



**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, March 19, 2004  
King County Council Chambers  
MEETING PROCEEDINGS**

**Members Present:** Richard Conlin, Carolyn Edmonds, Ava Frisinger, David Irons, Frankie Manning, Julia Patterson, Steve Hammond, Tom Rasmussen, Jan Drago, David Hutchinson, Larry Gossett, Bud Nicola, and George Counts

**Members Absent:** Kathy Lambert

**Staff:** Alonzo Plough and Lisa Werlech

**I. Subject Call to Order**

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

**II. Subject Announcement of Alternates**

Chair Edmonds: No alternates present.

**III. Subject Approval of Minutes**

A motion was made to approve the minutes of February 20, 2004. The motion was seconded and the minutes were approved.

**IV. Subject General Public Comments**

There were no public comments.

**V. Subject Chair's Report**

Chair Edmonds reported that she was unable to attend the meeting of the State Board of Health in the past month, but that Mel Tonasket is the new appointee representing the tribes. Mr. Tonasket has been a member of the Colville Confederated Tribal Council for the last 19 years and will make an excellent addition to the State Board of Health.

Chair Edmonds updated the Board on the status of the smoking ban in Pierce County. There are more court challenges and a decision is not expected until late summer or early fall. Meanwhile, two initiatives banning smoking in public places have been filed: (1) Breathe Easy filed an initiative that is modeled after the Tacoma-Pierce County ban for which Chair Edmonds has granted her support; (2) The entertainment industry filed an initiative which excludes bars,

taverns, and other places of entertainment from the ban. Chair Edmonds reported that she is meeting with Dr.

Plough and the Health Department's Tobacco Prevention program to ensure that King County implements a ban if Tacoma-Pierce County's ban is upheld by the court.

## **VI. Subject Board Member's Updates**

Board Member Patterson expressed concern regarding how the media can adversely affect young women's self perceptions. Although the King County Board of Health cannot change the media, Board Member Patterson stated that young women need to be educated about how the media can affect young women's self images.

## **VII. Subject Director's Report**

### Obesity and physical activity

A recent CDC report and an article in the Journal of the American Medical Association, stated that obesity is second to tobacco as a cause of preventable chronic disease. There is an increase in childhood obesity, as well as increasing rates of type two diabetes in these children. Last week Dr. Bill Dietz, Head of the CDC Center for Nutrition and Physical Activity, was invited to Seattle by Group Health and many Health Department representatives participated in a discussion with Dr. Dietz. Also, Senator Cantwell was in town this week hosting a well-attended roundtable on obesity and children.

According to Dr. Plough, east King County residents have expressed appreciation for local walking maps prepared by the Health Department that help educate the public regarding positive health benefits associated with walking for thirty minutes each day. Dr. Plough encouraged the Board to begin thinking about how the region's health can be improved through incremental steps. Dr. Counts questioned statistics indicating that one in two King County residents is overweight or obese, and specifically, how many of these individuals are morbidly obese compared to those who need to lose a few pounds. Dr. Plough replied that 16-18% of King County residents are morbidly obese. Dr. Plough reiterated Dr. Dietz's message that gaining additional weight is a cumulative problem that negatively affects health over time. Consuming five fruits and vegetables each day and getting daily 30 minute exercise sessions will prevent gaining additional weight. Chair Edmonds stated that obesity is a priority issue for the Board in order to help stem the rising obesity rates in King County.

### Asbestos

Dr. Plough reported that recent news articles have cited that King County has the fourth highest death rate associated with asbestos. Asbestos exposure has been a national tragedy for the last twenty years through shipyard manufacturing and insulation in homes. An individual who smokes is twenty times more likely to develop mesothelioma if exposed to asbestos. Even though much of the asbestos that is manufactured does not cause mesothelioma, the kind used in the Seattle shipyards does cause these bad effects. Dr. Plough stated that Public Health needs to monitor disease rates related to asbestos exposure. If residents are concerned about current asbestos risks in their homes, they should contact licensed abatement specialists who are specially trained in

the safe removal of this material. Undisturbed product in the home does not pose as great a risk as the exposure when removing the asbestos. Dr. Plough explained that the Environmental Protection Agency grandfathered in all historic uses of asbestos when they banned new usage of asbestos in the late 1980s, so consumers continue to be exposed.

In response to two electronic messages addressed to Board Members regarding fluoridation in drinking water, Dr. Plough reiterated that Public Health - Seattle & King County, like every other public health department, believes oral disease is one of the most serious silent epidemics affecting children. Scientific evidence is irrefutable concerning the relationship between fluoride and preventing oral disease; it is cost-effective and without scientific controversy.

### **VIII. Subject Code Merger Title 8 Rabies**

Dr. Plough introduced Sharon Hopkins, DVM, Public Health Veterinarian, and Roman Welyczko, Environmental Health Code Enforcement Officer. Mr. Welyczko explained that the purpose of this merger is to bring provisions of the Seattle Health Code and King County Health Code into alignment with the best scientific evidence from veterinary medicine and the federal government. Additionally, the King County Rabies Code was outdated, so this merger attempted to update the code and bring it into conformance with current veterinary and epidemiological understanding for rabies control and prevention.

According to Dr. Hopkins, rabies is an infectious viral disease affecting the central nervous system that is generally transmitted through a bite wound and saliva inoculation of a bite wound. Although quite rare, rabies can be transmitted through saliva getting into a cut in the skin. If untreated, the disease is always fatal, however, rabies is a very preventable disease. In fact, the prevention of rabies is a Public Health success story in the developed world. Dr. Hopkins stated that the public health cost of rabies is over \$300 million per year in the U.S. It is estimated that forty thousand persons receive the post-exposure prophylaxis for rabies each year in the U.S. Dr. Hopkins provided data regarding rabies rates and prevention strategies from 1900 to present in the United States and described increasing rate of rabies in countries such as China, Africa, and Latin America.

In the U.S., most domestic animals acquire rabies from wild animals, generally from bats. Efforts to reduce rabies in wild animals include leaving bait laced with oral rabies vaccine for the animals to eat; this is very labor intensive and costly. Dr. Hopkins stated that there is a vaccine recommended for humans at high risk for rabies such as wildlife rehabilitators and veterinarians. The risk to the general public does not warrant vaccination for everyone.

Dr. Hopkins outlined the proposed rabies code by explaining that the first provision requires rabies vaccination for dogs, cats, and ferrets by four months of age, as well as maintaining immunity through boosters. The second provision pertains to management of animals that bite humans, which is generally accomplished through a ten day

confinement period allowing observation for signs of rabies. In rare instances this provision also allows the Health Department Director to require euthanasia of an animal and rabies testing under certain circumstances that are spelled out in the code. The third provision pertains to community-wide rabies control periods and allows the director to declare a rabies hazard in part of the county or the entire county. The fourth provision is management of animals exposed to suspected or confirmed rabies. The course of action would depend on the vaccination status of the animal and the type of animal. The last provision relates to enforcement. The Health Department Director is authorized to enforce the provisions of this code with the assistance of animal control in the municipality where the incident occurs.

Chair Edmonds, after verifying the Board had no questions, asked if the Board was comfortable with taking action on adopting the new rules and regulations. Board Member Irons confirmed that this new code had been approved by the Prosecuting Attorney's office.

Sandra Coon, a veterinarian in Seattle, expressed concern regarding the new code holding veterinarians and other non-owner caretakers of animals responsible for ensuring compliance with rabies vaccination. She also had concerns regarding reporting incidents of animals licking humans' open wounds. Dr. Coon stated that these two requirements will put undue burden on persons who work with animals.

Following discussion, the Board decided to postpone action on this item until the language in the proposed code can be revised to address these concerns.

## **IX. Subject Institute of Medicine Report Briefing**

Chair Edmonds invited Dr. Nicola, who worked on the Institute of Medicine (IOM) study, to introduce the report to the Board. Dr. Nicola stated that in 1988, the Institute of Medicine visited five sites, one of which was Public Health – Seattle & King County. The report discussed how the public health system was in disarray and made recommendations regarding maintaining the health of a population. The current IOM study focuses on the health of the public while summarizing the best scientific knowledge society has about keeping populations healthy and recommending improvements to the public health system.

Dr. Plough stated that this presentation will be an overview of how Public Health – Seattle & King County handles health reporting while tracking, both conceptually and practically, the health of King County, including how the Department selects core health indicators. Dr. Plough encouraged board members to contribute their feedback regarding conditions and issues that should be included in the Department's ongoing monitoring. Dr. Plough introduced Jim Krieger M.D., Ph.D. and David Solet, Ph.D., who are employees of the Health Department's Epidemiology, Planning and Evaluation division.

Dr. Krieger stated that he is often asked, "what is the health of King County?" According to Dr. Krieger, this is a complicated question to answer, because it requires

both public health and epidemiological perspectives. Dr. Krieger explained that when determining the definition of health in this instance, the reference needs to be population based rather than individual. In other words, when evaluating the health of King County, it is necessary to look at the percentage of the population as a whole that is affected by a particular disease or condition. This definition also includes the concept of emphasizing social and personal resources, as well as physical capacities. For instance, one health indicator asks, "How do you rate the quality of your life? Excellent, very good, fair, poor?" This simple indicator has actually been shown to predict mortality 10 years later at the population level. The problem with such global indicators is that it is hard to determine why the population intuitively gauges their health at a certain level, whereas, specific indicators are actionable.

Throughout the last ten to fifteen years, substantial epidemiological work has been conducted regarding understanding what it is about communities and individuals that determines whether they will have diseases or poor health outcomes, or whether they will be healthy. The bottom line of this research suggests that an individual's combined social environment, physical environment, and genetic endowment influence health. The individual is further influenced by access to health care and the effectiveness of health care, which in turn, affects the overall well being of the population and the prosperity of the community. Ultimately, this cycles back again and affects what is in the physical and social environment.

Determinants of health can act at multiple levels ranging from institutional levels all the way down to biochemical levels; there are interactions across all of these levels. For example, a person who is predisposed to diabetes, but lives in a community where it is easy to access good food and easy to exercise, is less likely to develop diabetes. At different times in life, there are critical periods when all of these determinants can act upon individuals who are more vulnerable or less vulnerable; there is a whole life course perspective that becomes increasingly important.

According to Dr. Krieger, the public health focus is improving the health of the community rather than improving the health of the individual. Consequently, when choosing indicators, it is important that they reflect the health of the population. It is more cost effective to prevent disease through "upstream interventions" rather than treating diseases after they are present. Population health improves the health of the population as a whole rather than just the health of those at high risk. Another important aspect from a public health perspective is to ensure different populations within King County have equal health opportunities. Dr. Krieger also explained Public Health's practice of sharing a message with the entire population rather than just high-risk groups. In other words, rather than promoting exercise and good nutrition to diabetics, it is more cost effective to promote these values to the entire population.

Council Member Irons questioned whether it is more effective to promote the message to those at greatest risk moving them into a healthier category, than carrying the message on down the line. He would rather see this approach than no approach at all. Dr. Krieger responded that it does not have to be an either/or approach. By addressing

the message to the whole population, it is anticipated that there will be a greater net impact than if the message is addressed only to those at the greatest risk.

According to Dr. Solet, the Health Department monitors population health status and determinants of health in order to implement community level interventions and essential services that affect health problems. The Department then monitors the quality and impact of these interventions to determine if they are successful.

Dr. Solet stated that the Health Department calculates life expectancy for each health planning area based on death records for the area. This contributed to board discussion regarding how many factors such as economics, race, education, accessibility of health care, and the availability of social services can affect the life expectancy for different geographic areas. Another topic of discussion was the ability of the Health Department to customize this data for different geographic areas such as city, neighborhood, or county.

Some sources for the indicators used by the Health Department include: the Washington State Health Department; telephone surveys; vital statistics records; abortion records; hospitalization data; mandated reporting on communicable diseases; chronic disease registries; and the U.S. Census data. Another indicator to determine population health is infant mortality rates; the Health Department looks at infant mortality by race. There are huge discrepancies in infant mortality rates among different races. A Board discussion ensued regarding the causes of the discrepancies and it was agreed that multiple factors contribute to the discrepancies.

Board Member Patterson shared that she recently visited her alma mater, Tyee High School, in SeaTac. There is concern in this community regarding the lack of available health care in the community. There are no clinics or physicians who practice in this community. Board Member Patterson invited the Health Department to see what is happening in the suburban region in regard to services. Dr. Plough replied that the Department is aware of the lack of services in the area and would be happy to meet with citizens. He also stated that several community health center partners are also looking at ways to resolve this issue. According to Dr. Plough, the Department is interested in exploring possible school linkages such as the teen health centers located within high schools in other areas of King County.

Dr. Solet described two health indicators that the Health Department commonly uses in reporting: (1) obesity and (2) asthma. This initiated board discussion regarding how King County compares with other counties within Washington, as well as nationally.

Dr. Solet stated that Public Health – Seattle & King County produces a report entitled, *The Health of King County*, which was most recently published in 1998. A report will be produced in 2004, but the format will be changed to use a web-based design that can be updated annually as opposed to a huge undertaking every six years. This is where the Board's input regarding health indicators becomes important and helpful to the Health Department.

Dr. Solet and Dr. Krieger invited the Board to list some indicators they felt should be included in the short list of core indicators. The list is as follows:

- Chair Edmonds - suggested that as indicators are identified, it is ensured that they enable King County to compare how they are doing with other counties of the same size around the country.
- Board Member Hutchinson - suggested domestic violence as a core indicator.
- Board Member Patterson - wants to ensure that the indicators chosen will enable the Department to allocate resources where they are most needed in King County rather than equally spreading resources throughout the County.
- Board Member Drago - suggested nutrition and physical exercise in schools as indicators.
- Board Member Manning - suggested looking at youth health trends and cost saving measures, as well as the ability to prevent negative health effects over time.
- Chair Edmonds - suggested including emerging issues in King County such as mental health, childhood immunization rates, and obesity.
- Board Member Nicola - suggested tracking issues that are rapidly changing in the county such as obesity, tobacco usage, and the effect of media on sexuality and violence. Some of these may not be measurable at this time, but we should be developing measurements to ensure we can meet the emerging needs of the county.

**X. Subject Adjournment**

Chair Edmonds adjourned the meeting at 12:01 p.m.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR

DATE