



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

BOH Staff:

Kathleen Uhlorn

King County Board of Health
Friday, July 15, 2005
King County Council Chambers
MEETING PROCEEDINGS

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

Members Absent: Jan Drago; Steve Hammond; Frankie Manning

Staff: Dorothy Teeter and Jane McKenzie

1. Call to Order

The meeting was called to order at 9:37 AM by Board Chair, Carolyn Edmonds.

2. Announcement of Alternates

No alternates were present.

3. Approval of Minutes

The minutes for the June 2005 meeting were adopted.

4. General Public Comments

None.

5. Chair's Report

Chair Edmonds noted that the National Association of Local Boards of Health will be held August 10th to 13th in Nashville, Tennessee and encouraged attendance. Board Member Nicola added that his experience in attending past conferences was very positive; the attendees include Board of Health members from across the country.

Chair Edmonds noted that a request for two subcommittees was made; one for the review of Title 8 of the King County Code and the other to review the fees for Personal Health Services. Board Members Nicola and Counts were nominated. Board Member Irons requested a summary of issues related to the revision of Title 8, including the sections that are up for review.

Kathy Uhlorn, Board of Health Administrator, noted that Title 8 of the King County Code presently contains many outdated provisions. Based on a recommendation by

the Clerk of the Council, Ms. Anne Noris, the Health Department is presently working to determine which provisions within the title can be eliminated.

Ms. Uhlorn added some background information that the second subcommittee would be looking at in its review of the fees for Personal Health Services. This category of fees is based on rates set by Medicaid and do not cover the full cost of providing the services delivered. These fees have not been reviewed in a number of years and will need to be updated to recoup the Department's costs.

Chair Edmonds updated the Board on a possible human case of the West Nile Virus in Spokane. Tests were inconclusive and further testing is being done. Should test results at local labs confirm that this is a case of West Nile Virus, a sample will be sent on to the Centers for Disease Control and Prevention (Fort Collins, CO) for final confirmation. Chair Edmonds asked for an update on this situation at a future meeting.

Chair Edmonds pointed out that the topic of the article on the front page of the Seattle Post-Intelligencer is the increase in the number of deaths related to painkillers. Chair Edmonds requested an update or briefing on this topic at a future meeting.

6. Board Member Updates

Board Member Counts updated the Board on the proceedings at the annual meeting and awards dinner for Transitional Resources, which had presented before the Board a few months ago. Both Board Members Counts and Nicola attended the meeting, in addition to possibly some other members of the Board. Transitional Resources is an organization that is about 30 years old with a commitment to providing services for mentally ill persons, severely mentally ill adults; those who would otherwise be hospitalized or incarcerated. Former King County Executive Randy Revelle was given an award for his commitment to the provision of mental health services for this community. Former City of Seattle Mayor Charles Royer moderated the program. Those in attendance were made aware of the amount of mental illness among two vulnerable populations in our community – the incarcerated and the homeless. The approximate daily census for the jail is around 2,500, and of that number, about 140 are receiving care in the psychiatric units. National estimates are that about 16% of incarcerated persons have mental health needs. In applying that percentage to our average daily census, it would be some 350 to 400 persons need mental health services, far exceeding the number who are actually receiving it. On any given night, estimates are that there are about 8,300 persons homeless in King County. It is projected that almost 40% of these have mental health needs and 25% have severe mental illness.

Board Member Nicola updated the Board on the annual meeting of the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) happening this week in Boston. Public Health-Seattle & King County was well represented and presented some of the leading papers.

7. Director's Report

Dorothy Teeter, Department Interim Director, added more detail to Board Member Nicola's update. Ms. Teeter attended part of the Boston conference. One of the foci of the conference was the prevention of chronic disease, obesity and health disparities. Another was public health preparedness; the Department was asked to present the model it uses. An emerging issue at the

meeting was using health information technology for surveillance and prevention purposes, as well as for the improvement of health care quality.

Mr. Teeter reported on the Department's Public Health Ready Award award, which was one of fourteen Public Health agencies in the country to receive one. This is an indication that we are prepared at the level that NACCHO deems necessary to be ready for public health emergencies. Board Member Counts added that five of the fourteen awards went to counties in South Dakota and the only other comparably-sized cities receiving awards were Boston, San Jose and Nashville.

Ms. Teeter also reported that the Department's budget was submitted to the Executive today and promised that updates would be presented on a regular basis.

8. Administrator's Report

Ms. Uhlorn introduced Ms. Frances Green and Ms. Roycee Hasuko who have been assisting with meeting logistics and preparation of materials and presentations.

Ms. Uhlorn also briefed the Board on the meeting agenda and informed Board members that a DVD was included in their binders, thanks to Board Member Patterson, about global AIDS. The same footage will be airing tomorrow morning on CTV at 10:00 a.m.

9. Presentation of the Request for Proposal for the Public Health Operational Master Plan (PH OMP)

Chair Edmonds introduced Ms. Toni Rezab, Office of Management and Budget. Ms. Rezab began by recapping the project objective: to develop a sustainable operational and financing model for the regional provision of public health services to the population of King County. This project is a two-year, two-phase project. Phase 1 will be focused on developing a policy framework to prioritize and guide decision-making. Phase 2, in year two, looks at recommendations for operational and funding strategies.

Ms. Rezab highlighted the deliverables being requested of consultants that apply. The consultant is being asked to provide recommendations on funding and operational strategies, and a policy framework. A couple of deliverables relate to stakeholder input, including those who will need to make operational changes both prior to and as a result of operational changes in the Department. Qualifications for the consultant include major metropolitan health department experience, experience in defining roles and responsibilities in the Health Department, experience in evaluating and recommending operational and funding strategies and presentation skills and the ability to communicate with Public Health officials and lay persons. The RFP also asks for references who can attest to the applicant's quality of work.

The written evaluation process is expected to happen the first week in August, proceeding to a written evaluation and an oral interview panel. The Public Health Operational Master Plan Steering Committee will be the interview panel for the consultants. The goal is to have a consultant on board and working by September 2005.

Board Member Hutchinson asked how the group was looking to involve cities in the governance of Public Health and hoped that this aspect could be spelled out more clearly.

Board Member Nicola asked how this process fit in with Public Health–Seattle & King County’s current strategic plan and noted that it appeared to be a strategic plan for the future. Ms. Rezab agreed.

Board Members Gossett and Counts asked about the distribution of the RFP. Ms. Rezab indicated that the RFP was advertised effective June 30th and was scheduled to close on July 28th and indicated that it had been published in several standard procurement publications with national distribution. Board Member Rasmussen asked whether the RFP Steering Committee had been created. Ms. Rezab answered that the committee had been established; Co-Chaired by Board of Health Chair Carolyn Edmonds and Mr. Bob Cowan, Director of the Office of Management and Budget. The committee includes King County Council Member Jane Hague, Public Health Director Dorothy Teeter, and Assistant County Executive Sheryl Whitney. The Steering Committee will guide and direct staff, approving initial recommendations made by those working to develop the PH OMP. Ms. Carrie Cihak, Staff to the King County Council, added that the involvement of the cities would come through the stakeholder process. Chair Edmonds added that the Steering Committee would be handling more of the administrative duties associated with the PH OMP development process; she assured the Board that actual policy decisions would require approval by the Board. The Steering Committee also will enable more timely feedback to the work group, as the full Board only meets once a month. Chair Edmonds added that she has and will continue to stress the importance of having very broad and deep community involvement in the process to develop this plan. Board Member Rasmussen asked that the public process be brought before the Board as it is being developed and Chair Edmonds agreed. Vice Chair Hutchinson also raised concerns about clarifying the stakeholder process and Chair Edmonds suggested that the Board be sent copies of the PH OMP Work Plan to refer to as they look at the RPF.

10. Update on HIV/AIDS

Chair Edmonds moved the meeting on to the next agenda item. Dr. Steve Helgerson, M.D., M.P.H., Director, Prevention Division, introduced Dr. Bob Wood, MD, FACP, Director of the HIV/AIDS Program. Dr. Wood began his presentation about the status of outreach and prevention efforts related to HIV and AIDS in King County. Last month, the Board heard about an increase in sexually transmitted diseases primarily impacting men who have sex with men, which is the very population that is most hit by HIV/AIDS. There are also growing disparities occurring in African-Americans, both native and foreign-born. Dr. Wood said that Mr. Charles Wilson, People of Color Against AIDS (POCAAN), would discuss POCAAN’s outreach efforts to the populations of people of color. Ms. Tina Podlowski, Lifelong AIDS Alliance, would brief the Board about legislative issues and action that Board Members can take in support of AIDS prevention efforts. A second panel followed consisting of people living with HIV or AIDS and peer educators to provide a more in-depth perspective of on the experience of living with HIV/AIDS in Seattle and the rest of King County.

Dr. Wood reported that the number of people in the region living with HIV and AIDS is increasing at the rate of about 5% per year. This amounts to an increase of about one new infection each day in King County resulting in approximately 100 deaths per year in King County. While there are multiple innovative efforts in Seattle and King County to address these problems, they are only meeting with partial success. The general population seems more complacent as media attention to

this issue decreases, yet the problem continues and potentially is getting worse. Fewer people are dying but more and more people are living with HIV and AIDS.

Globally, Sub-Saharan Africa is where the major part of the problem exists, where roughly 90% of all the people with HIV globally are living. South and Southeast Asia are also already very badly hit and are increasingly being hit, and probably will take over at some point in terms of having the largest number of people with HIV from Africa. There are approximately a million people living with HIV or AIDS in North America. Board Member Counts added that among the hardest hit countries in the Sub-Saharan and Africa, based on testing of women who come in to deliver babies, infection rates in the general population may be as high as 25% to over 30%. Dr. Wood continued by saying that a study of IV drug users in Ho Chi Minh City revealed that 70% of injection drug users, or approximately 40,000 individuals, are currently infected with HIV/AIDS. Board Member Counts added emphasis to this point, saying that while many of us for years have seen the critical the situation in Sub-Saharan and Africa, the rate at which HIV is advancing and the populations in which it is advancing, in India, China and the rest of Southeast Asia could dwarf the number of those infected in the Sub-Saharan and Africa. Each year it is estimated that almost 5 million people are infected and about 3 million people die; adding another 2 million people to the pool of those living with HIV, about a 5% per year increase.

Dr. Wood indicated that King County is the hardest hit of all the counties in the State with a little over 300 cases per 100,000, representing roughly two-thirds of the cases in the State in a county with 31% of the State's population. The funds for HIV prevention come from a number of different sources including King County's General Fund and the Washington State Department of Health. Funding levels from these sources has leveled off as an increasing number apply for resources. It is estimated that there are approximately 9,000 people living with HIV in King County.

Board Member Lambert asked about the methodology behind the development of this estimate. Dr. Wood reported that such an estimate is difficult for a number of reasons that may be better enumerated in the HIV/AIDS Epidemiology Profile for Community Planning Report. Board Member Counts emphasized Dr. Wood's point, adding that the number of newly diagnosed cases has been stable for at least 10 years with about 40,000 new cases of HIV have been occurring each year. The number of new cases is stable and the number of deaths is decreasing because of the availability of medication resulting in an increase in the number of persons living with HIV/AIDS.

Chair Carolyn Edmonds asked how long it was before someone infected with HIV shows symptoms of the infection. Dr. Wood responded that typically, people get symptoms when they first get infected. Over 50% have an illness that looks very much like the common flu, but 40% to 50% do not have any initial symptoms. Once someone is infected it may be 8 to 10 years before they show symptoms that reflect HIV/AIDS. Board Member Patterson added that as the infection may not show up for 8 to 10 years, individuals may be having intimate relationships without knowing that may be infecting their partners. Dr. Wood added that one of the main strategies to increase awareness is to increase testing.

Dr. Wood reported that those living with HIV and AIDS dealing with HIV infection are likely to be dealing with other life issues as well such as severe mental illness, homelessness, substance abuse and health issues associated with aging. One primary function in Public Health is disease

surveillance, i.e. how many people are infected and how they got infected. Peri-natal transmission (from mother to child, resulting in a child born with HIV infection) has essentially been eliminated in King County through the use of medications. Board Member Irons asked about the availability of such drugs in Africa and Asia. Dr. Wood replied that very few people in these areas are able to access these medications.

Of the infected population in King County, men who have sex with men (MSM) still represent the preponderance of the cases. Locally, the epidemic is more predominantly male-male sex related in King County than it is nationally, where more of the cases are heterosexual. The heterosexual population represents about 12% of those with HIV infections in King County. Globally, in Africa there are almost no cases of infection for men who have sex with men and not much injection drug use related HIV/AIDS because citizens there have limited funds and access to injection equipment. In Africa, HIV is almost entirely heterosexually acquired. Globally, the number of cases in women is going up.

Board Member Rasmussen raised the concern of ads in magazines, primarily for gay men, placed by the drug companies touting the effectiveness of their drugs. Dr. Wood added that this has been a major concern amongst a lot of groups within the gay community. Some of the drug companies have pulled back and changed the complexion of their ads, but they still present an image that makes it look a lot easier than it really is to live with HIV.

Dr. Wood said that prevention efforts have included an approach called “partner notification,” where an individual infected with HIV is interviewed to identify sexual partners and the best form of notification for these partners. In a meeting in 2000 with leaders of the gay community it was proposed that new methods partner notification were required because gay men are very reluctant to identify their partners to a government agency. As a result, Project UNITE was started; an effort where individuals are paid \$10 to refer those who may be infected. This effort was initially tested in Los Angeles with great success; similar results have been observed locally. Over the last four or five years, changes to codes in Washington State around HIV counseling and testing have taken place. Old regulations required doctors to cover a long list of issues prior to HIV testing and many cited this as a disincentive to offering HIV counseling and testing. In April the rules around counseling and testing were simplified making it clearer to providers that they need to involve Public Health if partner notification efforts are going to occur.

There are also efforts undertaken by the Men who have Sex with Men STD Task Force, established a few years ago. The Lifelong AIDS alliance has been playing an important role in developing what has been called the “*Manifesto*,” a document published in the *Seattle Gay News*, *The Seattle Weekly*, and *The Stranger*. The purpose of the *Manifesto* was to define values, visions, healthy Gay community norms and to try to get people to see that they must take care of themselves and they need to take care of their community as well. The *Manifesto* stressed the importance of building a responsive community that will help people feel supported and that will help establish healthy Gay community norms. A sample provision reads, “Every gay, bisexual or other man who has sex with men is responsible for the health and well-being of the community.”

Dr. Wood also emphasized the issue of racial disparities. By 1994, more cases of AIDS were being diagnosed in Blacks than in any other population, although Blacks only account for 12% of the

national population. At the national level there is an incredible disparity in who is being affected by this HIV/AIDS epidemic. Locally the disparity is not quite so dramatic, however it is still evident. Blacks have a rate of HIV infection that is 2.7 times the rate in Whites; Hispanics are 1.7 times more likely to be infected; Native Americans, 1.7 times more likely to be infected. Broken out by sex, the numbers are smaller in the female population but the disparity there is even greater – it is 14 times more likely for a Black woman to be infected than a White woman in King County.

The disparities are likely related to the lack of access to health care, education, insurance, impoverishment, living in areas that may be more prone to drug use and so on. There is also a noticeable difference between rates of infection in U.S.-born and foreign-born Blacks. Foreign-born Blacks have a higher rate of infection, 1.9%, compared to U.S.-born Blacks, 0.5%. In U.S.-born Blacks most of the risk is occurring in men who have sex with men, 25% are injection drug users and smaller proportions are heterosexuals or people who don't know what their risk was. In foreign-born Blacks the infected population is comprised almost entirely of heterosexual or people who don't know what their risk is. Such data reveal some of the difficulty in trying to figure out how to approach these populations. Those who diagnosed late, i.e. an individual who is diagnosed with HIV and within three months is diagnosed with AIDS or dies, are more likely to be Black, Latino or Asian-Pacific Islander and foreign-born indicating that these groups may be more reluctant to test or not as aware that they are at risk. U.S. and foreign-born Blacks are disadvantaged in different ways. There are a number of ways that this problem has been approached in the past; one of the mainstays is to increase the number of people who are aware of their HIV status through increased counseling and testing. In an effort to increase the access to testing for African immigrants, Public Health helped to sponsor an event last September called "The Soccer Tournament" for African immigrants.

Mr. Charles Wilson, Director of the HIV Counseling and Testing, POCAAN, continued with the presentation. POCAAN – People of Color Against AIDS Network – has been the largest of prevention agencies for HIV/AIDS targeting people of color in King County. For approximately 18 years, POCAAN has tried to address certain health disparities and barriers to testing. A great emphasis has been placed on motivating individuals to get tested. Some of the barriers to testing include: the lack of education around HIV, its transmission and impacts; the stigma associated with being HIV positive; disparate access to services; and different cultural norms and languages. Rapid testing is a new effort to address a lot of these issues. Previously, test results took 10 days and it was very difficult to deliver results, delaying both enrollment in health care services and education about the importance of safer sexual practices and other activities to eliminate the spread of the disease. Rapid testing provides results in 20 minutes. The level of people receiving their results is now at 99.9%. Virtually everyone who receives an HIV test gets their results, and everyone who has a preliminary HIV positive result receives a confirmatory test.

Mr. Wilson continued that many people do not know where to go for testing nor can they afford testing. POCAAN has both site-based and mobile testing facilities to address this issue. The majority of testing takes place in the mobile unit, a 32-foot recreational vehicle modified and outfitted for testing. Teams of testers who are representative of the target population, for example a team of two testers who are both bilingual go to the Latino community, to provide the testing. There is also an incentive for testing of \$10.00, which serves as compensation for the data provided by those tested; data that feeds into a risk assessment which helps explain to those infected the need

for behavioral change. POCAAN's success is dependent on its familiarity within communities. Many staff come from the communities served and this results in being well received and accepted. POCAAN counselors are culturally sensitive and knowledgeable, and try to create an atmosphere where people can alleviate and eliminate a lot of their fears towards testing. POCAAN provides other services in addition to testing, including acting as a support group for HIV positive individuals, assisting with access care, housing, food, and clothing. POCAAN is able to access individuals within minority communities, particularly those who have never been tested before and may not have ever tested if were not for POCAAN's efforts in the community. POCAAN started with funding from a CDC grant and later from the Department. The King County Council has also provided funds to continue these efforts. POCAAN is operating on half as much funding as in the past, but is testing almost the same amount of people, if not more.

Mr. Wilson said that in an effort to decrease the spread of HIV, POCAAN also looked at efforts to educate the emerging African immigrant population. All African nations do not get along, however all seem to share a love for soccer. What followed was the sponsoring of an African soccer tournament with the intent of providing HIV education as well as testing opportunities. Teams from 13 to 14 different nations participated in the event held in Tukwila. Although there was not a lot of testing done on-site, 40 or 50 individuals subsequently came to our site-based testing because of the soccer tournament. Approximately 1,000 people attended the tournament, the majority of them representing various African nations. A number of them got information through this tournament and with such a success, there are plans to repeat the effort at the same facility on September the 14th, 15th and 25th. Board Member Gossett has graciously accepted to open the tournament, participate in the medal ceremonies, and close the tournament. 16 teams have signed up representing 16 different nations. Board Member Patterson asked about the geographical area that POCAAN covers. Mr. Wilson replied that POCAAN has offices in King, Pierce and Yakima Counties. Mr. Wilson added that POCAAN identifies outreach sites for visits. Board Member Patterson recommended the City of Sea-Tac as a possible outreach site based on its diversity. Mr. Wilson replied that this was an area POCAAN had been considering.

Board Member Rasmussen asked how often the van was deployed. Mr. Wilson replied that, on average, it is deployed three to four times a week; but budget cuts have prohibited going out as often as had been done in the past. Board Member Rasmussen asked how much it cost to operate the van per year. Mr. Wilson replied that CDC funding amounted to \$300,000 a year to operate the van and its associated services, at its full staff level. At its present partial staffing level, about half time, funding is at \$90,000.

Board Member Gossett asked about van visits to high-risk areas. Mr. Wilson replied that reaction from this difficult-to-reach population was extremely positive. The first night resulted in 142 people wanting to get tested. An attempt was made to test as many people as possible that evening. The van remained until 3:00 AM and people were still waiting. Results of the risk assessments showed that while the \$10.00 incentive was a draw, a number of people were just thankful someone cared enough about them to provide testing services. Unfortunately right now, funds to continue those activities are very limited. The budget that is currently available is not sufficient to support our efforts and the scramble is on to figure out how to keep the program going.

Board Member Conlin asked whether POCAAN collected any information about trends for HIV infection based on age. Dr. Wood replied that an increase has been found in the infection rates of those in their early '20s. Board Member Conlin asked whether there was any data related to trends based on education and income. Dr. Wood replied that some data related to income levels was available however it is limited and it is not a standard variable collected as part of the surveillance effort.

Ms. Tina Podlodowski, Executive Director, Lifelong AIDS Alliance reported that at this stage within the HIV epidemic, care equals adherence. Care in the sense of adherence to a prescribed drug regimen for treatment and adherence to the opportunity to be safe in their sexual activity. The Lifelong AIDS Alliance is comprised of 23 different community-based organizations in Seattle and King County that work on HIV/AIDS issues. Lifelong AIDS Alliance is the largest of the group and is the fourth largest AIDS service organization in the county with a budget of \$16 million. It employs 80 staff and has over 800 volunteers. 85% percent of its clients live on less than \$15,000 a year. \$9 million dollars is pass-through funding administered for the Department of Health, for the Evergreen Health Insurance Program, an insurance premium payment and continuation program. Of the remaining \$7 million, a good portion covers care services, prevention, and education. \$4 million of the \$7 is raised by Lifelong AIDS alliance every year. \$1.5 million comes from Ryan White Care Act funds to pay for care services and the remaining \$1.5 million is primarily pass-through funding from the CDC through King County and Public Health to work on prevention and education efforts.

The original care continuum developed in 1980's for those living with HIV/AIDS was based upon the assumption of a lifespan of an additional 20 months once an AIDS diagnosis was received. That care continuum was very rich in services providing for end of life issues, including hospice care facilities like the Bailey Boushay House here in King County. Today, clients are sometimes living for 20 years after a diagnosis, so for those living on less than \$15,000 who depend upon Lifelong AIDS Alliance for that care continuum, those services have become more expensive and are required for longer periods of time. These services include case management, assisting not just in finding access to medical care and drugs, but also seeking access to mental health and substance abuse treatment. Housing is also a part of the care provided as clients are placed in facilities that have AIDS set-asides. The Chicken Soup Brigade food program feeds over 1,000 people a week living with HIV/AIDS, with groceries and culturally and medically appropriate prepared meals. There are up to 27 different variations in the standard meals in any one week. The mission of the food program has been modified to go beyond HIV/AIDS to include other life-challenging illnesses. It also functions as an alternate entry point for people to access services.

Ms. Podlodowski continued by discussing other programs within the Lifelong AIDS Alliance. To promote prevention and education, Lifelong AIDS Alliance distributes over 250,000 condom packets in a year, extending outreach efforts to bars, bath houses, and community events, and partnering with Public Health on testing events. The Empowerment Program for Youth works with youth who are at risk for HIV infection between the ages of 14 and 22. STEP, Seattle Treatment Education Program, is strictly about adherence, keeping people on their drug regimen. Adherence to at least 95% of the prescribed monthly dosages is required to ensure that the drug therapies are working for an individual.

Ms. Podlodowski added that there are big challenges facing prevention efforts. One is the pending Congressional reauthorization of Ryan White Care Act. The current focus is on the medicalization of the system, rather than including wrap-around services needed by those living with HIV. In addition, the new Medicare prescription drug plan, Medicare Part D, will affect all people living with HIV on Medicare differently depending upon income. Those who are both on Medicaid and Medicare will lose their Medicaid drug coverage on December 31, 2005. On January 1st, these individuals will start receiving their prescription drug coverage through Medicare Part D through one of several competing for-profit prescription drug plans, affecting more than people just living with HIV, but about 6.2 million Americans.

Ms. Podlodowski then introduced the next panel. Ms. Erica Gadzik and Ms. Nicole Kahn are students at Newport High School in Bellevue and work with a program called ASPEN. Mr. Patrick Green is a member of the Board of Lifelong AIDS Alliance and is living with HIV. A resident of Shoreline, he has been an incredible part of Lifelong AIDS Alliance's speakers bureau going out and working with high schools, community groups and other organizations, talking about what it is like to live with HIV/AIDS. Irene Lemieux, who could not join the panel today, is a Latino grandmother living with AIDS for 20 years and a recent AIDS activist.

Board Member Rasmussen asked how much of Lifelong AIDS Alliance's budget was allocated for prevention. Ms. Podlodowski replied that a little over \$1 million gets put into prevention. Board Member Rasmussen asked how much Public Health-Seattle & King County pays for HIV prevention services overall. Dr. Wood indicated that this information was presented in one of the earlier slides. Board Member Irons asked for electronic copies of the PowerPoint presentation as the hard copy was difficult to read.

Ms. Gadzik and Ms. Kahn introduced themselves. Both are seniors at Newport High School in Bellevue and part of a program called ASPEN, AIDS and STD Peer Educators at Newport. The first quarter of involvement in ASPEN involves learning as much as possible about STD's, HIV/AIDS and sexual health. The remainder of the year is spent passing this information on to other high school students in the area and at the school in the form of two hours lessons. These lessons are taught in teams of two and fulfill the State-mandated HIV education requirement.

The two discussed their views on the program's success. As a peer education system, learning from friends who are going through the similar experiences is highly effective. Discussions help to eliminate misconceptions and eliminate the phobia about talking about sex in general. Such discussions provide an outlet for the dissemination of information necessary to make good choices. The ASPEN program increases awareness and tolerance for people who are different. A big part of our ASPEN program also is that every member of the ASPEN team has to get an HIV test, so educators are familiar with resources when fellow students have questions. ASPEN has resulted in more youth involvement in the AIDS community, including participation in the AIDS Walk and interest in developing a program like ASPEN at other schools. Students who graduate from the ASPEN program go on to spread the knowledge when they are in college providing education to those in a group at high risk of HIV infection (those in their early 20s). The passion and enthusiasm of the faculty member driving the program is also critical to its success. Ms. Barbara Velategui brought ASPEN together and encourages its development through community involvement. Mr. Patrick Green's involvement in ASPEN has also contributed to its success. Mr. Green teaches with

the programs peer educators in the freshman lesson and tells his story. Mr. Green puts a face on the issue and is a key to the enthusiasm students gain toward the goal of community education and involvement.

The hope is that ASPEN-like programs sprout in other high schools in the area because the impacts are very visible at Newport High School, as well as at Interlake and Sammamish High Schools, part of the Bellevue School District, where peer education sessions have been requested. Funding is a big issue however in limiting the opportunities to spread the message, in the form of a substitute teacher for Ms. Velategui's classes. Action items for the Board would be to encourage community involvement and AIDS awareness, a more involved sexual education curriculum promoting the discussion of risks involved in the choice to become sexually active and funding for programs like ASPEN.

Mr. Green continued with the panel's presentation. Mr. Green started by saying that he has been HIV positive for most of his adult life and has been living with AIDS since 1991. He was probably infected with HIV in the early '80's but did not test positive until 1988. Mr. Green teaches classes in schools and for the American Red Cross. Mr. Green shared the difference in counseling when he was first infected, indicating that many were not encouraging testing because there was talk of taking away the freedom of those who tested positive. While the sentiment is very different today, there are still serious issues that those who test positive must deal with including informing family members, job security and insurance. Mr. Green shared his personal experiences with the disease including his nearly dying and his reliance on many services provided by the Lifelong AIDS Alliance. Assistance with housing, nutrition, and any number of other issues were provided which was a positive but a difficult transition for someone who had prided himself being self-reliant and able to perform independently.

Mr. Green continued by commending those students involved in the ASPEN Program for their involvement in the awareness effort and their personal support for him in both good and difficult times. However, there are many schools that do not have any programs similar to ASPEN because they lack resources and staff to head such efforts. Mr. Green noted that the level of education among students at some of the schools he presents at is alarming as it demonstrates a lack of even the most the basic HIV/AIDS education students will need to protect themselves. The City of Bellevue has provided funding for honorariums for speakers and has made it financially possible to support ASPEN. The City of Bellevue has also had the backbone to follow through with a controversial yet necessary effort.

In terms of the continuum of care discussed earlier, people are living with AIDS for a longer length of time and are living past the resources traditionally allocated for them. Imagine having your household possessions and every day goods decline each year and not have the ability to replace the things that wear out, things that you need to be healthy. This is the situation faced by many with HIV/AIDS.

Board Member Patterson shared her motivation for requesting today's presentation. Board Member Patterson visited Uganda with World Vision, and organization that has very successfully to reduce the HIV infection rate in that Sub-Saharan African country. That visit and all its experiences sparked participation in the AIDS Walk and discussions with Ms. Podlodowski. Board Member

Patterson then asked for feedback from presenters, as to the message that the population should be left with after this presentation. Mr. Green responded that apart from just the humanity of looking at it that way, this epidemic should be a great worry for all of us in terms of the resources it will cost and the impact it will have on every individual. Dr. Wood added that everyone needs to be compassionate to the whole body of mankind. This is a disease that affects all of us. This problem must be addressed globally and requires not just focusing on African-Americans or Latinos or Gays.

Board Member Hutchinson asked about dealing with the stigma involved in other countries, as well as our own, in testing for HIV. Dr. Wood replied that in the past prevention has not been a focus of funding, however the focus now is to try to broaden HIV counseling and testing so that it becomes much more routine in medical practice in general. Such counseling is difficult because there is so much stigma about sex and about drug use that doctors find it very hard to ask questions about whether people are even at risk for these diseases. Thus there exists a major obstacle to overcome.

Board Member Lambert asked whether action on the Ryan White congressional funds had been put that on the County's legislative agenda in order to encourage lobbying efforts. Ms. Podlodowski indicated that it was on the legislative agenda for state-level lobbying efforts. Board Member Lambert asked that it be put on federal lobbying agendas for Board members. Board Member Lambert also requested information on the cost of the POCAAN's mobile testing van.

Board Member Rasmussen asked about the response of the Bellevue School district with regard to support of the ASPEN program. Ms. Gadzik responded by saying that community support for Ms. Velategui has grown to the benefit of programs like ASPEN. Ms. Kahn added that Ms. Velategui also builds support by briefing parents, prior to the start of school, about the ASPEN program and the educational sessions planned into the school's curriculum. Mr. Green added that Ms. Velategui has had to work hard to keep this program going, especially in its early days.

Board Member Rasmussen asked about setting goals related to a lesser rate of increase with regards to HIV infection. Chair Edmonds agreed and asked for a policy discussion in the September meeting. Ms. Podlodowski and Dr. Wood pledged their participation in such a process and policy discussion.

Chair Edmonds reminded the Board that there will be no meeting in August and noted the flyer about the Lifelong AIDS Walk, September 10th, encouraging Board participation and suggestion the development of a Board of Health team.

11. Adjournment

Chair Edmonds adjourned the meeting at 12:34 PM.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE

