

Julia Patterson, *Board of Health Chair*

BOH Members:

Sally Clark
Richard Conlin
George Counts
Reagan Dunn
Bob Ferguson
Ava Frisinger
Larry Gossett
David Hutchinson
Kathy Lambert
Frankie Manning
Bud Nicola
Tom Rasmussen
Pete von Reichbauer

BOH Staff:

Kathleen Uhlorn

Public Health Director:

Dorothy Teeter

King County Board of Health
Friday, February 17, 2006
King County Council Chambers
MEETING PROCEEDINGS

Members Present: Sally Clark; George Counts; Reagan Dunn; Bob Ferguson; Larry Gossett; Kathy Lambert; Bud Nicola; Julia Patterson; Tom Rasmussen; David Hutchinson

Members Absent: Richard Conlin; Ava Frisinger; Frankie Manning; Pete von Reichbauer

Staff: Dorothy Teeter and Jane McKenzie

1. Call to Order

The meeting was called to order at 9:35 AM by Interim Chair Hutchinson.

2. Announcement of Alternates

No alternates were present.

3. Approval of Minutes

The minutes for the January 2006 meeting were approved.

4. General Public Comments

None

5. Chair's Report

Tom Bristow, lobbyist for the King County Council, provided the Board with an overview of public health issues in the 2006 legislative session:

- Action on the Senate budget proposal is expected today, February 17th, on the floor of the Senate. The House will likely put forth its budget proposal on February 20th or 21st.
- The Senate budget includes \$7 million to pay for pandemic flu planning statewide; unfortunately these are all federal funds. Washington State has received \$1.9 million from the federal government for planning in the event of pandemic influenza and the Senate budget assumes that approximately \$5 million will be distributed through the end of 2007.
- Bills are pending related to recouping cleanup costs for structures used as meth labs; funding for early detection breast and cervical cancer screening programs; regulating body piercing establishments; and requiring drivers to use hands-free devices while on cell phones.

In the 2005 session, the Legislature passed Joint Resolution 4410, requiring the establishment of a Joint Select Committee on Public Health Financing to review all current and potential local, state, and federal funding sources and expenditures for public health services and recommend potential sources of future funding for public health services and report to the Governor and the legislature by July 1, 2006. Ms. Teeter added that State level efforts at this point are to determine activities in Health Departments of various sizes.

6. Board Member Updates

Board Member Gossett notified Board members of a community town hall meeting at 9:30 AM on Monday, February 27th, 2006 sponsored by the Metropolitan King County Council in King County Council District 2. The agenda will deal with the issue of health disparities in King County.

Board Members Counts and Rasmussen updated the Board on their tour of the King County Jail (Seattle). Board members Rasmussen and Counts toured the facilities with Ms. Teeter and a number of other staff members. Board member Rasmussen raised concerns about the impact of dust from construction at the jail on the health of inmates and employees, the cleanliness of the cells and measures in place to prevent the spread of disease. Board Member Counts also commented on the site visit, indicating that he was interested in whether the needs of inmates with mental health issues were sufficiently addressed and about the care of inmates with infections caused by Methicillin resistant Staph aureus, or MRSA. Board member Counts concluded that while housing those with mental health issues is adequate, remodeling will likely improve the accommodations for these inmates. In addition, staff are appropriately concerned about caring for and isolating patients with infectious diseases. An issue exists related to the medical records system but steps are being taken to implement an electronic medical records system that will facilitate medical records tracking and will resolve many of problems in this area.

Interim Chair Hutchinson recognized three new members of the Board present at the meeting: Board member Sally Clark, Seattle City Councilmember; Board member Bob Ferguson, King County Councilmember; and Board member Reagan Dunn, King County Councilmember. (Board member Pete von Reichbauer, King County Councilmember was absent).

7. Director's Report

Ms. Teeter indicated that revisions are required for the Zoonotic Disease Code. Ms. Teeter asked Interim Chair Hutchinson to appoint a Board sub-committee to examine all of the zoonotic and vector-borne disease issues and report back to the Board in April, concurrent with a Board briefing by the Department on the proposed code. Board members Counts, Nicola, and Lambert were appointed to the sub-committee.

Ms. Teeter updated the Board on a pandemic flu conference hosted by the University of Minnesota's Center for Infectious Disease Research and Policy in Minneapolis, MN, which was held on February 14th – 15th, 2006. Ms. Teeter was in attendance, along with representatives from many Fortune 500 companies and key public health officials from around the county, to discuss business continuity planning in the event of a pandemic flu.

8. Administrator's Report

Ms. Kathy Uhlorn briefed the Board on the meeting's agenda items.

Ms. Uhlor provided an update on the Public Health Operational Master Plan (PH OMP). As a part of Phase I of the PH OMP, the consultants are reviewing national models of public health delivery, as well as service delivery information provided by the Department. The consultants are meeting with stakeholders, including suburban city representatives, and members of the King County Board of Health and King County Council. The PH OMP Steering Committee has determined the Major Metropolitan Health Departments (MMHD) which will undergo in-depth analysis by the consultants—Miami-Dade, Florida; Nassau, New York (Long Island); Davidson, Tennessee (Nashville); Alameda, California (Oakland); Columbus, Ohio. Recommendations for a framework for public health services in King County will likely be presented to the Board in either June or July 2006, to be forwarded on to the King County Council. A website will be set up in February 2006 to provide an ongoing update of the PH OMP. Further details on the site will be provided at the Board's March 2006 meeting.

Ms. Toni Rezab, King County Office of Management and Budget, PH OMP Project Manager recapped decisions made by the PH OMP Steering Committee. The Committee has: 1) approved the RFP for the PH OMP consultants; 2) interviewed the consultants that responded to the RFP, selecting Milne & Associates; and 3) approved the Stakeholder Work Plan presented by Milne & Associates which narrowed the list of MMHD down to those previously mentioned.

Interim Chair Hutchinson reported for the PH OMP Steering Committee and suggested that a representative from the City of Seattle be added to the Committee.

In response to a request made by Board member Clark, Chair Patterson summarized the purpose of the PH OMP, which is to develop a thorough analysis of the Department to determine whether it is operating appropriately and if better public health funding mechanisms exist than those presently being employed.

Carrie S. Cihak, King County Council Staff, emphasized the importance of discussing the PH OMP process in a variety of venues in order to reach a wide array of stakeholders and citizens in an effort to develop a common understanding of what public health is.

Ms. Rezab listed the members of the Steering Committee. The Committee is co-chaired by the Chair of the Board of Health (Board member Hutchinson will assume this position) and Bob Cowan, Director, King County Office of Management and Budget. Members include Councilmember Jane Hague, King County Council; Sheryl Whitney, Assistant County Executive, King County Executive's Office; and Dorothy Teeter, Interim Director and Health Officer, Public Health – Seattle & King County. Ms. Cihak added that based on Board member feedback, the PH OMP staff team will work to develop some options for increased Board involvement.

9. Election of 2006 King County Board of Health Officers

Interim Chair Hutchinson nominated Board member Patterson for the position of Board Chair. The nomination was seconded by Board member Gossett. A voice vote was taken and Board member Patterson was appointed Chair. Chair Patterson and Board member Hutchinson agreed that Board member Hutchinson would remain on the PH OMP Steering Committee.

Chair Patterson indicated that she was committed to increasing the Board's involvement in public health this year. Based on previous discussions, she felt the Board was interested in learning how to be more influential in crafting health policy in King County. Chair Patterson indicated that she would work to increase the Board's influence in the area of public policy. In addition, she thought the Board would be interested in becoming more involved in the budgeting process. Chair Patterson noted there is interest in a Board retreat where members could discuss the future of health in King County. Chair Patterson added that a new County position was funded in the King County Council's 2006 budget with the purpose of providing Board members with an increased understanding of the Department's budget and public health policy.

10. Briefing: Health of King County

Dr. James Krieger, Chief, Epidemiology, Planning and Evaluation Unit, Public Health – Seattle & King County made a presentation on the Health of King County report. The report is primarily web-based and the Department is not planning to distribute many hard copies. Dr. Krieger summarized the report's findings, which were based on epidemiological data obtained from multiple sources. The report details health-related issues throughout the County including chronic disease incidence (e.g. cancer, diabetes) and the demographics of the County's population (e.g. the age of residents, health insurance coverage rates).

A central theme throughout the report is the disparity in health status and access to health care across racial and ethnic groups, income level, and sexual orientation. While some disparities are diminishing, many are increasing and the data demonstrate that the good health many residents experience in the County is not shared equally by all.

One positive indicator borne out in the data is that investments in public health by both government and the private sector have paid off—smoking cessation programs; increased seat belt use; improved control of asthma and access to prenatal care; increased SIDS awareness (i.e. the message that babies should be put on their backs to sleep); immunization programs; breast and cervical cancer screening all have contributed to improved levels of health in these areas.

Dr. Krieger also put forth some recommendations for the continued improvement of the County's general health:

- Support for those with newborns, chronic diseases or ill health in the form of community health workers to provide counseling, encouragement, education, and improve access to care.
- Provide care coordination and case management to ensure people receive necessary services.
- Develop support groups to encourage physical activity or to self-manage chronic diseases.
- Facilitate outreach to communities to provide community education to promote healthy behaviors.
- Promote universal health insurance coverage and access to a health care or medical home for everyone in the County.
- Focus on integrating systems that provide services and do policy work that can affect health outcomes.
- Address social factors that influence health through both the public and private sectors – unemployment, low wages, lack of educational attainment, inadequate child care and limited access to early childhood education, and discrimination in all forms.

Board member Nicola commended the Department on the report, adding that it provides a framework for future Board action. Board member Nicola asked about the Department's plans for disseminating the information contained in the report. Dr. Krieger replied that the report will be accessible online. Presentations will be scheduled through community meetings and coalitions of which public health is a sponsor/member. Information also will be disseminated through the media and through school districts.

11. Briefing: Public Health – Seattle and King County Jail Health Services

Bette Pine, MPH, Section Manager, Jail Health Services began the presentation to provide an overview of Jail Health Services scope or practice; a data picture of the jail population and Jail Health Services program; a summary of National Commission on Correctional Health Care (NCCHC) accreditation process; an overview of the strategic business plan and vision for the future; and an overview of the section's accomplishments over the past three years.

Ben Sanders, MD, Medical Director, Jail Health Services, continued by detailing the specific medical services provided by the Jail Health Services (e.g. urgent and acute care; high-risk prenatal care; emergency response to a health crisis in the facility; and pharmacy services). Jail Health Services also staffs a 40-bed infirmary with 24-hour a day skilled nursing care and a 130-bed psychiatric housing unit. The section has an infection control program which includes treatment guidelines for various types of infectious disease and contact investigations for certain types of communicable diseases like tuberculosis and sexually transmitted diseases. Some degree of case management is provided to assist inmate patients in accessing care when they are released from the facility (release planning).

David Kersey, MD, Psychiatric Services Medical Director, Jail Health Services elaborated on the mental health treatment provided in the jail's 130-bed psychiatric housing unit. The level of services provided is similar to that of a residential treatment facility. The jail maintains three levels of mental health housing: isolation cells for those who are behaviorally out of control or agitated because of mental health reasons; individual cells with inmates interacting day with other inmates; and an open-door mental health housing unit.

Ms. Pine described the strategic drivers that impact and direct Jail Health Services, including NCCHC and legislative requirements for medical care, federal and local laws, national standards, benchmarks, external stakeholders, case law, risk management principles and best practices for correctional health care. Jail Health Services developed a Strategic Business Plan in order to provide high quality, cost-effective health care in a desirable work environment.

Four strategies were developed to achieve this vision – (1) design and implement clinical and operational practice improvements which result in the quality and cost-effective care; (2) implement infrastructure improvements to support those changes; (3) implement human resource practice improvements; and (4) carry out the strategic plan in partnership with the Department of Adult and Juvenile Detention (DAJD). Ms. Pine concluded by saying that Jail Health Services provides an expansive array of services to a challenging patient population while working within the security constraints of a correctional institution. Jail Health Services is accredited by NCCHC and has met the rigorous standards for health care delivery and oversight. Patient care is being

improved on an ongoing basis through clinical practice redesign projects, technological improvements and updated equipment.

Board Member Lambert asked about the cost of implementing the requirements of the *Hammer* decision (a court ruling requiring the jail to implement procedures to alleviate inmate overcrowding) at the Regional Justice Center in Kent. Ms. Pine responded by saying that the *Hammer* requirements set basic community standards; a constitutional minimum and what is medically necessary. As such, the same level of care is provided wherever possible at the least expense to the County. Board member Lambert also suggested that the Board weigh in on the issue of inmates losing their Medicaid coverage after release from the jail by writing a letter to the State's Congressional delegation. This recommendation was supported by Chair Patterson.

Chair Patterson concluded the meeting by asking Board members to begin to think of important topics the Board should consider addressing. Ms. Teeter suggested that based on the *Health of King County* findings the Board may want to address the issue of health disparities in future meetings.

12. Adjournment

Chair Patterson adjourned the meeting at 11:57 PM.

KING COUNTY BOARD OF HEALTH

JULIA PATTERSON, CHAIR

DATE