



KING COUNTY BOARD OF HEALTH

999 Third Avenue, Suite 1200
Seattle, Washington 98104-4039

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, July 16, 2004 King County Council Chambers MEETING PROCEEDINGS

Members Present: Carolyn Edmonds, Julia Patterson, George Counts, David Irons, Steve Hammond, Richard Conlin, David Hutchinson, Larry Gossett, Frankie Manning, Bud Nicola, Ava Frisinger, and Kathy Lambert

Members Absent: Tom Rasmussen and Jan Drago

Staff: Alonzo Plough and Lisa Werlech

I. Call to Order

The meeting was called to order at 9:50 a.m. by Board Chair, Carolyn Edmonds

II. Announcement of Alternates

Chair Edmonds: No alternates present. Seattle City Council Member McIver did appear as an alternate for Board Member Drago during rule making.

III. Approval of Minutes

A motion was made to approve the minutes of June 11, 2004. The motion was seconded and the minutes were approved.

IV. General Public Comments

Jim Stormo, Issaquah, Washington

"I'm Jim Stormo from 9227 – 240th Avenue, Issaquah, Washington 98027. I belong to the Small Well Owners' Association and we try to represent some 4,500 well users. We have appeared before the Health Board since 1965. The case, then and now, is placing fees on top of the heavy tax burden on the rural area and additional taxes called fees. Our organization believes that Public Health should be prioritized along with fire, police and should be supported out of the general tax fund, not fees. I well understand that the Health Board is not in a situation to change this, only the Council. However, we realize the idea is not shared by the body of the Council and if you delete Public Health from the General Fund, then you will have more funds for social programs, i.e., health care for the homeless as an example. We all know that we gladly give aid to the truly homeless, the few that exist, but not the many that choose to live off the rest of us. Sorry if the truth hurts. Of the 4,500 we represent, where are they?"

They are at work, busy in life. If not, they would not allow you to misuse their funds time after time. We believe in the public health protecting all of us from diseases, but don't separate the difference classes of tax payers with special fees. That's my message this morning and I know that you are considering special fees. Please find another way to do it. This is for new homes now, but later on it will be for all people in the county rural areas. Please cease and desist. Thank you."

Chair Edmonds thanked Mr. Stormo for his comments.

VI. Chair's Report

Chair Edmonds and Dr. Plough refuted a front page *Seattle Post Intelligencer* article, which claimed that the Health Department does not adequately inspect restaurants in King County. Chair Edmonds and Dr. Plough submitted a jointly-crafted editorial printed in today's *Seattle Post Intelligencer* highlighting various accomplishments of the food program and noting that Dr. Plough will receive an award from the National Association of City and County Health Officials for the Food Inspection program, which is perceived as a model throughout the United States.

Chair Edmonds informed the Board that Frankie Manning joined the State Board of Health and attended her first state meeting in Centralia hosted by Lewis County. Chair Edmonds described Lewis County as a large, rural area with a population of 70,000. This county has several public health challenges including high smoking rates, alcoholism, substance abuse, and the largest number of meth labs in the Washington.

Items on the agenda at the State Board of Health included rule making on transient accommodations and a work session regarding on-site sewage system operation and maintenance in marine counties. Action on the on-site sewage rule was postponed due to questions that arose during public testimony regarding the effect these changes may have on small businesses.

Chair Edmonds stated that Linda Lake, Chair of the State Board of Health, is stepping down after serving for approximately four years; this is a Governor appointed position. The State Board of Health is also recruiting for an Executive Director.

Board Member Lambert discussed the Methamphetamine Action Team in King County; a collaboration among local law enforcement agencies and social services. Chair Edmonds volunteered to pass this information along to the State Board of Health

VI. Board Members' Updates

According to Board Member Counts, Fred Hutchinson hosted a community forum evaluating issues related to disparities in death rates from breast cancer. Dr. Counts discussed two important findings from a study of 500-600 women in Atlanta: (1) Black women were five times more likely to present with breast cancer under the age of 35 than Caucasian women; (2) Black women were four times more likely to present with advanced breast cancer. These two factors together mean that young black women are

dying from breast cancer. Dr. Counts stated that this is a community education challenge that needs to be conveyed to the community.

Board Member Conlin updated the Board on an ordinance that the Seattle City Council passed on July 6, 2004 regarding gas-powered scooters. Board Member Lambert stated that the County Council is also working on an ordinance regarding gas-powered scooters and requested clarification regarding the how the City Council established the age of 16 as permissible to drive a gas-powered scooter. Board Member Conlin responded that although state law prohibited the City Council from requiring a driver's license, the City Council felt that the scooter operator should be of an age to obtain a driver's license. In addition, the police department recommended age 16 due to the ability to produce identification verifying age. Board Member Lambert cautioned that in rural areas with limited bus transportation the use of scooters by teens might be more necessary to get around the community. Board Member Conlin acknowledged that these teenagers have fewer transportation options, but encouraged bicycling as a healthier mode of transportation.

VII. Director's Report

Greg Kipp informed the Board that he was filling in for Dr. Plough, who is attending the National Association of City and County Health Officials (NACCHO) Conference.

Mr. Kipp updated the Board regarding a local high school student's recent death from meningococcal disease, commonly known as bacterial meningitis. The Health Department investigated potential exposure contacts and recommended prophylactic antibiotics for thirty-three individuals. This was not an outbreak and the general public was not at risk. In an average year, King County receives between ten to thirty reported cases of meningococcal disease.

According to Mr. Kipp, the Health Department participated in a series of media articles regarding lead in Seattle schools' drinking water. The Health Department supports making bottled water available in all schools with a potential lead problem, and further recommends a comprehensive testing and replacement program to remove the source of the problem. The department feels that it is unlikely that children have experienced lead poisoning as a result of elevated lead levels in drinking water. Mr. Kipp recommended that parents evaluate their children's risk for lead exposure based on a variety of environmental factors and should consult their primary health care providers for specific clinical evaluation if warranted. Mr. Kipp reiterated that primary care is available at Seattle – King County Public Health clinics and provided a toll free phone number for information on low cost, or no cost, health insurance for children.

Board Member Lambert asked whether other school districts in King County should be encouraged by the Board of Health to evaluate lead levels in schools' drinking water and assess students' risk for lead exposure. Bill Lasby, Environmental Health Supervisor in the Drinking Water program, discussed an education outreach effort with school districts, whereby, the Health Department distributes information related to current issues in Seattle and encourages other school districts to institute appropriate

testing. Board Member Patterson suggested that the Board make a recommendation to school districts within King County to implement lead testing in drinking water.

Discussion ensued among Board Members regarding recommending water quality testing of pipes in older schools that have not been retrofitted with newer plumbing fixtures. This motion was moved and seconded that on behalf of the Board, Chair Edmonds would send a letter to school superintendents in King County encouraging schools to conduct water quality testing for lead. The Board unanimously approved the motion.

VIII. Rulemaking – Title 12 Public Water System Regulation & Title 13 On-site Sewage Regulations

During the 2004 King County budget process, the County Council directed Public Health to explore fee increases to avoid service reductions for on-site sewage and drinking water programs. In April, 2004, Dr. Ngozi Oleru, Environmental Health Manager, outlined proposals for the fee increases. At that time, a sub-committee comprised of Board Members Nicola, Irons, and Lambert, was established to evaluate the fee increase proposals and make an informed recommendation regarding action for the Board's consideration. Board Member Nicola explained the subcommittee's three conclusions:

1. Fees should be based on hourly direct service costs and indirect costs for the entire Environmental Health division, rather than on individual programs. The subcommittee recommended that this method of fee calculation be initiated in 2007 or earlier if possible.
2. The subcommittee encouraged Dr. Plough and Public Health staff to review future budgets for city and county funding for those services that do not relate to the inspection activity or directly support the activity.
3. The fees be amended using a three year average rather than a five year average as originally proposed.

Although Mr. Stormo addressed the Board during general public comments, Chair Edmonds opened the public hearing on rule making for *Title 12, Public Water System Regulations* and *Title 13, On-Site Sewage Regulations*. Mr. Stormo, a resident of Issaquah, again addressed the Board and indicated he would check bottled water for lead and arsenic, which are prevalent compounds throughout King County. It is the interest of citizens to have good water. However, to assess fees in addition to property taxes, is an affront to citizens. Mr. Stormo further stated that although septic systems are highly regulated to prevent pollution of ground water and bodies of water, there is not much regulation regarding the chemicals used to clean toilets and showers; hard chemicals can cause damages to the ground.

Board Member Patterson asked Mr. Stormo whether there is any relevance associated with installing and maintaining a well versus monthly fees paid by citizens on public water systems. Board Member Patterson asserted that other than the cost of installing

and maintaining a well, water is free to well owners, whereas, public water system customers pay not only fees that support the system, but also pay a fee for the water. Mr. Stormo reminded the Board about water rights and stated that water is not free to well owners due to the on-going costs of maintaining a well.

A motion was made to adopt Title 12, Public Water System Regulations. The motion was seconded. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Title 12 was adopted.

A motion was made to adopt Title 13, On-site Sewage Regulations. The motion was seconded. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Title 13 was adopted.

IX. Subject Health Care for the Homeless Program

Mr. Kipp informed the Board that Public Health – Seattle and King County’s Health Care for the Homeless Program (HCHN) is a part of a national network which began in the mid-80’s as a demonstration project through the Robert Wood Johnson Foundation. At that point, HCHN was one of 19 Health Care for the Homeless programs in the country, and today, is one of 160 programs. The Health Department is quite proud of having been one of the pioneers of this truly multidisciplinary approach to health care for the homeless.

Janna Wilson, HCHN Manager, introduced her co-presenters:

- Mr. Ron Johnson, a member of the Health Care for the Homeless Advisory Board since 2002;
- Susan Kline, Pediatric Nurse Practitioner, who is the clinical lead for HCHN and also provides clinical services to homeless children at downtown Public Health;
- Heather Barr, Public Health Nurse, who has worked with homeless individuals in the community for fifteen years.

Mr. Johnson shared his experiences as a homeless man living with a chronic disease, who received assistance through HCHN. According to Mr. Johnson, HCHN assistance, as well as his own perseverance, enabled Mr. Johnson to obtain a degree. Currently, Mr. Johnson is living on the Eastside, is working, and volunteering his time on the Health Care for the Homeless Board. Mr. Johnson described the challenges faced by homeless individuals and recommended a video produced by the City of Seattle entitled, “*Noah*” about a homeless man and his struggles to find housing and adequate medical care while awaiting a kidney transplant.

Susan Kline, Nurse Practitioner, discussed how health issues can initiate events that result in homelessness. Homelessness directly affects one’s health as well. Homeless people are exposed to the weather, have limited opportunities for hygiene, live in crowded conditions, and are exposed to a great potential for violence. Ms. Kline also reminded the Board that chemical dependency and mental health issues contribute to

homelessness, but these issues can also be caused by the stress of being homeless. In some cases, homelessness is preferable to victims of domestic violence.

According to Ms. Kline, the need for shelter and safety is a priority for homeless people, which forces them to neglect preventive health care needs. When these people become very sick and can no longer ignore their health care needs, they often go to the emergency room or urgent care centers. This ineffective method of health care led to the Robert Wood Johnson & Pew Charitable Trust demonstration grants that created the Health Care for the Homeless model. Because of the success of this model, it became part of the Public Health Services Act, and later, part of the Health Center Consolidation Act. Under that program, Health Care for the Homeless receives a dedicated amount of 8.8% of the annual budget (\$140 million in 2004) that is used to support 165 health centers. Some facilities are stand-alone clinics, incorporated into migrant health centers, or community health centers.

Ms. Kline informed the Board that one of the most important factors of the HCHN model is outreach and education. Using this approach enables staff to bring services and education to the homeless. This is a multidisciplinary approach utilizing nurses, mental health providers, chemical dependency counselors, dentists, and nutritionists. All of these providers are knowledgeable about the unique needs of the homeless.

Jana Wilson, HCHN Manager, informed the Board that there is a significant level of unmet need; many shelters and homeless programs would like to have HCHN services, but lack resources. The majority of clients are people of color, most of whom have no health insurance; HCHN works very hard to get enroll eligible individuals into Medicaid. Ms. Wilson described a hypothetical homeless family staying in a shelter in order to illustrate what services might be utilized and where these services would be accessed. Ms. Wilson also discussed HCHN's Quality Management Committee, some of the funding sources, and the agencies with HCHN contracts.

Chair Edmonds asked whether services are available to homeless families not living in shelters, such as those living in cars. Ms. Kline responded that a program, Pathways Home, offers a therapeutic case management team for homeless families. However, the challenge is that this program can only serve 100 families per year, although 200 referrals are received each year.

Ms. Wilson detailed the joint work that HCHN and Public Health's TB program are doing to combat the TB outbreak among the homeless. Ms. Wilson highlighted the outcomes achieved by the REACH program; 100% of their clientele is on track to complete TB treatment.

Ms. Wilson informed the Board the HCHN just secured a new grant to provide services at the YWCA Opportunity Place in Downtown Seattle. Other collaborative efforts include HCHN and Safe Harbors.

X. King County Comprehensive Plan

Chair Edmonds informed the Board that the King County Council is in the process of updating the Comprehensive Plan for King County. Chair Edmonds expressed her belief that the Board should hear what is happening at the Council level regarding activities that are relevant to public health.

Karen Wolf, Project Manager for the Comprehensive Plan, explained the results from the "*Land Use Transportation, Air Quality and Health Study*," which illustrated the importance of Public Health in planning and designing communities. There is a need for communities to be less auto dependant in order to improve transit service efficiency, reduce air pollution, and increase physical activity. According to Ms. Wolf, there are proposed policies that tie development in the urban areas to the promotion of public health by directing growth to more compact urban communities with mixed used development. These proposed policies support land use actions that increase opportunities for every resident to be more physically active by creating communities that support public transportation and nearby services, thereby, increasing opportunities for walking and biking in everyday life.

Mike Reed, Lead Staff on the Natural Resources and Utilities Committee, updated the Board regarding proposed policies in the environmental chapter. Mr. Reed outlined major progress in four of the six criteria pollutants that the region regulates: carbon monoxide; nitrogen dioxide; sulfa dioxide; and lead. There is a continuing concern regarding fine particulates in the ozone. Emerging concerns are diesel exhaust and the effects of motor vehicle emissions and greenhouse gases as a contributor to global warming. Mr. Reed emphasized that King County's role is not regulatory, rather, it embraces advocacy, outreach, and education. The Executive package presented to the King County Council focused on motor vehicle emissions, King County's vehicle maintenance operations, procurement, and highlighted walking, biking, and transit.

Peggy Dorothy, King County Council Staff, updated the Board regarding three major proposed water supply changes to the Comprehensive Plan:

1. Conform the Comprehensive Plan to newly adopted state law;
2. Ensure development does not outpace the ability of water and other utilities to provide service;
3. Address public health concerns by managing adverse effects on the water supply quality.

Specifically, there is an attempt in the Co0mprehensive Plan Update to reduce the chance of contamination to aquifers by discouraging individual private wells in urban areas. Secondly, discouraging creation of new independent Group P water systems, while allowing new development utilizing these small systems, as long as they get agreement from an existing Group A system. According to Ms. Dorothy, there is discussion and possible action on the striking amendment that was proposed by the Committee Chair that is scheduled for the meeting on July 20, 2004. After the legislation is passed out of the Committee, there is a 30-day advertisement period. It is

currently estimated that the Comprehensive Plan and related ordinances will be presented to the full Council in September

XI. Adjournment

Chair Edmonds adjourned the meeting at 12:12 p.m.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE