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
Friday, October 15, 2004
King County Council Chambers
MEETING PROCEEDINGS

Members Present: Carolyn Edmonds, Julia Patterson, Tom Rasmussen, David Irons, Steve Hammond, Richard Conlin, Frankie Manning, Ava Frisinger, Kathy Lambert, Larry Gossett, David Hutchinson, Bud Nicola, and George Counts

Members Absent: Jan Drago

Staff: Alonzo Plough and Lisa Werlech

I. Call to Order
The meeting was called to order at 9:34 a.m. by Board Chair, Carolyn Edmonds.

II. Announcement of Alternates
Chair Edmonds: No alternates present.

III. Approval of Minutes
A motion was made to approve the October 15, 2004 meeting minutes. The motion was seconded and the minutes were approved.

IV. General Public Comments
None.

VI. Chair's Report
Chair Edmonds received responses from three school districts regarding the Board of Health's letter encouraging all King County school districts to test their water quality. Shoreline School District's water testing revealed that 83 outlets (sinks, faucets, drinking fountains, etc.) out of 901 demonstrated levels in excess of the district's criteria for lead; all outlets met the criteria for cadmium. A remediation plan, including replacing fixtures and filters, will be implemented. North Shore School District is conducting water testing, although results have not yet been reported. Similarly, Renton School District commenced a quality-assurance testing program ten years ago in conjunction with a fixture repair and removal program. School districts are responding to the public health concern related to lead in water.

Chair Edmonds reported to the Board that she attended the Washington Association of Counties Annual Convention (WACAC), at which the WACAC legislative agenda was adopted, as well as adoption of the Tri-City Association legislative policies. Chair Edmonds reminded the Board that the Washington Association of Cities, Washington Association of Counties, and Washington Association of County Officials, have worked together throughout the past three years to promote issues of mutual interest; state funding for public health is a priority item. Chair Edmonds was unable to attend the joint conference of WASLPHO and the State Department of Health.

Board Member Manning, a member of the State Board of Health, discussed interviewing candidates for the executive director position of the State Board of Health. Although no selection was made, there were many excellent candidates.

The State Board of Health considered reviewing WAC 246-101, Notifiable Conditions, which has not been revised for six years. It is anticipated that the WAC will be finalized in December. WAC 246-260, Water Recreation, was also revised to correct some drafting errors.

Island County reported how recently constructed buildings and walkways have contributed to healthy communities.

VI. Board Members' Updates

Board Member Patterson invited all Board Members to view a documentary, *"A Closer Walk*," depicting human kind's confrontation with the global AIDS epidemic. According to Board Member Counts, this is a compelling film addressing AIDS on a global, as well as local level.

VII. Director's Report

Dr. Plough informed the Board of the death of a teenager related to meningicoccal disease, which is not spread by casual contact. It is important to note early symptoms of the disease, such as high fever combined with vomiting, rash, headaches, stiff neck, and unusual sleepiness.

Dr. Plough discussed the recent press coverage associated with the flu vaccine shortage, as well as the Public Health order that Dr. Plough issued in consultation with the Prosecuting Attorney's Office. This order was issued to reinforce the excellent cooperation among the Health Department and local King County providers establishing guidelines for administering flu vaccine to high risk persons in King County. The Health Department was preparing broad flu vaccination, however, the loss of approximately fifty percent of the adult flu vaccination supply created a national and regional problem. Many national and local health institutions are confronting the same shortage, prompting the Center for Disease Control to prioritize vaccinations among high-risk populations.

Board of Health members discussed the need for creating a vaccine distribution system, back-up supplies, producing more pharmaceuticals within the U.S., and developing a robust vaccine policy in the United States. The King County Board of Health moved and seconded a motion affirming and supporting Public Health's order prioritizing distribution of flu vaccine.

VIII. Subject Racial Disparities in Infant Mortality

Ron Sims, King County Executive, introduced a Health Department Data Watch report on racial disparities in infant mortality, which has declined in the last fifteen years. In fact, current infant mortality rates for King County are the lowest ever achieved and well below state and national averages. Today's report demonstrates that infant mortality has declined to 4.5 deaths per 1,000 live births in the year 2002; improvements that can be attributed to policies and programs to expand health services and insurance coverage, successful health education campaigns, and technological advances in medical care.

However, widespread and persistent disparities by race and socio-economic status remain. African Americans and American Indians/Alaska Natives in King County continue to experience infant mortality more than two times higher than most other groups. Also, high poverty neighborhoods in King County have an infant mortality rate that is two and one half times that of other low poverty neighborhoods. Stress affects health in very real ways: increased cardiovascular functions; depressed immune functions; increased vulnerability to infections; and early delivery. Furthermore, racism, poverty, and lack of societal support contribute to increased stress.

Susan Barkan, Epidemiologist, Public Health – Seattle & King County, indicated that King County's reduction in infant mortality since the early 1980s is attributable to policies and programs expanding health services, insurance coverage, health education campaigns (*Back to Sleep* campaign minimizing the risk of SIDS), medical advances in neonatal intensive care, and minimizing behavioral risks (smoking, alcohol, etc.) Although the African American community experienced reduced rates of infant mortality, it remains over two times higher than that of Caucasions. The infant mortality rate among American Indian and Alaska Natives in the last three-year period remains high.

Dr. Barkan emphasized that the causes of death varied among African American infants, but primary concerns relate to prematurity and perinatal conditions occurring during labor and delivery. According to Dr. Barkan, cause of death among Caucasions is distributed across different categories presents a larger percentage of deaths due to congenital anomalies. Among all causes of death, rates are higher for African Americans and American Indian/Alaska Natives. Poverty and socio-economic status is strongly linked to rates of infant mortality. For instance, college-educated African American women experience higher rates of infant mortality compared to Caucasion women who are at high risk in national data.

Board Member Lambert stated that studies demonstrate that African Americans do not put their babies on their backs for sleeping as consistently as other ethnic groups. The

SIDS Foundation of Washington has provided training discouraging infants sleeping on their backs and co-sleeping.

Board Member Manning indicated that the newly released Sullivan Report discusses education of minority groups and entry into healthcare. African Americans have greater disparities in terms of healthcare, regardless of socio-economic status or access. This is a complex issue requiring attention.

According to Dr. Barkan, infants born weighing less than 3.3 pounds are more likely to die within the first year. Low birth weights among African Americans have declined significantly, but are still more than two times higher than those for Caucasions, Asians, Pacific Islanders, and Hispanics. Infant mortality rates among American Indians and Alaskan Natives have increased dramatically from the mid 1990s to the present. There are higher rates of smoking and alcohol use (risk factors for pre-term delivery, low birth weight, and infant mortality) among American Indian and Alaska Natives, but there have been dramatic declines during the same period. Consequently, it is not a function of an increase in these risk factors that explains the statistics.

This growing body of evidence has led researchers to propose scientifically–based models that postulate how the experience of racism has negative health consequences on cardiovascular disease, pre-term delivery, and infant mortality. Researchers have been speculating that stress is an important component of how racism could have adverse health outcomes. According to researchers, our bodies release corticotrophin, a “fight or flight hormone” when we are in situations of stress, which is good when we are confronted by danger. However, for individuals constantly living under conditions of racism and poverty, this reaction is constant and never ends. Science is suggesting that this is having a debilitating effect on the health in general of people in our society, and in this case, pregnant women are manifesting that experience during their pregnancies. Board Member Irons questioned whether studies have been conducted regarding the propensity for one race to generate the hormone more readily than others experiencing the same stress load. Dr. Barkan is unaware of such research.

Board Member Counts responded that while there are certain racial and ethnic differences in response to some immune factors, he is not aware of any specific differences in stress or hormones by race or ethnicity. The American Public Health Association and a group of African American public health officials tend to define this in terms of thirds. A third of these racial and ethnic differences observed in healthcare are probably due to socio-economic status, and a third is likely due to cultural differences one way or the other, which can influence response to health. The remaining third can be attributed to racism. The role of provider bias also plays into this phenomenon. Public Health has done extensive studies and reports on discrimination in the healthcare system in Seattle-King County.

Board Member Conlin reminded the Board that there is limited genetic and biological content to the concept of race, and that so much of what we are dealing with when we

talk about racial differences and disparities is a cultural and social environment, as opposed to a genetic and biological reality.

Board Member Gossett agreed with Board Member Conlin, adding that racism is generally a belief system. Racism in the United States is so endemic, so institutional, that most Americans are not even consciously aware of their actions or the way they relate to people who are a different color. Board Member Gossett looks forward to continuing this important discussion regarding racial disparities.

Maria Carlos, Parent Child Health Program Manager, Public Health – Seattle & King County, discussed what Public Health is doing to change the disparities in infant mortality:

- Outreach and linkage services to high-risk pregnant women and young families through support to community based organizations.
- Supporting and seeking funding for community mobilization effort that will reach into the ethnic communities with the highest infant mortality.
- Convening a community forum on housing and infant mortality.
- Seeking funding for the Native American Women's Dialog on Infant Mortality.
- Contract with IntraAfrikan Konnections, which coordinates and supports the Infant Mortality Prevention Network, as well as reconvening an African American Women's dialog on infant mortality this fall.
- Public Health nurses making home visits and providing assessment, education and referrals to services for pregnant and parenting women and families in greatest need.
- First Steps providers offering maternity support services to low income pregnant women, either in their homes, or at ten Public Health sites throughout King County.
- Maternity Support Services including assessing, educating, and counseling by a multi-disciplinary team comprised of a nurse, nutritionist, and social worker.
- The WIC program offers food vouchers, nutrition education, and counseling to pregnant and parenting women and families at community clinics and social service agencies throughout King County.
- Best Beginnings offers weekly home nursing visits to young high risk first-time pregnant women through the infant's second birthday.

Ms. Carlos outlined strategies that Public Health could implement to help eradicate racial disparities in infant mortality:

- Expand their services to women throughout the life course within Public Health nursing, WIC, and family planning programs.
- Continue to support community mobilization efforts, which reach into ethnic communities with the highest infant mortality to provide community support for women and families.
- Continue to seek funding for both the Native American Women's dialog on Infant Mortality, as well as IntraAfrikan Konnections.
- Participate with King County leaders throughout the community to further the outcome from the Community Forum on Housing.

Chair Edmonds thanked Ms. Carlos and Dr. Barkan for an informative, thought-provoking presentation and promised the Board continued discussion regarding health disparities, focusing on provider bias. In anticipation of Dr. Plough's staff presenting information on discrimination in health care, Board Member Counts offered to comment on the specifics of provider bias, how it might occur, how it is measured, and what should be done to address the issue.

IX. Subject Rulemaking Title 12 and Title 13

A motion was made to adopt Title 12, Public Water System Regulations. The motion was seconded. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Title 12 was adopted.

A motion was made to adopt Title 13, On-site Sewage Regulations. The motion was seconded. Chair Edmonds called for a roll call vote. The results of the roll call were unanimous and Title 13 was adopted.

X. Subject 2005 Budget

Kathy Uhlorn, Chief Financial Officer, Public Health – Seattle & King County, informed the Board that there are four funds Public Health oversees as part of its budget each year: the Public Health fund, which in 2005 is approximately $184 million; Emergency Medical Services fund, which is $38 million; the Current Expense (CX) sub fund, including Jail Health Services, which is $20 million; and Local Hazardous Waste fund, which is approximately $11.5 million. The Health Department's budget increased 1.17 percent from 2004 to2005. Public Health has about 330 different revenue sources that contribute to the bottom line, and 160 projects within the Department.

Significant cost drivers in the 2005 Public Health budget include employees, with a 2.25 percent increase in salary and wages, and pharmaceuticals expenses, which are facing rising costs nationwide. Previously, overhead was calculated as a percentage of a program's budget, however, for 2005, the methodology was changed to actual use by programs of overhead services. There are no service reductions as a result of this change.

CX funding sources in the 2004 budget that were not continued in the 2005 budget include: groundwater planning money from King County that was discontinued due to instituting permitting fees; funding from the King County Council for a homeless study, the results of which will be presented in a few months. King County asked Public Health for a target reduction of $750,000. However, when Public Health submitted proposed reductions, King County Executive, Ron Sims, reinstated the childcare and sexually transmitted disease budget reductions to ensure continued services. There are two reductions in Environmental Health: (1) indoor air quality and (2) vector nuisance. Current service levels for investigation and consultation related to indoor air, noise complaints, and community toxic issues, will be reduced by 70% in the indoor air quality program. Funding cuts in the Vector Nuisance Control program represent a 23% reduction in the ability to respond to approximately 250 complaints (primarily rodents).

Instead of conducting as many on-site investigations, the Health Department will perform more phone consultation and educational mailings to residents. Additionally, a family planning clinic in a Department of Social and Health Services (DSHS) Community Service Office closed due to DSHS closing their office.

According to Ms. Uhlorn, there was a small budget reduction in the Healthy Aging program, but his program was able to produce an alternative revenue source, so there will be no service reductions. The same issue and solution applied to the King County Health Action Plan. Out of a target reduction of $750,000, Public Health cut $332,520.

Increased service provisions costs prompted the King County Executive to replace funding in the following programs, allowing Public Health to maintain current service levels: Immunizations; Chronic Disease and Healthy Aging; Community Health Centers; and King County Children and Families Commission. The Executive also replaced a lost grant in the Medical Examiner's Office with current expense dollars. According to Ms. Uhlorn, these decisions are based on a data driven model, as well as federal and state mandates.

Board Member Rasmussen inquired about the source of funding for the Healthy Aging and Chronic Disease programs, as well as identifying projected hire positions. Susan Eisele, Public Health – Seattle & King County, responded that the funding for these programs is a mixture of state funding, CX, and grant support. Ms. Uhlorn identified a Health Educator and Nutritionist positions.

Ms. Uhlorn informed the Board of the following improvements within Public Health:

- Steps to a Healthier U.S. grant in 2004, five-year funding to prevent and control chronic disease by reducing the burden of diabetes, obesity and asthma;
- Staffing improvements for creating a float pool of professional and clerical staff to eliminate reliance on contract agencies;
- Obesity program addressing issues regarding nutrition, healthy eating strategies, and working with developers and land use planners to address health-related issues from the built environment.

Emergency Medical Services (EMS) experienced an approximate $2 million growth based upon Consumer Price Index adjustments to advanced life support services, basic life support, and King County Medic One services. EMS has a six-year plan, including on-line certification and continuing education for EMS practitioners. The next EMS levy vote is in 2006 for effect in 2007.

The Local Hazardous Waste Program is operated under the guidance of the Management Coordinating Committee, comprised of five partner agencies: Seattle Public Utilities; Suburban Cities; Public Health – Seattle & King County; King County Solid Waste Division; and Water and Land Use Resources Division. In the 2005 budget, a funding reduction of $1.2 million is recommended to be shared among the partner agencies.

Ms. Uhlorn informed the Board that beginning in 2005, all funding allocated from the City of Seattle general fund that was previously directed to Public Health, will be moved to the Seattle's Human Services Department. The City of Seattle plans to contract directly with community based agencies, Public Health, and King County Department of Community and Human Services.

Board Member Rasmussen stated that during a recent budget briefing to the Seattle City Council, there was discussion associated with reducing detox van services and alcohol triage at Harborview. Board Member Rasmussen questioned whether the City of Seattle is the sole funding source. Ms. Uhlorn replied that the City of Seattle is not the sole funding source for these services. After some discussion, it was determined that Jackie McLain is the most knowledgeable person regarding program effects to the King County Department of Community and Human Services budget.

Current Expense dollars in the amount of $200,000 was allocated toward the 2005 Public Health Budget regarding emerging diseases, such as tuberculosis. Another area of concern in terms of controlling emerging infectious diseases is having enough interpretation services available to reach various communities. Public Health provides services in 45 different languages, but being able to quickly bring all of these resources together during an outbreak would be a challenge for Public Health. Board Member Nicola commented that there should be a contingency fund for emerging infections diseases available for any Health Department within the State to respond to outbreaks. Dr. Plough added that there is no specific funding from the federal government for West Nile or pandemic flu planning, or any specific emerging threats. There is a need for categorical support related to these emerging threats.

Board Member Rasmussen questioned noise complaints, to which Phil Holmes, Environmental Health, responded that Public Health responds to noise control, technical, and economic variances. It is this type of complaint to which the Department routinely responds. Another type of complaint might be engine noise levels or firing range noise complaints. Board Member Rasmussen questioned whether Public Health responds on a planning basis or a complaint basis. Board Member Rasmussen also inquired about the effects of this reduction in services. According to Mr. Holmes, Public Health provides a planning function insofar as it processes variance requests. The effects of the reduction would probably be in investigating non-permit related complaint investigation.

XI. Adjournment

Chair Edmonds adjourned the meeting at 12:08 p.m.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR DATE