

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

Richard Conlin
George W. Counts
Jan Drago
Carolyn Edmonds
Ava Frisinger
Larry Gossett
Steve Hammond
David Hutchinson
David Irons
Kathy Lambert
Frankie T. Manning
Bud Nicola
Julia Patterson
Alonzo Plough
Tom Rasmussen

BOH Staff:

Wendy Roark

King County Board of Health
Friday, December 17, 2004
King County Council Chambers
MEETING PROCEEDINGS

Members Present: Carolyn Edmonds; George Counts; Bud Nicola; Ava Frisinger; Tom Rasmussen; David Irons; Richard Conlin; Steve Hammond; Larry Gossett; Kathy Lambert

Members Absent: Julia Patterson; David Hutchinson; Jan Drago; Frankie Manning

Staff: Alonzo Plough and Lisa Werlech

I. Call to Order

The meeting was called to order at 9:35 a.m. by Board Chair, Carolyn Edmonds.

II. Announcement of Alternates

Chair Edmonds: No alternates present.

III. Approval of Minutes

A motion was made to approve the October 15, 2004 meeting minutes. The motion was seconded and the minutes were approved.

IV. General Public Comments

None.

V. Chair's Report

Chair Edmonds reported to the Board that the King County Council passed the County's budget the Monday before Thanksgiving. Four Board of Health members, including Chair Edmonds, are on the King County Budget Committee. The majority of the Department of Public Health's request was adopted by the council. The council passed in its budget a directive for the Department of Health to begin development of an Operational Master Plan. The project will be housed at the Budget Office for King County, and will be a collaborative effort among the Budget Office, the Department, the Council and the Board. Chair Edmonds expects staff to come before the Board in the next month or so with a work plan for the Board's portion of the plan, and fully intends that the Board will be actively involved in development of the Master Plan.

In early December, Chair Edmonds participated in a training video for the Health Department's Environmental Health Division on restaurant inspections and food handling. The video is based on the award winning King County program, "Don't Gamble on Your Health." The video was filmed at the Shoreline Center and the trainees and participants were food handlers from the School District. Chair Edmonds enjoyed participating in the video production and expressed appreciation to the Department.

Chair Edmonds reported that she submitted her resignation to the State Board of Health as a representative from the Washington Association of Counties. In November, she was appointed Secretary-Treasurer of the Association and she could not maintain active participation in both. Board Member Manning is a member of the State Board of Health, so King County Board will still be represented.

At the State Board meeting, the Board discussed likely legislative issues, including state public health funding and additional newborn screening to the nine tests currently done at birth. The Board is investigating adding diseases such as cystic fibrosis. Early detection of cystic fibrosis has long-term benefits for the cost of health care and for the individual's quality of life. The Board also heard a report from the Health Workforce Diversity Network Survey, evaluating representation of different cultures in health professions in Washington. The Board received a presentation from Renton Technical School regarding successfully incorporating a higher percentage of minorities in its allied health program than any other community college in the state. The addressed preparing minority students for working in their communities and incorporating cultural competencies into their programs. The King County Board of Health may wish to hear a presentation from the Renton Technical School.

Chair Edmonds sent a newsletter to constituents in her district regarding the Obesity Summit. The newsletter generated responses of gratitude, as well as criticism for wasting taxpayers' money and questioned why King County Council Members are involved in Public Health. According to Chair Edmonds, this underscores the Board's need to educate the community about what Public Health is and why it is the county's oversight responsibility.

Finally, Chair Edmonds acknowledged Wendy Roark's last meeting as a staff member with the Board and thanked Wendy for her support over the past year, and congratulated her on her new opportunity with the King County Department of Community and Human Services.

VI. Board Members' Updates

Board Member Counts reported on a panel discussion at the Washington State Legislative Conference addressing the problem of health disparities from both national and state perspectives. Ms. Scott-Harris from Brandeis University, representing the Kellogg Foundation, Dr. Maxine Hayes, the State Health Officer, and Senator Rosa Franklin were on the panel.

Board Member Rasmussen briefed the Board the City of Seattle budget as it relates to Public Health. Historically, the City of Seattle has allocated approximately \$10 million annually to the Seattle-King County Health Department for enhanced public health services. Effective in 2005, the City will allocate funding to the Human Services Department which will contract for enhanced Public Health services. The City will engage in a community-wide process, "Healthy

Communities Initiative,” to determine allocation of the \$10M and develop priorities for the 2006 spending plan.

The board adopted the meeting schedule for 2005. All meetings will be the third Friday of the month, with the exception of November and December, which will be held on the second Friday of the month.

VII. Director’s Report

Dr. Plough updated the Board on availability and distribution of flu vaccine. The CDC’s Advisory Committee on Immunization Practices was expected to broaden the definition of groups who should receive this vaccine. Dr. Plough reiterated the current definition of high risk groups and advised that the Health Department established a hotline for individuals needing help finding a source for flu vaccine. The Flu Hotline is 206-296-1100. The Health Department is working with two private sector organizations to get flu shots out to a variety of community-based settings – getaflushot.com and Prevention M.D. In addition to Public Health’s hotline, anyone who needs a flu shot can get information from those organizations. Dr. Plough told the Board that Flu Mist, a nasal, non-injectable vaccine, is broadly available and individuals should check with their health care providers or pharmacists regarding whether Flu Mist may be helpful. Generally, Flu Mist is not indicated for individuals over 50.

Dr. Plough reminded the board that the flu vaccine is voluntary, and although the county’s goal in any season is to immunize 100% of those high risk groups, 40% to 45% seems to be what is achievable. Board Member Counts and Dr. Plough discussed the need to effectively educate people in high risk groups about the importance of receiving the flu vaccine. Dr. Plough noted that the flu shot rate is above 40% among those in nursing homes or hospitalized with chronic diseases. Education efforts should focus on individuals who may not choose to see their physician during this period of time and avail themselves of the flu shot.

In summary, resources for the flu vaccine include: Public Health Flu Hotline, 206-292-1100; getaflushot.com at 1-888-526-6900; Prevention M.D. at 425-739-0700; and the Health Department’s website, www.metrokc.gov/health.

Finally, Dr. Plough summarized the results of the homeless death review, which was a selective study of 77 individuals who died while homeless. The average age of death was 47. The major cause of death included intoxication, 26% cardiovascular and 19% homicide. Half of the deaths occurred outdoors. Dr. Plough promised a more lengthy presentation on the death review to the Board later in 2005. Dr. Plough pointed out that this kind of study probably undercounts the mortality health risk of the homeless, because it would not have counted individuals who died while they were hospitalized during care for another condition. The report is an indicator of serious consequences related to homelessness, prevention opportunities available to serve this population, and the great disparity in average age of death compared to the general population.

VIII. Briefing Groundwater Protection Program 2004 Proviso Report

Chair Edmonds introduced Sarah Ogier, King County Groundwater Protection Program Manager, who presented the results and recommendations of the Groundwater Protection Program 2004 Proviso Report. The report recommends strategies for groundwater protection in

the County and funding strategies to support these activities. Specifically, the report recommends that over the next 18 months the Groundwater Protection Program transition from its current status to a more comprehensive and coordinated County-wide program, and seeking dedicated County-wide funding. The recommendation is based on concerns regarding risk to public health and loss of public and ecosystem benefits that depend on long-term sustainability of the groundwater quality and quantity.

The report was written in response to a budget proviso adopted by the King County Council, which requested DNRP describe the services and funding available within the multiple King County agencies (Department of Natural Resources and Parks, Department of Development and Developmental Services, Public Health – Seattle and King County, and the Local Hazardous Waste Management Program) and within the program.

The report described the need for groundwater protection: identifying various risks, and speaking to common problems with water quality or water quantity. It identified current services and existing funding, and looked toward the future for interim funding approaches. In 2006, the program hopes to establish dedicated permanent funding for groundwater, based on the report's recommendations for ongoing groundwater services and the dedicated funding mechanism. The report recommended improved interagency coordination among the different County agencies just mentioned.

Ms. Ogier emphasized that groundwater is important, because a third of the population in King County actually drinks this water and dependency will increase as the population grows and the climate changes. The groundwater contamination in King County appears to be increasing, engendering a public health risk. Existing withdrawals threaten the natural flow regimes and surface water ecosystems, decreasing stream flows, and harming fish and wildlife. Because of population and land use dynamics, more withdrawals and less opportunity for groundwater recharge are expected over time.

Ms. Ogier listed many of the groundwater protection programs implemented by county agencies, and noted that they are not all stably funded. Although an ordinance was passed to provide interim funding for DNRP groundwater activities from 2001-2004, the Department of Natural Resources and King County Parks would like to fund its groundwater program via Interlocal Agreement cost sharing in 2005. It is anticipated that dedicated funding sources will be identified for 2006.

DNRP pursued an evaluation of dedicated funding alternatives, which yielded three funding alternatives now under consideration. In priority order, the first alternative is to request state funding and/or provision of the services. The second would be to pursue a King County Board of Health water user fee. The third option is an Aquifer Protection Area fee, an authority granted by state law.

In addition to recommending pursuit of the three funding options, the report recommended that King County agencies continue to provide groundwater services as our funding permits; that the Department of Natural Resources and Parks need to continue to be the lead for the Groundwater Protection Program; and that DNRP will lead this new fee development exercise.

Board Member Nicola asked Ms. Ogier to clarify the services that will be supported by the new funding package. Ms. Ogier responded that in addition to planning and coordination, the services would include: monitoring at public water systems; providing education to groundwater users and homeowners about how they might be affecting groundwater; and other policy, education, monitoring, and data management activities. Ms. Ogier and Board Member Nicola discussed that many of these services are currently provided in a fragmented way by many different agencies across the county, but that work is required to bring the information together to form a comprehensive picture of the health of the region's groundwater supply.

Board Member Conlin asked Ms. Ogier how much money she is trying to raise from the various funding alternatives. Ms. Ogier answered that it is in the range of \$1 million to \$3 million, depending on the program. She also clarified that should a dedicated groundwater funding source be secured before the end of the three year Interlocal Agreements, the program may be able to use the regional funding in place of the cost share established in the Interlocal Agreements. Board Member Conlin pursued further discussion of the water fee that might come before the Board of Health, and asked if it would be for every water system in King County, or only for the water systems that are within the groundwater protection areas. Ms. Ogier recommended a county-wide approach, since needs are not limited to the Groundwater Management Areas.

Chair Edmonds stated that the Board proceeds reluctantly toward establishing new fees, and that a significant policy discussion would be needed to determine whether the Board wants to provide services that are not currently provided. Chair Edmonds recommended that someone from the Board, or a member of their staff, participate in this task force.

Board Member Lambert expressed concern that the Board preserve authority to make jurisdictional decisions, and that the members of the Board serving on the task force make sure this is preserved. Ms. Ogier suggested that the Board would not be abdicating power by working with DOE and DOH.

IX. Rulemaking Repeal Health Code Fees: Administration Fees (SMC 10.03.010) and Repeal Radio Frequency Radiation (SMC Ch. 25.10)

A motion was made and seconded to adopt Rule 04-05, repealing the Health Code fees. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Rule 04-05 was adopted repealing SMC 10.03.010.

A motion was made and seconded to adopt Rules and Regulations No. 04-04, an amendment for the protection of Public Health relating to radio frequency energy, repealing SMC Ch. 25.10. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Rule 04-04 was adopted.

X. Election of Officers

Chair Edmonds stated that terms for current officers were set to expire, including Chair Edmonds' position, Mayor Dave Hutchinson as the Vice Chair representing Suburban Cities; Council Member Richard Conlin as the Vice Chair representing the City of Seattle; and Dr. Bud

Nicola as the Vice Chair representing the Health Professionals. Nominations were opened for the Chair of the Board of Public Health, and it was moved, seconded and unanimously approved that Carolyn Edmonds remain Chair for calendar year 2005.

Nominations were opened for the Vice Chair representing Suburban Cities, and it was moved, seconded and unanimously approved that Ava Frisinger will serve in this role for calendar year 2005.

Nominations were opened for the Vice Chair representing Health Professionals, and it was moved, seconded and unanimously approved that Dr. George Counts will serve in this role for calendar year 2005.

Nominations were opened for the Vice Chair representing the City of Seattle, and it was moved, seconded and unanimously approved that Council Member Richard Conlin will assume this vice-chairship for calendar year 2005.

XI. Briefing Institute of Medicine and Core Indicators

Dr. Plough introduced Dr. David Solet from the Epidemiology, Planning & Evaluation section to present the final update on the core indicators. Dr. Plough reminded the Board that the population indicators will be adopted for monitoring purposes and accountability purposes.

Dr. Solet began by discussing the development of comparison counties, the development of new indicators, the data sets assembled for analysis, and the development of new boundaries for health planning areas in King County.

Dr. Solet recommended comparing King County to a set of the 15 largest counties by population size in the United States, and three to five other demographically similar counties. The 15 largest counties are Los Angeles County, Cook County, Harris County, Maricopa County, Orange County, San Diego County, Kings County (Brooklyn), New York, Miami-Dade County, Queens County (Queens), Dallas County, Wayne County, King County, San Bernardino County, Santa Clara County and Broward County. The three to five demographically similar counties are added to make the comparison of King County to other counties to be a meaningful comparison. The strongest factor affecting the health outcomes the Board will examine are social determinants of health, which are bound up in the demographics of communities. The demographics used to select these similar counties are population density, percent living below the poverty level, percent of residents that were not U.S.-born, and also the percent African American. In comparing life expectancy at birth among the 15 Largest Counties, King County has near the best life expectancy of all the comparison counties.

Dr. Solet has developed additional core indicators that will allow comparison on environmental determinants of health. Some of the indicators are outdoor air quality; food protection (such as “red” restaurant violations), rates of food- and water-borne illness, pollution in neighborhoods (including air releases of carcinogenic chemicals); and also the distribution and seriousness of other contaminated sites such as methamphetamine labs.

Some of the data sets assembled for this purpose include: in-house data on birth/deaths and birth risk factors for every county in the U.S, in-house updated local population data, the Behavioral Risk Factor Surveillance Survey, which includes data for every county in the U.S., the Census in the American Community Survey, and 2003 data from the State Health Department.

Finally, Dr. Solet discussed the criteria for establishing new Health Planning Areas. Criteria include: boundaries be as consistent as possible with suburban city boundaries and expected annexation areas, that within the City of Seattle they reflect the Seattle Department of Neighborhood's boundaries, and that they also have sufficient population size for meaningful analysis. The Health Department is starting to present these new boundaries to planning agencies in South, East, and North King County. The regions will be included in a Communities Count Report, by March 2005.

Board Member Lambert asked how long the health planning areas have been delineated that way, and if data are available across the county indicating that longevity differs according to residing in specific areas. According to Dr. Solet, these new health planning areas will replace the current ones, and data will show gradients in health from one health planning area to another. Chair Edmonds expressed her appreciation for the work presented to the Board, and said she is eager to see the results of analysis of health indicators at the neighborhood level.

XII. Briefing Traffic Safety Coalition and Motorized Scooters

Board Member Conlin introduced a presentation by Tony Gomez, Manager of Public Health's Injury and Violence Prevention Program, and David Levinger, the Executive Director of Feet First.

In 2004, Mr. Gomez and Program Coordinator, Deanne Boisvert, coordinated extra patrols with local law enforcement agencies throughout the Seattle-King County area on holidays such as St. Patrick's Day, Cinco de Mayo, Labor Day, Halloween, Thanksgiving, and most recently, with the December 3rd "Night of 1000 Stars."

According to Mr. Gomez, the goal of the extra patrols is to get citizens to think ahead on holidays and plan to use designated drivers or alternative forms of safe transportation. Since Public Health started coordinating these patrols, there have been nearly 9,000 contacts and almost 2,000 DUI arrests. The program coordination provides an effective secondary prevention, because most drivers are removed before they cause a crash, cause injury, or death. The primary prevention would be people from getting in the car and driving.

In the coming year, Mr. Gomez's program will track traffic safety activities in the smaller cities, which – because of budget shortages – have eliminated or reduced traffic safety units. This trend is concerning from both a public health and law enforcement perspective, since the traffic safety patrols provide good value for the tax dollar.

At Board Member Lambert's suggestion, Mr. Gomez offered to arrange any Board of Health member's ride-along with law enforcement, either over the holiday period, or throughout the coming year.

Mr. Gomez' program is working with two University of Washington Masters students in the coming year to assemble data. Un-Young Lim will be looking at pedestrian death and injury, using reports compiled by the Medical Examiner. Dr. Christine Jensen, a recent graduate of the University of Washington Medical School, is writing her Master's of Public Health thesis on a local health department's organizing law enforcement for the public good, and the paper will be published in the Centers for Disease Control's Morbidity and Mortality Weekly Report.

Board Member Counts asked for figures on the number of encounters, the number of tickets, or other related data. Mr. Gomez estimated that law enforcement agencies have reported fewer than 10 total tickets written, but it is difficult to get a precise number. The number is low, because of traffic safety losing emphasis. However, officers report a lot of social encounters through talking to citizens and children about the extra patrols, and believe the patrols have had a deterrent effect.

Mr. Gomez reported that in the spring of 2004, Chair Edmonds, Dr. Linda Kwan, Executive Sims, and Greg Kipp of PHSKC participated in a press event publicizing the benefits of wearing bicycle helmets and a warning period before enforcement was increased. The Health Department has published a youth-focused brochure about the benefits of using a helmet that has been distributed fairly broadly. The department has also worked with Harborview Injury Children's Hospital to distribute 850 free helmets donated to the health department, to low-income citizens in South Seattle and parts of King County. The department and the Injury-Free coalition have used many positive incentives to promote bicycle helmet use. In 1999, observed a dismal 32% of teens wearing helmets and 61% of children. Helmet use was higher with adults, and observations in November 2003 showed a slight bump with teens, probably not statistically significant. During the summer of 2004, well over 1,200 people were observed riding their bicycles throughout all corners of King County, and the adult use rate held steady at about 84%, with a bump in use by children and teens. Mr. Gomez noted that of 1,200 observations, only 100 children and maybe 120 teens were observed riding bicycles. He urged the Board to encourage bicycling as a mode of transportation, and encourage more teens to wear helmets.

David Levinger, Executive Director of Feet First, spoke about motorized foot scooters, noting safety concerns. State legislation adopted in 2003 (RCW 46.04.336), and the market penetration of a new technology, have made motorized foot scooters a safety issue regarding helmet laws. Vespa-type scooters, electric wheelchairs, and electric bicycles are exempt from the state helmet legislation. In response to a question by Chair Edmonds, Mr. Levinger replied that helmets are required in the State of Washington on the Vespa-type scooters, under the Motorcycle Helmet Law.

Powered kick scooters, developed in the 1990s, require the operator to kick for starting and then with a hand throttle will reach a top speed of 12 to 15 miles per hour. Gas or electric powered foot scooter models, or pocket bikes (one model is less than 18 inches high), are qualified for use on the streets of Washington, because of the legal definition adopted as a part of RCW 46.04.336 in 2003. The 2003 legislation established vehicles having two 10-inch or smaller diameter wheels, as unregulated with no restrictions on use in Washington. Pocket bikes were also authorized by this legislation if they also had wheels of 10 inches or smaller diameter. In October the Washington State Patrol ruled that pocket bikes qualify as "motor-driven cycles,"

thereby, rectifying the situation that they were for a period of time legal for operation on the streets of Washington.

Mr. Levinger reported that there have been at least two deaths in Washington as a result of people riding pocket bikes. Washington does not adopt the manufacturer's warning that pocket bikes are not intended for use on public roads and highways, and should not be used without wearing helmet, gloves, kneed pads and elbow pads.

Many municipalities throughout the region and the State have passed restrictive laws regarding use of motorized foot scooters. The laws express common themes of a minimum operator age (usually 16); a required muffler and helmet; prohibited from sidewalks, and also very frequently, from parks, playgrounds and high-speed streets; no passengers are allowed; and there is often a speed limit. New York implemented a statewide ban on scooters in public places.

Board Member Rasmussen asked Mr. Gomez to list the primary causes of traffic accidents and traffic pedestrian accidents. Mr. Gomez stated that in traffic-related crashes, driver inattention, speed, injuries from failure to wear seat belts, and impaired driving. Pedestrian injuries are often caused by pedestrians crossing at non-designated cross walks and wearing dark clothes. Mr. Gomez committed to providing data summarizing the causes of accidents and injuries in King County.

Board Member Conlin noted that the predominant pedestrian fatalities are in areas where there are relatively few pedestrians. He posited that when there is a critical mass of pedestrians, drivers are more likely to see the pedestrians be more wary of them. However, there are more injuries in areas with more pedestrians because of more people moving out in front of the cars. He asked Mr. Gomez to comment. Mr. Gomez confirmed that more pedestrians does equal more safety, and that separate solutions need to be found for this problem in the rural and urban areas.

In an effort to encourage designated drivers during the holiday season, Mr. Gomez described two programs: (1) Anna's Ride Home, which distributes cab vouchers at bars, and (2) promotion of designated driver efforts. Support for designated driver programs has waned and Mr. Gomez' program will look for ways to increase safe rides home in the coming year. Board Member Lambert stated that she is not supportive of camera surveillance for traffic enforcement.

Chair Edmonds thanked Mr. Gomez and Mr. Levinger for their presentation.

XIII: Briefing Methadone Treatment of Opiate Dependency in King County

Chair Edmonds introduced Michael Hanrahan, the Coordinator of Drug Use and HIV/AIDS Prevention for the Public Health - Seattle & King County, and Ron Jackson, the Executive Director of Evergreen Treatment Services, to provide the Board with an overview of methadone treatment in King County.

Mr. Hanrahan's program operates the needle exchange. Injection drug users are at very high risk for HIV and other communicable diseases. The program strives to get clients access to substance use treatment. Approximately 70% of the injectors in the Seattle-King County area primarily use

heroin alone, or in combination, the program frequently refers clients to methadone and other opiate substitution treatment programs.

Mr. Jackson has been the Director at Evergreen Treatment Services for 25 years. Evergreen is a private non-profit drug treatment agency with 900 individuals in outpatient methadone treatment among a number of sites in King County, and an in-treatment facility in Olympia. Mr. Jackson provided an overview of methadone treatment, goals, objectives and outcomes. He discussed addiction in the same context as other chronic medical. It is also based on voluntary choice (shaped by environment and personality)

Methadone treatment has been controversial since its inception back in the 1960's and early 1970's. A 1997 National Institutes of Health Consensus Panel found that "Of the various treatments available, methadone maintenance treatment, combined with attention to medical, psychiatric, and socioeconomic issues, as well as drug counseling, has the highest probability of being effective." Methadone treatment is not universally effective, nor is it a panacea for a community's response to heroin addiction, and is not a medication-only treatment. Effective methadone treatment combines medication with attention to psychiatric issues and drug counseling.

Patients in methadone treatment ingest their medication under observation of a registered nurse six days a week for the first 90 days to ensure a high degree of compliance with the medication and to engage patients to utilize Evergreen's counseling services. Evergreen Treatment Services also watches alcohol use in patients. Approximately one third of Evergreen's patients report a current or lifetime history of alcohol dependence. At any given time, approximately 8% of Evergreen's patients are on antabuse, as well as on methadone. Patients are assigned a licensed chemical dependency counselor and meet weekly for the first three months on an individualized treatment plan.

The goals of methadone treatment include reducing, and hopefully eliminating, a patient's illicit opiate use; retaining patients in treatment for at least one to two years ; reducing criminal activity; and promoting pro-social behavior such as education, employment, and child care improvement. Addiction is a chronic medical disease; methadone treatment is not a cure, but a continuing care model for patients.

Mr. Jackson next spoke about methadone and pregnancy, and how methadone treatment is the safest treatment for pregnant mothers and their babies. Pregnant women on methadone at Evergreen deliver healthy babies.

Board Member Lambert stated that she is familiar with this topic, because she formerly operated a drug rehab clinic. She and Council Member Patterson drafted Washington law on this issue. She asked Mr. Jackson to explain why there is such a difference in the property crime arrests of private pay methadone clients versus publicly supported methadone clients. Mr. Jackson responded that the private pay clients are in a socioeconomic group with more education, higher employment, and had less crime to reduce. Board Member Lambert followed up by asking why the employment rate of publicly funded clients increased six times more than private pay clients. According to Mr. Jackson, more private pay clients started the program with jobs.

Board Member Counts thanked Mr. Jackson and Mr. Hanrahan for their terrific presentation and asked whether the differences between the publicly funded and the private pay clients is statistically significant. According to Mr. Jackson, analysis of statistical significance was not done in that study. Mr. Hanrahan indicated that there are 2,800 treatment slots in the King County area, which leaves over 9,000 people who could benefit from treatment for whom there is no treatment available. He further described that one accesses methadone treatment in King County in the following ways:

- Private funds or a job with insurance coverage;
- Referrals through drug and specialty courts, or through the King County Jails;
- Vouchers are available through the Needle Exchange Program and other HIV prevention interventions.

For people who are not currently engaged in the criminal justice system and who lack the funds to pay for it treatment, there is not a lot that can happen for them. The waiting list to get into treatment is anywhere from 18 to 24 months, but many who want the treatment do not sign up on a waiting list, because of the disappointing prospects of securing a slot. The cost of methadone treatment per person per year is approximately \$4,000.

Board Member Lambert stated that the average person in the County who has these kinds of problems dies at age 47. Mr. Hanrahan mentioned that studies done in Australia found that the risk of fatality was about three to five times greater for people outside of methadone treatment than for those in methadone treatment. In comparing people in treatment and out of treatment who are opiate dependent, people out of treatment are almost twice as likely to be HIV positive as people in treatment. A new Australian study showed a seven-fold difference being in treatment and out of treatment in the incidence of new Hepatitis C infection.

The Needle Exchange program has had success in getting people into treatment throughout the past several years. Ninety-three percent of the people on the waiting list for methadone treatment and the needle exchange have a history of criminal involvement, and just over half of them have been incarcerated locally within the last year. Approximately 85% of the individuals given vouchers through the needle exchange are successfully placed in treatment.

Board Member Counts offered his congratulations for a really forward thinking approach to a really tough problem. Board Member Conlin concurred, and asked the Chair whether it might be appropriate for the Board of Health to send a letter to the Legislature informing them that this is something that makes a whole lot of sense to the Board. Chair Edmonds replied that it is always in order to send a letter to the Legislature. It was moved, second, and unanimously approved that Dr. Plough would find the best person and draft a letter from the Board to the State Legislature. Chair Edmonds thanked the presenters, and ask them to come back in 2005.

XIX. Briefing Crisis Clinic and the 2-1-1 service

Chair Edmonds introduced Michelle McDaniel, Director, 2-1-1 and Marketing, Crisis Clinic, who provided an overview of services offered by the Crisis Clinic.

Crisis Line is a 24-hour program, and the only crisis line of its sort in King County. Community volunteers (who receive approximately 60 hours of training) answer the line, which is supervised by mental health professionals trained in crisis intervention. Incoming calls range from people contemplating suicide, to people experiencing minor stressful situations; “callers decide what a crisis is for themselves.” It is not an advice line, but a line for people to be able to connect with community resources.

Ms. McDaniel described Teen Link, a program started in the mid-1990’s to fill a gap in services in the community. Part of the program is the Teen Link Help Line, which operates 6 p.m. to 10 p.m. every evening and is answered by trained teenagers who assist other teens in situations of abuse, who have contemplated suicide, or have general questions about pregnancy. After forming the Teen Link Help Line, and recognizing the teen suicide epidemic in the community, the organization developed Youth Suicide Prevention presentations. Two teens die per week from suicide in Washington. Teen Link staff and youth volunteers proactively visit high schools and middle schools throughout King County and talk directly to approximately 5,000 youth about suicide, depression, bullying, etc.

Ms. McDaniel also described the Community Information Line, which is designed to assist callers with more tangible needs, such as paying utility bills, seeking shelter, etc. The Community Information Line tries to link people to the right resources. The Community Information Line hopes to offer the dialing code 2-1-1 by the end of 2005. Currently, 100 million Americans are served by 2-1-1, in 28 states as well as Canada and Puerto Rico. The program’s goal is that citizens in King County, and eventually throughout Washington, will be able to dial 2-1-1 and be directly connected to help and human service information. It would be a free call and callers would be connected 24-hours a day with somebody who would be able to assist you.

Crisis Clinic has been designated as the call center for King County and has been working closely with Emergency Management and Public Health to prepare to launch this initiative. 2-1-1 will be able to assist Public Health in its work, such as during a SARS outbreak. A study in Texas showed that 8% of the calls coming into 2-1-1 are calls that had been coming into the 9-1-1 system inappropriately. The Crisis Clinic is working closely with United Way of King County, and with Washington Information 2-1-1, to get the funding for this and launched it in 2005.

Chair Edmonds said that the Crisis Clinic is an incredible asset to our community and they provide valuable services. She encouraged other Board Members to tour the Crisis Clinic.

Board Member Counts asked the status of the legislation. Ms. McDaniel responded that the federal legislation did go through, but unfortunately, Washington was not awarded any funding.

XX. Pacific Health Summit

Chair Edmonds introduced Ed Parks, who described the Pacific Health Summit scheduled for June 8-11, 2005. The Summit will consist of a cross section of 300 international leaders drawn from government, healthcare, industry and research to explore ways to launch a transformation based on early detection and prevention of disease through emergent science and technology.

According to Mr. Parks, the King County Council and Seattle City Council passed resolutions to support a program that is coming to Seattle in June of 2005 which was originally called the "USA China Sport Summit," and has now been renamed "The Pacific Rim Sport Summit: The Road to Beijing," of which the Pacific Health Summit is one of the cornerstone activities. The Pacific Rim Sport Summit is a United States Olympic Committee endorsed event.

The Pacific Health Summit is being developed by Fred Hutchinson and the Bureau of Aging and Research at the UW. This Davos-style summit regarding health care in the Seattle area would happen in 2005, 2006 and 2007, building on themes that are modified and manipulated this year for the coming years. There are four main areas of focus for the event in 2005: looking at the promise of science; evaluating research on public health; and linking science, health and economic growth. Participants include the CEO of the Intel Corporation; Lee Hartwell from Fred Hutchinson; the Director General of the World Health Organization; and the Secretary General of the International Chamber of Commerce. This is a significant activity co-chaired by Bill Gates, Sr. and George Russell of the Frank Russell Corporation. Invited participants from the countries involved will be somewhere between 350 and probably 450. The conference will be at the Bell Harbor Conference Center.

Chair Edmonds stated that this is an exciting event in which Board Members may participate.

XXI. Adjournment

Chair Edmonds adjourned the meeting at 01:11 p.m.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE