KING COUNTY BOARD OF HEALTH
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Carolyn Edmonds, *Board of Health Chair*

KING COUNTY BOARD OF HEALTH
MEETING PROCEEDINGS

January 21, 2000
9:30 AM to 12:00 PM
King County Council Chambers

Roll call

- Richard Conlin
- Ava Frisinger for Dan Sherman
- Larry Gossett
- David Irons
- Greg Nickels, Chair
- Joe Pizzorno
- Peter Steinbrueck for Margaret Pageler
- Alvin Thompson
- Karen VanDusen
- Alonzo Plough, Administrative Officer

Call to order

Chair Greg Nickels called the meeting to order at 9:43 AM.

Announcement of Alternates

Seattle City Councilmember Peter Steinbrueck and Issaquah Mayor Ava Frisinger served as alternates for Boardmembers Margaret Pageler and Dan Sherman, respectively.

Greg Nickels announced that newly elected Metropolitan King County Councilmember David Irons is a new appointee to the Board, replacing Boardmember Brian Derdowski. Mr. Nickels confirmed with the Prosecuting Attorney that Mr. Irons will be a voting member today. Also, Mr. Nickels noted that Dr. Thompson, one of the Board's health professionals, who in 1999 was the non-voting member, as of January 1st is a voting member, and Dr. Pizzorno takes his place as the non-voting health professional for the coming year.

Approval of the Meeting Minutes for November 19, 1999

Dr. Thompson asked about the fourth line of the Chair's report on page 1 which says that "the number one legislative item would be preserving the tobacco settlement dollars for health care". He believed that the Board didn't want to preserve it for health care, but principally for education to decrease the use of tobacco. The amount could be totally utilized for health care and would defeat the whole purpose. He asked that that be changed. Mr. Nickels responded that he was reporting on a meeting where representatives from anti-

tobacco advocacy groups, the Attorney General's office, and local health departments were discussing legislative strategy. It became clear from their discussion that the number one priority was to keep the tobacco settlement dollars within health care, tobacco cessation, tobacco prevention, and the Basic Health Plan. He suggested that the minutes for this meeting acknowledge Dr. Thompson's concern as currently expressed. The minutes were approved as presented.

General Public Comments

Jim Stormo represents the Small Well-Owners Association Board of Directors.

In 1999 the Health Board expanded and enhanced almost every rule and regulation that the Health Department could print. Most people could not understand where the great sums of money would come from to promote these new rules. The Board answered that question with new fees and expanded old fees. Most taxpayers thought that I-601 put a lid on taxes, but these taxes are called fees for services, and in the case of Title 12 and 13, the fees were dumped on the rural community. When I-695 raised a flag, the Board thought it prudent to revisit the fees and raise them 300-400%. It didn't seem to matter how they affected senior citizens, nor that the fees replaced general funds that are to benefit all county residents. Most citizens look at public health service as one of the essential government duties, like fire and police protection, and most citizens expect their property tax and general fund to pay for essential county services. They don't understand it, but they do understand how these regulations took their property rights without compensation. Building limits in Title 13 and the latest proposed rezoning by the County Executive demonstrate this ploy. They don't know why the rural areas are expected to carry a double burden of taxes and fees, but they will continue to point this out. The citizens of the state voted for I-695 fully recognizing the financial impact it would have on all levels of government. They wanted to get all levels of government to reverse direction instead of increasing regulations and enlarging taxes each year to pay for it. The voters are now looking for reduced size of government, reduced regulations, and reduced fees and taxes. Don't punish the voters for I-695, but listen to their message. If the "son of I-695" passes, and it rolls county and state fees back to July of 1999, how will this Board finance all these regulations. In a positive note, they can offer a small change in Title 12 that would reduce the Health Board workload and still be in accordance with state rules. There are some people in the community who believe there are still more areas of efficiency in the Health Department.

Richard Ludwig is from the Small Well-Owners Association, which has most of its Board of Directors present today.

They are very disturbed about what occurred here in November—the punishment for those who support I-695. Today's agenda mentions firearms as a public health issue. That may be a politically correct approach. They believe, like most, that gun violence is a crime issue, not a public health issue. Please don't waste time or money on this one. Just look at government statistics to find out how far down the list you will find firearms incidents. Firearms are in the 2% fraction, automobile rates of death are at 46%. You might say that more people are killed by diving board accidents than by firearms. The rural area has bigger problems. Canadian geese and the fields full of seagulls are polluting our waters and fields. The Board's past actions of 1999 have made those in the rural areas feel like victims of urban control. The Board's contempt for their rights has only invigorated their group to educate the citizens that they represent in the rural area. Today the members of the Health Board have an opportunity to reverse the unconscionable fee and regulation increases of last November and perhaps to restore some measure of faith with those

they supposedly serve. If not, members can look forward to a concerted effort by rural residents to overturn their unwanted and unneeded regulations and fees. They are here to protect their rights and those of the people they represent in the rural communities. They're determined to see that the actions of this Board do not destroy the way of life that they all enjoy.

Ted Cowan from Issaquah is a member of the Small Sportsman's Club, the NRA, the Gun Owners of America and is Legislative Chairman for the Washington State Rifle and Pistol Association.

His concerns are related to Dr. Plough's upcoming comments. Not knowing what they are, Mr. Cowan is hoping that he is concerned with the potential that's driven by the press as to the terrible nature of firearms. We're all concerned with safety. He has passed out materials from the NRA, and hopes that Board members won't consider it only as propaganda, but look at where their information came from. It's all based on federal documents which he can supply in the future. Mr. Cowan directed attention to information on fatal accidents as percentages of accidental deaths nationwide, stating that motor vehicles are 46% and firearms are 1%. Medical mistakes are 3%. This has been discussed for many years. Former Senator Kent Pullen, when he was the Chairman of the Law and Justice Committee in the Washington State Legislature, had a report drafted which Mr. Cowan offered to obtain for the Board. He offered to give any additional information he may have on firearms. He has testified before the County Council concerning no shooting areas. Unfortunately, in most of the cases, he had to agree that there should be no shooting areas.

Alan Woodbridge is representing Gun Owners of America and Western Fish and Wildlife and several other sportsman's and outdoorsman's groups.

Since 1988, he's watched certain medical experts attack legitimate firearms owners, sportsmen, and target shooters and those who have the right to be able to defend themselves with firearms. On December 5, 1999 both The Seattle P-I, Tacoma News Tribune and others reported that 98,000 people are killed annually in America by physicians who are registered and licensed. Physicians are killing over twice as many Americans as firearms, even if you use the inflated statistics of 42 firearm deaths that are usually quoted by medical misadventurers. We haven't even started to count those that are maimed by cutting off the wrong limb or removing the wrong organ. When one asked for true facts about certain operations we find out the success rate is usually about 50/50. There are fewer physicians in this country than firearms, yet they kill over twice as many people, even if you based it on the bloated statistics of firearm deaths that you supply. These statistics include police shootings and citizens legally defending themselves along with the actual murders and accidents. A large portion is suicides, and you try and tell us that these people wouldn't have killed themselves if they didn't have a firearm available. Even the report commissioned by former Senator Kent Pullen proved that firearms used in self-defense are 16 times more likely to save a life than take one. Yet when it comes to firearms statistics, medical professionals seem prone to twisting figures. It appears to Mr. Woodbridge, medical professionals, have too much time and money on your hands. Rather than to continue to let you use this time and money to attack the legitimate firearms owners of this state and nation, Mr. Woodbridge is going to ask all the members of the groups he represents and to which he belongs to start voting down your future requests for funds when they go to the polls. When you put a bond issue on the ballot to enlarge your hospitals in your area of influence, he will ask them to vote no. Auto accidents kill 44,000 and breast cancer kills 42,000. The legitimate firearms owners police themselves as proved by the National Safety

Council Report. In 1998, accidental firearms fatalities dropped to 900 - the fewest since 1903, and the population in 1903 was about 80 million compared to the current population of 265 million. The 900 figure represents a decline of 18% from 1997, a decline of 40% from the 10-year period from 1989 to 1998, and a decline of over 65% over the last 25 years. Since 1994, when accidental firearm deaths were 2,513, this decline happened because legitimate firearm owners do care. They have volunteers like the hunter safety inspectors, Boy Scouts, 4-H, and NRA who care. He brought a packet of materials for the Board.

Joe Waldron is a Bellevue resident, Executive Director of the Citizens Committee for the Right to Keep and Bear Arms and represents several other gun groups in the state, including the Washington Arms Collectors and Wildlife Committee of Washington.

Despite that they haven't had the opportunity to hear the presentation about guns as a health issue, he would like to give a few facts that may be omitted in other reports. As a professional intelligence officer and analyst, a firearm safety instructor with more than 20 years field experience and a lobbyist on the gun control public policy issue for more than 6 years, he believes he has the expertise to address the issues. He follows the involvement of the medical community in the gun control debate with professional interest. He's read several studies on the issue by such noted researchers as Dr. Art Kellerman of Emory University. The most common flaw found in these studies is that of a cost-benefit analytical approach and only the cost side is provided. In fact, it raised Congress' ire so much in the CDC funded studies that a couple of years ago they threatened to withhold the funding if the studies continued in that vein. Also common to these studies are skewed samplings and a reluctance to release the source data as required by federal law. Should Mr. Waldron suffer a gunshot wound or similarly life-threatening injury, he would hope to receive the services of a medical professional. But he does not look at medical professionals as criminologists nor as safety experts. Mr. Woodbridge adequately covered the National Safety Council findings. The bottom line is .3/100,000. The rate of accidental firearm deaths is the lowest in this country that it's ever been since the time the data has been collected. Guns and gun ownership are regularly condemned as having no redeeming social value. This perspective fails to take into account several studies by criminologists - experts in the field - most notably Professor Gary Kleck of the University of Florida and Professor John Lott of the University of Chicago School of Law. Kleck, author of the award-winning book Point Blank, noted that there are 2 to 2.5 million defensive gun uses in the United States every year. In more than 95% of these cases, we never hear about them because there is no shot fired. The criminal decides, after running into an armed citizen, that he'd rather do something else. Dr. Lott examined FBI uniform crime report data for more than 15 years from every single county in the United States - no skewed sampling. He found that, when a state passes a law that allows its citizens to carry a concealed firearm for personal protection, violent crime goes down. Interestingly, property crime goes up because criminals are looking for softer targets. Ten years ago, the Chicago police did a study on homicides in that city the previous year - nearly 400 homicides and found that nearly 75% of the perpetrators had prior felony records while 65% of the so-called victims also had prior felony records. In many cases, homicide is a felon versus felon issue. It might be interesting to have Harborview and Seattle Police do the same kind of records examination on people. He remains committed to the promotion of true firearm safety and he is willing to work with anyone. Three years ago, he was the only gun person at Harborview when they started their promotional lock-box program. He supported that, and he will support anything that doesn't work on a biased advocacy research preconceived political agenda. In the

Initiative 676 gun control debate two years ago, medical professionals who gave to the No on 676 campaign outnumbered those who gave to the Yes on 676 campaign by a 3 to 1 ratio. Mr. Waldron provided handouts.

David Jackson, is a 20-year resident of Seattle and speaking as a private informed citizen.

In 1990, a Harvard medical practice study found that 180,000 Americans die from medical negligence - five times the number killed by gunshot. Police shootings of innocent persons were about 10% versus 2% of citizens defending their homes and families. Do we label the medical professions and police services a public health risk? Of course not, because the lives they save and protect far outweigh the harm they cause through their service to the community. We seek ways to improve the professions. A simplistic, numbers-based, discussion of lives lost through gun use, without an equivalent dialogue addressing the greater number of innocent lives saved by responsible firearm usage, is akin to balancing your checkbook accounting only for withdrawals and ignoring the deposits. To treat felonies perpetrated with guns, for example rape, robbery, and murder, as public health issues without similarly acknowledging equivalent acts committed with knives, bats, tire irons, etc., is illogical. To focus on one object to the exclusion of others leads to unscientific bias and unsupportable conclusions. Guns, however, are much more newsworthy. Suicides committed using guns occur where guns are available, but have little effect on overall suicides rates where guns are not available - witness Japan, Canada, Switzerland where guns are restricted, but suicide rates exceed our own. Public health efforts to fight such diseases as TB and AIDS have been most effective when high-risk segments of the population have been identified, medical resources utilized, and then dealt with. These of course are examples of medical concerns, where gun violence is typically carried out by persons with histories of violent, antisocial, or psychological problems. Seventy-seven percent of gun criminals and 61% of their victims have prior criminal records. These are social issues more appropriately solved by criminologists and sociologists. We don't treat disease as a crime, so why are we even discussing guns as a cause for disease? In 1997, homicides with guns took 15,551 lives in the US, 1,500 of which were accidents. In comparison, flu and pneumonia killed 88,000, accidents not including firearms 91,000 - these were motor vehicle accidents, falls, drownings, poisonings. Lung diseases killed 100,000, strokes 159,000, cancer 537,000, heart disease 725,000. It seems that diet and lifestyle are more detrimental to your health than firearms. Mr. Jackson indicated that he had copies of other resources available.

Cyril Williams lives in North Bend, Washington.

He heartily endorses everything that's been said by the people who have spoken so far. Instead of politically motivated end runs bent on denying constitutional rights to protect ourselves, families, and those around us, whomever generated this non-health related issue should be concerned with the over 600,000 so-called medical misadventures that happen yearly. That is a quote from the president of Kaiser-Permanente. The same standard should apply to people in the health care industry as those in the gun industry as to fingerprinting, state-federal background checks equaling that of a prospective FBI agent. Mr. Williams wishes to be able to stop the felonious attack on himself and those around him, as he has been victimized in the past both by street attacks and medical misadventures. Anyone wishing to waste his tax dollars preventing the sale of guns and other confiscated merchandise, should be willing to pay him and other tax payers the loss of revenue generated by the political agendas. Mr. Williams took an oath to uphold the Constitution of this country and wondered how many other individuals responsible for this scheme have taken

similar oaths. He's totally against the health care industry being involved in the gun issue.

Joe Huffman lives in Moscow, Idaho, but also maintains a home in Redmond, Washington.

Any study of gun ownership and use must take into account the benefits. He is concerned that in the report to the Board, they're unlikely to see the lives saved, the rapes stopped, and all the other millions of times each year that firearms are used by private citizens for self-defense. Ninety-eight percent of the time, that's without a single shot being fired. You might think he exaggerating when he says millions of times each year, but he's not. Numerous peer reviewed studies by criminologists put the number literally as high as 2.5 to 3 million times per year. When the people here today listen to the report, he'd like them to remember the silent benefits of gun ownership. Ask if it includes the health benefits as well as the trauma, crippling, and deaths that are caused by firearms. Ask if the trauma and deaths are police shootings that are completely justified or are accidents or criminal acts. If they don't include the benefits, ask why not. Ask if they can point to a single place or time where reducing the availability of weapons had made the common people safer. Mr. Huffman has been asking that question in debates for years, and has yet to hear a verifiable affirmative response. If the report is only on the costs and not on the benefits, ask why they don't have an interest in the benefits. Ask if it would be appropriate to report on the 100,000 medical accidents each year that result in death without noting the millions of lives saved and improved. Of course, it wouldn't be appropriate, but yet it's the same thing.

Boyd Kneeland is a Seattle native and a volunteer firearm safety instructor.

Most of the issues he is concerned with have been well covered, but he hopes that the Board will consider that there are cost and benefit sides to every formula. He also hopes that the report the Board will hear later will stick with science and leave the criminology to the criminologists, but nationally that hasn't been the trend. As other speakers have said, the CDC actually had $2.6 million in funding suspended because for some of the research they did they wouldn't release the background to the research like peer review requires. So if you hear those statistics today, he hopes the Board will take that into consideration. Mr. Kneeland handed out materials.

Chair's Report

Violent Video Games

Mr. Nickels' office began work on this issue after he was contacted by a friend who had visited The Seattle Center Fun Forest with his young son and had been shocked at the graphic nature of some of the video games that his son was exposed to. A series of pictures of video games were then shown to the Board. First was a row of video gamesat the Seattle Center Fun Forest where a handgun is used to play. The next photo showed an adult helping a child learn how to fire a rifle in one of these very realistic games. The third showed a game called silent scope in which the players are taking the role of a sniper, using a fairly realistic looking weapon with a high powered scope. You get points for shooting off somebody's head. The last was a picture in a little booth where an adult is showing a child how to play this game. Mr. Nickels' staff has taken a look at a number of public facilities, and this isn't aimed particularly at The Seattle Center, but also community centers and The Kingdome, which, when it was a sports facility, had the Kid's Arcade. Mr. Nickels will ask the

Board at the next meeting to take action on a resolution that would petition local governments in our area, asking them to remove these violent video games from public recreation centers. These are places for families to congregate, for small kids to come and be in a safe and positive environment. As local government, we can set an example. We're not censoring. What people want to do in their own homes, they're going to do. What the private sector does is going to be regulated mostly by the market and the demand for entertainment. Perhaps we can set a tone and set an example where we're not profiting, as local government, from exposing kids to these very graphic and very violent activities. Perhaps, by doing that, we can begin a public conversation about the effect that violence and exposure to violence, as a passive television viewer or an active player of these games, has on kids and potential violent behavior later on in their lives. Mr. Nickels' resolution will propose that the Board engage with the various jurisdictions within King County and ask them to give this some thought, and hopefully voluntarily remove these games from their public facilities.

Mr. Steinbrueck applauded Mr. Nickels on his effort and interest in this issue. As a father of two young boys (4 and 6), they frequent The Seattle Center, a public location that is publicly funded. Unfortunately, his children have had opportunities to experiment with these video games. As parents, they had no idea what detestable scenes occur in those games. Mr. Steinbrueck doesn't want his 4-year old engaging in a gratuitous form of recreation blasting people heads off with a high-powered mock sniper gun. This simply should not be available to children on public property. Also, there is no warning or indication as to what might be viewed in this video game in advance, so you might think that it is fairly innocuous or appropriate for a child of 5 or 6, until you find out just how horrible it actually is. Mr. Steinbrueck indicated that they would take it up on the City Council. Mr. Nickels said has been asked what alternatives there are when people play these games. Hopefully, with the creative people who are in this industry, they will be giving some thought to problem-solving games that can be very stimulating and fun, but don't involve necessarily taking somebody out.

Acknowledgement of Kathy Carson

Mr. Nickels stated that the Board has, over time, recognized some of our employees within the Public Health Department for their exceptional service. Today, we are recognizing Kathy Carson to let the Board know that she has been recognized even more broadly for her great contribution to our community. Kathy received, at the County's 13th Annual Martin Luther King Celebration last week, the Dr. Martin Luther King, Jr. Humanitarian Award. Mr. Nickels read the text of the presentation: Kathy Carson has exemplified the spirit and life of Dr. King throughout her career in public health. She has been tireless and selfless in her drive to improve lives and bring down the barriers to equality and health. Truly she is a leader in the effort to get every Seattle child enrolled in health coverage. Kathy has been instrumental in turning around one of the country's worst minority infant mortality rates that unfortunately we had here in Seattle-King County, and she has been an outstanding champion of public health involvement in childcare. She was one of the pioneers in developing the CHILD profile program that is helping parents around the state fully immunize their children and do the other things that will prevent illness. She was also a founder of the Foster Care Passport program that has dramatically improved the lives of foster children locally. Whether she is talking to legislators, city or county officials, community leaders, or businesswomen, Kathy is equally eloquent and passionate. She has mobilized countless coalitions to address and solve problems that are confronting the neediest families and children. She is constantly seeking to empower each resident to take more control over his or her family's future. She clearly exemplifies the charismatic caring and persistent dedication that Dr. King stood for throughout his life. Mr. Nickels thinks that this acknowledgment that Kathy received last

week really doesn't begin to address the real contribution that Ms. Carson has made and the acclaim that she gets from her fellow workers within the Health Department, within our community, and throughout our state. He thanked Kathy for her ongoing good work and congratulated her on this well-deserved recognition. Ms. Carson said that it is an incredible honor to receive this award. She has been so gratified by all of the congratulations she has received from other public employees. Their common theme is that it is so rare that public employees get some recognition for the work that they do. It makes her very proud to be among the group of people honored with this award, all of whom have done outstanding work. It reminds us that being a public employee is still an honorable profession and that we can make a difference in the world.

Outdoor Tobacco Advertising Litigation

Cathy Gaylord reported that in November, the 9th Circuit Court of Appeals ruled against Tacoma-Pierce County in the challenge of their outdoor tobacco advertising regulation. That holding controlled here also in King County. Subsequently, the 9th Circuit Court of Appeals, on its own initiative, has asked both parties to submit briefs addressing whether the case should be reheard en banc which means by the entire court. It was heard originally by a 3-judge panel. The briefs were submitted this week. The State Attorney General and the US Department of Justice have also submitted briefs, and we will await the outcome. The Health Department and the Chair of this Board had received communication from counsel for the original plaintiffs in the litigation demanding that our outdoor tobacco regulation be repealed. The response to that letter is being considered, but will be shaped by the outcome of the activities at the 9th Circuit. Mr. Conlin asked about the position that the Attorney General and the US Government has taken on the en banc hearing. Ms. Gaylord had not yet seen the briefs, but they are supportive of retaining the outdoor advertising regulation and assert that there should be a rehearing and the original ruling reversed. Dr. Pizzorno asked what the differences were between Tacoma's legislation and ours, and the Court's rationale for reversing the public health decision. Ms. Gaylord answered that, in terms of the Court's rationale for reversing, there was no difference between the two regulations. The Court ruled against the regulation based on federal preemption. The Federal Tobacco Advertising and Labeling Act, adopted in the 1960s, prohibits states and local governments from adopting, for health purposes, any restrictions on tobacco advertising and labeling. The Court held that that prohibited the actions of the Tacoma Board of Health, our Board of Health, etc. They did not need to go to the First Amendment issues.

Tobacco Settlement Funds

Mr. Nickels reported that in the Legislature, the issue of the tobacco settlement funds has been the priority. This is the issue discussed when the minutes were considered. We were hoping this year for the release of $26M which was the agreed to breakdown when the settlement came out. We are not sure what the Legislature will do, but our tobacco program is monitoring legislative activity on a daily basis.

Smokefree Restaurants

In the past decade, the percentage of restaurants that have voluntarily gone smokefree has gone from 25% to 66%. Mr. Nickels congratulated tobacco program staff and the owners and operators of those restaurants who've made that great stride in a voluntary fashion.

Resist the List Lawsuit

A lawsuit was filed by the group Resist the List against the State Department of Health's regulation on HIV reporting rules. The State Board of Health adopted basically the recommendation that this Board made to them on that regulation. In December, Resist the List's motion for a summary judgment based on unconstitutional vagueness of the regulation was denied, leaving the regulation still in effect.

Opiate Substitution Treatment

In 1998, a record number of heroin and other opiate deaths (144) occurred in King County. The Board made a number of recommendations in a May 1999 resolution to the King County Council and to the State Legislature. The Metropolitan King County Council voted earlier this month to increase the number of licenses that it authorizes for opiate substitution treatment (methadone) from 6 to 9. That creates 1,000 additional treatment slots within King County. There are some 600 or 700 people on a waiting list, so we hope to be able to meet that need and go beyond that. In addition to recommending this action, the Board had also recommended that other boards of health support expansion of the availability of this treatment throughout the state. That was proposed last year in SB5019. This year, Senator Julia Patterson is sponsoring the same bill. It would shift licensing authority to the state, which would allow clinics to be established in more than just the four counties in which they are currently established. We have people from other counties coming here to receive treatment because there is none available within their home counties. Cities and counties would be consulted on the siting, however. It would remove present limits on the number of clients per treatment facility, which is a somewhat artificial barrier. Current law allows only 350 people per license, and that is why there was a limit on the number of slots available here. It would also establish a pilot program to allow private physicians to prescribe methadone out of their own offices. This would require federal approval, but the legislation would direct the state to apply for that approval. The bill passed the Senate on the 14th of January and was referred to the House Children and Family Services Committee. Mr. Nickels asked if, consistent with the Board's May resolution of last year, the Board would allow him to send a letter in support of that bill. There were no objections and Mr. Nickels indicated that the letter would be sent. At the March meeting, there will be a briefing on some of the other actions recommended by the Board in its resolution.

Heroin Overdose Conference

At Mr. Nickels' request, Dr. Plough described an international conference held here last week on heroin overdose. The Department had a couple of different presentations. One reviewed some of the policy directives that this Board and both Councils had taken on expansion of methadone treatment and trying to develop a public health preventive approach to opiate addiction. Then there was a more extensive report on the epidemiology of heroin deaths in the county, presented by Dr. David Solet. Many different approaches internationally were presented, some of which would be quite effective here, and some which might not be. It was a good opportunity to learn from the world about how to deal with opiate addiction problems. That should be a catalyst for the work we'll be doing on this. Our presentations in the conference got significant media pick-up, both in the local papers and the New York Times and other national publications. Some of the conference findings will be integrated into the March briefing on opiate substitution treatment.

Juice Safety

Mr. Nickels reminded the Board that it discussed this issue because of the outbreak of salmonella. On January 30, 2000, the State Department of Health will put into effect a regulation that requires notification when unpasteurized juices are sold or served at the retail

level. The Board had sent correspondence to the Department of Health and the State Board of Health asking for stronger language in the notification which simply requires that unpasteurized juices be identified as such on the menu, on the label, or on a sign clearly visible to patrons. The regulation was not changed in response to the Board's letter. A copy of the final version of the regulation is in the Board materials. Mr. Nickels asked Board members to give some thought to how they would like to respond to that. The Board did not take independent action awaiting the action of the State Board of Health. Mr. Nickels suggested that the Board think about some public education activities of our own or that the State Department of Health might pick up that would supplement the regulation.

The Board also sent correspondence to the FDA. The juice that came here and caused the salmonella outbreak was from another state, Arizona, from a state-of-the-art facility, but it brought in outside juice that was not processed to the same standards. The Board expressed its concern about the effectiveness and aggressiveness of the monitoring enforcement that the FDA has carried out. Board members have a copy of the reply letter in the board materials. They agree with our desire to ensure the safety of juice products, they describe their ongoing efforts toward that, of which we were already aware. They're going to do site visits to evaluate compliance of citrus juice processors and will provide those results to the Board when they become available.

Budget Workshop

We're going to have a budget workshop at our February 18 meeting. With the passage of I-695 and ongoing concerns that we've all had about the level of local funding for our public health effort, Mr. Nickels thought it would be useful, outside of the budget process, for the Board to learn more about the County Public Health Department's budget. It is a very, maybe the most complex local government budget because of the number and sources of the revenues. He thinks it would be worth the Board's time to learn about that so the Board can be more effective advocates later on this year.

Recognition of Dr. Jeff Duchin

Mr. Nickels indicated that he would delay recognition of the work Dr. Duchin, Chief of Communicable Disease Control, did with the WTO, since Dr. Duchin was not present. There were concerns about the possibility of bioterrorism during WTO and Dr. Duchin and his staff did an outstanding job of developing a surveillance system, and making sure that if such terrorism occurred, our population would be protected. A briefing on bioterrorism, requested by Ms. VanDusen, is scheduled for March.

Health Promotion Proposal

Dr. Plough and Dr. Pizzorno are working jointly on a concept statement for a health promotion proposal. Dr. Pizzorno described the opportunity to apply for federal funds at the last Board meeting and there has been work done in the meantime. An ad hoc committee will be forming to develop the proposal for a pilot project to ask that King County be a demonstration site for the rest of the country on how to bring health promotion ideas of natural medicine into population-based approaches to public health. Volunteers for that committee are needed.

Director of Health's Report

King County Health Action Plan Report

Dr. Plough is pleased to unveil two reports today. The panel is going to be discussing the latest report of the King County Health Action Plan, Finding the Balance Points: The Changing State of Health Care in King County. The Department is also simultaneously releasing a public health Data Watch on the Uninsured in King County, 1991 - 1998. It's very appropriate that both these things happen today. As Board members know from the previous presentations of this group, the King County Health Action Plan is a nationally unique public-private body that has been working with the Department to look at the state of health care in King County and our health care system and improve it. Their report today represents two years of work, not just in diagnosing these problems, but in tangible action steps to improve our health status and health care system in King County, and to address the kinds of issues raised by the Data Watch, which unfortunately shows that we have a chronic problem with uninsurance in Seattle and King County - 11% overall, ranging from 6% to 14%. Lack of insurance, as many of the health indicators in our region, increasingly reflects the growing disparity between income groups. If you are making less than $50,000, you are increasingly less likely to have the access to appropriate health insurance coverage. If you are making $25,000 or less, you are ten times less likely to have appropriate health insurance in our county. If our Data Watch report shows this kind of growing disparity to health care in our county, the report of the Action Plan represents tangible solutions and collaborative approaches to address that.

Susan Johnson, Director of the King County Health Action Plan (KCHAP), stated that they are pleased to present the Balance Points report to the Board. In a way, it fulfills the agreement made with the Board back in 1996 and 1997 to create a monitoring system for the health care system as a whole in King County and come back with recommendations for what could happen on a voluntary nature, with this voluntary public-private partnership, to model some system changes in the County and City. They are pleased to do that today. As Dr. Plough mentioned, the two reports go well together against a backdrop of growing numbers or static chronic numbers of uninsured with the County. We have some points of balance that are out of balance in our health care system. To paraphrase an old ad that was about oil changes, where they said "we don't want to change the world, we just want to change your oil", we may not be able to change the world of health care here in our own location, in our neighborhoods where we live, but we certainly can do better. What we hope to do in the report is bring to the Board some models for partnership changes at the local level that can pilot some change for the system as a whole. Ms. Johnson mentioned that several people from the KCHAP Steering Committee of 33 members are in attendance. She also acknowledged the great staff work from Kirsten Wysen, Meg Strawbridge, Susan Thompson, and Dr. David Solet. First we'll hear from Sister Karin Dufault, Chair of the Board of the Providence Health System, and a founding member of the Action Plan back in 1995-96. She'll give a brief background and overview of what they've been working on these past several years and what we're trying to do in this report and bring to the Board. Next, Dennis Braddock, CEO of Community Health Plan of Washington and also Chair of the State Board of Health, will review some of the health plan information and the future role of health care reporting and purchasing brought to you in the report. Next will be Joe Leinonen who is Chief Medical Officer of First Choice Health Network and a newer member of the Steering Committee, who will highlight the intersection where health plans and public health have met to do some dynamic partnering together to stress what can be done about chronic diseases within our communities. Finally, Greg Vigdor, President of the Washington Health Foundation, will talk about another of the proposals, Kids Get Care.

Sister Dufault said that for the health care community, these are very tumultuous and dynamic times. Many roles are changing. There is very keen competition. Systems, in many ways, are pulling apart and there is very dynamic tension with little glue evident. This is disturbing to many who entered their professions to improve the lives of their community and the individuals within it. The Action Plan provides a common ground, a common set of vocabulary and touchstones for talking, a common purpose, and a common lens through which they can view a path to a better future for our communities. Through the vehicle of the Action Plan and the leadership of the Health Department in convening all of us from many different sectors, we can see ourselves a little differently - as part of a whole and true partners instead of competing parts, as linkages to a better future, rather than broken links in an often weak chain of care, as our better selves trying to see a whole that is truly greater than its separate parts. This report and its proposals for the pilots help us find ways to hold ourselves accountable for worsening health trends among those who are not in our individual systems, who are not our particular patients or health plan members, not part of our "covered lives". It helps us see specific ways in which we collectively become more responsible to those left outside our current systems and why we need to do that, why it is important for us to broaden our view and hone our efforts to work in those intersections where we can truly learn and do more, not just for each other, public health, managed care, and hospitals and clinics, but for all the people within our communities. This report does make us look, not only at ourselves, but at those in our community who are looking to us to help create a healthier future for them. These are often the people that have been on the margins.

Mr. Braddock, who is CEO of a health plan, indicated that health plans must admit that they have not done a great job at improving access to the people of King County. There have been considerable public efforts to improve access, a lot of money is being spent, but still, during the best of times, we have a lot of people without access to consistent health care and a medical home. Unfortunately, those are people with low income, with ethnic or language barriers to access. This lack of access is falling most seriously upon them. This study really bears that out - the discrepancy between those who are at the margins of society and those who have good jobs and a good income. It indicates in this report, however, and we compare favorably nationally, that the managed care plans in King County have done a good job in increasing the rates of immunization, prenatal care, and other preventive services. At the same time, in managed care, we've significantly reduced the numbers, by as much as 50%, of inappropriate emergency room utilization by giving people a medical home. That needs to continue. We're always losing ground on that unless we're on top of it and unless the public and public officials are holding health plans accountable on this issue. It's no secret that consumer dissatisfaction with the managed care system is at very high levels. Health plans, managed care companies need to take the blame for that. One of the problems with managed competition is that we are tough businesses and we compete. We are lacking the glue, in this competitive environment of the health plan, that we believe the public health system can help provide. We can't fix the health system, but through leadership of the Public Health Department and Public Health Board we can make significant improvements in King County. As a major purchaser of health care, King County can be a more prudent purchaser and require more public health attention to issues when they are purchasing health care. Competition will continue, but we need to have increased collaboration. There are just too few collaborative activities. The Health Department can be the convener, organizer, and leader of positive activities. With that potential, we can make improvements in King County.

Dr. Leinonen is a new member of the King County Health Action Plan Steering Committee, who will follow up on Mr. Braddock's comments relating to the two themes of collaboration and competition. We are starting to realize that we should not be competing on clinical care.

Health plans need to start to work together collaboratively on the clinical side. Health plans need to compete on access, relationships, service, and price. When he first got involved with the Action Plan, part of his responsibility was to help identify worthy projects that health plans could get involved with. A lot of very significant projects were brought forward and they identified three. One was to support the Odessa Brown Children's Clinic Asthma Outreach Program; another was to work with community organizations to support African American males in the treatment of diabetes; the third was to help Asian women get access to cancer surveillance. What was stunning about these projects is how terribly we're all doing. These are communities that are outside the margin. But for the first time we're able to start to measure outcomes and we're starting to realize that it's a complex problem, and we need to work together collaboratively.

The second phase was to move from specific projects to something a little more comprehensive -- the diabetes project in which the health plans and the Health Department look at the management of diabetes in a more collaborative way. Diabetic patients consume one-seventh of all of our health care dollars. It's a huge problem. So we have a REACH program on which plans are working with the Health Department. On the health plan side, the Association of Washington Health Plans have come to a realization that they need to work together on clinical projects. As a result of Dr. Leinonen's opportunity to work with the Action Plan, he brought the Health Department and Dr. Plough together with his colleagues to explore chances to collaborate at even a higher level. We are collaborating, not only at identifying specific projects that are worthy, but also by funding it - the health plans have committed to fund $50,000 on these three programs he mentioned earlier - and for the first time, strategically, the Public Health Department is involved at the senior level of health plans to try to sort out how we can work together on clinical projects. Anytime you work on a clinic project or chronic disease, it's population-based. We all want to have universal access to care. There's one segment of the population that we're close to having universal access, and that's for children. Greg Vigdor is going to speak about that opportunity, to allow all kids to get care.

Mr. Vigdor, a new member of the Action Plan, has been involved in the work of the County and the organizations in the Action Plan on a program called Seattle Kid's Campaign with the goal of getting every child in this County who is eligible for health insurance actually insured. We have a springboard from the state and federal government on financing that care. For example, in 1997 Congress passed the Childrens' Health Insurance Program (CHIP). The real issue is making sure you work through the cultural and other barriers to making sure people take the step beyond the theoretical notion of coverage that's available and to actually signing up for it. The Board should take great pride in knowing that the creative and hard work that is going on around this County on that front is being recognized nationally as the models to use across the nation, for making the CHIP program work. We hope that you take even greater pride in taking this one step further, and that's moving beyond the notion that we're really just trying to get health insurance for kids. What we're really trying to do is improve their health. The idea of this proposed pilot is to move into a system where, instead of screening for the health card, we're screening for the underlying diseases and problems and improving the health of our children. There are many details to put together, and it will take an incredible amount of cooperation among providers, health plans, and government. But we intend to move forward and create a better vision of health for our children and perhaps create a better vision for a health system for, not only our County, but perhaps others across the country.

Ms. Johnson directed the Board's attention to page 25 in the report which show the recommended actions. The appendices mirror some of the information in the Data Watch on uninsured. Mr. Conlin said he was struck by the point made that health insurance is not the

answer, but what we're really looking for is to try improve the health of the children. That is a profound change in the way we've been looking at the system. In Seattle, they've funded teen health centers at the high schools and now in the middle schools. They've found that a lot of the people coming to those health centers, in fact, are children who otherwise do not have much access to health care. He asked if the Health Plan has taken a look at that in terms of whether there are ways that model can be built on and expanded as a way of ensuring that these youth actually get the access to health care when they need it without having to go through whatever kind of system that has been a barrier in some cases to getting that care. Mr. Vigdor has personally not taken a look at it, but imagines the staff are involved in that. Nevertheless, what Mr. Conlin is describing is their goal - to get beyond the technical barriers around coverage and cards and phone calls, and just figure out how to deliver care where people are and how they're most likely to get it. Mr. Conlin asked if they were examining that system and perhaps expanding it and figuring out ways in which a similar kind of thing can be implemented in other areas. Mr. Vigdor answered affirmatively. Ms. Johnson added that there are approximately 8% of kids under the age of 18 who are uninsured, but of the kids who are not eligible and not insured, we get to only 3%. We are looking at the whole system development around Kids Get Care to use schools particularly as points of entrance in identifying those kids and making it a simple slide to care rather than to an insurance barrier. Mr. Conlin observed that there are two sets of populations coming to these clinics: those who have no other access to health care and those who don't pay much attention to their means of accessing health care so that when they have an immediate issue they need to have it handled immediately. Making sure that we cover those two kinds of populations is really important. Mr. Nickels reiterated the thanks of the Board for the excellent work that has gone into the King County Health Action Plan. It's been very impressive over the last many months and years to watch that develop and to be beneficiaries of that work.

Rulemaking to Correct Technical Errors, Removing Obsolete Provisions, and Completing the Merger of the King County and Seattle Food Codes

Ms. Gaylord explained that there are six proposed regulations. Four of them eliminate obsolete provisions in the Seattle Health Code on eggs, frozen dairy products, medical samples, and x-rays for asbestos-related lung disease diagnosis. A fifth repeals a superfluous provision from the Seattle Health Code related to fee refunds in the Meat Code. The sixth proposal completes the merger of the Seattle Food Code with the County Food Code. We have already merged the fee provisions; this takes care of the rest. The two food codes were almost identical, but there were three provisions in which differences were found and staff attempted to reconcile those here. She drew the Board's attention to provisions on raw milk sales. It was quite feasible at this stage to reconcile the County provision dealing with raw milk sales with the City provision, which is more restrictive, but it will be necessary to hold a discussion on those differences at a future date. Mr. Nickels opened the public hearing on the rulemaking.

Jim Stormo asked about the relationship between Seattle and the King County Health Board. He never has understood that, because the County Health Board is over the County. So where is Seattle coming into it. Mr. Nickels responded that this is the third version of the Board of Health that he's served on. Formerly, there was a three-member County Board of Health. It had jurisdiction over everything outside of Seattle, and the Seattle City Council was the Board of Health for the City of Seattle. Subsequent to that, with the merger of King County and Metro, the 13-member Metro County Council became the Board of Health for everything outside of Seattle. The Legislature then adopted a change in law that also included providing motor vehicle excise tax revenue to help health departments, but that change in law provided that there had to be a combined Board of Health. The County

Council had a number of options in creating that. It first created a 22-member Board of Health and later reformed that to the 14-member, 13-voting member Board of Health that we currently have. It has jurisdiction both within the City of Seattle and through the remainder of King County, so it's a merged Board of Health. Mr. Nickels responded that Tacoma-Pierce County has had a similar history and set up.

Mr. Nickels closed the public hearing, given that there were no others to ask questions or give testimony.

Rulemaking to Corrects Technical Errors in the Meat, Poultry, Rabbit and Aquatic Foods Code

Conlin moved and it was seconded to adopt the rule. There was no discussion. Ms. Gaylord confirmed that this vote does not require any special majorities. The rule was passed unanimously, 8 in favor and none opposed.

Rulemaking to Eliminate Obsolete Provision on X-ray Diagnostic Fees for Asbestos-Related Lung Disease

Ms. Frisinger moved and it was seconded to adopt the rule. There was no discussion. The rule was passed unanimously, 8 in favor and none opposed. This does require a special majority, which was satisfied.

Rulemaking to Complete Merger of County and Seattle Food Codes

Mr. Conlin moved and it was seconded to adopt the rule. There was no discussion. The rule was passed unanimously, 8 in favor and none opposed. No special majority was required.

Rulemaking to Eliminate Obsolete Provision on Frozen Dairy Products

Ms. Frisinger moved and it was seconded to adopt the rule. There was no discussion. The rule was passed unanimously, 8 in favor and none opposed. The Seattle special majority was satisfied.

Rulemaking to Eliminate Obsolete Provision on Cold-Storage Eggs

Mr. Conlin moved and it was seconded to adopt the rule. There was no discussion. The rule was passed unanimously, 8 in favor and none opposed. The Seattle special majority was satisfied.

Rulemaking to Eliminate Obsolete Provision on Medicine Samples

Mr. Conlin moved and it was seconded to adopt the rule. There was no discussion. The rule was passed unanimously, 8 in favor and none opposed. The Seattle special majority was satisfied.

Resolution 00-301 Recommending a Comprehensive Strategy to Reduce Underage Alcohol Use in King County

Mr. Nickels indicated that the Board was briefed on this at the last meeting. The recommendations of the ad hoc committee had been put into resolution form for Board consideration. Dr. Henry Ziegler is present to respond to any questions. Mr. Steinbrueck moved to approve the resolution and added that it has been a remarkable year of research

and a deepening of our understanding of the issues around underage drinking. It has become clear that there is much that we can do to curb this most unhealthy and dangerous activity that is prolific in this County and a major factor in a lot of tragedy. The motion was seconded.

Mr. Conlin stated appreciation for the work of the task force. It has been a good learning experience and it's a very important issue for the Board to tackle. It appears that there are three kinds of things we're talking about in this resolution. One is the access issue and the clear need for some enforcement and education on the sale and provision of alcohol. The second is the education of teens to ensure that they understand the consequences and concerns about alcohol. The third is the question, why do teens turn to alcohol? What are the things that they are looking for when they turn to alcohol as a part of their way of life? Item j is a really important one. We need to think of this in the context of social policy for finding ways to ensure that our youth not only have access to the kinds of events that are talked about here, but also the kind of productive involvement and commitment in the community. Mr. Conlin knows that the Health Department has spent a lot of work looking at and examining the context of the world of youth in our society. So, item j is really important, but we should also think about ways to ensure that youth have opportunities for service and productive and useful work, that our education system is really providing them the kinds of things that they need, and, beyond that, that we value youth. So much of this has to do with the sense that adults are separated from youths, and that youths have to find their own way in which to do things that set themselves off as distinctive, and that they aren't getting the kind of support and reinforcement from adults that put them into constructive activities. Item j is just one part of that task. If we're really going to tackle alcohol, we need to make sure that that task is a part of our agenda.

Ms. VanDusen proposed adding a "whereas" that says the County values its youth, because Mr. Conlin made a very important statement. Also, since one of the issues in this resolution is an effort to seek funding for staff support of a continuing task force, she asked about the I-695 impact on the County's ability to implement this recommendation. Dr. Ziegler answered that the Alcohol, Tobacco and Other Drug Prevention Division is funded largely through state money and money that comes in a different channel than I-695 will affect, particularly on the alcohol side. So it does not directly affect that other than the overall limits of the Health Department itself. It does affect Dr. Ziegler who is a I-695 casualty and will be leaving the Health Department. He will be limited in being involved in this project in the future except as a volunteer or through some other venue. There is some money in the $5,000-$10,000 range which may be immediately available. Internal staffing is being reconfigured to try and prioritize this issue and more money will be sought. Ms. VanDusen asked if the program ideas in the resolution have been factored into the strategic or business plan of the Prevention Division of the Health Department. Dr. Ziegler responded that at the Alcohol and Other Drug retreat, strategic planning was done with these programs in mind. Since there was so much involvement by Jackie Berganio, lead person in this effort, and Sharon Toquinto, head of that unit, those program ideas are very much incorporated in what they're trying to do. Ms. VanDusen then referenced the portion of item 1 that talks about the 1 FTE "to provide staff support for the task force". She hopes that that person would be also be directed to building partnership efforts with some of the school-based alcohol prevention programs, which also underscore some of the issues that Mr. Conlin raised. She asked to add a friendly amendment to say "provide staff support for the task force and building partnership efforts with school-based alcohol prevention programs". The person should do more than just support the task force. Ms. VanDusen also suggested an additional recital that says something like King County values the health and safety of its youth and their potential. Mr. Conlin offered a recital, "whereas, a crucial way to address the involvement of youth with alcohol is to ensure that our youth have activities that engage and involve them,

and that demonstrate that we as a community value our youth and their place in our society". Mr. Steinbrueck accepted Mr. Conlin's suggestion as a friendly amendment. Mr. Conlin would then also add an action item, item o, which would say "support and emphasize programs and projects that engage and involve youth and support activities that emphasize their value in our community". That was also accepted as a friendly amendment. Dr. Ziegler suggested that the partnership building should be with both community - and school-based organizations. Ms. VanDusen agreed.

Ms. VanDusen commented that parents are often the ones who provide the access to alcohol or other drugs. She was wondering, under 3b, if it might be appropriate, although it may be impossible, to say something like "educate youth and the general public, including parents". Her concern is that there is a real issue of targeting parents of teens as well. This is something that could be done through the school-based programs. Mr. Nickels asked if that was an issue that the task force looked at. Mr. Steinbrueck indicated that it was one that they discussed. They were reluctant to be pointing fingers at parents, but Ms. VanDusen's comments are quite accurate, that one of the access points is certainly in the home, intentional or otherwise. That is a real serious area of concern. Mr. Steinbrueck would have no objection to including "parents" in that educational component. Mr. Nickels clarified that it would read "educate, youth, parents, and the general public". Mr. Irons, as a past school board member, said he very much agrees with Ms. VanDusen's philosophy conceptually. The practical format is that the parents that you can get involved are the ones you don't need involved in the education process. It's almost impossible to reach the parents you need to reach. So they diverted their money into better education of the actual students in support of supplying materials to the local police departments to better educate the youth. The bottom line was that they couldn't get to the parents they needed to reach. Mr. Nickels stated that for Board members who don't know, Mr. Irons was a member of the Issaquah School Board for a number of years before joining the Council. Mr. Nickels then added his thanks to the task force to those that have been expressed today and last week. Ms. Miller and Mr. Steinbrueck were very active in the task force, and there were a number of community members on the task force who did outstanding work. He also thanked staff and thanked Dr. Ziegler for all the work he's done with the Board over the last years. The Board voted unanimously to adopt the resolution as amended.

Briefing on Firearms as a Public Health Issue

Dr. Plough introduced the panel: Genevieve Rowe, Epidemiologist with the Health Department, Tony Gomez, who works in the Department's Violence and Injury Prevention Division, and Dr. David Grossman, Co-Director of the Harborview Injury and Prevention Control Program. Dr. Plough explained that one of the major changes and new areas in public health over the last 25 years was the recognition that the public health approach with its emphasis on prevention has been used increasingly as a framework for understanding injury and intentional injury, or violence. An indicator of this is that the director of the National Commission on Traffic Safety is a public health physician and epidemiologist. The prevention model is the context in which we look at injury in general, and in public health we consider injury as a chronic illness problem, and the issue of firearms within this. Like all the areas that we look at in public health, they are scientifically and data driven. As we have looked at motor vehicle accidents and a variety of other injury-related activities, we are also looking at firearms in our disease and illness surveillance systems. Today's briefing will give the Board some of the statistics on injury deaths related to firearms use and some of the approaches that are public health driven to decrease unsafe use of firearms and to increase the safety of firearm use. In King county, firearms are the second leading cause of injury deaths after motor vehicle safety accidents. While we have made a lot of progress in understanding injury rates in our County, we need to do more in general and we need to look

closely at the role of firearms. The CDC has a very active program looking at firearm-related injuries, and their projections are such that they have warned all local health departments that, unless we look more closely at prevention opportunities in this area, that perhaps by 2003, the injuries related to firearms could exceed those due to motor vehicle crashes. Our public health generic approach to violence prevention emphasizes looking at data and working with broad groups of constituents to understand safety and prevention issues with firearms. It draws on work done in many large urban health departments such as Los Angeles, Baltimore, and Boston.. It connects with a number of community-based organizations and work that the Department is doing with Seattle Safe Futures, the King County health and safety networks, and the City and County domestic violence councils. All of them think that this is an issue that we should be looking at. The data being shown today is intended to inform the Board more broadly about this issue and what we can do to educate our community about increased safety with firearms.

Ms. Rowe used a series of charts and graphs to report on the Department's surveillance activities related to firearm injuries and deaths in King County. In 1993 and 1994, King County experienced a significant increase in firearm-related deaths. This was a national trend. This was due primarily to a significant increase in Seattle that began in 1992 and continued through 1994. Prior to the early 1990s, the firearm death rate was stable in King County, and since 1994, it has returned to these previous stable rates. That 1993 and 1994 increase was due to a significant increase in firearm homicides. Firearms suicides also increased slightly, but not significantly during this time. That decline since 1994 is there because firearm homicides have declined. Everything else has remained stable throughout this period. Males account for 84% of all firearm victims. The death rate for males is on the average five times the female rate in King County. This too is true throughout the country. The increase in firearms deaths that we observed in 1993 and 1994 was due to an increase in male victims only. Deaths among females did not increase at all during this time. Firearms are second only to motor vehicles as the leading cause of injury death in King County, but that's not the whole picture. Throughout the country, in recent years, firearms have been steadily replacing motor vehicles as the leading cause of injury death among major components of the population. Here in King County, it is the leading cause of injury death for all males. It is also the leading cause of injury death for African American males and females, and it is the leading cause of injury death among Asian and Native American youth age 15-24.

In the decade from 1989 to 1998, firearms killed 1,525 King County residents. Thirty-seven of these victims were children under age 15, 155 were teens age 15 to 19, 204 were young adults 20 to 24, 253 were seniors age 65 and over. The overwhelming majority of firearm deaths in King County (97%) are intentional. Suicide accounts for 65% of these intentional deaths and homicide accounts for 32%. Only 1% of all King County firearm deaths are unintentional or accidents. We cannot determine the intent in 2% of King County firearm deaths. From these statistics, and what is true across the country in terms of the increasing number of firearm deaths, this has become a public health priority. The public health impact of this problem is substantial, and it is moving into the mainstream of public health efforts. We have significant differences in firearm deaths by age. Older teens and young adults and those age 75 and over are at an increased risk in King County. Firearm homicides are responsible for the increased risks among the young, and firearm suicides are responsible for the higher rates among the older people. The increase in firearm deaths from 1993 to 1994 were seen primarily among victims age 15 to 24. This is the group that has seen the greatest decline since 1994. Prior to the early '90s, victims age 65 and over had the highest firearm death rate in King County, but now it's the second highest.

We also have some variation among race and ethnicity in the County. All racial and ethnic groups experienced some increase in firearm deaths from 1993 to 1994, however, African Americans experienced the largest increase, followed by persons of Hispanic ethnicity. These groups have experienced the greatest decline since 1994, but the African American rate is still the highest among all King County residents. The trend in firearm deaths among African Americans in King County outside the Seattle city limits does not follow the same pattern as for those who reside in Seattle and for members of other groups in King County. The firearm death rate among African Americans in King County outside Seattle is going up. This is not yet significant, but the trend is being monitored closely. No other racial or ethnic group in King County is experiencing this increase. Examining the data by intent shows that this increase is due to an increase in firearm homicides. The firearm death rate among African Americans who reside in King County outside Seattle is now higher than those who reside in Seattle.

Public health requires data to perform its surveillance activities. At this time, the only data we have about firearm injuries and deaths are those from the death certificates and hospitalization records. So we can only look at injuries that result in the hospitalization of the victims. We can only look at the most severe injuries in King County. When you combine the death rates with the rates of those who had been hospitalized for a firearm injury, the rate doubles. There are approximately the same number of people in King County hospitalized for a firearm injury as there are who die. A comprehensive monitoring system would require data about all firearm injuries, including those that were admitted to an emergency room or those who did not require medical care, or who were treated in a physicians office and released. Those are not yet available, but we are looking forward to an improvement in this area. Washington will be joining about nine other states across the country which have comprehensive monitoring systems for firearm-related injuries. The Washington State Department of Health has been developing and testing a statewide gunshot wound surveillance system. This will provide additional information about firearm injuries from sources such as hospital emergency rooms and the trauma registry. We will then be able to provide a more complete assessment of firearm-related injuries. Preliminary data from this system indicate that our existing assessment underestimates firearm injuries by 16%.

Mr. Nickels asked the reason for a trend from about 1993 to 1997. Ms. Rowe responded that this is a national trend. Firearm injury deaths and hospitalizations are declining. In King County, they are not significantly lower than they were prior to that increase in 1993 to 1994. In other parts of the country, they are slightly lower. This is the question that everyone is trying to answer. Is it related to a decline in the crack epidemic or more severe penalties for firearm crimes or greater public awareness that this is not something people should be doing. It became very prominent in the news through the early 90s and people became more aware that firearms are indeed very dangerous. It had a huge impact on parts of our population, in terms of the numbers of deaths and disabilities. Ms. Rowe thinks there's a recognition that things need to be changed with respect to storing firearms or access to firearms or how people behave when a firearm is around. There could be many causes, and it's likely not a single cause for the trend. Mr. Steinbrueck interjected that if you overlay this with economic trends and with general crime statistics, you'll see a very clear relationship, so there may be some answers there. Ms. Rowe responded that the proportion of crimes that were committed with a firearm are still higher than they were prior to the 90s. Especially if you look at southern California; this is related to an influx of Saturday night specials into the population. Access to firearms in certain parts of the country increased dramatically, and that access disseminated across the country.

Mr. Conlin asked if the calculation being used is based on 1990 census or updated estimates each year to which Ms. Rowe responded that it is the latter. Based on the 1990

census they track people who move in and out of the country - housing starts, public school starts. There's a very comprehensive committee at the state level who monitor population trends. The denominator used to calculate rates is as accurate as believed possible, adjusted for sex, race, and geographic area. We don't know for sure, and we won't until the 2000 census which won't be available for about two years. Mr. Conlin was struck by the African American rate for King County outside of Seattle that Ms. Rowe cited, and wondered if, because we're dealing with a relatively small population, we may be dealing with a failure in the estimation or a statistical abberation. Ms. Rowe indicated that the numbers are very small, but that we're watching very closely. They have also avoided doing any small area analysis, such as the City of Kent or SeaTac, for that population, because the numbers are extremely small. But the numbers are increasing and the trends are increasing and public health activity is to monitor and provide the data for people who can make the appropriate interventions and design appropriate prevention programs, because this is a significant cause of death in our County and across the country. Mr. Conlin agreed and was just wondering about this one particular chart and indicated that we should be careful about drawing too many conclusions about it. Mr. Gossett, noting that generally 65% of the people who die from the use of firearms, die as the result of suicide, and 32% due to homicide, asked for the breakdown for the African American rates. Ms. Rowe responded that that pattern does not hold for African Americans. There are more firearm homicides than suicides in that population. For the white population, there are more suicides than homicides. Ms. Rowe will provide rates of firearm homicides and suicides broken down by race and ethnicity.

Dr. Pizzorno, referenced earlier testimony that all the data they're seeing is the negative data, not data showing firearms preventing violence. He asked if that data is available and if Ms. Rowe could supply those trend lines also. Ms. Rowe responded that there are some studies done on that topic, but they don't have data that speaks directly to it. When you look at the data available about firearm-related injuries and compare it to the huge amounts of very detailed information available for motor vehicle-related injuries and deaths, it shows we're working at a deficit here. If you look at the data for the past 30 years and look at the motor vehicle-related death and injury trends for the past 30 years, you can see that having very detailed data about exactly what is going on with that problem can provide very effective prevention programs - everything from child care seats to safer roads to safer vehicles and legislation that encourages people to drive safer. We haven't had that level of detail for firearms injuries and deaths, and even the systems that are being developed now don't provide the level of detail that will make us able to design very specific prevention programs. We're guessing a lot of the time. There have been some studies that show that having a firearm does not provide a great protective factor. There are also recent studies that show that acquiring a firearms, especially among women, leads to a greater risk for suicide for up to 10 years after the purchase. This need has just recently come to the national forefront - that, yes, we need to look at this area closely because it is now a major public health priority, a major cause of injury and death among everyone in this country. There is an article on the protective factor that Ms. Rowe can provide the reference for.

Mr. Gomez gave the Board safe storage devices for their examination. One is a simple keyed trigger lock which is fitted over the trigger to keep the weapon from discharging. The other is the actual lock box that's being promoted by the Safe Storage Education Program.

Dr. Grossman is a pediatrician at Harborview Medical Center, where about 95% of gunshot wound victims come. They see and take care of children and teenagers who are shot by others as well as those who shoot themselves. Unfortunately, many of these children and teenagers don't even make it to Harborview and they go to the Medical Examiner. Firearm suicide is a wholly preventable condition. Several times a month in King County a teenager

ends his or her life with a gun. A van is dispatched from the Medical Examiner's Office. There's no media, no publicity, and very little attention paid to the second leading cause of death among teenagers. Dr. Grossman thinks that least of all recognized is that there are surviving parents and siblings who are wounded indelibly and have unremitting pain. A word about prevention. Research that's been done at the Harborview Injury Prevention Research Center, which is part of Harborview and the University of Washington, has shown that the presence of a firearm in the household elevates the risk of suicide for occupants by about tenfold in the case of teenagers and fivefold in the case of adults. Removal of the gun is one potential solution. Clearly, in public health, we talk about changing the environment, and removal is compatible with that. But for many complex reasons, this action is not a reasonable expectation for families as a voluntary action. If guns can't be removed from the environment then we can try to prevent access to guns by kids and by teenagers. Focusing on guns in the home is reasonable in this case, unlike juvenile homicide or assault in which the origin of the guns is somewhat murky and unclear. In this County, about three-quarters of the guns used to commit suicide come from the home. Parents are owners of those guns in over half the circumstances, and the younger the child, the more likely that the parent is the owner of the gun.

There's been a considerable amount of publicity devoted to unintentional deaths of children by firearms. But, as was pointed out in the previous presentation, unintentional injuries are relatively uncommon and rare. What is often not given any attention is the fact that guns are really an issue for teenagers than small children. They believe that safe storage is a potentially viable solution for this problem. It's not a new idea. It's been promoted by others. But they sought to be specific with the message about what safe storage means. The message of safe storage is nonspecific and doesn't tell gun owners what to do. "Lock it up" is not specific enough. It's analogous to the situation we faced with safe sex in previous two decades. When the revolution occurred in prevention of sexually transmitted diseases and HIV, it was necessary that the safe sex information give a very specific message about these very specific devices. They're trying to follow the same analogy here. Harborview's public education campaign has been a partnership of the Health Department and law enforcement agencies in the County, and they've now joined with Pierce and Snohomish Counties in this effort. They're also working with recreational shooting organizations and Fred Meyer stores who've been a wonderful partner in this campaign. Their message is very simple: own a handgun, own a lock box. Why a lock box rather than a trigger lock? They've spent a lot of time talking to gun shop owners, gun owners and police, and they've done lots of surveys, and they've been finding more and more that trigger locks are not particularly popular among gun owners. The handgun lock box has a number of advantages. Frequently, the most common reason given for ownership is for protection. That means owners want quick access to the gun. The problem with trigger locks is with the key, fumbling for it and looking for it, and the fact that it seems to interfere with rapid access. Gun owners also state that there's a fumble factor associated with trigger locks. You've got three pieces (the gun, and two pieces of the trigger lock) and two hands. The issue of the lock box is that it provides keyless entry, eliminating the need to look for keys, and provides access in about three seconds. For these reasons, this was the device cited most often by gun shop owners as their device of choice - what they use. When they did a survey of police, they found that although police frequently recommend trigger locks to citizens, they themselves use lock boxes. For this reason, they adopted the lock box as the cornerstone of their campaign. Thanks to the efforts of their coordinator Evan Simpson and other members of the coalition including Mr. Gomez, in a pilot campaign that they conducted a year and a half ago, they sold over 1,000 lock boxes through Fred Meyer. Fred Meyer estimated that they would probably sell 20 to 50 based on their assessment of this as a retail item. They were totally wrong, and underestimated the potential demand. Dr. Grossman recently gave a lecture to University of Washington medical students, and a student came down from the audience when he talked about injury

prevention and mentioned the lock box and said, "Dr. Grossman, I'm one of your success stories. We own a handgun at home and have kept a trigger lock on it for years, but never liked it -- it's been uncomfortable. To be honest, frequently the trigger lock is not on it. When the lock box campaign came out and we heard about the coupons, we got one right away and went out and bought one. Thanks".

Safe storage is an issue that gun owners and non-gun owners can come together on. It's not a politically contentious issue, because it doesn't involve politics. It's common sense and supported by responsible gun owners. In closing, firearm injuries are not just a public health issue, but also a criminal justice issue. We would be foolish to think that we would take ownership in public health as this being only a public health issue. Campaigns such as these do require the close cooperation of public health along with law enforcement, because, frankly, gun owners trust law enforcement and their credibility with regard to advice on this issue more so than they do the public health sector. But, suicide and firearms really are more of a public health problem than a criminal justice problem. Police don't go out to all suicides or write a report on all suicides because the gun is frequently a legal gun. For these reasons, they believe it's entirely appropriate for public health agencies to be involved. They really appreciate the support for this public health education campaign by the Health Department, the King County Council, and Seattle City Council.

Mr. Gomez briefed the Board on three state legislative bills that will be considered this year. The first bill that has public health significance is the Whitney Graves Safe Storage Bill. It's named for an 8-year old Marysville girl who was killed when her playmate found the parent's gun and unintentionally shot Whitney. This is the fourth year that this bill will be considered. Its purpose is to reduce the incidence of unintentional gunshot injuries and deaths among children in Washington and to raise awareness of safe storage techniques. In Washington State, between 1989 to 1996, 112 children under age 19 were killed by unintentional firearm incidents, with another 368 children requiring hospitalization*. (CORRECTION: The previous statement should have been, "During the period 1989 through 1996, 41 Washington residents age 19 and under were killed by unintentional firearm incidents with another 368 requiring hospitalization").* This bill would apply to children who are 12 years and younger. Safe storage of firearms would include trigger locks, the lock box, cable locks - a whole myriad of devices that have come out to safely store the weapon. The Whitney Graves Bill would strengthen reckless endangerment statutes by creating incentives for gun owners to store their weapons safely, and it would educate firearm purchasers by requiring the stores to sell or give to the purchaser a safe storage device and post a sign explaining the law. In the materials sent to the Board, there was an article which was published in the October 1st Journal of the American Medical Association by Drs. Cummings, Grossman, Rivara, and Koepsell of the Harborview Injury Prevention and Research Center. They found that in the 12 states that had adopted safe storage laws, unintentional shootings among children younger than 15 reduced by 23%.

The second bill is the Gun Show Loophole Bill. Currently, at many gun shows, background checks are not provided to everyone to identify purchasers with felony convictions, those who are mentally ill, those with restraining orders, and those who are straw purchasers who often distribute guns to minors. Gun show sales are often anonymous, and if one of these guns is later used in a crime, it's often very difficult to trace it back to the source or purchaser. According the US Justice Department, 40% of all gun transfers are made in the largely unregulated gun show market. This bill would close the loophole by changing the definition of dealer to remove the exemption for private sales. It would require the gun show sales go through a licensed dealer and they would be subject to background checks and a 5-day waiting period. A similar bill is in effect in California. Oregon is expected to pass a comparable bill this session. So this could have implications for Washington State if a bill

does not pass. The third bill is the Gun Tracing Bill. The intent is to identify the source of a crime-involved firearm through the tracing of crime guns. This would enhance enforcement efforts to apprehend criminals and their weapons and help surveillance efforts by helping to identify ways that firearms are trafficked illegally and identify crime gun patterns. The improved data on crime guns would help elected officials, police departments, health systems, and the community make good informed decisions about programs and legislation. As Ms. Rowe said, we have good data for traffic crashes, drowning deaths, and other important injury prevention areas, and this bill would help provide complementary information about firearms.

Dr. Plough stated that the Department is committed to working in all areas of injury control in the County where there are significant deaths and disability and there is a prevention opportunity. We are going to be helped with that by a new grant we received in partnership with Pierce and Snohomish Counties from the Washington State Department of Health to conduct some regional safe storage educational campaigns in conjunction with the Harborview Injury Prevention and Research Center. Safe storage is one of a number of prevention interventions that might be considered. A number of issues have come up today, particularly the relationship between firearms and suicide. We have had a series of reports on suicide in King County and the Board might be interested in our coming back to talk more about the epidemiology of suicide in our County, where we do have excessive rates over national rates. Dr. Grossman noted that public health does not play the exclusive role in this, but is in a partnership role with criminal justice in trying to understand how we can prevent this as a cause of death and disability. Dr. Thompson asked Dr. Grossman about the untoward incidents occurring with law enforcement officers who keep their weapons at home and whether it is a policy that they have lock boxes. Dr. Grossman responded that there is no policy in the Seattle Police Department dictating how officers store their weapons. They have proposed on numerous occasions that the Seattle Police Department adopt such a policy and help provide officers with storage devices. Anecdotally, there have been a number of cases in the past year of children of police officers who've ended their lives with their fathers' weapons. Mr. Gomez added that a few cities in the East have mandated safe storage for their officers' guns. Dr. Grossman said that the Boston Police Department provided and funded all officers to have access to safe storage devices about two years ago. Mr. Nickels asked if the training provided in either the City's or State's academy emphasize safe storage of their firearms. Dr. Grossman did not know. Mr. Gomez noted that one of the things they want to do is to work with law enforcement community and gun owners to find out what are good incentives to store the weapons safely.

Mr. Steinbrueck asked about the type of weapons involved in these incidents, particularly handguns versus rifles. Obviously, the type of weapon is relevant to the type of device used to safely store that weapon. Dr. Grossman responded that the weapon type varies regionally. In this area, handguns predominate, but in rural areas long guns do. If you go to a state like Alaska, for example, over 80% of the suicides are with long guns. A sub-theme of the campaign is 'for rifles own a trigger lock', because for those that can't afford to own a gun safe, that would be the safest option. At Harborview right now, they're currently conducting an investigation to determine the exact magnitude of the protective effect of different types of devices, so they'll be able to better inform people about the relative differences. Mr. Steinbrueck also asked if assault weapon use versus the recreational types can be distinguished as a public safety issue. Ms. Rowe responded that one of the features of the new surveillance system being developed in Olympia is information about the gun itself. This would be available for all injuries and deaths. At this point, the only available information about the type of weapon is for firearm homicides, because it comes through the police reports. It's not available for hospitalizations, and not for suicides unless it's part of a medical examiner's investigation. That's not readily available, because it hasn't been consolidated

into a database that can be used for surveillance. That is what's being done currently and that information will be available. We're behind with data availability to design the prevention programs. Mr. Nickels thanked the panel, saying that the Board has touched a number of times in the past on this issue and the effect that it has on our community's health, and he assured them that they will continue to look at the issue.

Mr. Nickels invited **Pam Eakes, President of Mothers Against Violence in America**, who was not here for the early comment period, to address the Board. Ms. Eakes stated that she also serves as the Co-Chair for the Safe Futures planning committee that's focused in Seattle on violence prevention. It has always been a great pleasure for a non-profit organization to have available the research and data provided by the Department of Health. She asked the people present under the age of 30 if they remember a time when they were in grade school and the police department shut down their main street or Martin Luther King Blvd. in the heart of their city so they and 800 of their other schoolmates could march and rally against gun violence. Of course they don't. This is a different time that we are in. Ms. Eakes believes that surely those voices of youth have to be heard by all of us. Mothers Against Violence, as a community organization, probably hears them a little louder, because they're out there working with children and youth. We've had a lot of evidence today to prove that this is a sincere and serious issue in our culture and in this new century. We need to listen to those voices that marched and who signed a pledge to never use a gun in conflict and never take a gun to school - about 53,000 in Washington State joining 2 million across the country. So as adult decision-makers and parents involved with children and youth in their community, we have to make hard decisions. She urges further support of ways gun violence can stop among children as well as the general population. Her organization continues to support the Whitney Graves Bill. Ms. Eakes knows the family well. Education is the key. Mothers Against Violence in America also had a gun safety campaign called Keep Kids Safe - Lock Your Guns. They know that there are going to be guns, and that, adults have a responsibility to keep them safe and lock them up. When this is done, we know we have less of an opportunity for suicide as well as unintentional shootings. They appreciate the opportunity to close the gun show loopholes. The community where Columbine High School is located has changed their attitude a great deal regarding necessary legislation in their state from the governor on down. Ms. Eakes hopes that we never have to have that sort of situation in our state to make us really be compelled to make true differences in our legislation. The Northlake Shipyard shooting is evidence enough that tracing guns will enhance the justice system and law enforcement to do their job better. In closing, Ms. Eakes expressed appreciation for the efforts of the King County Board of Health and she hopes that the Board will continue to investigate and support gun safety. There is a packet of information regarding a conference a week from this Saturday, the 6th Annual Solutions to Violence in Our Lives Conference. They are honored to have the US Surgeon General, Dr. David Satcher attend and speak at the conference on the 29th. His message, particularly his campaign on youth suicide, has a lot to say to all of us.

Mr. Gossett stated that one of the challenges that we have as elected officials in pushing for the kinds of reforms that we are discussing and that Ms. Eakes has been advocating is that, at the state legislature and particularly on the County Council, we have people who interpret these concerns and changes as violating the Constitutional rights to bear arms. They interpret some of these changes as putting up barriers to people having free access to their firearms, and they usually conclude by saying "firearms are not the problem, people are". He asked Ms. Eakes how she responds to those arguments. She responded that they have worked very closely with leaders in the firearms area who are on that other side, like Alan Gottlieb. This legislation, particularly the Whitney Graves Bills, was in partnership with many of those who might have asked that question. So Ms. Eakes feels confident that the Whitney Graves Bill would pass that litmus test, having worked with those people. Now, obviously,

different people have different opinions. In the context of youth, having raised two boys, she feels as an adult, she would have a responsibility to make good decisions. If she chose to have a firearm in her home for protection or recreation, she would be responsible to make sure it's locked up, particularly as that youth grows older and is in the teenage years of which suicide is so evident. Ms. Eakes was raised in a home that did have guns for hunting. Her brother was very distressed one night after a breakup with a girlfriend, and he knew exactly where that long gun was. He and Ms. Eakes' mother struggled, and thank goodness her mother was strong enough to get that gun out of his hands, because he did not want to live another day. If that gun had been locked up, there would have been no struggle and that would have passed the emotional test until tomorrow. As adults, we have to realize we can prevent unintentional deaths and suicide by being responsible, without interfering with the rights that both the State Constitution and the US Constitution provide.

New Director of Environmental Health Division

Dr. Plough introduced the Department's new Chief of Environmental Health, Dr. Ngozi Oleru, who comes from Boston where she was most recently Director of Environmental Justice Programs for Region #1 EPA and before that, Director of Environmental Health for the Boston Department of Public Health.

Public Health Funding and the Motor Vehicle Excise Tax

Dr. Plough stated that the Motor Vehicle Excise Tax legislative status is being monitored very closely. He spoke before the House Appropriations Committee yesterday in Olympia. Public Health funding and restoring the gap for public health funding continues to be discussed broadly in a bipartisan way. Dr. Plough, Federico Cruz-Uribe and Mary Selecky made a well-received presentation about the need for back-filling of public health funds lost because of I-695.

Hepatitis Education and Vaccine Drive

The Board may have seen the Department's hepatitis education and vaccine drive in the newspapers and on television. Dr. Plough thanked Mr. Steinbrueck and the City of Seattle for the funding it provided for that initiative to decrease the hepatitis A and B rates that are extensive in parts of our community. A lot of free pharmaceuticals for that came from SmithKline Beecham. That drive and the bus boards will be used to give risk communications to gay and bisexual men who are at extreme risk for this disease.

Diabetes Prevention

The Board has heard about the Department's work on diabetes prevention and the general collaborative work on diabetes control. Some efforts were mentioned in the King County Health Action Plan report as well as the announcement of the REACH grant from the CDC to work on increasing disparities in diabetes between the general population and ethnic and racial minority populations. Dr. Plough hopes to come to the Board with the new REACH Coalition in a few months to talk about the successful activities we're doing with diabetes. A Data Watch came out recently on that as well. We are doing a planning grant with REACH this year for which we got $365,000. If we're successful, we will be eligible for a $5 million, 4-year follow-up to try to reduce these disparities in diabetes which impact our community. Ms. VanDusen commented that she was amazed to hear during the Action Plan presentation, that one-seventh of our dollars go to diabetes. She is very pleased that we're able to do something. Dr. Plough added that there has been an 80% increase in the African American community in diabetes deaths in the last six years. It's a startling problem, but one we can

do something about through access to care, diet, and exercise. Mr. Nickels asked when something becomes an epidemic. Dr. Plough answered that, in the chronic disease world, you look at these disparities, and we've found a larger race- and ethnicity-based disparity in diabetes than anything else we've seen. Even in the height of the disparities in black infant mortality in this city, the differences were in the order of 2.5 to 3 times. In the diabetes area, they're eight times. On the REACH coalition, people tell their stories about finding out that they had diabetes when they were about to have a foot amputated, and never having had access to care where that could have been detected and prevented so those end-stage things like amputations or kidney failure would not have occurred. So there are great opportunities to change some disparities in this area.

The meeting was adjourned at 12:15 pm.

KING COUNTY BOARD OF HEALTH

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s/Greg Nickels/s 2/18/00