

Carolyn Edmonds, *Board of Health Chair*

**BOH Members:**

Richard Conlin  
George W. Counts  
Jan Drago  
Carolyn Edmonds  
Ava Frisinger  
Larry Gossett  
Steve Hammond  
David Hutchinson  
David Irons  
Kathy Lambert  
Frankie T. Manning  
Bud Nicola  
Julia Patterson  
Alonzo Plough  
Tom Rasmussen

**BOH Staff:**

Wendy Roark

**King County Board of Health**  
**Friday, March 18, 2005**  
**King County Council Chambers**  
**MEETING PROCEEDINGS**

**Members Present:** George Counts, Carolyn Edmonds, Steve Hammond, David Hutchinson, David Irons, Kathy Lambert, Bud Nicola, and Tom Rasmussen.

**Members Absent:** Richard Conlin, Jan Drago, Ava Frisinger, Larry Gossett, Frankie Manning, and Julia Patterson.

**Staff:** Alonzo Plough and Jane McKenzie

**I. Call to Order**

The meeting was called to order at 9: 41 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 February 18, 2005 meeting minutes. The motion was seconded and the minutes were approved.

**IV. General Public Comments**

None.

**V. Chair's Report**

Chair Edmonds reminded the Board that the next symposium on overweight prevention will be held at the Shoreline Center on May 13<sup>th</sup>, and encouraged all Board Members to attend. She also discussed another upcoming event co-sponsored by Public Health – Seattle & King County, “Legal Readiness for a Public Health Emergency: Why Your Client Needs to Be Ready for Bioterrorism.” This day-long training on May 20<sup>th</sup> conflicts with the regular Board of Health meeting, but Chair Edmonds encouraged Board members to attend the afternoon sessions, which will focus on an exercise surrounding the spread of a pandemic flu in Washington State.

The Chair invited Carrie Cihak, Senior Staffer with the King County Council and Toni Rezab, Senior Policy Analyst with the Executive's Office of Management and Budget, to address the Board about the objectives for the Public Health Operational Master Plan, the Council's intent and motivation when they placed a proviso in the 2005 Budget requiring the development of a plan, and the requirements of the proviso. Sarah Hopkins, Special Project Manager at Public Health is also on the team to develop the Operational Master Plan. The County Council included language in the last county budget calling for the Executive, the Board and the Council to work together in developing an Operational Master Plan for the Department of Health. The County has successfully developed Operational Master Plans for other County departments.

Ms. Cihak told the Board that the objective of the Public Health Operational Master Plan is to develop a sustainable operational and financing model for the provision of essential public health services throughout King County.

The council was motivated to establish the proviso because of the financial status of the Public Health Fund. The Public Health Fund has undergone a variety of funding challenges over the past decade – a combination of limited or declining revenues, the increasing cost of services, and the increasing public health needs in the region - and it is expected that those funding challenges will continue to face the fund in the coming years.

The 2005 Public Health Fund (which excludes emergency medical services and jail health, funded through separate mechanisms) totals about \$184 million. Those expenditures are backed by significant contributions from both King County's General Fund as well as the City of Seattle's General Fund, State funds, Federal funds and also some private foundation sources. Ms. Cihak traced the past decade's history of the public health fund, the ebbs and flows of local and state funding sources, and the projections for decreased availability of revenues that have historically supported the public health fund. She also discussed how the cost of providing the same level of public health services will continue to increase, and how the scope of public health needs is increasing through new federal mandates for bioterrorism preparedness and communicable disease control.

Ms. Cihak explained that the Council hopes that an Operational Master Plan will allow the county to face continued funding challenges more strategically and rationally. The process to complete the Operational Master Plan will involve:

- a detailed review and understanding of public health needs in the region;
- an analysis of the roles, responsibilities and financing of the Department;
- a review of best practices for similarly sized Health Departments across the nation;
- and a forecasted look into the future needs, financing and operations of the Department.

Ideally, the Council would like this process to generate a commonly agreed upon policy framework for the provision of public health services, guidelines on what services should be provided, how and by whom. The Operational Master Plan will also encompass recommendations for ways to better and more cost-effectively provide current services, and options for financing those needs.

The Council and the County have undergone similar types of reviews in almost every other major program area that receives support from the County's General Fund. The public health

plan is a continuation of those reviews, which have resulted in significant savings and improvement of processes and outcomes.

Ms. Cihak told the Board that the keys to a successful process are:

- collaboration among the Council, the Executive and Public Health staff;
- leadership holding the project team accountable to project plan and timelines;
- and frequent communication with the Board of Health, other leadership, communities, and stakeholders.

The Council proviso states that the Public Health Operational Master Plan should be conducted in two phases. The first phase is to define a broad policy framework for the County to meet its public health responsibilities (taking into account Federal and State mandates and an assessment of the region's specific public health needs). The policy framework is to be reviewed and approved by the Board of Health, as well as by the King County Council through the Council's Law Safety and Human Services Committee.

The second phase of the Public Health Operational Master Plan is to develop operational and financing recommendations. This phase will include a review of current public health operations, and compare those operations against performance measures and best practices of other metropolitan Public Health Departments. The second phase of the process, which is an implementation and operational phase, is to be approved by the King County Council, with significant input from the Board of Health.

Ms. Cihak, Ms. Rezab and Ms. Hopkins will present a detailed workplan for the Operational Master Plan at the April Board of Health meeting. The work plan is to be approved by both the Board of Health and the Council. Phase I is expected to run through fall 2005, and Phase II through most of 2006.

Board Member Lambert commented on the high quality of the project team, and asked if the Board has considered asking Cities to renew support for public health, in light of cuts in state public health funding like the Motor Vehicle Excise Tax. Chair Edmonds explained that public health funding needs are being addressed via the public health roundtable, a group of policymakers meeting in Olympia, and that Tom Bristow would brief the Board on these discussions later in the meeting. Board Member Lambert also wanted to know if the Public Health department had gone through prioritization exercises. Dr. Plough replied that the department had responded to a Council proviso two years ago to develop a prioritization protocol, but due to the dynamic nature of public health and diseases, the protocol is already somewhat dated.

Board Member Rasmussen recommended that the project team work with the City's Human Services Department to integrate their planning process with the city's healthy communities initiative. He also asked how suburban cities will be involved in the Operational Master Plan planning process. Ms. Rezab explained that suburban cities will be one of the stakeholder groups whose input is solicited and considered in the process.

Chair Edmonds complimented the members of the team on their accomplished resumes, and invited Steve Call, the Director of the Office of Management Budget, to comment on the process for the Operational Master Plan. Mr. Call explained that the Operational Master Plans have provided cornerstones for the County for the last four years as the county has critically examined operations, and attempted to find efficiencies and improve how County government operates. The Public Health Plan is critically important, because of the financial challenges the county faces in providing public health services in the future.

## **VI. Board Members' Updates**

None.

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

Dr. Plough told the Board that the Public Health Department will host a forum for large metropolitan health department Directors and their staff on challenges around bioterrorism and preparedness, May 10<sup>th</sup> through 12<sup>th</sup>. This forum will be funded by the National Association of City and County Health Officials (NACCHO), and will provide an opportunity for health departments to share information about the challenges of preparedness for large metropolitan health departments, and to try to shape consensus on policy directions and changes needed from the Federal government to make it easier for large metropolitan areas to respond to preparedness mandates. Board of Health members will be involved in those meetings.

The department received an award from the CDC, announced Dr. Plough, as the urban area with the most improved child immunization rates in the country. The award is based on new national immunization surveys that showed Seattle & King County increasing by 8% over child immunization rates from last year.

Dr. Plough invited Dr. Jeff Duchin to speak to the Board on pandemic influenza planning. The CDC is keeping the department aware of a serious set of issues that are occurring in Southeast Asia which seem to be setting the stage for pandemic influenza (a new and novel flu strain for which there is no vaccine.) Pandemic influenza has become the paradigm the department uses when engaging in worst case planning with community partners. Pandemic flu is the most likely of the critical health problems facing the region in the years to come.

Dr. Duchin reported to the Board that the situation in Asia has been characterized as potentially catastrophic for global health, and as the number one current public health priority by the Director of the CDC. Pandemic influenza is very different from the type of influenza that we are familiar with. This department has recognized in accordance with plans issued both by the World Health Organization and the Centers for Disease Control, the need to do preparedness planning around several main areas:

- Authority and decision making in the context of making public health decisions that impact the way the health care system functions;
- Authority and decision making around community containment measures;
- Surveillance;
- Distribution and acquisition of vaccine and anti-viral drugs;
- Continuity of government and maintenance of essential services;
- The health care system response;

- And the communication challenges.

The health department has convened the King County Health Care System Pandemic Influenza Task Force, which had its first meeting at the beginning of March. There is much work to do to increase awareness and build the partnerships needed for the protective responses that pandemic flu will require.

### **VIII. Appreciation: Margi Powers**

The Board presented a special recognition to Margi Powers, an employee of the Attic Restaurant at Salish Lodge, who has used the Heimlich maneuver to save the lives of several diners over the past few years. Board Member Lambert read the recognition, acknowledging that Ms. Powers' quick response had saved lives, and that her actions model for citizens of King County the benefits of first aid training. Board Member Irons expressed his appreciation to Ms. Powers, commenting that one out of every four people will have an opportunity to act and save someone's life, and half of the people will not act and those people will die. Dr. Plough thanked Ms. Powers on behalf of the health department, and stated that the department's EMS division is responsible for both the 911 response to the emergencies, and provides CPR training across the County to enable citizens to respond as did Ms. Powers.

### **IX. Briefing: Injury and Violence Prevention**

Chair Edmonds welcomed Tony Gomez, the Manager of Injury and Violence Prevention, back to the Board of Health. Mr. Gomez was invited to give updated information on topics in traffic safety first covered in his presentation to the Board in December 2004 -- the Designated Driver Program, leading causes of death crashes and all crashes, and information from the recently released Washington State Report on Childhood Injury.

Mr. Gomez told the Board that the health department, together with the Harborview Injury Center and other community partners, had applied for a grant from the Centers for Disease Control, to develop a Community Traffic Safety Task Force, and a community campaign to promote designated drivers. CDC is interested in evaluating the effectiveness of designated driver and sobriety checkpoint programs. In the health department's proposal, activities are targeted at 21 to 34 year olds, the age group that has the most alcohol related crashes, injuries, and deaths. This group consumes most of their alcohol out at establishments, rather than at home.

The community education campaign will include paid media and earned media. Designated driver and safe ride home activities will be offered in Seattle bars, with efforts focused on Fremont, Belltown, and Pioneer Square. These locations were identified by the Seattle Policy Department and the Washington State Liquor Control Board as some of the major areas where drinking and driving occurs. If the grant application is successful, the program will start in the fall, and it will be for \$300,000 per year for three years.

Board Member Rasmussen asked if there are safe ride home programs in King County. Mr. Gomez said that specific establishments have safe ride home programs, and that a program called Anna's Ride Home also distributes cab vouchers at some of the county's high risk bars. Board Member Rasmussen also inquired if the grant would fund the evaluation of designated driver programs/safe ride home programs in unincorporated King County and the suburban cities. Mr. Gomez explained that the scope of the evaluation activities will be limited to the City of Seattle,

but that some of the ideas and programs may spread and enhance efforts in the larger county and suburban cities, through the work of traffic safety coalitions. Board Member Rasmussen discussed a safe ride home program in Arizona, which gives impaired individuals a cab ride home, a cab voucher to come back the next day and pick up their car, and the car is put in safe storage for the night. Board Member Rasmussen expressed interest in knowing how effective these different safe ride home programs are in terms of keeping people who shouldn't be driving, off the road.

Board Member Counts asked if the grant is not awarded, whether the department had an alternate plan to capture and evaluate the data. Mr. Gomez responded that the department would look at a potential Traffic Safety Commission grant, more limited in dollars. The Injury Center and other partners will also continue to look at other grant sources. Mr. Gomez emphasized that there are no direct dollars for this at present. Dr. Plough commented that the entirety of the department's evaluation budget is grant specific, and that the department's core capacity for program evaluation has been eliminated.

Next, Mr. Gomez discussed the leading causes of fatal crashes. Mr. Gomez presented findings based on information from the epidemiologists at the Washington Traffic Safety Commission, first explaining the limitations of the data set. The most common cause of death crashes was lane errors, meaning the driver either crossed over the center line, swerved off the road, or changed lanes suddenly or erratically. Other causes include alcohol, speeding, and driver inattention or distraction. Leading causes for all crashes (fatal crashes, injury crashes, and property damage crashes), included failing to yield right of way, exceeding safe speed, lane errors, swerving, drowsiness, and inattention.

Finally, Mr. Gomez talked about a new report entitled "Understanding and Preventing Childhood Injury in Washington State." The cover memo from Washington State Secretary of Health Selecky states "injury is the leading cause of death and disability for Washington's children. In fact, injury causes more death to children than everything else combined." The purpose of the report was to look at the leading causes of death and injury; look at the trends; provide best practices from both the literature and local experience; and ensure the public receives consistent, correct information from all injury prevention professionals. Leading causes of injury and death for children include motor vehicles, drowning, falls, firearms, pedestrians, suffocation, bicycles, poisoning, suicide, homicide/assault/child abuse & neglect, and teens getting killed on the job. Injuries are the leading cause of death for children over one. "Accidents" are predictable and preventable. For every death, there are 16 hospitalizations, 300 emergency room visits, and 400 visits to the doctor.

Board Member Lambert thanked Mr. Gomez for his presentation, particularly the good facts on cell phone usage and crashes. She advocated for the use of simulators in driver education courses, and then asked if any research had been done to establish whether having a family member or friend recently commit suicide is a risk factor for teen suicide. Mr. Gomez affirmed that this is a risk factor, and that the state's Youth Suicide Prevention Program works to identify high risk situations, and then provides intervention and services – including going out to schools, and removing lethal means from teens at risk. He stated that the Youth Suicide Prevention website identifies crisis lines and other resources.

Board Member Lambert discussed the recent Microsoft Transportation Forum, which showcased emerging technologies such as cars that can identify lanes. She asked how the health department can partner with their technology. Mr. Gomez agreed that technology is advancing in the area of traffic safety, and that politics will play a role in which technologies are adopted.

#### **X. Briefing: Immunization Program Update**

Chair Edmonds introduced David Bibus, MPH, Health Services Administrator, and Jeff Duchin, MD, Section Chief and Disease Control Officer to brief the Board on strategies to improve child immunization status in King County.

Mr. Bibus explained that there are two benchmarks for child immunizations. The first is the immunization rates of children 19 to 35 months of age. These data come from the CDC's National Immunization Survey. The second benchmark is the immunization status of children entering school and during school. This information comes from school records. The immunization rates of King County children 19-35 months has been rising since 2001, and new data show that it is between 80 and 90%, a statistically significant improvement since 2001.

Immunization completion rates for the DTaP (diphtheria, tetanus, pertussis) vaccine have been pulling down the overall statistics reflecting the percentage of children who have completed all vaccine series. Getting the final DTaP dose has proven somewhat difficult for parents.

In May 2003, the WIC program was changed to include more immunization referrals. The program changes have helped King County's immunization completion rates for each individual vaccine to be higher than the U.S. and Washington's overall rates. For five of the major vaccines, completion rates were over 90%. 90% is the year 2020 goal. However, in completion of all series, the county is still below 90%. Varicella (chicken pox) vaccine, which is more recent on the market, is still below 90%.

WIC clients in King County have higher immunization completion rates than non-WIC children. In King County, WIC children of 0-12 months make up one-third of the population in King County for that age group. In other areas of the country, low income children have lower immunization rates than the population as a whole, but the WIC program changes in May 2003 (which facilitate easy referral to immunizations) have helped reverse that trend in King County.

A study that came out in Pediatrics Journal, July 2004, is cause for concern. The study showed that King County was number 8 among 50 counties for the number of children completely without immunizations. Over several years, an average of about 220 children per year, 19-35 months of age, were completely unimmunized. Although it is a very small number, the number of kids completely unimmunized accumulates from one year to the next. The families of these children are correlated with Caucasian, having a mother who is married and college educated, high income, who are concerned about vaccine safety, and parents who are not influence by their physicians and health practitioners when making vaccine decisions.

Another concerning trend is the school data for exemptions. Over the past five years, an increasing number of parents have exempted their children from completing at least one vaccine.

The trend seems to be leveling off at about 4.2%, and Mr. Bibus' program will watch this statistic to see if it is holding steady, or going up or down.

Parent focus groups in the County (attended by parents who had some concerns about immunization), have shown that parents often make immunization decisions based on inaccurate or limited information. Parents had difficulty understanding all the information available, but generally relied on their health care professional's advice.

Mr. Bibus described demographic characteristics of underimmunized children in King County, and perceptions in the community that may tend to decrease immunization rates. He then went on to discuss several programs in which the department participates, that have had a positive impact on child immunization rates. These programs include Vaccines for Children and Child Profile. His program also publishes targeted education materials, including a booklet named Plain Talk About Childhood Immunizations, which is distributed through health care professionals and clinics. The program also engages in education through vaccine fact sheets translated into several languages, a website, staff presentations to the public and health care professionals, and by participation in the Immunization Action Coalition of Washington.

Outreach programs include a perinatal Hepatitis B outreach program that tests pregnant women with risk factors for Hepatitis B, in order to immunize the child immediately upon birth and prevent mother to baby transmission. There is also a Hepatitis B prevention initiative at high schools, and other programs for high risk adults and health care professionals.

Mr. Bibus' group is testing a pilot program to work with Great Starts, a prenatal education program, to offer education about immunizations to expectant parents. His program also intends to do targeted work with schools where there are high exception rates, and is planning a forum with key community experts about parents who hesitate to immunize and how to improve immunization rates.

Health care professionals have a significant influence on parents' decisions to immunize their children. As a result, the department has made it a strong priority to work with health care professionals on training and education through several different programs.

Mr. Bibus concluded by discussing public health's immunization clinic services, and the funding sources that support immunization activities. Overall funding for immunization activities is going down, and the Vaccines for Children program is perhaps the most threatened.

Dr. Jeff Duchin gave a brief summary of the 2004-05 influenza vaccine shortage, touching on the role of local health jurisdictions during the shortage, surveillance, and immunization rates. He advocated for the Vaccines for Children system as an integral part of achieving high coverage rates in the County. Finally, he discussed emerging adult immunization issues.

In response to a question from Chair Edmonds, Dr. Duchin clarified that although King County has a high number of completely unimmunized children compared to other U.S. counties, there is still overall a small number of children in that category. He explained that this trend is not affecting a lot of children, but should be more closely analyzed.

Board Member Lambert discussed her experience with developing an eye-health screening program in the legislature, and her discovery that families with lower socioeconomic and education status can sometimes be better consumers of preventive healthcare than more affluent, educated families.

Board Member Counts commended the presenters on their education materials, particularly the Plain Talk booklet which he found to be well written.

Board Member Nicola reflected how much more complicated the immunization schedule for children is now, and asked if this complexity will cause unimmunized numbers to go up. Dr. Duchin agreed, and stated that it is the health sector's responsibility to advocate to keep childhood immunizations front and center in the minds of practitioners.

#### **X. Briefing: Governor's Budget**

Chair Edmonds introduced Tom Bristow, a lobbyist for King County, who has been in Olympia following health care and public health bills during the legislative session. He was invited to today's meeting to brief the Board on the Governor's budget, but release of the Governor's budget has been delayed to the week following this Board of Health meeting.

Mr. Bristow confirmed that the Governor's budget will be released Monday morning. He anticipates that the budget will include the \$28 million in state public health funds (also known as the public health backfill), but that mental health funding is more tenuous. Current projections show a \$1.2 to \$1.5 billion difference between revenues and expected expenditures, and the budget issued Monday is expected to be lean and highly political.

Wednesday, March 16, was the last day for bills to move out of the house of origin, except for those that are related to the budget and other fiscal matters, or transportation. Hundreds of bills died on that day, including many health care-related bills that the county supported. House Bill 1737, the public health roundtable, which proposed to perform a comprehensive study on public health and public health funding in the state, did not survive. However, Mr. Bristow said that there is still a possibility of action on this issue through resolutions and budget provisos.

Mr. Bristow discussed a movement, particularly within the House Health Care Committee, for the legislature to conduct a comprehensive look at health care costs and drivers, and that an examination of public health may be included in the work of that task force. Chair Edmonds stated her intent to write a letter to legislators emphasizing how important it is to have a separate look at public health and not wrap public health into the overall health care study. Board Member Lambert offered to make it a bipartisan letter.

#### **XI. Discussion: Walking Challenge**

Chair Edmonds introduced James Apa, Communications Manager for Public Health – Seattle & King County, to discuss the upcoming walking competition between members of the King County and Seattle City Councils.

Mr. Apa briefed the Board on activities planned for Public Health Week, celebrated annually in April. This year's Public Health Week is April 4<sup>th</sup> through April 10<sup>th</sup>. The department has planned walking events to engage staff across the department, encourage workplace health, promote public health generally, and also promote healthy behaviors that people can engage in. The walking events are sponsored in coordination with the Washington State Public Health Association and the Washington State Association of Local Public Health Officials. Several public health sites across King County have organized staff walks to take place during that week. The downtown site is organizing a larger Seattle walk for staff, to take place after the launch of the Walking Challenge.

On Wednesday, April 6<sup>th</sup> at 1:00 pm, in Seattle City Hall, the one month walking challenge between County and City Councils will be announced. Public Health employees and Council staff are invited to participate in the launch, and then join a 20 minute walk. The competition has expanded from the councils to include the Mayor and King County Executive.

The walking challenge will run from April 6 through May 5. Participants will log their daily steps in an excel spreadsheet, which will be faxed to public health on a weekly basis. Aggregate numbers for each council will be posted on the public health website. Each team's progress will be measured by average daily steps, since the County Council has more members than the City Council.

## **XII. Adjournment**

Chair Edmonds adjourned the meeting at 12:14 pm.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR

DATE