors that go from event to event. He stated that the Department could explore different ways to look at this type of vendor. He added that they would not want to abolish the temporary event classification because that was where they ran into the most trouble...i.e. people setting up at fairs with little to no food handling experience. Dr. Plough suggested that Board Member Lambert contact her constituent and have them contact the Health Department to discuss their situation.

**VII. Subject Director's Report**

**Monkeypox:** Dr. Plough stated that monkeypox was the newest of a sequence of unexpected diseases that the Department was dealing with. Dr. Plough stated that Julie Gerberding of CDC held a national press conference to provide an update on monkeypox--a very rare, zoonotic viral disease, generally seen in Central and West Africa. Dr. Plough stated that there were 87 cases nation wide; 38 of the cases were under investigation in Milwaukee; 20 have been lab confirmed as monkeypox. Dr. Plough stated that thus far there had been no fatalities. He added that monkeypox was spread by

rodents--Gambian giant rats and prairie dogs. He stated that the epicenter of the outbreak was a Milwaukee exotic animal distributor of the Gambian giant rats and prairie dogs. Dr. Plough indicated that he intended to report back to the Board regarding some preliminary thinking regarding the sale of exotic species. He added that health officers around the Country and the State, had developed a framework for a regulatory approach but that he needed to review the framework in the context of the health code before bringing it forward to the Board of Health.

**West Nile Virus:** Dr. Plough stated that there had been a lot of activity in the Department and nationally on West Nile virus. He stated that there had been animal, bird and insect activity in 24 states to date, but no human cases of West Nile. Dr. Plough stated that the Department had developed an incident command structure for the West Nile virus in Seattle and King County. Dr. Plough stated that the Department was working with the State to set parameters for action for adult sighting. He stated that the issue is complicated due in part to the need to coordinate with multiple jurisdictions around guidelines and trigger points. Dr. Plough stated that the Department had been inundated with calls from Seattle and King County residents to pick up and sample their dead birds, thereby adding stress to the dead bird-monitoring program. He added that the program was unfunded. Dr. Plough stated that the Department was preparing different public messages so that the public could better assist in the surveillance effort.

**Bioterrorism Preparedness and Planning:** Dr. Plough stated that the State would be filing an application to the federal government for the next round of bioterrorism and other public health threat and emergency funding. He stated that the Department was engaged in a much better dialogue than last year, with the State Health Department on funding levels. Dr. Plough stated that he was optimistic that the Department would end up with a significantly larger percentage of the State BT dollars, although not quite the one-third of the funding. Dr. Plough stated that the funding would be used to address West Nile, SARS and/or monkey pox. He added that the State expects to hear about their proposal within a six-week period.

**DOE Report on Lead and Arsenic:** Dr. Plough announced that the State Department of Ecology would soon be releasing the second part of their sampling of lead and arsenic in child-sensitive areas – schools and playgrounds – in coastal Seattle and King County. Dr. Plough stated that half of the areas had arsenic results over the State cleanup level. Dr. Plough stated that numerous challenges exist insofar as coordination of risk communication and community engagement.

**AIDS-HIV:** Dr. Plough stated that a two-day conference, addressing the health disparities in HIV-AIDS infection in the African-American community



- Local health jurisdictions differed in both the effort made and the approach taken.
- Findings from the Baseline Report:
- Showed that Washington Public Health system performed strongest in the areas of assessment, measuring communicable disease and other risks, and in prevention and community health promotion.
- Weaker performance areas included in protecting environmental health and assuring access to critical health services.
- Found a positive correlation between the size of the local health jurisdiction, their budget and their number of employees with their performance on the standards.
- Reviewed baseline assessment results for each of the topic areas for Seattle-King County and comparisons to peer group totals.
- Areas identified by Department Leadership Group for targeted improvement: program evaluation, training and overall workforce development, community engagement, and quality improvement.
- Next Steps: briefing the Board of Health in July on the standards specific to governance; advance the Department quality improvement initiatives identified by Leadership Group and report to the Board on progress at least twice a year.

**IX. Subject Adjournment**

The meeting adjourned at 11:05 a.m.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR

DATE