

Carolyn Edmonds, *Board of Health Chair*

**BOH Members:**

Richard Conlin  
Dow Constantine  
George W. Counts  
Jan Drago  
Carolyn Edmonds  
Ava Frisinger  
Larry Gossett  
David Hutchinson  
David Irons  
Kathy Lambert  
Frank T. Manning  
Bud Nicola  
Margaret Pageler  
Alonzo Plough

**BOH Staff:**

Maggie Moran

## **KING COUNTY BOARD OF HEALTH MEETING PROCEEDINGS**

**March 21, 2003  
King County Council Chamber**

**Members Present:** Carolyn Edmonds-Chair, Kathy Lambert, Dow Constantine, Larry Gossett, Richard Conlin, Margaret Pageler, David Hutchinson, Ava Frisinger, Frankie Manning, Bud Nicola, George Counts, David Irons.

**Members Absent:** Kent Pullen, Jan Drago

**Staff:** Alonzo Plough, Maggie Moran, Craig Page.

**I. Subject Call To Order**  
The meeting was called to order at 9:40 a.m. by Chair, Carolyn Edmonds

**II. Subject Announcement of Alternates**  
No Alternates.

**III. Subject Approval of February 21, 2003 Minutes**  
Motion A motion from Board Member Hutchinson was made to approve the minutes of February 21, 2003. The motion was seconded and passed unanimously.

**IV. Subject General Public Comments**

Franklin Markowitz:

*"I live at 1305 N.E. 45<sup>th</sup> in the U-District. And I want to thank you for having this opportunity to speak to you because it's been very frustrating up until this point. My son and I own two businesses in the U-District and there's a combination of events going on right now – the economy for one, the Ave construction for another, and an escalation of permit fees that for us is spelling a tremendous hardship. And we've watched other businesses closing. We have spoken to other businesses in the area. We've spoken to the health inspector. He has told me that he expects that one out of five*

*small cafés will close in the next year. We have seen a couple of them close already. We also own a record store, one of our espresso shops is in our record store. And there have been six record stores that closed in the last year. And our business has fallen. We just moved from beneath the Neptune Theater to a large location up the Ave and our business has almost disappeared because of the construction. There's not much that this Board could do to change that nor can you do anything about the economy. But what seems very unfair to us is that when we got our permit fee application what we noticed was that our fees were going from, let me find the right one here. Well, I can approximate it, I can't find the right one. From about \$320 a year per café up to \$560. This is for a café that serves pretty much nothing but baked goods and espresso. On the other hand, any restaurant that has a seating capacity of over 250 went from \$901 per year to \$736 per year. I understand that there's a budget shortfall and that there are a lot of areas that are hurting all around the County. However, if this is going to stay in effect, you're going to see a lot more businesses close. And the U-District already is beginning to look like a ghost town. There are so many empty stores there. It's really a shame. We're putting all of this money into a new Ave, which is going to look beautiful and they're going to be so many empty stores, perhaps that's what this is all about, maybe it's gentrification of the U-District. I don't think so. If it is, then it's being successful because it's putting all the small people out of the business.*

*And there's one other thing that I would like to mention, and I don't know how applicable it is because I haven't had time to fully research it. But this is from Thurston County, and it talks about taxation and permit fees and what it says is that for a municipal corporation where the express purpose of, I'm sorry, whether a charge imposed by Government is a regulatory fee or tax, depends on three factors. And then they list the factors and they go on to say that any raise in permit fees should be associated with a raise in the costs of operating that system. According to the health inspector that we spoke to, nobody there is getting a raise; there are no increases in the costs within the Health Department for the inspections themselves. And so I'm wondering where this increase comes from and why it's been levied against the small businesses in a much greater degree than the large businesses. And if you can give this any consideration, I would really appreciate it because without that we may be gone within a few months."*

Chair Edmonds offered to meet with Mr. Markowitz to further address his concerns relative to food permit fee increases.

## **V. Subject Chair's Report**

### **State Board of Health Update**

Chair Edmonds invited her colleague Linda Lake, Chair of the State Board of Health to provide an overview of the March State Board of Health meeting. Chair Edmonds pointed out that Ms. Lake was attending the King County Board of Health meeting in her capacity as the new TB Control Administrator for Public Health.

Ms. Lake provided a brief overview of the State Board of Health meeting held on March 12<sup>th</sup> in Thurston County. She noted that they had held a joint meeting with the Thurston County Board of Health. Ms. Lake noted that the Board's business included a preliminary review of priorities for the upcoming year. She stated that the Executive Director, Don Sloma and she, had been meeting with local boards of health throughout the state in an attempt to bring their concerns back to the Board and incorporate those concerns into the State Board's planning. She noted that funding was one of the big items that continued to be raised by local boards of health. Ms. Lake stated that the April 9<sup>th</sup> State Board of Health meeting would have a particular focus on public health funding proposals under consideration by the State legislature. She added that in addition to invitations extended to local boards of health, a number of state legislators and state government agencies had been invited to attend.

**Association of State and Territorial Health Officials meeting - D.C.**

Chair Edmonds noted that, at the invitation of Mary Selecky, Secretary of Health, she traveled to Washington DC to a meeting of the Association of State and Territorial Health Officials. Chair Edmonds indicated that she spoke with new state health officials about how to work effectively with state legislators. Chair Edmonds stated that she also accompanied Secretary Selecky to a meeting with U.S. Senator Patty Murray to talk about Public Health needs in Washington State.

**VI. Subject**

**Board Member's Updates**

Board Member Pageler announced that she had just returned from Japan where she attended the Third World Water Forum - a United Nations World Bank think tank about global water. She noted that the Forum's goal for 2015 was to reduce by half the number of people in the world that didn't have access to safe drinking water and sanitary services. Board Member Pageler indicated that she had participated on a panel addressing governance issues, i.e., how, what, and under what circumstances did it make sense to have water systems run by a municipality or a local government, and under what circumstances might it make sense to have the private sector involved, and what were the continuum of options.

Board Member Irons stated that he had attended a number of meetings over the last month concerning critical areas ordinance. He stated that on a

number of occasions the point had been raised in the context of these meeting about Public Health and their role relative to West Nile Virus. He specifically mentioned a recent meeting of the Agriculture Commission and Department of Natural Resources regarding critical areas ordinance and how new ordinance would have a positive or potentially negative impact on farmers. In the context of that discussion, the issue of West Nile Virus was raised and both DNR and DDS stated that Public Health would serve as the lead agency. Board Member Irons suggested that it would be helpful to provide some outreach to DNR and DDES to bring them up to speed on West Nile Virus.

Dr. Plough responded that the Department would be providing a full briefing on West Nile Virus to the Board of Health on April 25<sup>th</sup>. He stated that the Department was in the final stages of development of a regional West Nile Virus program. Dr. Plough stated that the County plan was very similar and complimentary to the State approach and built on work undertaken in the Northeast.

## **VII. Subject Director's Report**

### **A. Tuberculosis Update**

Dr. Plough stated that the World Health Organization and the Centers for Disease Control were currently attempting to figure out what was responsible for the "sudden acute respiratory syndrome" (SARS) at the same time the Department had been working on the West Nile Virus plan, and managing the recent outbreak of tuberculosis. Dr. Plough also referenced the recent report from the Institute of Medicine on emerging infections. Dr. Plough stated that public health was experiencing a resurgence of infectious diseases, both vector mediated and others and that they found themselves operating in a global village where the continuous monitoring of disease conditions had a very close bearing on our local and regional epidemiology and disease patterns. Dr. Plough introduced Dr. Masa Narita, Tuberculosis Control Director. He stated that Dr. Narita would talk about the increase in tuberculosis in Seattle and King County - the highest rates seen in 30 years-- and the relationship of the increase in the TB rates to two problems that he thought were challenging for Public Health-- immigration from areas where infectious diseases are endemic and their differential impact of those diseases on vulnerable populations like the homeless.

Dr. Masa Narita provided an update on TB trends. He made the following points:

- Highest number of TB cases since 1969 in King County;
  - Up until 1999 there had been a yearly fluctuation, however, the trend had been stable. Since 1999, there had been a gradual upward trend until last year.

- Doubling of TB amongst homeless population. 3 major categories of risk factors for TB: foreign-born, homeless and HIV infected.
  - In 2002 all three categories increased in numbers. A third of the world's population are infected with tuberculosis and there are still 2 million deaths every year globally.
  - Homeless TB outbreak. One reason for TB in homeless setting is the proximity of bedding makes transmission easier. Many men have non-immune system because of alcohol and substance abuse, malnutrition and HIV infection; this leads to development of TB disease once infected. Also high prevalence of mental illness results in delay in the recognition and the treatment of TB.
  - 2002 - total of 29 homeless TB cases – 25 male, 4 female under the age of 44 – and of note, nine were HIV infected. Due to DNA strain typing\*, Department was able to identify 15 of 25 tested had the same strain, meaning one single strain caused 15 cases of TB. Six of 15 were HIV infected and proportionally affected native Americans. [\*DNA strain typing is a method to fingerprint strains of TB, to track patterns of transmission, and this was performed locally at Seattle Biomedical Research Institute.]
  - The best approach to prevent further tuberculosis is to find active infectious TB cases and treat them until cured. And then the next step was to provide treatment for latent TB infection, something called preventive medication.
  - A special Department TB outbreak team, headed by Linda Lake, was created.
  - Approximately 400 people were identified as close contacts at highest risk. It was determined to undertake five-point screening including symptom review, x-ray, sputum, HIV and skin testing on all 400 people.
  - Incentives were used to attract the people for testing.
  - An additional 14 cases were diagnosed so far this year. Once cases were identified, staff utilized directly observed therapy to assure that the patient swallowed the medication. Housing is also provided during the course of treatment.
  - Number of people with latent infection was expected to be somewhere between 50 to 100.

Dr. Plough informed the Board that the costs associated with the TB outbreak response were expected to exceed \$600,000.00. Dr. Plough stated that Linda Lake had been hired to head up a new unit in the Prevention Division to manage the outbreak. He stated that Ms. Lake would oversee Public Health nurses and disease intervention specialists. He stated that the Department needed to provide housing units with negative pressure in order to house the homeless individuals undergoing treatment. He stated that

every new case identified cost an additional \$2,800 and every new latent infection an additional \$2,300. Dr. Plough stated the costs associated with the TB outbreak represented yet another area where the Department was experiencing significant financial pressure.

**Board Discussion:**

Board Member Nicola asked if there was any one shelter that had been associated with the outbreak.

Dr. Narita responded that they had identified three places.

Board Member Counts asked if there was any overlap of risk factors in those individuals currently infected.

Dr. Narita indicated that there were a small number of individuals who had all three risk factors.

Board Member Counts asked if the Department were able to identify all the persons who need to be screened. He also inquired about the nature of the incentives that were used.

Dr. Narita responded that the population in question was a difficult one to follow. Dr. Narita stated that they decided to do onsite screening and offer cash incentives. He stated that they screened 200 people and believed that the screening was effective.

Board Member Hutchinson inquired about the source of funds to cover the expenditures for TB response and control.

Dr. Plough stated that in managing an outbreak the Department did its best to align resources and reconcile the differences at the end of the fiscal year. He stated that the Department would be looking for additional dollars from housing agencies to assist in the housing components. He added that the funds needed to support the TB outbreak would be redirected from other programs within the Department's budget. He said that in doing budgetary readjustments it put other programs and services at risk. Dr. Plough stated that the Department could not overspend its' budget so it meant that they cut back in other areas within the overall prevention division.

Dr. Plough stated that three of the identified cases had been found in school aged children enrolled in West Seattle schools ---two at the high school and one in the middle school. He stated that those three cases were foreign exposures. He added that although Dr. Narita's briefing was primarily focused on the outbreak in the homeless, the foreign-born influence was very strong. He suggested that the fact that cases had been identified in school

aged children spoke to the need for Public Health to have the kind of infrastructure and resources necessary to do monitoring and case finding.

Board Member Nicola inquired as to whether the Department had encountered any individuals who had refused treatment.

Dr. Narita indicated that they had encountered one case. He added that they would be meeting with legal counsel to consider their next steps.

Board Member Nicola inquired as to where the individual would be housed.

Dr. Plough stated that there were two negative pressure rooms in the jail. He stated that staff had reviewed national and statewide data to get an indication of worst case scenarios related to involuntary treatment. Dr. Plough added that they had also surveyed the capacity at other jails to assess the need for backup negative pressure at other correctional facilities. Dr. Plough stated that the Department had tremendous cooperation by the courts, particularly from the Prosecuting Attorney, to accept a framework to enforce the health officer authority to do involuntary treatment if necessary.

Board Member Manning inquired about the percentage of patients who also had a mental disorder.

Dr. Narita responded that they did not have official psychiatric evaluations for each patient, however he stated that the majority of homeless people had alcohol and substance abuse problems, which could alter their recognition process and lead to behavior problems.

Board Member Manning stated that many patients with mental health issues required special programs to support their needs in order to assure that they were compliant with medication management.

Dr. Plough responded that one of the reasons that Public Health was able to respond in the way that they had, was their ability to build on the foundation of the Health Care for the Homeless Network. Dr. Plough stated that the program was a Public Health nurse-driven activity that worked with the homeless all the time to integrate substance abuse, mental health and medical care treatment. He added that the network helped, but was not sufficiently funded nor staffed to meet all the mental health needs of the homeless population.

#### **B. School Inspection Fees - Rulemaking (Action Item)**

Chair Edmonds announced that the public hearing for school inspection fees was held in February. No members of the public had registered to speak to this issue. She stated that Board action was deferred at that time due to a lack of a Seattle Special Majority.

Chair Edmonds invited Dr. Ngozi Oleru to provide a brief overview of the proposed regulation.

Dr. Oleru, Environmental Health Division, Manager for Public Health stated that per the Board direction, Department staff met with stakeholders and looked at ways to do school plan reviews. She stated that staff met with the King County School Coalition, school risk management staffs, Office of the Superintendent of Public Instruction, the Archdiocese of Seattle, and a whole number of other stakeholders and Health and Building Departments.

Dr. Oleru stated that a number of schools joined in the Department's review of school plan review elements and reached agreement that there were some redundancies in the system of reviews for schools. Dr. Oleru stated that the Department identified what absolutely had to be reviewed by the Department in order to meet the minimum requirements established by the State. She noted that that information was contained in the Board packets.

Chair Edmonds called for a motion.

Board Member Frisinger moved the adoption of the environmental fees for school inspections as presented.

Board Member Pageler seconded.

**Board Discussion and Action:**

Board Member Lambert suggested that if the levy for Public Health passed thereby providing more funding for public health, that the Board revisit these fees so as to save taxpayers.

Chair Edmonds requested a roll call.

Board Member Conlin - Aye.  
Board Member Constantine - Aye.  
Board Member Drago - Absent.  
Board Member Frisinger - Aye.  
Board Member Gossett - Aye.  
Board Member Hutchinson - Aye.  
Board Member Irons - No.  
Board Member Lambert: - No.  
Board Member Pageler - Aye.  
Board Member Pullen - Absent.  
Board Member Manning - Aye.  
Board Member Nicola - Aye.  
Chair Carolyn Edmonds - Aye.



The motion carried and the regulation was adopted.

**C. Mercury Fever Thermometer Sales Prohibition - Rulemaking -  
(Action Item)**

Dr. Plough introduced Ken Armstrong from the Local Hazardous Waste Management Program.

Ken Armstrong announced that he was before the Board to introduce an amendment to prohibit the future sale of mercury fever thermometers in King County unless so prescribed for a specific condition. He stated that if the amendment were adopted, it would add King County to a growing list of cities, counties and states around the nation that had already enacted similar legislation. He stated that mercury was a persistent and powerful neurotoxin and the amendment would significantly reduce the introduction of new mercury into the County. He added that action to adopt the amendment was consistent with regional efforts to reduce the overall impact that mercury has on public health and environmental quality.

**Board Discussion and Action:**

Board Member Hutchinson inquired about an update on the efforts to reduce mercury in dentist offices.

Mr. Armstrong responded that the program was going well. He added that approximately 50% of the dental offices had already purchased and installed separators and traps.

Mr. Armstrong stated that program staff had visited virtually 100% of the dental offices in King County. He added that by July 1<sup>st</sup> all dental offices on the King County Metro sewer system were required to have separators in place. He stated that he fully expected to have complete compliance.

Board Member Counts asked for clarification about apparent discrepancies between the referenced FDA recommendation and the State Department of Health recommendation relative to tuna as cited in the proposed amendment and related handouts.

Mr. Armstrong and Ms. Lauren Cole indicated that they did not know the foundation for the State Department of Health's recommendation. They offered to follow up with the information to Board Member Counts.

Board Member Lambert indicated she had consulted with an expert who contended that the EPA has exaggerated the danger and detection of mercury in canned tuna. She added that her source indicated that there had

only been one single case of a brain-damaged child with Minamata disease in the United States.

Dr. Plough responded that the mercury exposure was a complicated pathway and the amount of potential toxin and the bioavailability, which was weight dependent. He stated that there was some uncertainty around relevant risk levels and he believed the State made a very conservative recommendation when they put tuna on the list.

Chair Edmonds opened the public hearing.

Brandie Smith:

*"My name is Brandie Smith. Address, 9211 North 46<sup>th</sup> Street, my work address is on there, 98103. I'm with the Washington Toxics Coalition; I'm a toxics campaigner there. And I just want to say thank you very much for holding this public hearing and for taking action on this proposed mercury thermometer sales ban. We're very supportive of the regulation and we urge you to adopt this important measure today. And in addition, we would just also like to request that the Board of Health takes future action on looking at mercury blood pressure devices called sphygmomanometers.. These blood pressure devices are one of the largest mercury sources in the hospital environment. One mercury blood pressure device contains from 80 to 100 grams of mercury. And considering that it only takes 1 gram of mercury like that in a fever thermometer to contaminate a 20-acre lake to the point where fish are unsafe to eat, these products represent a considerable hazard.*

*In addition, there are a growing number of hospitals who have already taken this action to eliminate mercury blood pressure devices, including nationally recognized institutions like the Mayo Clinic, the National Institutes of Health, Warren Grant Magnuson Clinical Center, John Hopkins Hospital, and then here in Washington the University of Washington is currently phasing out manometers. Harborview eliminated them in 1999. Children's Hospital, Group Health Cooperative, Virginia Mason and Swedish Medical Centers and the VA actually are all either completely switched, have either completely switched to the new aneroid manometers or they are in the process of phasing them out. So we would just like to say thank you again for taking action on the mercury thermometers and we look forward to working with you in the future for a future action on the blood pressure devices. Thank you.*

Jeanie Sedgely:

*"Good morning. My name is Jeanie Sedgely. I'm here on behalf of Washington Physicians for Social Responsibility. Address is 4554 – 12<sup>th</sup> Avenue N.E. in the University District. Thank you for the opportunity to comment this morning. Washington Physicians for Social Responsibility is made up of approximately 1,000 physicians, health care professionals and*

concerned citizens Statewide who care about protecting the health of people in Washington. As you've heard over the past weeks and months, mercury is a potent neurotoxin that is especially dangerous to small children and fetal development. It's highly toxic to the central nervous system, kidneys and liver. The Centers for Disease Control reported this year that up to 10% of American women already have enough mercury in their bodies to pose a risk of neurological damage to developing babies. That's why the Washington Academy of Family Physicians as well as the Washington State Medical Association have endorsed phasing out the use and purchase of mercury products where effective alternatives exist. With mercury a little bit goes a long ways. As you've heard, it takes only 1 gram of mercury to contaminate a 20-acre lake making the fish too dangerous for human consumption. A little also goes a long way in terms of clean-up dollars when mercury is spilled into the environment. Clean-up costs far exceed the cost of buying safe alternative products. Banning the sale of mercury thermometers is smart, it's safe and it's time. Washington Physicians for Social Responsibility wholeheartedly supports you in taking this first step to reduce mercury poisoning in King County. Thank you."

Ivy Sager-Rosenthal:

"Good morning. My name is Ivy Sager-Rosenthal. I live at 140 Northwest 77<sup>th</sup>, that's 98117. I'm here today on behalf of the Washington Public Interest Research Group. WASHPIRG is a statewide organization. We do have several thousand members here in King County who are very concerned about mercury pollution. I'd like to thank you for bringing this forward and for the rest of your work to reduce mercury threats here in King County. We're very supportive of this regulation. I should just mention, I was also a member of the Department of Ecology's Mercury Advisory Committee that was charged with developing a Statewide plan for mercury reduction. That plan just came out last month and I'm happy to report that one of the recommendations we did come up with was to phase out the sale of mercury thermometers. There's simply no reason to have these mercury thermometers for sale. There are safer, more cost-effective alternatives available as you've already heard. Previous speakers have also spoken to the health risks and I would just agree with those comments. By passing this regulation you will put King County as a State leader in reducing mercury pollution and hopefully your action today, if you do choose to pass it, will urge other counties to do the same. So again, I want to thank you for your efforts and urge you to pass the regulation. Thank you."

John Roberts:

"My name is John Roberts and I represent the League of Women Voters of Washington and King County. My address is 818 – 207<sup>th</sup> Avenue N.E., Sammamish, Washington 98074. The address of the League of Women Voters is on the testimony. I'm also an environmental engineer who

*specializes in studying toxics in house dust and in the home. I wish to support this action because it will reduce mercury getting into the home, house dust, indoor air, children, adults, water and the environment. Mercury thermometers eventually break and contaminate the dust and the air. The mercury is often dumped down the toilet, put in the garbage and eventually ends up in the water. Attached you will find the potential carcinogenic neurotoxin and endocrine disrupting compounds in fine Seattle carpet dust, part of which is in the Journal of Environmental Health Perspective. I collected the dust from 25 master home environmentalists who completed the American Lung Association's course in 1996. The dust was analyzed for 25 toxic metals with seven metals shown here by the Southwest Research Institute in San Antonio. All the dust showed mercury present with a minimum of .01 parts per million and a median of 1.69 parts per million and a maximum 15.9. Two samples were above 15 parts per million and the next highest 8.77. Our best guess is that these high readings came from mercury thermometers that had been broken in the home. This State Model Toxic Control Act set for residential soil and hazardous waste site is 1 part per million. Most of Seattle's house dust probably exceeds that clean-up standard. This is like an average child in just 100 milligrams or one-tenth of a gram of house dust a day. That is like a large pinch of salt. We do not know the health effects of this mercury in house dust, but it is sobering that most infants in these homes would ingest more than 160 nanograms or one-billionth of a gram of mercury per day. This exposure to mercury, lead, cadmium, arsenic, dust mites, mold, pesticide, BCPs, and carcinogens in carpet dust can be reduced 90% to 99% in one way with a good vacuum. See the handout from the League of Women Voters that we passed out. Thank you for the opportunity to testify."*

Becky Stanley:

*"Hi, my name is Becky Stanley. For the record I live at 4108 – 48<sup>th</sup> Avenue South, Seattle, Washington 98118. I didn't know if I was going to be able to get off work to come down here, so I didn't prepare a speech. I Co-Chair the South King County group of the Sierra Club with my mom, Kathy Stanley. And I thought I would just tell you a story of my experience with a mercury thermometer when I was a little kid. I was lying on the couch and having my temperature taken and I don't know where my mom was, but the cats were kind of, we had two cats, they were chasing around the house and they ran across my face and broke the thermometer. And this really great stuff came out of the thermometer and I was really happy about it and I took it to the bathtub and I rolled it around in the bathtub, and I don't know how long I played with it before my mom came in and goes "Ohhhh," and was quite alarmed and, anyway, that is just an idea. I was talking to my friend Ann last night about this playing with mercury and she had done a similar thing, although she didn't have cats that broke it, she broke the thermometer*

*herself and then played with the mercury. So, anyway, thank you for listening to me."*

Chair Edmonds closed the public hearing.

The motion was moved by Board Member Conlin and seconded by Board Member Hutchinson that rulemaking on the Mercury Fever Thermometer Sales Prohibition be adopted by the Board.

Board Member Conlin expressed his appreciation to the Chair for bringing the issue forward and to the citizens and staff who had worked on the issue. He said he agreed with the comments about manometers and stated his intent to offer a motion to ask the staff to take a closer look at the issue of manometers in the future.

Board Member Pageler stated that the solutions lay not in outright bans but in changes in product development. She added that the changes going on in the industry were really significant and she wasn't sure to what extent the Board's statements reinforced the efforts of the industry.

Board Member Irons recalled incidents wherein he had been exposed to mercury due to a thermometer breakage. He stated that there was now better information today on the effects of mercury. Board Member Irons stated that he believed that the regulation was a good idea, however in the absence of better technology that option would not have been available. He added that there were good reasons for reading someone's temperature. He stated that he would support the amendment and as newer technologies became available that would largely drive their availability to take heroic stands on these issues.

Chair Edmonds requested a roll call.

Board Member Conlin - Aye.  
Board Member Constantine - Aye.  
Board Member Drago – Absent.  
Board Member Frisinger - Aye.  
Board Member Gossett - Aye.  
Board Member Hutchinson - Aye.  
Board Member Irons - Aye.  
Board Member Lambert - Aye.  
Board Member Pageler - Aye.  
Board Member Pullen – Absent.  
Board Member Manning - Aye.  
Board Member Nicola - Aye.  
Chair Carolyn Edmonds - Aye.

The Regulation passed.

Board Member Conlin made a motion that staff consult with stakeholders and look at the possibility of extending the ban to mercury manometers and bring back a recommendation in September 2003 as to whether the ban should be extended.

Board Member Hutchinson seconded the motion. The motion carried.

**E. Review of Board Operating Rules (Action Item)** [This item taken out of order]

Chair Edmonds requested that staff review the proposed changes and requested that action be deferred until April.

Maggie Moran, staff to the Board, reviewed the proposed changes to the Board Operating Rules. Changes were primarily related to updated phone numbers, policy for changing meeting dates and obsolete provisions regarding the appointment of Health Professional Members.

**D. Briefing on "Communities Count 2002"** [This item taken out of order]

Dr. Plough announced that the Board packets included a Seattle Times insert that summarized the Sustainable Seattle partnership with Communities Count as well as the Report itself. Dr. Plough stated that Communities Count represented a broad collaboration and reflected a current way to look at health, not just dry vital statistics, but data linked to social indicators that could really help people understand communities and provide a guideline for intervention and funding. Dr. Plough introduced the presenter, Jeanne Carlson from the King County Children and Families Commission and Sandy Ciske from the Department's Epidemiology, Planning and Evaluation Unit.

Ms. Carlson provided the history of the start of the project. She noted that it began as a proviso from the King County Council. She noted that the work began with a community outreach program that led to a preliminary report on health status. She added that along the way they were able to develop a number of partnerships, and develop some additional funding and in kind contributions.

Ms. Ciske reviewed the list of partners, the mission of the project and highlighted strengths and weaknesses in health and social indicators that were revealed through the process. She also provided the Website where the report could be viewed on line [[communitiescount.org](http://communitiescount.org).] She added that it was hoped that the report could be released every two years with the goal of getting the information into the

hands of people throughout the County so that it could help precipitate some discussions about what could be done to address concerns identified in the report. Ms. Ciske described several ways the information had already been applied in community based planning activities.

#### **VIII. Subject**

#### **2003 Legislative Session - Discussion**

Chair Edmonds updated the Board on activities in Olympia since the February meeting. She stated that she had testified on the smoking in public places bill. She stated that the hearing chamber was packed however the bill had died in Rules Committee.

Chair Edmonds stated that she, Board Member Lambert and Dr. Plough spent a day in Olympia meeting with legislators. She stated that in her estimation their message was well received. She added that the public health funding bill - a referendum to the people - would probably be part of the end-game budget deliberations.

Chair Edmonds commented that the bill related to violent video games, that was of interest to Board Member Conlin, was still in play after the cut off deadline.

Ms. Moran added that the tobacco-sampling bill - a Department priority - had survived cut off and would be heard in Committee the following week. She stated that the Department intended to provide testimony.

Chair Edmonds reminded the Board about the April 9<sup>th</sup> State Board of Health meeting to be held in Olympia at the Phoenix Inn. She stated that the State Board planned to hear from legislators, government agencies, and local boards of health regarding options for funding public health.

Chair Edmonds also stated that she had participated in a gathering of stakeholders including the Hospital Association, the Dental Association, the Nurses Association, and labor groups. She stated that the purpose of the meeting was to talk about creating a statewide public awareness campaign around Public Health to start getting the public more aware of what we do and why it's so critical to them.

**IX. Subject Adjournment**

The meeting was adjourned at 11:55 a.m.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR

DATE