KING COUNTY BOARD OF HEALTH
999 Third Avenue, Suite 1200
Seattle, Washington 98104-4039

Carolyn Edmonds, *Board of Health Chair*

KING COUNTY BOARD OF HEALTH
MEETING PROCEEDINGS

September 15, 2000
9:30 AM to 12:00 PM
Seattle City Council Chambers

Roll call

- Greg Nickels
- Kent Pullen
- Richard Conlin
- David Irons
- Karen VanDusen
- Larry Gossett
- Joseph Pizzorno
- David Hutchinson
- Dan Sherman
- Alvin Thompson
- Dwight Pelz
- Alonzo Plough

Call to order

Chair Greg Nickels called the meeting to order at 9:44 AM.

Announcement of Alternates

Chair Nickels acknowledged that no alternates were present. Councilmember Pageler and Councilmember Miller were unable to attend and unable to find alternates.

Adoption of the July 21, 2000 Minutes

Chair Nickels requested a motion to approve the minutes of the July 21st meeting, although there were two changes: Ms. VanDusen noted one correction on page 2, under the section entitled, Change to the Proposed Operating Rules, second paragraph, third line, "Witness stated that she does often get her Board of Health materials. There should be a 'not' to reflect does 'not' often get her Board of Health materials quite that far in advance." Mr. Conlin requested a correction noting that he attended the July 21, 2000 meeting, but was not an alternate.

General Public Comments

Richard Lee stated that Dr. Harruff, King County Medical Examiner, perpetrated fraud in an article he published in the Journal of Forensic Science. Mr. Lee questioned Chair Nickels and Dr. Plough regarding the investigation into the death of Kurt Cobain. Chair Nickels advised Mr. Lee that the general public comment period is an opportunity for public comment, but it is not a question and answer session. Chair Nickels thanked Mr. Lee for his public comments.

Chair's Report

Introduction of Board of Health Staff

Chair Nickels introduced Lisa Werlech as interim Board of Health Administrator.

Acknowledgement of Kris Beatty

Chair Nickels recognized Kris Beatty for her outstanding work with the Board of Health, formerly providing support to the Board Administrator, and more recently, serving as interim Board of Health Administrator. Chair Nickels presented flowers to Ms. Beatty, who will be working for the King County Commission for Marketing Recyclable Materials in the Department of Natural Resources.

Health Professional Position Term to Expire

Chair Nickels stated that Dr. Thompson is eligible for re-appointment on the Board. Chair Nickels asked for volunteers to serve on an ad hoc selection committee, which has previously been done on a regular basis.

National Uniformity for Food Act of 2000

In July, Boardmember VanDusen brought to the Board's attention national legislation known as the National Uniformity for Food Act of 2000, which would amend the Federal Food, Drug and Cosmetic Act of 1997 by prohibiting any state or political subdivision from establishing or continuing any requirements for food labeling that is not identical to national requirements. According to the Ferguson Group, lobbyist for the Health Department, and for King County, the act would also allow a state to petition for exemption under the Fair Packaging and Labeling Act of 1966 relating to food regulation. States would be able to establish a requirement that would otherwise violate the Federal pre-emption relating to national uniform labeling if the requirement is needed to address an imminent hazard to health that is likely to result in serious adverse health consequences. On June 29, 2000, the Subcommittee on Agriculture, Nutrition and Forestry approved this bill, which is Senate Bill 1155, by voice vote. There has been no further action on the bill. In the House, the companion bill, which is House Resolution 2129, has been referred to the Commerce Committee Subcommittee on Health and Environment, where it has seen no action.

Boardmember Pullen questioned the extent of food labeling, particularly those foods that have been genetically altered using the essence of other substances, or beef that has been fed hormones or steroids to accelerate growth. Mr. Pullen questioned whether irradiated foods should be labeled and whether the labeling would prevent local farmers and local health food stores from providing the kind of labeling that their customers would like to see.

According to Jane McKenzie, King County Deputy Prosecutor, the bills prohibit states or political subdivisions from establishing a requirement for notification about the food safety. Warning is defined to be any statement, vignette, or other representation that indicates directly, or by implication, that the food presents, or may present, a hazard to health or safety. What Mr. Pullen described sounded more as an identification of the source, or what is contained in a product, rather than a statement, for example, warning that the food may present a hazard to health. If the statutes are passed, they would flush out whether indeed it would have as broad an interpretation as Mr. Pullen's question.

Boardmember Thompson asked for clarification regarding the problem that these bills were attempting to solve, whereby, Chair Nickels indicated that he would follow up with the Ferguson Group.

National Update on Tobacco Prevention and Control.

In 1998, this Board adopted a resolution in support of the State Attorney General's effort to seek a national settlement with the tobacco industry. The Attorney General successfully negotiated the settlement in 1999 and all states are now part of that settlement. In June of 2000, the Board received an update on the national tobacco settlement fund allocation from Greg Hewett, who is Program Manager for Tobacco within the Public Health Department. Dr. Bob Jaffe serves on the Washington State Department of Health's Tobacco Prevention Council, representing the Washington State Medical Association and the anti-tobacco advocacy organization, Washington DOC. Dr. Jaffe discussed tobacco prevention and control from the national perspective and also locally in Washington State.

Dr. Jaffe briefly summarized what has happened since the national settlement with the tobacco companies. In 1998, the Attorney Generals around the country were involved in a lawsuit against the tobacco industry, and Christine Gregoire became one of the lead attorneys in that settlement. At that time, Dr. Jaffe started working on the task force with Ms. Gregoire to begin developing a statewide plan for Washington based upon scientific studies of other states that have put together comprehensive long-term programs to reduce tobacco use. The settlement was completed in 1998, and in 1999, Mary Selecky, the Secretary of the Washington State Department of Health, put together a tobacco prevention and control council that includes Dr. Plough and Dr. Jaffe. The purpose of that council was to evaluate effective programs to reduce tobacco use, and to put together a comprehensive long-term plan for the state that will come from the settlement monies.

Tobacco causes one out of five deaths in our state; approximately eight thousand per year. This one drug is responsible for ten percent of the newborn and neonatal deaths in our state; eighteen percent of all the stroke deaths; one third of all cancer deaths in the state; forty-five percent of heart disease deaths; and ninety percent of all chronic lung disease deaths.

The comprehensive long-term plan has four goals: promote cessation among adults and youth; prevent initiation by youth; eliminate exposure to environmental tobacco smoke (ETS); and to reduce disparity among populations. Native American and African American populations have a much higher death rate from diseases caused by tobacco. Although the plan does not expect to prohibit the use of tobacco, it is anticipated that the rate of tobacco usage will be reduced to a five or ten percent level rather than the current twenty-four or twenty-five percent level, and certainly reduce the thirty percent of high school teens using tobacco. Statistics show that individuals who do not use tobacco by the age of twenty-five, probably never will use tobacco.

Almost everyone who does become addicted to tobacco, does so before reaching the age of eighteen. The average new tobacco smoker in Washington is twelve years old and the average new tobacco chewer is ten years old. Young teens are more likely to become addicted, both in terms of the hard wiring of the brain when using addictive substances at a young age, as well as the fact that psychologically and behaviorally, young people are more susceptible to change of behaviors. Adults who start smoking can quit more easily than teens who start smoking. Teenagers provide basically an annuity for the tobacco industry, because teens get addicted very easily, and then approximately one out of every two or three of them will die. Dr. Jaffe emphasized that half the people who die from using tobacco, die when they are under the age of sixty-five.

A big chunk of settlement dollars will go to public education and awareness, because this is a social marketing program. Dr. Jaffe emphasized the need to change the way people perceive tobacco and use tobacco. A very small amount of settlement dollars will be used for administration. Most of the money is going to communities and to schools, because that is where all of the changes are going to take place. In the first week of October, there will be a major media campaign launched on TV, radio, and billboards and will link up with the campaign already in effect in Oregon. It is anticipated that a lot more adults will be seeking help from their healthcare providers to quit smoking in the next couple of months. In November, the state will begin a state-wide counseling phone line for everyone in the state of Washington and will be linked with a media campaign.

The approach in the communities is to have a lead agency in each county (Lung Association, the Cancer Society, a substance abuse coalition, a tobacco control coalition, whichever agency has been traditionally taking the lead on reducing tobacco use in that county) apply to the state for money. Each county must come up with a plan of how to effectively use the money based upon the CDC best practices guidelines. There is an assessment to the evaluation project that will also work to ensure that the money is being spent effectively and the outcomes can be measured. There is a fifteen million dollar budget the first year, which is better than the two and one half million that the state has allotted in the past to spend on tobacco control. However, it is only approximately sixty percent of what the CDC recommends that Washington expend to significantly reduce tobacco rates.

According to Dr. Jaffe, the schools, communities, faith communities, and special populations are all going to be interacting in a very complex way to reach as large an audience as possible and to do this over a long period of time. It is anticipated that this will be at least a twenty year campaign to influence social norms over the next generation to really reduce the phenomenal fifty year campaign that the cigarette and spit tobacco companies have launched in this country, which will require a long time to change.

The State Department of Health is committed to ensuring that those counties that have already initiated programs (King County, Pierce County, Spokane County), would receive substantially higher amounts of funding so they can keep moving the programs forward. Those counties that have not had programs in the past would at least get money to create capacity to do things in the future.

Boardmember Pullen emphasized that nicotine, narcotics, caffeine, and alcohol are all dangerous drugs that have various physiological effects on the body.

Dr. Jaffe stated that the challenge to government is to counter deceptive messages by funding more effective counter-advertising so the public receives a balanced set of information about products that can harm health. Tobacco is the worst drug, because

nicotine is very addictive. It is much easier for alcoholics and cocaine users to quit than it is for smokers.

Resolution No. 00-304 Strategic Plan for Health Care Delivery in King County

Resolution 00-304 is in support of local initiatives designed to establish a coordinated vision and innovative strategic plan for the integration for complementary and alternative health care delivery in King County.

Boardmember Pizzorno stated that Washington State, and particularly Seattle-King County, are perceived across the nation as leaders in facilitating the collaboration of conventional medicine, public health, and alternative and natural medicine. President Clinton appointed the White House Commission on Complementary and Alternative Medicine, and the intent was to actually have the first public town meeting in Seattle. The University of Washington, Bastyr University, all the natural medicine institutions in the region, and Public Health have collaborated on ways to work together to improve the health and well-being in the community.

In response to Boardmember Thompson's question regarding projected funding for this commitment, Boardmember Pizzorno stated that all of the involved agencies and institutions have voluntarily provided funding to facilitate this integration and have actually hired a temporary staff person to make it all work effectively.

Boardmember VanDusen raised an issue regarding the lack of quality control on some natural products, to which Boardmember Pizzorno responded that the FDA regulates safety. The majority of products are safe and they do contain ingredients accurately listed on the label. Unfortunately, not all of the products are labeled. A product may have on the label how the product may promote health, but the label cannot indicate how the product may be used to treat or prevent disease.

Boardmember Sherman commented that this measure is more like support of a particular industry than a Public Health issue and he is not in favor of expanding what is being done to bring in an industry as opposed to the scientific approach that has already been taken in medicine.

Boardmember Pizzorno reiterated that the purpose of this resolution is supporting professionals in natural medicine, the professionals in conventional medicine, and the professionals in Public Health working collaboratively together.

Boardmember Pullen stated that Resolution No. 00-304 does deal significantly with Public Health in a lot of ways. This motion will indicate that the King County Board of Health supports the planning efforts for all practitioners to work harmoniously to ultimately provide the best health care. Boardmember Pullen stated that this is a Public Health issue and would urge a yes vote.

Resolution 304 In Support of Local Initiatives Designed to Establish a Coordinated Vision and Innovative Strategic Plan for the Integration of Complementary and Alternative Health Care Delivery in King County was approved with eight in favor, one opposed, and one abstained.

Resolution No. 00-305 Bioterrorism and Biological Disaster Preparedness.

Resolution 00-305, recommends that health care institutions and providers and emergency management and first responder agencies in King County work collaboratively with Public Health - Seattle & King County and King County Emergency Management Division to establish county-wide bioterrorism and biological disaster preparedness.

Dr. Plough briefly reiterated two reports on the significant issue of bioterrorism and the leading role that public health departments play. The major point is that the usual agents that would be used in bioterrorism are the kinds of agents that will be first detected through the epidemiologic work of the Public Health Department, which is very different from the more toxic materials issues that would happen in other disasters. It is necessary to enhance the ability to work on this as a surveillance and response issue. There is much Congressional activity and White House activity to expand funding and to expand the role of local public health departments as coordinators for bioterrorism preparedness. Resolution No. 00-305 supports Public Health's efforts, and King County Disaster Management's efforts, to perform the cross-sectoral coordination needed to make those kind of responses. The University of Washington is quite involved in this effort, both directly and through the affiliation of the University of Washington at the Medical Center.

Chair Nickels acknowledged the excellent work of Dr. Jeff Duchin, Public Health - Seattle & King County, on bioterrorism preparedness.

Resolution Number 00-305, Recommending that Health Care Institutions and Providers and First Responder Agencies in King County Work Collaboratively with Public Health - Seattle and King County and King County Emergency Management Division to Establish Countywide Bioterrorism and Biologic Disaster Preparedness was approved with a vote of nine in favor and none opposed.

Director's Report

The first and major part of Dr. Plough's report was in follow-up to the discussions the Board of Health had earlier in the year regarding chronic disease prevention and control. Chair Nickels requested a presentation for understanding the increased public investment in the prevention of chronic disease and healthy aging, including examples from programs around the country that have shown the effectiveness of those kinds of interventions to prevent chronic disease. Chronic diseases such as cancer, heart disease, stroke, and diabetes, have become the major causes of premature death and disability in industrialized societies such as the United States. The ability of public health departments to have a coherent and extensive program for preventing those diseases have not kept up with the demand; the funding has not been available.

Dr. Plough introduced Dr. Cheza Collier, Manager of Chronic Disease and Healthy Aging Division, Public Health - Seattle & King County and Dr. Gary Goldbaum, Disease Control Officer, Public Health - Seattle & King County.

Dr. Collier reiterated that chronic diseases are the leading causes of death and disability and pose major problems in society and in King County. Chronic diseases create major health disparities among racial and ethnic groups. There are some prevention methods that work, but need to be implemented. Sustainability of successful research has been very difficult.

Asthma is categorized as a significant chronic disease with an increase in hospitalization rates primarily among children, but also in adults. Heart disease is another chronic disease that is the biggest killer and the second leading cause of disability. There are large numbers

of low income people with high rates of high blood pressure, which leads to heart disease and stroke. There are theories of blood pressure being related to stress levels, which appear higher in people of low income. Very high stress levels among African Americans may be related to how people manage anger. High blood pressure may also be related to sodium intake, particularly among sodium-sensitive individuals. There are a lot of variables that seem to affect blood pressure. Diabetes is a chronic disease and the death rate among African Americans has been skyrocketing over the last five years. Among the different types of cancer, there are high rates of colorectal cancer among African Americans and other sub-groups. Colorectal cancer is one of the cancers that can be screened and detected early, and then treated and theoretically prevented.

There are relatively high sedentary rates, which indicate the need to improve surveillance in this area. There has been less focus in this arena compared to the disease categories themselves. The current recommendation is for a minimum of 30 minutes of moderate physical activity per day, five or more days per week. Nutrition information recommends five servings of fruits and vegetables per day. A good portion of the population does not meet this recommendation.

What really is recommended is that those foods come from whole grains, preferably, so as to minimize eating processed foods; getting the most natural and pure forms of the foods with the most nutrient value.

Dr. Goldbaum indicated that dealing with chronic disease will require dealing with prevention at a level that is quite different than in the infectious disease arena. There is a lot to do with modifying behaviors, but also with modifying the environment.

The strategies that Public Health would like to employ in the future, first and foremost, is the need to improve data quality; better mechanisms for surveilling what is occurring in the community. What is the rate of obesity? Diabetes? What kinds of physical activities are people getting? What are the diets of folks in various communities? Dr. Goldbaum emphasized the need for much better information in order to improve the kind of programming that will guide Public Health's partners in the community.

Public Health needs to work closely with the health service delivery system; training community partners on medical nutrition therapy and working in collaboration with other partners on a whole range of effective clinical interventions that can have a profound impact on Public Health. Finally, Public Health can help to influence the social and political system by coordinating community forums and participating in the vast array of partnerships throughout the schools, non-profit agencies, clinics, community agencies, etc.

The benefits from these activities will delay death. Public Health can influence the rate of new development of disabilities and improve productivity and reduce absenteeism with effective programming in the chronic disease arena. This will improve the quality of life and sense of well-being.

Although Dr. Goldbaum stated that Public Health can be very effective in influencing outcomes, cost benefit in medicine is a new science fraught with a great many limitations. Dr. Goldbaum discussed the cost savings in terms of longer life and quality of life with respect to early detection and treatment for cancer, diabetes, and asthma. The outcome of a colorectal cancer screening program targeting fifty to seventy-five year olds, demonstrated that early detection and treatment could prolong the average life by approximately three years. The savings, however, were approximately $5.00 per person of medical care costs.

There is both a medical benefit and a bit of a cost savings. That is, people did not use the medical resources as much, but it is difficult to translate into dollars the amount of cost savings returned to the Health Department down the road at the next budget cycle.

According to a University of Washington article on diabetes screening and early treatment, there was an improved outcome, however, the article did not specify additional life years saved.

The article dealt with identifying people who already have a metabolic dysfunction. Dr. Goldbaum stated that he cannot speak to the possibility that a broader intervention strategy would necessarily translate into broader cost savings; the literature does not address that issue of cost benefit. The available medical literature is very rich with respect to the powerful impact of early detection and treatment. Cost benefits are difficult to quantify, although benefits may be realized in fewer visits to the doctor and fewer hospitalizations.

Dr. Goldbaum reported that promoting physical activity at a work site resulted in reduced absenteeism, with an estimated annual cost savings between $100 and $400 per person; a savings in both medical costs, as well as work productivity. Promoting physical activity in the work environment may yield cost savings to the employer, as well as to the health care system.

Dr. Goldbaum summarized asthma literature suggesting that there are serious medical savings if employers promote self-management education, structured treatment, and education. In three different studies, a reduction in emergency room visits increased employees' healthy days, reduced attacks, absenteeism, and hospitalizations. Cost savings ranged from $267 per person per year to more than $2,700 per person over a three year period. The literature is beginning to reveal cost savings to the system.

Dr. Collier explained an intervention strategy regarding blood pressure screening among low-income senior citizens and African-Americans. Public Health - Seattle & King County performed a research study funded by the National Institutions of Health and the National Heart, Lung and Blood Institute. In this study, it was concluded people are more likely to seek care if there is outreach and follow-up. The short-term outcome results in better medical management, but the long-term outcome is demonstrated in decreases in the potential for heart disease, stroke, kidney failure, etc.

Dr. Collier stated once people have certain chronic diseases, physical activity and nutrition can assist in managing those diseases. Dr. Collier reiterated that primary prevention focuses on promoting physical activity. Promoting physical activity will result in a reduction in obesity and the mortality related to some chronic diseases. The Surgeon General's Report on Physical Activity is a primary guideline. Dr. Collier explained that Public Health - Seattle & King County is sponsoring a program in the community. The program, Eating for Healthy Aging, targets senior centers and food banks, as well as other locations where older adults can learn about nutritious, low-cost food preparation.

Dr. Collier concluded that chronic disease is a major public health problem. There are programs that can be effective and there is evidence that these programs can potentially save money. Public Health - Seattle & King County needs to invest in order to make a healthy impact on the community.

Chair Nickels reminded the Board of the workshop on chronic disease prevention in which the Board challenged Public Health - Seattle & King County staff to propose ideas regarding shaping the chronic disease program if more local resources were devoted to the program.

Chair Nickels acknowledged the valuable information imparted by Dr. Collier and Dr. Goldbaum.

Boardmember Conlin stated that the next challenge will be to evaluate the investments that are needed to achieve positive outcomes. Boardmember Conlin further stated that long-term prevention investments make sense in terms of linking those investments to the sources of the savings.

Boardmember Sherman stated that the cost savings of chronic disease prevention should not overshadow the basic health issues of wellness and quality of life.

Boardmember Hutchinson suggested organizing better resources at the city level and implementing model programs to fit the profiles of those cities. Dr. Plough responded that Public Health - Seattle & King County has a number of community-based programs to bring technical expertise to communities in order to promote health and well-being within the region by working collaboratively with each city and unincorporated area in King County. Dr. Plough indicated that Public Health - Seattle & King County is refining regional health promotion activities through its community-based public health practices.

Boardmember Pizzorno questioned whether there could be an initiative on the ballot to fund Public Health in order to achieve positive short-term and long-term health benefits for people in King County. Chair Nickels responded that the Board of Health does not have authority to establish the budget for Public Health, although the Board of Health does have fee setting authority.

Chair Nickels adjourned the meeting at 12:06 PM.

KING COUNTY BOARD OF HEALTH

---

s/Greg Nickels/s, Adopted October 20, 2000