

David Hutchinson, Interim Board of Health Chair

**BOH Members:**

Richard Conlin  
George Counts  
Jan Drago  
Ava Frisinger  
Larry Gossett  
David Hutchinson  
Kathy Lambert  
Frankie Manning  
Bud Nicola  
Julia Patterson  
Tom Rasmussen  
Dorothy Teeter

**BOH Staff:**

Kathleen Uhlorn

**King County Board of Health**  
**Friday, January 20, 2006**  
**King County Council Chambers**  
**MEETING PROCEEDINGS**

Members Present: Richard Conlin; George Counts; Jan Drago; Ava Frisinger; Larry Gossett; Kathy Lambert; Frankie Manning; Bud Nicola; Julia Patterson; Tom Rasmussen; David Hutchinson

Members Absent: None

Staff: Dorothy Teeter and Jane McKenzie

1. Call to Order

The meeting was called to order at 9:36 AM by Interim Chair Hutchinson.

2. Announcement of Alternates

No alternates were present.

3. Approval of Minutes

The minutes for the December 2005 meeting were adopted with changes made to the average daily jail population totals mentioned in the meeting presentation.

4. General Public Comments

None

5. Chair's Report

Interim Chair Hutchinson reported the following:

- A meeting schedule for 2006 was proposed. Board members were asked to contact the Board Administrator, Ms. Kathy Uhlorn, of any scheduling conflicts. The Board agreed to forego any meeting in August 2006.
- The Public Health Operational Master Plan consultants are planning to interview stakeholders from the Suburban Cities in the month of February.
- The King County Executive and the King County Council adopted a \$5.9 million budget to fund pandemic flu preparation efforts. At the state level, legislators are considering 2 bills to enhance public health preparedness--SB 6366, sponsored by Sen. Karen Keiser, would designate \$20 million in State funding for pandemic flu preparedness; HB 2542, sponsored by Rep. Shay Schual-Berke, would provide funding for emergency planning and preparedness around pandemic flu and other communicable diseases.

6. Board Member Updates

Board member Conlin, Nominations Committee Chair, put forth the Committee's (which includes Board members Frisinger and Nicola) recommendation that candidates be nominated for consideration and that the candidate/Board member supporting that candidate be allowed to make a statement, followed by a Board vote. The Committee also recommended that each caucus put forth a nominee for the positions of Vice-Chairs. The operating rules provide for four Vice Chairs, one each to represent the King County Council, the Seattle City Council, the Suburban Cities, and the Health Professionals.

Board member Gossett nominated Board member Patterson for the position of Board Chair. Board member Gossett added that his nomination was based on Board member Patterson's active membership on the Board of Health; her consistent advocacy of innovative strategies to create a healthier environment for County residents; and her clear understanding of the importance of health care for all, particularly those who are living at or below the poverty level.

Board Member Frisinger nominated Interim Chair Hutchinson for the position of Board Chair. Board member Frisinger indicated that her nomination was based on Interim Chair Hutchinson's eight years of experience as a Board member and representative of the Suburban Cities; his consistent emphasis on public health's importance to these cities; and his professional experience in a career spent in public health.

Interim Chair Hutchinson added that he has worked in public health for approximately 30 years at the federal level and in state governments all over the Northwest. Interim Chair Hutchinson indicated that his work in public health consists of policy development and the development of regional medical programs, ascendants of the Medic One Program in King County. Interim Chair Hutchinson stated that he would like to delve into public health systems, particularly those in the areas of mental health, pandemic flu preparation, and links with other agencies to improve service delivery. Permanent funding for the public health and a statistical tracking system for King County epidemiological information are also important objectives.

Board member Patterson stated that her interest in the position of Board Chair stems from an extraordinary passion developed for issues surrounding social justice, and the health care and mental health care systems. Opportunities to travel abroad, as well as activities in the State Senate, have helped to bring these issues to the forefront in her mind. Board member Patterson indicated that the Board may want to look at taking on a broader and more direct role in prioritizing issues raised at Board meetings and playing a larger role in determining public health policy. Significant collaboration between the Board and King County governmental entities will be required in the Operational Master Plan process and having a Board Chair who is also a member of the County Council may be an asset, as staff and resources are funded by the County.

Two ballot votes were conducted and both resulted in a 5-5 voting tie. Interim Chair Hutchinson and Board member Patterson went into closed session to discuss the possibility of having Co-Chairs of the Board of Health. This suggestion did not go forward due to the candidates' wishes and the legal provision for "a chair" (based in RCW 70.05.040 per an interpretation of the statute by Jane McKenzie, Office of the Prosecuting Attorney). Ms. McKenzie added that the inability to select a Chair at this, the first meeting of the year, would likely not invalidate any subsequent Board actions taken.

Board member Conlin was selected as Vice-Chair from the Seattle City Council caucus.

Board member Counts was selected as Vice-Chair from the Health Professionals caucus.

#### 7. Director's Report

Ms. Teeter introduced the newly hired Manager for Public Health – Seattle & King County's Prevention Division, Gary Johnson.

Ms. Teeter reported the following:

- Regarding the implementation of Initiative 901, the Anti-Smoking Initiative, the Department has received approximately 250 complaints of smoking in establishments. After one or two visits from staff, all but one or two establishments were in compliance with 901. The Department is continuing to focus on education and support for those who wish participate in a smoking cessation programs.

Board Member Rasmussen indicated that his office has received complaints from people who are seeing more cigarette butts improperly placed on sidewalks and other areas and wondered if there was anything that could be done to encourage the proper disposal of cigarettes/cigarette butts. Ms. Teeter responded that she would follow up on the issue and asked that further issues be reported to the Department.

Ms. Teeter continued:

- The Pedestrian Safety Summit was held on January 19<sup>th</sup> in Normandy Park. The focus of the Summit was auto/pedestrian safety. On average, 26 people are killed in King County every year from auto/pedestrian crashes or accidents. The summit convened representatives from transportation; law enforcement; public health; urban and suburban cities; health providers; and community-based organizations to talk about strategies for prevention and safety. The Department is presently gathering results of the summit and would be happy to present findings to the Board.
- This is the third year in a row where a decline in tuberculosis cases has been observed.

#### 8. Administrator's Report

Ms. Uhlorn provided an overview of the day's meeting.

#### 9. Briefing: Communities Count Report

Sandy Ciske, Regional Health Officer, Public Health – Seattle & King County, began the panel presentation on the Communities Count 2005 Report. Ms. Ciske introduced the panel members: Kathryn Horsley, Social Scientist, Public Health – Seattle & King County; Carol Maurer, Manager, King County Children and Family Commission; David Okimoto, Senior Vice President of Community Services, United Way of King County; and Michael Brown, Director of Community Projects, The Seattle Foundation. The panel members comprise the Steering Committee for the Communities Count Initiative. Ms. Ciske indicated that the Communities Count Report has been released in 2000 and in 2002. Partners for these past reports as well as the 2005 report, include the City of Bellevue, City of Seattle, King County Children and Family Commission, Public Health, Sustainable Seattle, The Seattle Foundation, and the United Way.

Ms. Ciske continued by briefly discussing the process by which the 39 social and health indicators in the report were developed and summarized the results of the report.

Kathryn Horsley walked the Board through the results presented by the social and health indicators. The report divides the 39 indicators into six different sections. The first category, Basic Needs and Social Well-Being, includes crucial social, economic and environmental ingredients everyone needs--food, housing, income, social support, fairness and social acceptance. The second category, Positive Development Through Life Stages, focuses on important ingredients of learning and healthy development from early childhood through the senior years, including people's opportunities to spend time with family, quality of child care arrangements and children's progress in schools. The third category, Safety and Health, provides details on environmental conditions and behaviors that contribute to our health (such as family violence, physical activity, and stress), as well as four specific health outcomes (including infant mortality and teen births). The fourth category, Community Strength, reflects forces in the environment that contribute to community health—people's involvement in their neighborhoods and communities, service to others, and access to shops and services. The fifth category, Natural and Built Environment, includes the measures of the quality of the air, water and land surface as determined by people's transportation choices, chemicals and toxic substances used in manufacturing and agriculture, and regulations determining development and protection of the environment. The sixth category, Arts and Culture, documents levels of individual participation in artistic and cultural activities and organizations, the presence of arts and culture organizations, funding for arts and culture activities, and employment in the arts.

Carol Maurer briefed the Board on the next steps stemming from the results in this report. Firstly, the Steering Committee is looking to build a County-wide civic and policy agenda in order to track progress in the areas of concern. A meeting has been scheduled in a couple of weeks to meet with the private funders that have been involved in this project to start the discussion about what that public and civic agenda should look like and what steps should be taken to start its development. Secondly, the Committee is working to institutionalize the use of the social and health indicators included in this report by multiple stakeholders. Thirdly, the Committee would like to redesign the web-site and develop a communication plan to take this information out to the community.

David Okimoto described the historical context of the outcome paradigm used by the United Way to evaluate effective service delivery and the shift from this paradigm to the use of community indicators. The community indicators and the findings in the Communities Count Report are the major benchmark against which social service organizations ought to be evaluating themselves.

Michael Brown described the role that the Communities Count report plays in his agency's work. The report highlights issues of concern toward which donors can focus their giving. In addition, the Seattle Foundation pulled together a partnership of the major philanthropic organizations in the community to support the development of the 2005 Report.

#### 10. Briefing: Public Health Standards

Kathy Uhlorn, Board Administrator introduced Joan Brewster, Director of Public Health Systems Planning and Development, Washington State Department of Health.

Ms. Brewster began with a discussion of the development process for the Standards for Public Health in Washington State. Ms. Brewster described the Public Health Improvement Plan (PHIP) in Washington State, which is unique in the country and has been in place for more than decade. Initially started as a part of our health reform legislation in Washington, it has grown into commitment to a work plan on a two-year basis to synchronize the State's communities in some planned way to create the best possible public health system. There are multiple components of the Public Health Improvement Plan, one of which is Performance Standards, the topic for today's presentation. These standards are the cornerstone of PHIP efforts. The PHIP is required by law and was established in 1993. It required that performance standards be established to measure and report on performance. There are 35 individual local health departments and a State Department of Health, as well as many other partners in public health. It is important to have a clear understanding of what each expects from the other and to set standards to measure improvements in health protection over time. Setting this type of system in play is essential if we're going to be able to reflect back on performance. The approach selected has been a collaborative one involving State and local government. Efforts were made to keep it as simple as possible to facilitate measurement. In 2005 the third State-wide measurement activity has been completed which paints a picture of public health performance across the State.

Kathy Uhlorn described the assessment process that the Department participated in, summarizing the Department's ability to meet the Public Health Standards established at the State level.

#### 11. Briefing: HIV/AIDS goals

Dr. Robert Wood, Public Health – Seattle & King County, Prevention Division, began the presentation. At the July 2005 Board meeting, the Board was provided with information on HIV/AIDS. That presentation spawned questions and requests for additional data and about the HIV/AIDS Program goals and prevention strategies. Over the past few years, the numbers of new cases and AIDS deaths have been relatively stable, however the number of new cases exceeds the number of deaths by about 250 or so. As such there has been an increase of approximately 5% per year in the pool of people living with HIV infection over the last eight years or so. Men having sex with men have the highest rates of infection, particularly those who are also injecting drugs, but HIV is gradually spreading to other populations, including minority populations and rural populations and women. The HIV/AIDS Program goals, which are consistent with those advocated by the Centers for Disease Control, are as follows:

- To increase the numbers of persons with HIV who are aware of their infection.
- To increase the proportion of those people who are aware of their infection and who are in care.
- To promote effective anti-retroviral treatment.
- To decrease participation risky behaviors.

The HIV/AIDS Program is affecting efforts to control this communicable disease but unfortunately approaches like counseling, testing, and behavioral approaches are not 100% effective. The kinds of tools available are insufficient and the Program's resources are limited.

Dr. Gary Goldbaum, Public Health – Seattle & King County, Prevention Division, continued with a discussion of the tools used to monitor infection rates:

- Core surveillance, which applies to reported cases.
- Incidence and resistance surveillance is testing of the leftover blood samples from HIV tests. By applying special tests to the blood, those who have been recently infected can be identified and incidents of new infections can be estimated.
- Medical monitoring involves chart reviews and interviews providing the ability to focus in on a subset of the reported cases and create a much more detailed picture of what is happening as individuals are being treated in a doctor’s office. It provides information as to the outcome of treatment over time.
- Behavioral surveillance consists of clinic data largely from public health sources and interviews with a subset of those who have been reported to the Department, those who have been contacted in outreach settings or other studies.

In short, the HIV epidemiology program provides critical data to the community. These data drive prevention efforts and resource allocation.

Dr. Robert Wood suggested measure that the Board could monitor on a yearly basis:

- HIV incidents, numbers of cases, and numbers of deaths
- Changes in risk taking by key groups.
- Adherence to care standards.
- Important changes in the HIV/AIDS care system

Dr. Wood also identified ways in which the Board could assist HIV care efforts:

- Lobbying for an increase in spending to prevent budget shortfalls as the number of drugs increases, with the cost of these drugs.
- Encourage providers in the community, not only private providers but also institutions like Harborview, to gear up to be able to do testing more broadly and more routinely.
- Press the Department of Health to distribute prevention resources based on the epidemiology rather than the politics.

In summary, the Program has goals, strategies, and measurable objectives for HIV prevention and care that are consistent with those that the Centers for Disease Control promulgate. Despite constraints, the Program has been able to effectively prioritize important prevention and care programs and strategies. The Program is dependent on CDC funding for surveillance assessment and funding is a concern in both surveillance as well as the provision of care.

A subcommittee consisting of Board Members Counts, Patterson, and Rasmussen was initiated to develop a comprehensive response to Board inquiries into the complex issues surrounding HIV/AIDS prevention.

## 12. Adjournment

Interim Chair Hutchinson adjourned the meeting at 12:37 PM.

KING COUNTY BOARD OF HEALTH

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DAVID HUTCHINSON, INTERIM CHAIR

DATE