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

KING COUNTY BOARD OF HEALTH
MEETING PROCEEDINGS

March 17, 2000
9:30 AM to 12:00 PM
Seattle City Council Chambers

Roll call

- Richard Conlin
- Maggie Fimia for Dwight Pelz
- Ava Frisinger for Dan Sherman
- Larry Gossett
- David Hutchinson
- David Irons
- Louise Miller
- Greg Nickels, Chair
- Margaret Pageler
- Joe Pizzorno
- Kent Pullen
- Karen VanDusen
- Alonzo Plough, Administrative Officer

Call to order

Chair Greg Nickels called the meeting to order at 9:45 AM.

Announcement of Alternates

Mayor Ava Frisinger from Issaquah was present for Suburban Cities, specifically for Boardmember Dan Sherman. County Councilmember Maggi Fimia will be serving for County Councilmember Dwight Pelz. Anita Geving, Chief Operating Officer of Public Health - Seattle & King County, is representing Dr. Plough.

The new member of the Board is Councilmember Heidi Wills from the City of Seattle. She was unable to be present today, but we look forward to her participation.

The Suburban Cities have designated an additional alternate, Kenmore City Councilmember Steve Colwell.

Approval of the February 18, 2000 Minutes

The Board approved the February 18, 2000 meeting minutes as presented.

Chair's Report

Tobacco Legislation and Settlement Dollars.

The legislative session ended and we're now in a special session. The Youth Tobacco Access Bill died in the House Commerce and Labor Committee on cut-off day. That is good news because we did not expect it to get that far. When it did get that far, unfortunately our expectations went up and we hoped we would be successful, so we'll be back at it next year. We don't yet know where the Legislature will end up on tobacco settlement dollars. When we do, we'll make sure the Board is aware of that.

Ad Hoc Committee on the Integration of Natural Medicine and Public Health.

Dr. Pizzorno is chairing that committee. Dr. Thompson, Mr. Pullen and Dr. Plough will serve on the committee and a number of other names have been submitted. The first committee meeting is scheduled for March 30th. The committee will get a proposal to the Board so they can look at it before it's submitted to the Senator by May 15.

Board Evaluation.

Staff is interviewing members and alternates. The report will be presented at our April meeting and will be used as background for the County Council's work on renewal of the enabling ordinance of the Board. We have a sunset provision in our enabling ordinance and we sunset at the end of June. So there will be some action necessary for us to continue our work.

Local Boards of Health Leadership Workshop.

The statewide Local Boards of Health Leadership Workshop will be held May 4th and 5th at SeaTac. Mr. Nickels urged members to attend.

Response to Juice Letter from U.S. Trade Representative.

The U.S. Trade Representative responded to our letter regarding the potential conflicts between juice regulation that was discussed by our Board and NAFTA. Their letter assures us that there are no conflicts, so we'll continue to monitor that situation.

Newspaper Article on King County Health Action Plan.

In the Board materials is a good article from the Skanner on the King County Health Action Plan, a project that was begun from a County Council motion to improve health status and health systems and one that the Board has been very active in tracking.

Food Safety.

Food safety is an issue that we are going to be talking about in the next few months. The fees that we adopted in November have taken effect and we're getting feedback from restaurant owners and the like. We amended the motion and the fees to recognize that if the Legislature fills the gap that was made by I-695 we would revisit those fees and consider whether they should be rescinded either fully or in part. We will be taking that back up and will be communicating that to the restaurant owners who are expressing their concern. There has also been some concern expressed recently regarding access to restaurant inspection information. This has been an issue over the last several years beginning with the Kingdome

and the concerns over the safety of the food at that establishment. Mr. Nickels will be working with the Public Health Department to allow better public access to that information. The County of Los Angeles Health Department has a system where you can go online and see what letter grade your restaurant received in its last inspection. That kind of consumer information would be valuable, perhaps not exactly in the same format, but something that allows people to find out if their local food establishment is one that they can have full confidence in or whether they want to make a different consumer choice. Mr. Nickels will report back to the Board on that issue.

Director of Health's Report

Motor Vehicle Excise Tax Update.

Anita Geving reported that we remain optimistic about what's happening in Olympia because each of the budgets there have the restoration of MVET at about 90%. But we'll have to wait and see what happens. We're tracking the impact to the tobacco prevention and control dollars as well.

Asian Gypsy Moths.

The Washington State Department of Agriculture is planning to spray for Asian gypsy moths in the Ballard and Magnolia areas. They anticipate 3 applications of the pesticide from the end of April to the beginning of June. Dr. Jeff Duchin, Communicable Disease Control Program Director, has reviewed the literature on this particular pesticide and determined that it appears to be very safe. It's been used over the past 50 years and there has been very limited incidence of adverse health impacts to people. The pesticide which is Foray 48B actually works on the basis of a non-pathogenic bacteria that occurs in the soil. There are some cautions that we have been putting out on our website and hotline for people who are prone to allergies or have irritant responses to stay indoors for about 30 minutes after spraying. In addition, people who are immuno-suppressed should be in contact with the health providers who manage their care. We're working with the State Department of Agriculture to assure that the individuals in the Magnolia and Ballard area are aware of this.

Cedar Hills Residential Treatment Facility.

Cedar Hills is a 24-hour residential treatment facility operated by the County. On February 24th, the County received a notice of charges from the State Department of Health regarding Cedar Hills. Prior to January of 1999, this treatment facility was managed by Public Health and then, at that time was transferred to the Department of Community and Human Services (DCHS). Public Health continued to provide the medical care until October 1, 1999, at which time that responsibility was also transferred to DCHS. These citations - there are about 28 of them - relate to a range of issues regarding medical treatment, facility maintenance, and treatment of addiction recovery. On the basis of the information provided, Public Health has gone in collectively with DCHS and Facility Maintenance and been very aggressively looking at all the citations and has done everything to remediate them. The next steps in this process are that we have, through the Prosecuting Attorney's Office, asked for an administrative hearing. Once that happens, more that likely there will be a settlement of this particular situation.

Appointment of Dr. Richard Harruff.

Dr. Richard Harruff has been appointed as the Chief Medical Examiner of the County. He had been the Deputy Chief Medical Examiner since 1993, and had been in an acting capacity as the Chief Medical Examiner since July of 1999. He has done a very outstanding job establishing relationships with law enforcement and providers in our community and has an extensive background in this field.

Resolution No. 00-302 Recommending the Elimination of Violent Video Games from Publicly Owned or Operated Facilities in King County

Mr. Nickels explained that in his Chair's Report two months ago he told the Board that he was going to come back with a resolution. We have on today's panel a number of individuals who have been involved and concerned about this issue: We had also hoped that Representative Mary Lou Dickerson would be with us today, but she was unable to attend because of the special session of the legislature. She's introduced legislation and has been a leader on this issue as well. Gloria DeGaetano, co-author of a book called *Stop Teaching Our Kids to Kill: A Call to Action Against Television, Movie and Video Game Violence*, was to be with us today but is not because of a scheduling conflict.

Jeremy Kohlenberg made the following presentation to the Board.

I am 9-years old. I am in third grade. I don't play violent video games. I am against them because the theme of violent video games is that it is okay to kill. If kids get involved with violent video games, they will get the idea that guns are toys. One day they may use these so-called toys to actually kill somebody. Also, I believe violent video games rot kids' brains. They keep them from using their imaginations that can go all sorts of wonderful places. Often violent video games are very realistic. When I see them I am so sad that they were invented. I want grow up in a world where everyone lives in peace and harmony. Mr. Nickels asked Jeremy if he had been exposed to violent video games, to which Jeremy answered not very often, but once in a while he will see them. Mr. Nickels asked if his friends played these games. Jeremy said they did not. Mr. Nickels asked if Jeremy had a video game machine at home. Jeremy answered that he had a Game Boy, but that was it. Mr. Nickels asked if Jeremy was able to find games that are fun and capture his imagination and that don't involve shooting or killing. Jeremy responded, not necessarily those that will capture his brain because, as he knows it, all video games are not the best things for your mind, but he can find things that are not violent.

Jeremy's mother, Mavis Tsai, shared that

Jeremy is at a stage in his life where he's still full of trust, curiosity and wonder. His tasks are to learn, engage in creative and explorative play, develop rich friendships and figure out who he is and his unique place in the world. Just as she tries to provide the most nutritious food for him physically so that his body can grow healthy and strong, Ms. Tsai wants to provide the most stimulating and nourishing food for his mind so that it can develop to its fullest potential. There's nothing nourishing about violent video games. They steal precious time for her children. They take away their wonder of the natural world, their curiosity about all that's rich about life and friendships. They sap their energy for creative and explorative play. Violent video games deaden their empathy for others. They desensitize kids to the harm that violence causes in real life and instead teach that violence is glamorous, that violence is exciting and that killing is fun. Is this what we want to provide our children access to? They are our nation's greatest resource. We touch the future by touching the hearts and minds of our children. We want to teach them that there's something

greater and more beautiful than the world's present condition and that they can shape the destiny of their generation. We have a responsibility to provide our children with the tools to create a more positive tomorrow, so we want to give them a chance to show their compassion and to use their creativity. We want them to learn respect for their own strengths, respect for others and respect for life. Violent video games do none of this. Ms. Tsai answered yes to Ms. Miller's questions of whether she has computers at home, has access to the internet, and if Jeremy uses the home computers. Ms. Miller asked Ms. Tsai how she monitors whats available on the internet. Ms. Tsai answered that usually she or Jeremy's dad are around. Jeremy interjected that he is very careful what he looks at because his dad sometimes gets him started and then leaves him alone on it. He makes sure he doesn't get into anything bad. Ms. Tsai asked Jeremy how he does that. He answered that, although he hasn't had to yet, he would go "Back" if he saw anything that he shouldn't.

Dr. Danette Glassy is a pediatrician in general practice with the Virginia Mason Clinic and President of the Washington Chapter of the American Academy of Pediatrics.

Although media violence is not the only cause of violence in America, it is the kind that we can do something about. Media violence is on the increase, especially in TV, movies, video games, and youth oriented music. We know that significant exposure to media violence in certain children and adolescents increases the risk of their aggressive behavior and also desensitizes them to violence and makes them believe that the world is a meaner and scarier place than it is. This has been shown in over a 1,000 scientific studies and reviews. These citations are available to the Board. She understands that the Board has a copy of the American Academy of Pediatrics policy statement on media and violence. If members wish to look through that literature, it is compelling and shows a cause and effect relationship. We also know that the more realistic the violence portrayed, the greater the likelihood that it will be learned. This is good psychological data. As Jeremy said, it has a profound effect on kids. In fact, children under 8-years of age are unable to tell the difference between fantasy and reality, often thinking that these things are real. There's been a lot of media attention to that—the 6-year old, the child who thought they could do a body slam to another child and not inflict harm, things like that.

But there is something that can be done specifically regarding video game violence. We can all urge the video game industry to help us in curbing the violence that children are exposed to in games. There could be better publicity of the current rating systems. The Entertainment Software Rating Board (ESRB) puts out information when you go to buy your video games for your home computer. The internet has instituted a voluntary rating system so that when you come to a home page there could be an alert to parents or to a particular part of that page. The coin-operated video games also have a system, but Dr. Glassy doesn't believe that these are well-publicized or as obvious to parents as they could be. There can be better public education campaigns around this issue and around the existing tools we have. We can urge parents to monitor children's exposure to this and consumption of all media closely. We will be having, from Representative Dickerson, MAVIA and the Department of Health soon, a public education campaign around this. The pediatricians have also mounted a campaign this year called Media Matters. What we've been urged to do in our offices is take comprehensive media histories, finding out how much and what types of violence kids are exposed to and if they know what it means. In that way, they are helping families to learn that they should be asking about these things. They can counsel about the media's effects on their children, including the violence and aggressive behavior. They can teach parents how to limit

and ameliorate those effects. Just as Jeremy said, when he goes on the internet, he's attuned that he may find something that's not appropriate for him. His parents have already talked to him about this. We know that children, like Jeremy, who are media literate are more resistant to the negative side of the media. This can be taught in the schools as well. The third suggestion for dealing with this problem is just what the Board is considering, restricting access to violent video games. Much like not allowing cigarette vending machines in areas where children are, we should not allow access to violent video games in children's recreational areas, at least to the extent that we can. Dr. Glassy strongly urged the Board to adopt the resolution recommending elimination of violent video games from publicly owned or operated facilities in King County.

Mr. Pullen agreed with Dr. Glassy's comments and strongly favors this resolution because he doesn't think King County ought to be promoting video violence, particularly on County or public property, and he knows it does damage to a lot of children. From Mr. Pullen's experience, most of the serious violent behavior he's witnessed in children is generated from the family itself, from stress in the family unit and child abuse - violent behavior that is witnessed within the family. He asked Dr. Glassy to comment on whether we could make more progress reducing violence by eliminating video violence versus what we could do if we were to eliminate violence in the family unit that children witness. Dr. Glassy said that that was an excellent question. An issue as complicated as violence is not going to be solved simply by adopting this resolution. In fact, there is exciting research into the idea of supporting a family at its roots at the time a woman becomes pregnant and the child is born, making inroads into violence in that family when they are at risk. It is our culture that is probably fostering that. Media violence and video game violence are just one part of that. Dr. Glassy thinks we could make a huge difference if we were to make a difference for families by supporting them. It's a very long and involved topic, but there is home visiting and other resources for family that our state is now considering.

Mr. Pullen, regarding circumstances under which violence is justifiable, gave an analogy of a situation a few years ago when there was a big push to clamp down on child abuse. Children were taught not to let themselves be touched. But then some children were recoiling in horror just from a friendly hug by a parent, teacher, or friend. Then they started teaching children about the difference in good touching and bad touching. Mr. Pullen asked can the same issue be raised with regard to violence. He's thinking a few years ago about the Lynnwood rapist who had a terrible series of violent rapes until he encountered an armed woman who fought back and subdued him. She used violence in self-defense. During World War II, we sent troops overseas who were very aggressively trained and they helped us win a war and protect freedom. Certainly there are circumstances where violence is, perhaps not desirable, but would be construed as being appropriate. How can we get that message out distinguishing between violence that's appropriate, if not desirable, versus violence which is completely inappropriate. Dr. Glassy responded that, in regards to children, she doesn't think that we can expect them to know the difference between good violence and bad violence at the ages we're discussing, just as there are many adult issues that are better left to more mature minds. Children under 8 can't distinguish between fantasy and reality or make those kinds of decisions. So in regards to games that we're promoting to children as recreation, when it comes to violence, Dr. Glassy sees no tolerance for portraying violence in children's games.

Pam Eakes, Founder and President of Mothers Against Violence in America (MAVIA), which has been focused on this issue since they started 6 years ago. They focused on the access of children to guns but they also look at the culture for root causes why children turn to violence to solve their problems. Gloria DeGaetano, a local expert who has been an advisor

to MAVIA just published a book called Stop Teaching Our Kids to Kill: A Call to Action Against TV, Movie and Video Game Violence of which there are excerpts in the Board materials. We know that the explosion of violence in popular entertainment has raised concerns about television violence, and there is quite a bit of research on that subject. Eighty percent of Americans believe that television violence is harmful to children. So there is definitely a consensus in America regarding television violence and we've been working on that as a country and as an industry. The concerns shared by some of the country's most respected scholars and professional organizations are as follows: the American Psychological Association estimates that an average 12-year old will have seen 8,000 murders and 100,000 acts of violence on network television. Over 3 decades of research summarized in a report by the National Institute of Mental Health have documented the harmful effects of such violent entertainment. The body of research shows that media violence not only increases aggression among young viewers, it breeds callousness toward violence directed at others. In response to such findings, the American Medical Association passed a resolution declaring that TV violence "threatens the health and welfare of young Americans."

Traditionally, the greatest concern has been directed toward television entertainment, but the recent wave of school shootings in Paducah, Kentucky; Jonesboro, Arkansas; Littleton, Colorado and others have raised some questions about the role of entertainment like movies and particularly violent video games. The video game technology has changed dramatically. Twenty-three years ago, Ms. Eakes was the account supervisor for RCA and was working on a product called Pong. But it's changed an awful lot since Pong and PacMan and the technology is changing from month-to-month. One designer said that the goal of the technology is to give the consumer/the player the rush of the kill. We know this through virtual reality games that create more aggressive behavior among college students. Research shows how they behave afterwards, the language they use and the action - even their heart rate increases after playing virtual reality games. Some kids play as much as 1.5 hours or more a day on video games. But they are changing right along with the technology. Television was for our generation to respond to, this is for theirs. In the past years, games like Mortal Kombat, Doom, Duke Nukem and others have become cultural icons for kids. According to authors David Grossman and Gloria DeGaetano, the real selling point of these games is that you get to pull the trigger, you inflict the damage, and rather than just watching someone do that, you do it yourself. The games have changed dramatically. Ms. Eakes has heard kids say, "Just a minute Mom, I'll be there as soon as I die." That's common verbiage at home. They are trying to 'kill' and 'kill' until they 'die'.

There needs to be more research done on the mental, physical and emotional impact of video games on young children. We don't have those longitudinal studies yet, but there are some things that are in the works and there will be more evidence in the future. Ms. Eakes supports the leadership in removing the violent video games from the arcade areas. We drop off our children, particularly when they're in the 5th-8th grades at the Seattle Center because we know that that's a place they must explore on their own and they don't want to be seen with their parents. But we trust that they are going to be playing games and riding rides that are safe. The resolution to remove violent video games - arcade games—from those public areas is tremendous leadership. She would hope that the entire business community looks at the leadership and decides to remove those games from shopping malls and arcade areas in which there are younger generations of kids, lots of different age groups of kids. Younger kids are interested in what the older kids are doing.

Ms. Eakes urged that we distribute as much as possible and maybe through the King County Board of Health, the ESRB rating system. She can get millions of the information pamphlets. It is an aid and asset to the parents who are making retail decisions on what is most

appropriate for their age child. On the other hand, the coin operated video game industry has its own parental advisory and Ms. Eakes finds it shocking. She's enjoyed working with the ESRB and working with their PSA. They recognized and value the importance of education. On the other hand, the arcade industry has chosen not to work with groups like MAVIA or with parents, and she can see why. They really only have one level of rated game that would be appropriate in the arcades, and that's the green level, for games for which the content is appropriate for players of all ages. They have 8 other levels that would be considered by Ms. Eakes and MAVIA inappropriate to be in public places. They were very specific about the violent and sexual content that they have available to sell and place into arcades. Ms. Eakes wants to support and work with the King County Board of Health. The Board's leadership is important and she hopes that their efforts ripple across the country and have an impact on the business community.

Mr. Pullen asked if Ms. Eakes has taken a look at the children who are playing violent video games and correlated it to drug use by those children -- not illegal drugs like marijuana, cocaine or heroine, but legal drugs like Prozac. In three of the most recent notorious shoots involving youth shooting at schools and elsewhere, all the shooters were on Prozac. There seems to be an increasing tendency and interest in looking at whether we're drugging up our children with legal drugs without thinking about the consequences including generating an increased interest in violence. Ms. Eakes responded that she only knows of the stories regarding the child who was the shooter in Kentucky and the shooters in Colorado. She believes there is much to learn about the drugging of America's kids, whether it has to do with things that they need, such as treatment for Attention Deficit Disorder and other things in which medication is appropriate. She doesn't think that there is any data to indicate any direct relationship with the shootings. America's children have access to drugs whether legal or illegal, and as adults we have to make the right and educated decisions.

Ms. Miller asked if the video games are all for boys and if that is why so much is violent. Ms. Eakes answered that in the arcade rating system one would infer that the target audience are males. Ms. Miller asked what material would be included in the "green" rating. Ms. Eakes responded that there would be sports games -- car racing. Mr. Nickels interjected that even some of the car racing games are violent, where you get points if you hit pedestrians. Ms. Eakes assumed that those racing games wouldn't be in the "green" category -- that that category is about competition, not killing because it says that it has no violent content. Ms. Eakes warned that the Board should not assume that this $20 billion a year industry is going to stay with their previous target audience in the future. In fact, she is sure that they will diversify. Although we're currently talking about arcade games, the Board may have seen in the media the overnight success of the Sony Playstation which features a woman character as the predator and there's another game where Laura is the predator.

Ms. Miller asked if we have researched other cultures and countries, such as Japan, where these kinds of video games are available. Dr. Glassy read from the media violence policy statement from the American Academy of Pediatrics: "The only other country in the world with nearly as much entertainment violence as the United States is Japan. Yet Japanese society is far less violent than American society. If media violence contributes to real life violence, why isn't Japanese society more affected? A 1981 study found that the nature of the portrayal of violence is different in Japan. The violence is more realistic and there is greater emphasis on physical suffering (i.e., the consequences of violence are emphasized). Interestingly, in Japan, the bad guys commit most of the violence with the good guys suffering the consequences - the exact opposite of the American programming. In this context, violence is seen as wrong, a villainous activity with real and painful consequences, rather than as justifiable." That, at least, addresses another culture. Ms. Eakes added that in Canada, they have made decisions regarding importation of certain games and certain age

groups. For example, research on the Power Rangers television show shows that 3-5 year olds behave shockingly more aggressively after watching. In Canada, the producers of Power Rangers created a different version. So other countries look at things differently. We look at anything that sells. Leaders and the community have to face our responsibilities as adults to make the right decisions and try to intervene in ways that are appropriate in public places.

Mr. Nickels then introduced **Arthur Sawe**, one of MAVIA's 3 youth peacemakers who were recognized last year and spoke at The White House who shared his experience and views.

> *Arthur's statement: I am 10 years of age and I attend Villa Academy. I support Councilmember Greg Nickels' proposal to remove violent video games from community centers and other public places. My reasons for support are based on 1) the unprecedented graphical violent content found in point-and-shoot gory video games, and 2) discouraging the public from accepting the violence in video games. Video games are fun, as least that is what should be for all video games. But watching other kids shooting bodies stuck with knifes and blood gushing out and more does not symbolize an image of fun in normal life. It is actually very unpleasant to watch. I tried to ignore the unpleasant images of violent video games until I came across an ad that advertised a game as being "more fun than shooting your neighbor's cat." This ad came out of a magazine that advertises videos and upcoming video games in the stores. Many young kids play these games and read these ads. The seed that is being planted in the young mind is destructive. Playing these games over and over for so long gives these young players a sense of acceptance to brutality. This is wrong, and anything we can do to limit the access to this type of exposure would be a blessing to this County today and in the future. When I play video games, my mind escapes into that game. Even after playing I can still hear the songs and sounds of the game. I really get involved. I fantasize about that airplane ride and all the tricks I can do. I've often wondered what goes on in the minds of these young players after playing these violent games.*

Arthur explained that it was this thought that encouraged him to speak up against violence in video games. The Seattle Center removed 10 violent games in January of this year. Last year Disney removed 30 violent video games in its southern California amusement park and nearby hotels responding to concerns raised by the community. To the Board, Arthur urged removal of these destructive violent video games from our County's public places and community centers in order to save many children visiting these locations who might confuse that kind of video game with entertainment. There are also those who feel completely offended by these games. A vote will speak for their rights too. Mr. Nickels asked Arthur how he felt when he read that ad about the game being more fun than shooting your neighbor's cat. Arthur responded that he thought the ad wasn't appropriate for kids because it's not appropriate to shoot your neighbor's cat, so he didn't think it should have been there. Mr. Nickels asked how Arthur thinks it affects his friends who play games. Arthur said that a lot of kids in his school play violent video games and he doesn't encourage that. If they see these kinds of games they'll think that it's cool and say that they want to play them. In response to Ms. Fimia, Arthur said he likes to play car racing and airplane games. Ms. Fimia asked if he had ever played cops and robbers. Arthur answered no, that he doesn't even know what that is. Ms. Fimia said that that was great and that she hopes he never finds out. She observed that over the generations there has always been an element of violent games in kids' play. But what we're talking about here is the incredible exponential growth in amount and degree in those kinds of games and the imbalance, because it will be only that kind of game that kids will be out playing instead of out playing ball and out doing other kinds of social things. So, for those of us who are very supportive of this resolution it's not about prohibition at all, it's about taking responsibility for kids like we would with any other kinds of

things that are extreme. Ms. Eakes added that the top 4 selling retail games this year were Pokemon. While there may be some challenges to too much playing of those games, they don't depict bloodshed and graphic violence at all. The majority of games are in the "E" (everyone) category. It just seems that those that are made for arcade use are just the opposite. There are plenty of educational, creative video games and we should encourage the industry and the arcade industry to present those sorts of games that are available.

Ms. Fimia commented that fundamentally kids are the consumers of these products which are going in the arcades because the adults aren't able to monitor those as well. So it's going to take the kids not consuming and demanding something else. Ms. Fimia asked Arthur what he thought the chances were of getting a significant number of boys like him visibly and non-violently protesting at some of these arcades to make his point. Arthur suggested that he and his friend could give out informational pamphlets to children and their parents so they know the rating system. Ms. Fimia asked if Arthur hears his other friends saying the same things that he does. Arthur said that he didn't, that they think it's okay to play those games but he doesn't.

Dr. Pizzorno expressed that he has mixed feelings about this and admitted that he plays video games with his kids and they play violent video games although that's not their preferred genre. It is important we recognize the relationship between external and internal influences. In terms of drugs, recognizing that many of the psychoactive drugs that children are put on were researched in adults, not in children, it's cause for grave concern. Second, one of the known side effects of Prozac is violent behavior. So, association between use of these drugs and some of the violent behavior like that displayed at Columbine and such is cause for concern. The other area to think about is nutrition. In a study done in the California penal system, the subjects were adolescents who were incarcerated because of violence against people. In a controlled basis, half these kids got a multi-vitamin mineral supplement and the other half didn't get anything. Then, one year after they got out of prison, 1 year after they had gotten this good nutrition, they checked the recidivism rate. It was down 50% in the kids who got the good nutrition while incarcerated. While Dr. Pizzorno thinks we have to be cognizant of these external influences, we can't ignore the fact that internally what's happening is that the susceptible kids are the ones who are running into trouble. They may be susceptible because of drugs they are taking or nutritional deficiencies. One very interesting study looking at metal toxicity in violent adult inmates found excessive levels of a particular mineral [name inaudible on tape] in their systems and the possibility that it was environmental toxicity that set them up to be susceptible to those kinds of behaviors.

Probably one of the most compelling things that makes him think this resolution might be a good idea is that while these kinds of video games may not necessarily increase the risk or risk behavior, if they do engage in this behavior, they're a lot better at it. In the Columbine case, those kids did a Doom scenario and they did their training on the video games. The military uses video games of this nature to do its training. So if they do go off and do the wrong things, they're better at it which means they hurt more people Ms. Miller would support this resolution because it addresses public areas where there probably wouldn't be any kind of adult supervision. There's a difference in having it in a home where there is parental supervision.

Caroline Sawe explained that one day in 1998, her son Arthur, showed her the ad mentioned earlier which said that that particular game was more fun that shooting a neighbor's cat. She was shocked. She flipped through the pages and could not believe the games that were about to hit the marketplace at that time. She had no idea what had been going on in the video game world. When she was in college, PacMan was the game and that was her vision and understanding of video games when her child spoke of them. She did not

know the new developments. Ms. Sawe had mixed emotions of anger, frustration and relief. She felt the anger towards the video games industry, that how dare they introduce and expose such materials to young minds of 8-year olds, as Arthur was at that time. She felt frustrated over what she could do to protect any 8-year old from being exposed while she takes care of the many other immediate demands that surround him. She just can't be everywhere. She doesn't play video games, so then how does she stay informed of the changing demands of the industry. She felt relieved that the 8-year old, or any 8-year old, can resist such material when well informed. As a parent, Ms. Sawe is here today to support Mr. Nickels' proposal to remove all violent video games from community centers and public places in the King County region. Since public places are visited by citizens of all ages, it would be wise for the community to self-regulate and shield its underage children from unnecessary exposure to violent material. In the young minds of our children, the lessons learned from these games are best not learned. By common sense we all know this. As a community, we must choose health entertainment for our children, hence, remove that which we believe will be harmful to them -- in this case, the violent video games. It goes without saying that there are many factors that contribute to violence in our communities today. We could sit around and argue that there is no link between video games and real violence. She is quite sure that we all know what would have to happen before we have enough data to conclude that yes, there might be a link. Ms. Sawe asked do we really want to sit and wait to collect that data, and do any one of us want to be part of that data. She doesn't really think so and that is why we are all here today -- securing our future. While limiting exposure of violent content to young children will not end violence, it will be a good preventive method among others. There are many parents out there today who do not know the degree of violence in video games in discussion today. She was a good example. She requests that, in addition to removing the violent games, a comprehensive campaign be launched to reach parents, students, teachers, community centers, etc. on the rating systems that are in place. Video games are a ubiquitous and therefore reaching the majority would be a challenge but worthwhile. Ms. Sawe hopes that we all work together on this issue today, government officials, the public, and business owners, and as a community. If we want success in the long run, we all need to come together like pieces of the puzzle. We all have our specific places and there is no need for struggles. These puzzle pieces of the violent video games are not in the right place. They need to be adjusted or removed. The puzzle will never be complete without that adjustment. If we do not heed to the warnings today, the price we will have to pay will be unbearable.

Mr. Hutchinson asked Dr. Glassy if there are personality traits or something else that exist in children who have a propensity to imitate violence. Dr. Glassy rephrased the question to ask whether over-time, we've seen a difference in the expression of violence by children. Over the ages, children have imitated violence, but their depictions of violence have become more aggressive and successful. We know from studies that the more realistic the violence they are exposed to the more likely that is to be true. Mr. Hutchinson indicated that his main question was is there a difference between kids. Dr. Glassy answered that there are children who are susceptible because of a lot of different exposures, lifestyles or nutrition. It's a very complicated issue. But, think again about the explosive rise in domestic violence in our country. It's huge. It's not just that it's being reported more. There is more violence in our society, in our normal everyday and not just at-risk families. Dr. Glassy suggested that perhaps video games is one piece of that, that we're all becoming a little more tolerant of violence or its expression. Perhaps we're reaching for violence as our tool when we're frustrated more, even as adults. Dr. Hutchinson knows that the economics doesn't make any difference in terms of violence, but asked if there are other things that pediatricians have identified in profiling kids that would lead to a propensity to be violent as a result of playing video games. Dr. Glassy answered that there is not absolutely, unfortunately. Excessive viewing of video games is a sign that a child may be depressed, although that doesn't mean

the video games caused the depression. They are linked, but perhaps not caused. A child who's depressed withdraws from their healthy friends and healthy activities and concentrates on one thing. When Dr. Glassy is taking a patient's media history in her office (e.g., how are you getting along with your friends, what do you like to do for fun; how many hours do you spend playing video games, how many hours do you spend watching TV; etc.), it's a huge red flag that depression is part of it if she's told that it's 10 hours of video games every day. Not that their depression caused them to do that, but it's a sign of their depression.

Ms. Sawe added that we need to emphasize to our children today that it is not normal. We need to let them know that the face of brutality is unacceptable. The repeated exposure in the manner of a game might be sending the wrong information to these children, emphasizing to them in a passive way that brutality of this nature is okay. We need to keep them and allow them to remain sensitive to brutality of any kind. They still need to remain squeamish when they see a gun pulled out. They need to have fear when they see this kind of violence around them instead of thinking that it's okay.

Mr. Irons indicated that one of the elements that we've been talking is the desensitizing of our young by seeing violence. It's interesting because when we look at our youth we don't say that they can drive at the age of 8 because we recognize that they don't have the emotional skills and judgment to be able to do that. We also look to the rating system in our movies which say that it's inappropriate for 6- and 8-years olds to go to certain very violent types of movies without the parent being there. Yet when it comes to video games we haven't made that correlation. If the people at this table chose to play the very violent video games, we could handle them emotionally, where it would be very inappropriate for a 6-year old. Unless we're able to regulate and restrict violent video games for certain age brackets - to that degree - in public forums maybe they shouldn't be there. Those are the two options Mr. Irons sees.

Ms. Eakes commented that the shooter at the school in West Paducah, Kentucky, had never shot a gun before, but he was an avid violent video game player with first-person shooter games. He fired 8 shots and all 8 shots each hit the target. So according to Ms. DeGaetano's book, children are learning skills that can be translated if they don't have intervention. On the other side, Ms. Eakes has talked to pilots who say that some of the best Air Force jet pilots today are from this generation that have learned those skills. They're faster, more reactive. Ms. Eakes, noting that last year Arthur was one of MAVIA's peacemakers, stated that this year they're joined with Safeway, who is the sponsor of their Youth Peacemaker Awards. She invited board members to submit names of young people like Jeremy and Arthur who are doing wonderful things and who should to be recognized.

A motion was made and seconded to adopt the Resolution 00-302. Mr. Conlin commented that what we're dealing with is a social context that really glorifies violence. The way you address that social context, most importantly, is by providing youth with positive things for them to do, by valuing them in society, by demonstrating to them that there are things that they can do, contribute, learn, be involved in, that do not involve the use of violence. Mr. Conlin thinks this an appropriate resolution to pass because we are dealing with a public model, that is, the things we have in public places. We should be setting an example saying we do not think that having violence portrayed in public places is a good thing. But this is a very small piece of action. The Board must address the overall context of our society's relationship with youth and violence if we are really going to deal with the issue we're talking about. Mr. Conlin named a couple of caveats that he thinks are also very important. One is that there is a social criticism of violent video games that's really different from political action. It's very appropriate for us to take that social criticism, but he's also very concerned about where we go in terms of censorship and regulation - what that means for private

spaces in which people have these games. We have to be really careful about the slippery slope issue when we think about what other alternatives we might have besides this particular regulation. Mr. Conlin was struck by the comment that Arthur played car-racing games. He asked, do we really want our youth thinking of car racing as the right way for them to behave. There are a whole lot of interesting contexts when you start to think about what it is that we're talking about. We need to be very cautious about any other steps we might be thinking about beyond simply saying public places are not the right place for the portrayal of aggressive violence. Mr. Nickels indicated that he thought Mr. Conlin's comment about the other messages that may be sent by some of these games to be excellent. Ms. VanDusen said that she appreciates the concern about the slippery slope, but as a public entity what we do by supporting this resolution is to say we value life. The public message in the public arcade should be we value life. The violent video games, as Ms. VanDusen is hearing about them, absolutely portray a different message. So in a public setting and in an opportunity to make sure that the mental and physical health of our region is enhanced, not compromised, let's get that message out. Mr. Hutchinson supports this resolution because there is apparently a relationship between desensitizing frequency in this case. He hopes that the Board would look at other similar issues such as those Dr. Pizzorno was raising because the cause and the effect is the relationship.

Ms. Miller had something to say about the medical community in general. What Dr. Pizzorno said was very important. It's not only the video games, it's other things going on in their lives such as the kind of medication they were exposed to. Ms. Miller had a personal experience with a grandson who was really quite different and very hyperactive. It was wondered what's going to happen when he goes to school. Her son and daughter-in-law took the child to a physician and Dr. Pizzorno probably knows what they wanted to do. The family was very concerned about starting to medicate a very young person, even though there was a lot of difficulty with the child's siblings and managing to keep this kid involved in positive things. They chose not to use medication, but to recommit themselves as a family to keep this young person involved in positive things and to try to intervene. Once he got to school, something magical happened. Ms. Miller guesses he got over a certain age and he's now probably one of the strongest students in school. He's only 8 years old, but he's involved in such things as peer groups to try to intervene and help kids to control their anger, solve things in a non-violent way. She can still see this little personality in him sometimes and what she thinks it is that he's a genius. But as a younger person it appeared to be something else. The Board should take a long look at what kind of research has been done on treatment with medication for young people and what we should be suggesting to the National Health Institute about how they look at the kinds of ways we medicate very young children.

Mr. Nickels thanked the Board and particularly recognized Ms. Pageler and Mr. Conlin. When Mr. Nickels raised this issue in January, it was the result of a conversation with a friend of his who'd gone with his small son to the Seattle Center and found games that he felt were inappropriate. He felt that that was a place that families should be able to go without being exposed to that kind of violent graphic depictions. Within 72 hours of that meeting, the Seattle Center had removed 10 of those games. Mr. Nickels knows that it was because of the intercession of members of the Seattle City Council. That is exactly the purpose of this resolution - to send a message very consistent with what that dad asked of Mr. Nickels, which was for some help and back-up. From what we've heard from Jeremy and Arthur and their mothers today, they want some help in sending the message that these games do have an effect and there are places that are inappropriate. And, that violence in our society has gotten out of hand. We as a culture need to address that. The motion calls for our local jurisdictions to remove these games. It doesn't force them to, but it does ask them to think about it. The Seattle Center has thought about it and removed them. We know that the Kent Commons made that decision some years ago -- based on discussions in the

community of Kent and with parents, they decided not to have violent video games in a similar community center for south King County. It gives us a chance to communicate with other boards of health in other parts of the country and hopefully, through the National Association of Counties and the National League of Cities, begin a conversation. It, as many members have pointed out, is not a solution. It's a beginning of a conversation here in King County and hopefully across this country. We learn from play. All mammals learn from play and human children learn from play. We may not know the full extent of the impact of these very graphic and very compelling games on our children yet, but we do know from common sense and from the studies that there is a relationship and we're sending that message out to our community. After the last Board meeting, Mr. Nickels had the chance to be on 93.3 KUBE radio, the station that Mr. Nickels' kids listen to, and this is not a very popular issue with its listeners. But they had a good conversation for an hour on a Sunday morning. At the end of it, virtually all of the listeners who called in either angry or concerned about this agreed that there needed to be more discussion and conversation about violence and its impact. We are not regulating anything here, and it's not appropriate for us to go into people's homes and tell them what they're going to do or not do, but it is appropriate as leaders in this community to provide some help and perspective on this issue. We have the opportunity to make a small step in that direction today.

The Board adopted the resolution unanimously, eleven in favor, none opposed. Mr. Nickels indicated that we would communicate this to our local jurisdictions and with national associations.

Mr. Nickels turned the gavel over to Ms. Pageler because he was called to Olympia to testify on funding for Sound Transit. The next item is the continuation of the budget discussion, one which, at the Board's workshop, was very fruitful. Staff has done some follow up on one of the 3 issues that Mr. Nickels posed to the Board at the end of the workshop. They hope to generate some additional conversation.

Budget Workshop Continued: Public Health Nursing

Ms. Pageler indicated that at the last meeting, the Board agreed to study 3 particularly pressing public health programs that are suffering from limited capacity as a result of I-695 and diminished local untargeted revenues. The first is public health nursing. In April and May, we'll look at communicable disease control and chronic disease and healthy aging issues. There will be a staff presentation and then an opportunity for questions so we can frame the issue for the long-term budget. Ms. Pageler introduced Kathy Uhlorn, Public Health's Chief Financial Officer, and Kathy Carson, Parent Health Manager. Ms. Uhlorn began by reminding the Board that at last month's Budget Policy Workshop, the Department differentiated its service programs as enhanced and critical. The Public Health Nursing Program is a critical public health service. It's been part of the Department since its inception. Ms. Uhlorn will look at the last 10 years of the program in King County. The first slide showed that the percentage of the public health nurse program in the entire Department public health fund budget has held fairly constant at around the 10-11% level through this decade, though the size of the budget has definitely changed. In 1991, the public health fund budget was around $60 million and the public health fund budget in the year 2000 is roughly $170 million. Last month, we talked about local government funding being at the core of funding for critical public health services; and that other funding sources were linked with this core funding to provide the total funding packages for our critical public health services. Those other funding sources are grants, Medicaid and FQHC, HCFA Match and fees. The next slide showed the different funding sources that have provided support for public health nursing over 1991, 1995 (taken as an interim year), 1999 and the year 2000. We can see some different trends when we look at the financial resources for this program.

For the last couple of years for public health nursing, we see that over $10M, or two-thirds of the program funding, is from Medicaid and FQHC. But to get these patient-generated revenues, we have to be serving someone who has Medicaid coupons. It is definitely a targeted population for public health, but it is two-thirds of the population by funding source that we have to provide services to in order to meet our program budget from a fiscal perspective.

Mr. Conlin asked if that means that the Department is changing the nature of the population it's serving. He went on to say, if he looks at the numbers and compares 1991 with 2000, he can say that it looks like we're dramatically increasing our services and even if you adjust that for inflation and for population growth, we still are spending more per capita. The question is, who are we spending it on, and what would we really need to do in order to meet the public health need and how would we conceive of putting together a budget that would actually meet that need. Ms. Uhlorn indicated that Ms. Carson would cover the former question. She went on to answer that we're very definitely seeing patients because of the type of funding source. We would like to get away from the very categorical focus. Mr. Conlin confirmed that what Ms. Uhlorn is saying is that it's great that we're meeting these needs because they're very important, but we're leaving out a whole segment of the population that does not qualify for these but on whom our resources could be spent effectively in delivering public health services. Ms. Carson said that she would talk about that but is not prepared to tell the Board what it would take or where the money would come from to do everything that ought to be done.

Ms. Uhlorn continued with the next slide which showed the local current expense County support and general fund Seattle support in this program. In both instances the decline in local funding for public healths nursing. This has definitely changed who public health nurses can provide service to. Ms. Uhlorn also presented on the chart what percentages of the budget are local funding. You can see a dramatic decrease in percentage of funding from local funds for public health nursing services over this decade. The next slide is the same information in graphical form, where we have the general fund contributions over the last 10 years going from 27% to 1% in the year 2000 budget and the King County Current Expense going from 15% down to 0% of this budget. For public health nursing total local support, the next slide puts the 2 funding sources together over the past 10 years. Ms. Uhlorn thinks the Department is doing a good job of bridging gaps with partnerships, aggressive grant and leveraging strategies. There are over 20 funding sources in this program and Ms. Carson is a leader in the Department in terms of going out and finding alternative funding sources, trying to put together a broader service capability than we would have if we only served Medicaid, but we think it should be larger. The capacity to provide or assure public health nursing services is increasingly in danger because that local funding core is shrinking. Our ability to provide public health nursing services to people lacking Medicaid is threatened. A public health nurse can no longer just look at the referrals that are coming across his/her desk but must also look at the type of funding source that patient has.

Ms. Carson explained that public health nursing is defined by the American Public Health Association as the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences. That's a really broad definition. In some ways it's easier to talk about what it is not. It is not medical care. We have registered nurses doing very important work in our clinics and in the jails providing medical care to our patients under the direction of a physician or nurse practitioner. These nurses work for public health, but they are not public health nurses by job class or in the way Ms. Carson will be using the term today. Neither is it visiting nurse services, which means the delivery of medical care in the home, such as dressing changes or post-surgery care. In our community, visiting nurse services are provided by a number of non-profit and for-profit organizations

and are paid for by insurance and Medicare. Public health nurses work with populations, both individually and in groups, around public health issues. Public health issues are those whose impact spreads beyond the affected individual. Medical issues may impact just that individual who's affected, but public health issues spread far beyond that individual. The easiest example is communicable disease, which not only affects the individual who's sick but can spread in the community affecting many others. There are other examples. Teaching a pregnant woman what foods she needs to nourish her unborn baby affects more than just that pregnant woman. Obviously it affects her baby, and, if low birth weight is prevented, medical costs are reduced, there is less likelihood of disability, so costs for schools and for the developmental disability system are reduced and the community has a better likelihood of gaining a productive individual. If you have a child in school and another child in that classroom isn't receiving the parental care they need, is that a public health issue? In the days when poor parental care might translate to a deadly case of tuberculosis, it may have been easier to see the benefit that everyone would gain from that child receiving good parenting. But today, that child may be harboring deadly anger instead of a deadly bacillus. The impact of that individual child's situation may spread across the community. Not only does the child and family suffer, but the childcare provider, the school, social service agencies, parks department, and juvenile justice system can all be impacted by the inadequate parenting a child receives.

Ms. Carson started out as a public health nurse in this Department in 1972. The role of public health nursing is very different today than when she began. At that time they served neighborhoods, and within those geographic areas tried to meet most all of the public health needs. There was a strong maternal-child health focus, but they were also a combined visiting nurse service and public health agency. They provided health promotion and prevention services for the elderly; they did investigation of communicable disease outbreaks within their geographic area; in some school districts they provided the school nursing services; and they provided post-hospital care for mental health patients. Most of the reimbursable services that they provided at that time came from the home medical care. Ms. Carson's day could range from doing a blood pressure screening clinic in a high-rise for the elderly, to visiting a new mom and baby, to teaching an elderly woman how to give herself insulin shots, to visiting a school classroom where the teacher thought there might be lice. The advantage of that clearly was the intimate knowledge you gained of that area of the community - the people, the resources, and the health issues. The disadvantage was needing to be a specialist in so many different areas at a time when health knowledge was really exploding.

While they never had enough funding to do all the work that needed to be done, it wasn't just funding that changed this picture. Health care financing got much more complex and they struggled to develop the infrastructure to allow them to bill appropriately to so many different payers for their home health care line of business. When the decision was made to split visiting nurse services off from public health, 4 different home health agencies were created to meet those needs. At that time too, with the advent of psychotropic drugs, the State totally changed its philosophy of mental health treatment, stopped hospitalizing patients and had to develop a whole community-based care system for those patients, so the public health nurse role in providing mental health follow up was eliminated. In order to have the specialized knowledge to deal with emerging communicable diseases and their treatment, they made the decision to centralize those functions into some specialized units so people could get appropriate care. In this same timeframe, the well being of children had always been an important focus, but changes in the stresses and support systems that families were dealing with led them to deal on the well being of families. Ms. Fimia asked if this system was really broken. Ms. Fimia's theory is that technology is where the money is and these low-cost, highly effective programs don't get nurtured because there's no money to be made in them.

This still seems like the best model for the assessment and education and touching bases and contact with the other services. Ms. Carson has a strong bias for this type of model. She loved the work in the community and having that kind of diversity in the work that she did; but it was not just funding. There were whole complexes of external factors that were going on with the health care system and in the community that led to some of these changes. In some ways, Ms. Carson doesn't think we can go back. Some of these things are not reversible kinds of changes. We could be have more of a community-based presence and less of a categorical "this is the kind of program I do" kind of presence. That is what Ms. Carson wanted to talk to the Board about.

Ms. Carson continued, saying that 90% of our public health nursing staff today are working in parent-child health. They're working with pregnant women to improve birth outcomes, working with families to improve the health and well being of children, including those with special needs, and to prevent child abuse. They're working with childcare providers to improve the health and safety of children there. The other 10% of public health nurses are working in communicable disease. Ms. Uhlorn gave the Board a broad overview of what has been happening to local funding, but part of this is a good news story. In Seattle and King County we've retained some capacity for public health nursing where many other cities have lost theirs. Part of the reason we did that is until the 90s we had good local tax support and that allowed us to retain this capacity. We also received a maternal and child health block grant, a Reagan-era funding source that has stayed essentially constant since that time, and is now used primarily to fund visits to families with children who have chronic medical conditions or developmental delays. It really is a success story that with strong advocacy from public health, funding for high priority services to low-income pregnant women and infants was put in place by the Legislature in 1989, and these reimbursable services have become the program's 3 largest funding sources. Medicaid First Steps reimbursement for maternity support services and case management, the cost-based supplement to the Medicaid fee that we receive as a federally qualified healthcare center, and the HCFA administrative match that we earn from doing outreach and linkage to this population. These have allowed us to maintain and grow our capacity to serve families at a time when local dollars have shrunk. In addition, we have been successful in obtaining funding from 11 other sources to provide more intensive services to some special populations. We have contracts with Work First and Children's Protective Service, both parts of DSHS. We also have a contract with Children's Home Society for 2 projects in south King County, one of which is funded by the Children and Family Commission.

Ms. Carson likes the analogy of a quilt. We piece together different funding sources to provide as much service as possible and minimize what and who falls through the cracks. We've worked very hard to find other pieces for the quilt as local revenues have declined, but this is a mixed blessing. For instance, we receive funds from DSHS from 4 different pots of money for 4 different services in addition to the First Steps billable services. Each of these is a separate contract, reimbursed in a different way with different reporting requirements. For the public health nurse, this means that, at best, he or she needs to fit the needs of the patient into one of these funding streams. And while the pieces of our quilt do meet important needs in the community, there are still gaps that both people and services fall through. While we believe that all families after the birth of a child will benefit from a home visit to assess mother's and baby's recovery and to provide education and support around parenting, public health has never had the capacity to serve every family. But having some local tax support not tied to patient-generated revenue has allowed public health nurses to respond to referrals regardless of payment source and to determine who could be served based on need rather than what kind of insurance they had. The need for parenting education and support does not end in early infancy. Some of the most challenging times of being a parent are yet to come. Important opportunities to work with families who are just

identifying problems with their children are missed because we don't have a payment source for these services until they have a CPS referral. Early intervention, which is less costly and more effective, is missed. Adolescents are often trying out a variety of harmful behaviors and parenting becomes especially challenging. We would like to work with both families and adolescents themselves, yet most of our work with this population is when pregnancy occurs. Prevention opportunities that might have delayed that pregnancy and other risky behaviors are missed.

While a number of other agencies in the community provide health and medical service to the elderly, the number of older people in our nation and community is steadily growing as baby boomers age. What should be the role of public health nurses in healthy aging and the prevention of chronic disease? Funding limitations prevent us from addressing this issue even though data from the community tell us it's important. The Board will be having a future session on this in the budget workshop discussions. In addition to the populations we are not serving, some important services are having to be dropped as well. For example, in the South County, public health nurses have been important team members with a number of community groups in a project called Crime Free Futures to work with families of youths who have committed their first offense. At this point, no new revenue has been found to support our role in this collaborative and we are going to have to drop our participation. Our White Center office was doing an innovative Ask the Nurse project with the Boys and Girls Club where a public health nurse was available during regular times each week to meet with kids who would drop by. This is a great opportunity to provide health education, do some primary prevention, working with kids before they get pregnant or get into trouble. It probably also helped recruit students into nursing. This, however, didn't generate revenue and also had to be dropped. We've also had to reduce the number of parenting classes and groups we provide or seek funding from others to keep them going. We have been successful in initiating a new contract with Work First and one of the things we'll be providing is parenting classes, but those people have to be TANF recipients and referred by their case worker. This will make it very difficult to put together a neighborhood group, which was often one of the advantages of doing a parenting class - that parents met others in their neighborhood and developed some supportive relationships. More and more we're relying on CHILD Profile, a system that we started and is now statewide that mails health promotion and parenting materials to families of kids birth to 6, rather than doing many of the community-wide education sessions we did when we had more flexible staff time. CHILD Profile is a wonderful system and it reaches many people, but it is just focused on families of kids aged birth to 6. There's a lot more education we should be doing in our communities.

While the funding picture is depressing, there is much that is happening that is very exciting. We're beginning to have a much better idea of what we should be doing to improve the health and well being of children. New research on the impacts of chronic stress illuminate why family support programs can make such a difference in individual health and family functioning. This is very simplified, but chronically elevated levels of cortisol, the body's primary stress hormone, reduce the functioning of the immune system, leaving us more vulnerable to infection, interfere with cognitive learning and make thinking more difficult, alter the cardiovascular system, increasing blood pressure and reducing blood flow to the placenta in the pregnant woman, and actually change the brain activity level promoting depression and apathy. Depression itself has been shown in recent studies to have profound impacts on the mother-infant relationship, inducing a depressed state in the infant as well as in the mother, and perhaps forever altering the structure of his or her brain. We're only able to intervene in a small percentage of families affected by stress and depression if they meet our categorical funding requirements.

This new information on stress is especially critical in light of the recent findings about early brain development and the evaluation of home visiting programs 15 years afterwards that has been recently published by David Olds. Ms. Carson spoke to the Board about this last July. Recent research has shown that the brain achieves about 90% of its total growth by age 3. This growth doesnt just happen on autopilot. The infant's environment plays an active role in how the connections between cells are made. Particularly the interactions with parents and caregivers -- that give and take between the infant and the person whos caring for them -- seems to be very important in developing the wiring between neurons in the brain. Missed opportunities to promote health development and learning may actually be reflected in how the brain ends up being structured, making later interventions much more difficult. David Olds has recently published studies that look at 15 years of follow up to a nurse home visit program for young, first-time mothers. He found decreased pre-term delivery and low birth weight infants in the nurse visited group, decreased child abuse and neglect, decreased childhood injuries and emergency room visits, and increased spacing between births. Ms. Fimia asked what percentages those were. Ms. Carson offered to provide the Board the original articles. Ms. Fimia also asked for detail about how many visits. Ms. Carson indicated that her information describes the protocol for numbers of visits. She will be telling the Board about our replication of David Olds projects so we will have more information about our actual costs very soon. Ms. Fimia suggested that for the future, to get whatever legislation and funding that we need and the local, state and federal levels, it would be helpful to have it packaged in a way that talks about how much additional spending is needed for that service, which is probably very small, and what that translates into in terms of percentage of decrease. The last would be, how much savings do you recognize in your days in neonatal intensive care, hospital, emergency room visits and so forth. For policy makers and public, you can't argue with those numbers and those would be very powerful. Ms. Carson indicated that that was included in some of the material she presented last time when she did more in depth on this particular issue.

Another little piece of this quilt of funding came from Associated University Physicians through Premera, which is their health plan, and we have begun a David Olds replication called Best Beginnings that will serve 50 young first-time mothers who are enrolled in that health plan. Ms. Carson believes that, because our state has invested in services for prenatal and post-partum women, we will need about $750-$1000 additionally a year to provide service to each of those women. It's because of the investments we've already made that we can take a relatively small increment and do a very intensive program. Ms. Fimia pointed out that that amount of money is equal to the amount it costs for 2 visits to the emergency room. Ms. Carson added that it was equal to less than a day of hospitalization. Ms. Fimia saying further that the alternative would be a forever damaged child. Ms. Carson pointed out that one of the most interesting findings in the David Olds study was decreased criminal behavior, measured both in arrests and in incarcerations. This was found both for the mothers and for their children as they hit adolescence. So, this is really a very promising strategy. There was also a decreased use of welfare found in the nurse-visited group. As Ms. Carson said, the Department has started its replication of the David Olds model and has sent its first team to Denver to be trained by David Olds and his group. The primary difference between his model and what we currently do is the frequency of the visits and the focus on the nurse developing a supportive relationship with the mother. The increased frequency of visits is really the way that that relationship is developed. The visits continued through the child's second birthday and it's a very family-centered program in that the mother identifies what issues she wants to work on and that is what the nurse works on with her. Ms. Carson had a feeling when she was doing direct service that she needed to pour in a certain amount of knowledge and information before women would be ready to deliver and in order to support them in being parents. The current program provides women with lots of information but it turns the equation around and focuses much more on the relationship with

that mother and supporting her efforts at parenting. So, it isn't radically different than what we do now. It's very rare that any public health program or any program, for that matter, has been evaluated over a 15-year time period as David Olds has done. His results were obtained using nurses visiting young, first-time mothers who were primarily low-income. Not every woman needs that kind of intensive support, but we can learn from his results and apply the approach to other families, focusing on supporting the family so that stress and depression are reduced and brain development will not be impaired. With more and more infants and children spending significant hours in child care, we need to have this same approach with child care providers as well. Parenting education is an important part of this equation. Increasing the feelings of competence as a parent and a caregiver can reduce stress as well as improve practices.

The last two slides are 'what can be done?' Public health nurses have to meet so many categorical requirements for funders that paperwork is an enormous burden. We've identified many ways to streamline their work through computerization, but have not been able to implement them without funding. This would be an excellent investment in our existing workforce, allowing them to be more efficient and spend more time on services rather than paperwork. We also need to consider how flexible funds might be identified to allow nurses to provide services to families even if they don't have a payment source, and to work with community groups on issues of concern. We need to urge the State to invest more of the TANF savings in support services for families, including supports in child care. We need to expand our investment in child care. Child care workers are second only to parents in the importance of their job to the community. They need help to provide a healthy safe environment that supports early brain development. While we know that not all families need the intensive services of the David Olds model, we do know that it has significant benefits for young, first-time mothers. Oklahoma has made the decision to provide these services to every young mother across the State. We should do the same in King County. We don't have to wait 15 years for cost savings. Incarcerations for mothers were reduced in the nurse-visited groups in addition to incarcerations of their children years later. If we're ever going to turn the tide of increasing incarceration in our community, we need to invest in preventive activities. We don't know all of what works, but we do know some of what works. Let's do it.

Ms. VanDusen wanted to make a connection between Ms. Carson's presentation -- the work the public health nurses do in day care centers--and the one we had previously on violence. She wondered if the video and computer game-rating brochures described earlier in the meeting might be distributed through the public health nurses. Ms. Carson suggested that they should also look at putting some information about that rating system into CHILD Profile materials. Ms. VanDusen, asked if we are seeing an increased need for support simply also because of isolation from families. When you stress the need for the support and education, a lot of that may have been provided by mothers, grandmothers, but many of our young people don't have that anymore. In the high schools there are peer support or natural helpers groups and she's wondering if the model also allows the development of a volunteer force of people who can provide that kind of support figure with some kind of linkage to the public health nurse for expertise as needed. Ms. Carson responded that, ideally we would have a menu of services available for different people based on their needs. It would all be research-backed and we would know what was best for each kind of person. We don't have that. David Olds has done a study using paraprofessionals, rather than nurses, following the same curriculum. He did not have the same good outcomes which leads him to believe that it's the therapeutic relationship the nurse develops with the client that is perhaps what is making those differences. But that doesn't mean that services that incorporate paraprofessionals or volunteers aren't appropriate for some populations. It's just that we don't have the research about that.

Ms. Miller asked about the program with 50 young mothers with the David Olds model and whether all of these young women are single parents or whether there are two-parent families involved. Ms. Carson doesn't make a restriction one way or the other. They have recruited about half of the 50 and she doesn't know what the demographics are for those families. Ms. Miller believes that it would be important that we not only have single-parent families but that we have two-parent families because there is still a very different attitude in our society about the role of the male in the parenting. They are still, unfortunately, not very often equal partners or equally sharing in learning and this is part of the problem they have that leads to so much more domestic violence and the learning process that goes on with young boys in the family. That's part of violence in our society, where the young boy learns the violence in the home. We heard a very frightening statistic of how many young men in the youth facility are involved in violence against their mother. Ms. Miller thinks it would be important to include two-parent families, if we're trying to decide if we're ought to replicate this. Ms. Carson responded that in Olds' research he did find benefit for women who were in two-parent families and who had higher incomes, but there was more benefit for the single low-income mother. This is because the partner provides some support. There is actually a new study with some interesting information about the support from a family member or a partner producing gains in birth weight even for people who have normal income. But the gains were greater for those who had low income. Ms. Miller said that we have two-parent situations where the violence is there no matter what the income level, so she thinks it would be important to include two-parent families. Ms. Carson responded that she would love to be able to provide this service regardless of income level, because she thinks Ms. Miller is absolutely right. But she'd be happy if we could do it even just for low income.

Dr. Pizzorno asked for correction if he was incorrect in saying that we've gone from having a locally funded professional public health nurse in the trenches in the community, using his/her training to determine what's needed, to having the decision being made in Washington, D.C. based on very generic perspectives and political agendas. Ms. Carson indicated that it was Olympia rather than Washington, D.C. In response to Ms. Miller, Ms. Carson stated they are getting funding partly from welfare reform, but all worked to pass the First Steps legislation because support and services for low-income pregnant women and infants was a very high priority. So it isn't totally externally driven, but within the program, it has lots of rules and regulations and doesn't flex enough to meet the needs of individual families. So having some flexible funding that allows you to look at the needs of the family or community first and then figure out what the funding should be makes an incredibly important difference in the way you look at your work and the needs. Dr. Pizzorno stated that he believes the Board should ask the City and County Councils to come back with funding, maybe not as much as it was 10 years ago, but at least enough so that we can enable the people in the community. Ms. Pageler corrected that the Seattle City Council has not reduced their general fund funding. Dr. Pizzorno asked then where do we get different numbers. Ms. Pageler responded that it's gone to other programs and other priorities, because this program has doubled its budget. So this is not the program we most need. The other programs have had higher needs. This is like the argument Ms. Pageler is hearing about the arts in Seattle. The City general fund contribution to the arts has doubled, but because 1 program has not been increased the way the advocates want it, they are beating the City up and saying we're not good arts supporters. That program is growing too, for other reasons. Ms. Pageler thinks that this is absolutely a very high-priority program, but she wants to know what other programs Seattle's general fund money has been going to. The City hasn't reduced the amount, so is the Health Department going to recommend that the City reduce its funding for those other programs? That's the discussion that we're not having here and that's what we've got to have as a budget issue. Dr. Pizzorno said that that was not consistent with the data that was presented to the Board last month which showed the local funding as progressively decreased year-by-year to all of Public Health. Ms. Pageler

responded that that is the County's funding for Public Health. Ms. Pageler confirmed for Dr. Pizzorno that the City is maintaining its funding to Public Health, but the decreases have been on the County side.

Ms. Miller answered to that yes and no, but part of the problem is that in 1993, the Legislature made the counties responsible to be the leaders of the public health program (all 39 counties). But they didn't decide how they were going to direct the funding because, at the time, the funding that was coming from other areas like Suburban Cities, etc. So part of what we wanted the State to do was to figure out a way to get a certain amount of money in by an identified funding source. It was the motor vehicle excise tax. That didn't happen until 1995 and 1996 was the first year we actually collected it. Now it's disappeared overnight and that's what we're fighting for now and talking about the Legislature replacing. Ms. Miller thinks that the most we'll get is a 90% replacement of that loss of funding. Her worst fear is that it will be a 1-year or 18-month deal, a biennial deal. The second piece is that under the Growth Management Act, which is related because all the urban high-value areas are now inside city limits for the most part. There's very little urban area left in unincorporated King County, so the County's revenues keep going down. It's not to say that they don't put CX money into Public Health, but part of what the County thought was finally helping it to solve the problem and keep the programs going was the piece that we finally got the State to fulfill and now that's gone away. We've been collecting it for 3 years and it's gone. Ms. Pageler commented that Seattle agreed at that point that not only would it contribute its motor vehicle excise tax, but continue to provide $14 million a year. Ms. Miller said that she could tell what every piece of that money goes for, because in trying to explain to the Legislature how we put together the budget and what percentage was lost from MVET, Ms. Miller had to break out all the EMS because no other county includes that in their public health budget. For us it's about $56 million and nobody had an agreement with their city like we do with City of Seattle that buys an extra increment ($14 million). She has all the information so she could go to these legislators who don't understand local budgets. Of course, ours are the biggest numbers which is why they then say that it will be easy for us to take "a 2% cut" when in fact it was more like a 7% cut plus the match funds, so 14% overall, because of the loss of MVET. Ms. Miller thinks our biggest problem right now in this state is a little bit of greed. People wanted to pay $30 license tabs, but the legislative members themselves really didn't understand where all this money was going. They had no idea over the years how many programs, vital basic programs, the state was using this money to fund, including sales tax equalizations and criminal justice and public health and, in a big way, transit districts. So we're in a real dilemma now and Ms. Miller thinks that maybe there's a light at the end of the tunnel if they complete their work, do their homework and understand how all this fits together. Then we can get back to looking at how we make these choices and add money to particular programs if we think it's important. For us it's a monster hole in our overall budget if they don't repair this issue. It's not a problem for all cities, but it is in some cases a serious problem for some older cities and younger cities. Some of the smaller counties are losing 40-50% of their overall budget and still have to do public health -- counties are in charge of public health.

Ms. Fimia asked what percentage of time public health nurses spend on additional paperwork. Ms. Uhlorn interjected that the paperwork is necessary for us to justify our funding. We have to pass audits on all these funding sources so we have to document. Ms. Fimia continued that it's a real catch-22. The Legislature asks for all this documentation to make sure that public dollars are spent well, and in doing that siphon off X percentage of money that could go to service and then they come back and say well you're spending too much on administration and not enough on service. Ms. Carson estimated that about 40% of the total of time spent on one family visit is spent on the paperwork and the follow up to make contact with other providers and that kind of thing. So the direct service time is about

60%. Ms. Fimia, as a former nurse, struggled to provide patient care while having to prepare huge patient care plans. The time spent on paperwork should be maybe 5-10% of the time. Ms. Carson agreed. Ms. Carson doesn't think, with the modest investment she's talking about in computerization, that we'll get it down to 5-10%, but if we can get it down to 25-30% we would have a significant increase in capacity. She thinks that can be done. We really haven't been able to do anything because, for example, a group of 6-8 nurses will have access to 1 computer and you can't do your recording that way. Ms. Fimia stated that we need a plan, a strategy for identifying exactly what changes need to be made--approximately how much additional revenue. She doesn't want to do a shell game, where we take it out of the 2-year-old to give it to the 6-month old. Ms. Carson responded that part of the reason that those resources have come out of this program is that there were other dollars we could generate to take their place, and we didn't want to lose WIC, family planning, or communicable disease control. These are no-win trade-offs.

Ms. VanDusen observed that you've got the list here of what isn't being done but she doesn't know if that's all that's not being done. It would be helpful if there were a clear definition of what are the critical public health services in public health nursing and a discussion of those, because this is clearly an area that's reflective of a long standing tradition of maternal-child health. She suspects that some of the administrative time has gone into the assurance function in making sure if we don't provide a service in Public Health, it is being provided in the community, and that's not a bad approach. But we need to identify what isn't being provided in the community that is a critical public health, public health nursing function that only the public health agency can do. If what has been presented is not all of it, it would be good for the Board of Health to have a sense of what's that public health nursing critical services list. Ms. Carson thinks the Board will be discussing some of those in the Board's other sessions as they talk about healthy aging and chronic disease prevention and communicable disease control. Public health nursing has a role in both of those.

The meeting was adjourned at 12:20 PM.

KING COUNTY BOARD OF HEALTH

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s/Greg Nickels/s, Adopted April 21, 2000