

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, July 22, 2010 was called to order by Councilmember Bill Gothmann, Chair, at 12:30 p.m. in the Auditorium, Room 140, of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

## **PRESENT**

Commissioner Todd Mielke  
Commissioner Mark Richard (arrived at 12:40 p.m.)  
Councilmember Steve Corker  
Councilmember Amber Waldref  
Councilmember Rose Dempsey  
Councilmember Bill Gothmann, Chair  
Councilmember David Crump  
Board Member Michael Fisk, DC (arrived at 12:44 p.m.) (left at 2:55p.m.)  
Board Member Bob Lutz, MD, MPH  
Board Member Susan Norwood, EdD, RN

## **ABSENT**

Commissioner Bonnie Mager  
Mayor Mary Verner, Vice Chair

## **CITIZEN INPUT**

- Rose Marie Waldram, Spokane, submitted an article from the Spokesman Review regarding abandoned drugs/antibiotics that may be used again.
- Carolyn Pickett, Spokane, submitted papers and spoke on a variety of topics including whooping cough vaccine harm, tobacco use and how to rid oneself of craving, diabetes, and obesity.

## **CHAIR REPORT – Councilmember Gothmann**

### SRHD Involvement Appreciation

Dr. McCullough was thanked for his visit to Spokane Valley and his sharing with council members the services the Health District provides. SRHD was thanked for supporting an initiative for turning Broadway from a 4-lane into a 3-lane street. SRHD supported the increase of bicycle lanes with this initiative. In addition, SRHD staff was thanked for speaking in support of helmets at the Spokane Valley council meeting last Tuesday. Currently, Spokane Valley does not have a helmet ordinance. After the presentation by Marion Lee, Public Health Educator with the Health District, Bill Gothmann recommended a helmet ordinance be brought forward to the Spokane Valley council, which was accepted.

### Spokane Bike Tour

Councilmember Bill Gothmann sent an email to the Board of Health, Dr. McCullough and Marion Lee about a bike tour in Spokane Valley. Marc Nims is forming a bike tour to target people in government to experience the quality of bike lanes in Spokane Valley. Councilmember Gothmann encouraged everyone who could to participate.

### Biggest Loser Challenge Update

Councilmember Gothmann reported the percent of people on the program exercising 300 minutes or more a week at the beginning of the challenge was 33%. At week 6, it is at 66%. Those meeting the CDC's

minimum requirement of 150 minutes of exercise per week have risen from 74% to 87%. Information on the initiative and individual results were distributed to the Board members.

### BOH Meeting Comment Sheet

The new BOH meeting evaluation form is included in the BOH packet. All members are encouraged to fill out the form in support of Strategic Plan Goal #8.

### BOH Education Committee

Dr. Bob Lutz and Susan Norwood are working on methods to increase educational opportunities and resources for Board members. They are asking for input from Board members on what they need to know to be more effective board members. One of the ways hoped to augment this process is to give the Board background information on agenda items to read before a meeting. After the meeting presentation, the Board can have dialogue and topic discussions. On the information sheet from the agenda packet are proposals for agenda items for the upcoming months. One subject proposed is a presentation on Neighborhoods Matter where work is being done in the East Central Community. After the presentation, a possible follow-up could be a BOH meeting at the East Central Community Center and a walking tour of the East Central community.

#### Discussion and questions:

- Items placed on the agenda should be or have a likelihood of Board involvement or potential for policy to keep the focus on benefitting the agency.
- In conjunction with obtaining topics of interest with the Board, the committee would be working with Dr. McCullough and staff to coordinate. Each item on the proposed calendar has a Strategic Planning Goal in mind.
- Agenda items added should not cause the meeting to extend past the 2:30 to 3 pm meeting time.
- A website is being considered as another means of information delivery to the Board.

### **HEALTH OFFICER REPORT – Joel McCullough, MD, MPH, MS**

#### Personnel Announcements

Dr. McCullough introduced Kyle Unland, the new Health Promotion Division Director, who started in June. He previously worked with the Washington State DOH, where he was a Section Manager for the Physical Activity and Nutrition Program. He has extensive experience in health promotion and chronic disease.

Also introduced was Kim Papich, the new Public Information Officer, who started work in early July. She came from ICON where she was the Marketing and Communications Lead.

#### Scholarships from University of North Carolina

A team from Spokane consisting of Dr. McCullough, Torney Smith, Julie Scholer from the Tobacco Program, and Amy Bertone, from Providence Sacred Heart Medical Center, was selected to receive a scholarship from the University of North Carolina, Management Academy for Public Health. Courses are taught by faculty at the university and the Kenan Flagler Business School and the Gillings School of Global Public Health. Focus of the management classes is to enhance the interfaces between public health funding and finance business plans. The team will travel to North Carolina in early August and again in late April. The cost per person without the scholarship is \$4500. The scholarship includes room and board, but airfare is not covered.

### CDC Investigation in Spokane County

The Health District and Washington State Epidemiology requested epidemiology aid from the CDC to investigate a rare infection found in Spokane County. In particular, the CDC investigated bacteria called *Vibrio mimicus* with possible exposure stemming from eating crawfish. Most symptoms are typically mild and require little medical intervention. The CDC is investigating this strain because it produces a cholera toxin. In fact, two people in Spokane County were hospitalized and two others became ill.

In the US, infection is usually from contact with contaminated water or because of consumption of seafood, particularly shellfish. Symptoms include stomach cramps and diarrhea, which sometimes can be bloody. Symptoms are accompanied by nausea, vomiting and headache, which usually last 12 to 48 hours, but can last as long as 7 days.

The CDC investigators arrived Tuesday and left Wednesday night. While here, they completed most of the case interviews with those who consumed crawfish. And because this strain can cause a cholera toxin, they requested blood samples to measure antibody levels. The investigation is still ongoing, some interviews still need to be completed and the lab work needs to be analyzed. The FDA is investigating where the crawfish was raised to determine the source of the contamination. Once the investigation is complete, we will receive a full report.

#### Questions and Discussion:

- The crawfish were obtained by an internet order from a company based in Louisiana. Most commercial crawfish are produced in Louisiana.
- The cluster is about 2 dozen people who have eaten crawfish, 4 people have become severely ill with 2 hospitalized.
- This outbreak was isolated as an outbreak from contaminated crawfish in Louisiana. It is not related to any known outbreaks in Spokane County from eating crawfish from the Spokane River.

### Update on Raceway park

The State DOH issued a bottled water advisory after E-coli was found in a sampling of the tap water at the Spokane County Raceway Park. The DOH inspected last week and found that the water chlorinator was not working properly and has now been repaired. The Health District requested to lift the advisory on July 15<sup>th</sup>. There were no confirmed cases of E-coli illnesses that may have been associated with this water.

Todd Mielke commented that initially there was a question about the chlorinator working and being maintained properly. The first sample was taken in a restroom in the office, which is not typically open to the public. It was a location that had not been flushed out and 1 week later another sample was taken. Samples were taken from 4 locations and all three locations outside of the office restroom tested clean.

### State Auditor's Exit Conference

The Audit Exit Conference was held today at 11:30 am. Dr. McCullough asked Councilmember Corker, who was present at that meeting, to comment. Councilmember Corker congratulated the Health District staff and Administration for an excellent report from State.

## CONSENT AGENDA

Consists of items considered routine which are approved as a group. Any member of the Board may request to remove any item from the Consent Agenda to be considered separately.

Meeting Minutes May 27, 2010

Vouchers paid May 1-31, 2010 and June 1-30, 2010

*Motion: To approve the May 27, 2010 Board of Health meeting minutes.*

*Motion/Second: Crump/Corker*

*Approved: Unanimously*

## APPROVAL OF VOUCHERS

Vouchers audited and certified by the auditing officer as required by RCW 42.24.080, payroll warrants, and those other claims as required by RCW 42.24.090, have been recorded on a listing which has been made available to the board. Time frame of claims: May 1 – 31, 2010 and June 1 – 30, 2010. The board, in a vote as moved by Councilmember Crump and Councilmember Corker, did approve for payment those vouchers included in the following lists and further described in the total amounts of \$1,809,219.51 and \$2,393,994.41.

Voucher Numbers:	201120	-	B&OAPR10	\$529,739.84
Payroll Warrants:	661409	-	661459	
Advice Numbers	DD6488	-	DD6693	\$723,069.07
Payroll Warrants:	663470	-	663521	\$556,410.60
Advice Numbers:	DD6694	-	DD6903	
			<b>TOTAL</b>	<b>\$1,809,219.51</b>

Voucher Numbers:	201486	-	B&OMAY10	\$1,113,263.01
Payroll Warrants:	665551	-	665600	\$726,531.10
Advice Numbers	DD6904	-	DD7114	
Payroll Warrants:	667929	-	667975	\$554,200.30
Advice Numbers:	DD7115	-	DD7322	
			<b>TOTAL</b>	<b>\$2,393,994.41</b>

*Motion: To approve for payment those vouchers included in the above lists and further described in the total amounts of \$1,809,219.51 and \$2,393,994.41.*

*Motion/Second: Crump/Corker*

*Approved: Unanimously*

## ACTION ITEMS

### **Resolution #10-03 Supporting a Helmet Ordinance – Marion Lee**

A report on Helmet Safety was presented to the Board of Health at the May 27, 2010 regular meeting after which a resolution supporting a Helmet Ordinance at the next Board of Health meeting was requested.

Marion Lee, a Public Health Educator in the Health District's Injury Prevention Program in the Health Promotion Division, reviewed information presented at the May 27, 2010 Board of Health meeting including the Healthy Youth Survey report that 90% of youth do not use helmets and 60% of Emergency Room visits by youth are for head injuries that can be prevented with helmet use; the 2007 data shows that 1,300 Spokane County residents visited the Emergency Room for wheeled-sports injuries; \$15 million dollars can be saved by helmet use, which does not consider the rehabilitation costs or the emotional burden. Recognizing the huge economic and emotional impact, helmet use education and enforcement is recognized as a best practice strategy.

Discussion and questions:

- Data in the Healthy Youth Survey Report typically includes wheeled sport vehicles such as skateboards, scooters and bicycles.
- Councilmember Dempsey shared a story about an avid bicyclist, who was struck by a SUV and knocked off his bike. They believe his head hit the curb and split the bike helmet. He would not have survived the accident if he had not been wearing his helmet.
- Commissioner Mielke expressed concern about passing an ordinance when there is no intention of enforcing. Agencies are struggling with funding and how to prioritize programs when officers are forced to respond from call to call and do not have time to do patrol. The issue is important, but there are concerns on how to find funding to enforce.
- Commissioner Richard stated some agencies use these types of ordinances as an education tool or revenue source while others just perceive it as a revenue generator. He does not like the inconsistencies of having SCOPE officers that partner with Health District to promote helmet use, but there is no ordinance at the County requiring helmet use. He would like to invite Health District staff to discuss whether this would be an enforceable ordinance with the current financial reality. He would also need to consider the rural constituents represented who feel it is their right to choose whether they wear a helmet or not when considering passing an ordinance.
- Councilmember Crump reminded the Board to see this as resolution from a Health Board, whose role is to educate and support data-based information. This resolution would not do any good unless it is passed, signed and sent to each municipality. It will then be each governing agency's choice to pass a law. The realities of public support and funding are understandable, but the Board is responsible to give a statement of support or resolution for helpful public health information. If the resolution passes, he would like a copy to give to each small city and have it addressed in a way that supports their process.

***Motion: To approve to adopt Resolution #10-03 Supporting a Helmet Ordinance***

***Motion/Second: Corker/Crump***

***Approved: Unanimously approved***

**Endorsement of IFPTE & WSNA Contract Rollover MOAs – Torney Smith**

Torney Smith, the Health District's Administrator, presented the MOAs which were agreed upon and signed by IFPTE and WSNA to extend the length of the existing contracts by one year. Administration staff is seeking endorsement of actions taken with this agreement.

Legal Counsel (Wolkey) Fossum recommended a formal ratification of what has been done by Administrative staff. Historically, when a contract is being negotiated, the Board gives a range of authority within which the agency negotiates and then the contracts are brought before the Board for ratification.

Commissioner Richard requested in the future, even on rollover years, that the Board be given the opportunity to discuss and work with staff on parameters for contract negotiations.

***Motion: To approve ratification of the IFPTE & WSNA Contract Rollover MOAs***

***Motion/Second: Corker/Waldref***

***Approved: Unanimously approved***

### **Resolution #10-04 Adopting the 2011 Health District Fee Schedule – Mike Riley**

Councilmember David Crump explained the fee schedule was reviewed by the Executive Committee of the Board of Health and no fees will exceed cost of services. Several fees were reviewed during the Executive Committee meeting. All fees that are listed at 100% increase are new fees.

Commissioner Richard supports the idea of cost recovery, but would like agency staff to consider how new fees affects the public and to consider how services can be accomplished in more cost effective ways and lessen the impact to the community and business.

Councilmember Gothmann explained the fee for boundary line adjustments of \$150 which is only collected when re-inspections are needed. Tobacco compliance inspections have increased fees for each re-inspection due to required services of the agency attorney.

***Motion: To approve Resolution #10-04 Adopting the 2011 Health District Fee Schedule***

***Motion/Second: Crump/Corker***

***Approved: Unanimously approved***

## **REPORT**

### **Tobacco Report - Christopher Zilar and Krista Panerio**

Christopher Zilar, the Health District's Tobacco Prevention & Control Program Manager, introduced the Tobacco Program staff and gave a brief overview of the program.

The Tobacco program operates with a small staff of 3.0 FTE spread among five people. Seventy-five percent of funding is from the State which is expected to end in June 2011. The program follows the CDC's best practices recommendations by providing a comprehensive program consisting of education, cessation and enforcement.

Handouts of recent accomplishments were given to the Board. The Landlord Association endorses the work that the Tobacco program does and agrees that landlords have rights to set their own policies regarding smoking. The Housing Authority also supports landlords in setting smoke free housing policies. A large part of the program's work is in policy development. The program is trying to ensure that everyone, including those with low incomes, is allowed to have smoke free environments.

Staff has partnered with local colleges to make campuses smoke free. EWU plans to adopt a tobacco-free campus and the Spokane Community Colleges will soon do the same. Program staff will be asking for help enforcing a smoke-free campus at the County in the near future.

Krista Panerio provides education and enforcement for the Tobacco program. Early on she received training from other regulatory agencies and goes on joint premise checks with the Liquor Control Board, Washington State Gambling Commission and local Fire Departments. Joint premise checks have evolved into multiple agencies regularly performing joint checks which are more effective to go in force when multiple agencies are having problems with the same companies.

Ms. Panerio presented information on electronic cigarettes which is a special emphasis project that she has been working on that needs urgent attention. She demonstrated how to use an electronic cigarette, passing around a sample device to the Board members. Electronic cigarettes are battery operated and the cigarettes are bought separately from the nicotine and flavoring. The mouthpiece is removed and liquid nicotine is placed by drops into the device. Once the liquid moves to the atomizer, the nicotine can be inhaled. The amounts are not regulated so a person is able to place as much nicotine as they desire into the device. Currently, it is not FDA regulated so the e-cigarette can be smoked anywhere.

Ms. Panerio does 30 to 50 compliance checks a month, which is a conservative number, in cooperation with the city of Spokane, Spokane Police, Sheriff, and Fire. When she heard about electronic cigarettes last October, she obtained permission from the Health District to start a project to determine the availability of electronic cigarettes amongst youth.

Ms Panerio has spent a lot of time in the community and learned the most common terminology for the device is "e-cig." The device is manufactured mainly in China, distributed to the Western countries, and imported in the US. It was reported that the FDA attempted to stop the importation of the products, but courts have overruled the FDA's order and the future of FDA regulatory authority remains in question.

The e-cigarette is a nicotine delivery device which does not contain tobacco; therefore, smoking in public places is not enforceable. Only products containing tobacco is enforced because of the current regulations. A nicotine cartridge is used with the device and the vapor contains nicotine and sometimes Diethylene Glycol. Stickers placed on those cartridges range from handwritten to computer generated stickers and are not FDA approved. The origin of the nicotine is unknown; therefore, nicotine in the cartridges may be pharmaceutical or a pesticide grade of nicotine. Some manufacturers have listed the ingredients others haven't; since it is not regulated, there is no way to be certain what is in this product.

Ms. Panerio introduced one of her STAT (Spokane Teens Against Tobacco) operatives, Sarah, a 15 year-old University High School student who has worked with Ms. Panerio all year long and who is a strong advocate for this project.

The advertising techniques of the stores in Spokane include displaying signs with sayings such as, "Smoke Anywhere," and some signs indicating that the product is FDA approved and other ads imitate Marlboro packs of cigarettes. This device has also been marketed as a way to quit smoking or as a nicotine replacement therapy or cessation product. The flavoring ads appear to be marketed to kids. Because of the advertising and people smoking these devices in public, the Tobacco program received

many calls from the citizens and businesses about violations. The most our staff can do is offer assistance in setting their own policy.

Out of 31 attempts by minors ages 15-16 to purchase cigarettes they were able to purchase 28 times. Sarah distributed information sheets used on the compliance checks and a summary of attempts at purchasing e-cigarettes. On compliance checks, the minors are required to be truthful about their age. The only time they are allowed to skew this is when they need to use their refusal skills. The reason this is allowed is because a particular vendor in Spokane makes the youth sample the product before purchase. Each operative uses their refusal skills 3 to 4 times when asked to sample the product. This vendor also requires the youth to give their names, phone numbers and email addresses for marketing blasts.

Questions on the compliance sheets included: "Did you pursue the sale or did they pursue you?" "Did they ask you if you had parent permission?" Towards the end of the project, the minors were told to ask vendors if they were allowed to smoke in school. They were told by e-cig retailers that they would be able to do that. The results of this project showed the highest compliance violations ever received.

In a store in Cheney, a complete electronic cigarette starter kit was \$69.99, which includes an e-cigarette and 2 bottles of nicotine. At some vendors, just the e-cigarette device costs \$150, while at other places it was much cheaper. At an espresso/smoke shop, the youth were able to purchase the device for \$50; the youth were told to ask for a receipt which was found to be hand-written. At another vendor, the nicotine cartridge purchased by the youth had a hand-written label saying it was high-nicotine. In this instance, they sold high nicotine to minors who have never smoked. The cartridge at another store looked as though the nicotine was a homemade mix; it is unknown what the person could have put in the mixture.

An FDA-approved inhaler is used as one of the nicotine replacement therapies. However, e-cigarettes are not FDA-approved, nor FDA regulated, and cannot be advertised as nicotine replacement therapy. Information from the FDA reports there are toxic chemicals and carcinogens in the product. The FDA has reviewed these chemicals, but has not reported on or done anything about its use. The lethal dose of nicotine for an adult is 30 to 60mg and 10mg for children. Since the product is liquid, the entire bottle may be dumped into the device, someone's tea, soda pop, or other smoking device.

Most vendors had a policy not to sell to anyone under 18 years old, but each one of them still sold to minors. In the only case where the vendor asked for ID, they told the minor to bring back an 18 year old and they would sell the product to the youth. It is clear that the selling of this product was not used to help with smoking cessation, but to promote nicotine products to youth.

Ms. Panerio and Julie Scholer are taking phone calls and offering assistance to set policies with Spokane businesses such as, STA, Group Health, YMCA, Outback, and Shari's. New Jersey, Utah and New Hampshire have passed legislation related to the age and the use in some facilities. Arizona, Illinois and New York have some legislation in the process. California vetoed legislation due to the drug being worded as FDA regulated. This drug is not FDA-regulated, so it was a mistake in the wording on their part. The Electronic Cigarette Association supports restricting the product use for adults and supports removing access for minors.

When electronic cigarettes first became news, the second lead story in our community was in regards to a bar that opened a vapor lounge. That story addressed the adults but did not address that this product could be potentially harmful or accessible to minors.

#### Questions and discussions:

- The nicotine and flavorings are sold separately. To Ms. Panerio's knowledge, the flavoring does not contain nicotine. Instead the nicotine and flavoring are combined in the e-cigarette. Concern is that the electronic cigarette can be sold with just the flavoring and it could become popular for minors to use the product much in the way that candy cigarettes were used in the past. If children show up at school with the e-cigarette, there is no way to know if the product has nicotine combined with it or not.
- Michael Fisk shared his experience in college where he dissected a frog, placed its heart in a Petri dish and restarted it several times using nicotine. The drug is a strong chemical. He believes a prescription is required for a nicotine patch, so why would this nicotine product to be sold to our youth.
- The vendor who carded the youth and then still sold the product was unsure whether to sell to the minor so called her supervisor but was unable to reach him and then sold the product despite knowing to the underage youth.
- The enforcement techniques being used now don't necessarily require an increase if policy is changed; if standards are set and ordinances are in place, word of mouth will create change with no need to add more staff for enforcement; education and peer pressure will create change.
- Commissioner Richard requested that SRHD staff create a resolution for the Board's consideration. Then jurisdictions can be asked to pass legislation, if it is legal, that prohibits the sale to minors and raise concerns about risk to adults on what is an unregulated and uncontrolled substance being sold over the counter with very little accountability. If it is not legal to prohibit the sale, then at least the Board can pass a resolution expressing concern and to raise awareness.
- Councilmember Gothmann asked if there are any model ordinances available for jurisdictions to pass on along with the resolution for Board members to take back to their jurisdictions.
- Legal Counsel (Wolkey) Fossum commented that this product is a nicotine product, not a tobacco product; therefore, it falls in the cracks regarding the preemption laws. It does not fall under any laws that already exist that prevents us from passing legislation under the preemption doctrine. There is Federal litigation pending already in New Mexico and the DC District because the FDA is trying to regulate it and it's potentially falling through their cracks as well. There is an oral argument in the DC circuit on September 23rd because the District Court says the FDA can't regulate it, or at least they can't ban importation. Looking at State and Federal laws there is nothing on point. So, at the moment it is open to pass an ordinance as long as we are sure there is a public health risk to the minors in our community. It appears that the Board has determined there is decent evidence on that so far.
- It is an FDA regulation that nicotine patches can only be sold to those over 18 years old. They are responsible for regulating new drug use. One of the big issues is that you must have a regulated manufacturing process to know that what is in each product is consistent. Currently, the products being tested now are not consistent. It is a limited amount of testing that the FDA has currently done. Not enough to say this product is dangerous, but enough to see that the product is inconsistent.
- Legal Counsel (Wolkey) Fossum commented that amicus brief (American Heart Association/American Lung Association) is in support of the FDA's position. They have 4 concerns: 1) it is not determined safe, 2) it increases tobacco use among minors because of its availability, 3) there is a reduction of use of tobacco cessation products, and 4) a reduction in incentives for companies to develop the next generation of tobacco cessation products.

- It would be very difficult for the product to become legislated as a tobacco cessation or reduction product because of the additives and carcinogens in the nicotine.
- Commissioner Richard asked and the Board agreed that a resolution for consideration encouraging the passing of a local ordinance.

### **Tobacco Report Discussion – Board Member Lutz**

This item was not discussed because it was covered thoroughly in the Tobacco Report.

### **Health Officer Evaluation – Councilmember Crump**

The time has passed for the review of the Health Officer's evaluation. This is important because in Dr. McCullough's contract a pay increase is based on his evaluation. Councilmember Crump proposed to the Board the draft evaluation form included in their packet. He requested Board members to approve or make modifications to the form so that he can have it sent out and report back to the Board at the September 23<sup>rd</sup> meeting.

- A green form, for all staff is brief and confidential requesting only to identify if a respondent is management, executive management, or staff. This will be given online for a 2 week period with a 1 week reminder.
- A 2-page form for Board members lists main categories: communication, accessibility, fiscal responsibility, leadership and management as "Meets Expectations" or "Other." Narrative feedback is promoted under "Comments." The form will go to each Board member to be returned directly to Barb Lorang, SRHD Human Resource Manager. The responses will be summarized and given to the Board and to Dr. McCullough. Councilmember Crump researched several ways of providing an evaluation and this is his recommendation. Looking at what has been done historically, to what the new contract requires, plus what board members requested in past, he believe this meets or exceeds what is needed.

### **Questions and discussions:**

- The evaluation included in the packet would go out to staff on Survey Monkey. The grading scale requires responders to give a non-neutral opinion.
- The evaluation form sent to staff is a gradient scale unlike the one proposed for the Board, due to contract requirements and to allow an opportunity for feedback. Board members need to purposely provide feedback comments.
- Councilmember Corker commented that graded evaluations are best suited for Executive Staff where those evaluating have direct, day-to-day contact. Board members do not have contact daily with the Health Officer making evaluation of an administrative function difficult. Boards are interested in specific remarks of activities where a person is meeting expectations and where they are not which often provides more relevant information. He would like to use this and see the results.
- Commissioner Richard proposed that if the outcome of the evaluation leads to salary compensation then that be made retroactive to the period of time it was obligated in the contract. Legal Counsel (Wolkey) Fossum will check to verify if the language in the contract allows for retroactive pay. Sometimes there are issues with the constitution and back paying people. If there is not enough language, the Board can vote to make the pay retroactive from the motion date, but not before.
- Commissioner Richard suggested alternative means to provide appropriate compensation with the option to increase the compensation from what was originally projected from the date of the decision rather than retroactive. Could take legal counsel's guidance and come up with a solution that would still meet with the intent of the contract and all laws, if the contract does not allow for retroactive pay.

- The evaluation forms were approved and electronic versions will be sent to SRHD staff and the Board of Health.

***Motion: Unless the contract allows for retroactive pay adjustment to its anniversary date, the salary compensation adjustment will be retroactive to the earliest possible legal date or July 22, 2010.***

***Motion/Second: Mielke/Richard***

***Approved: Unanimously***

## **BOARD MEMBER CHECK-IN**

### **Justin Haeger 10 Miler - Councilmember Waldref**

Councilmember Waldref ran the Justin Hager 10-Miler through Riverside State Park starting and ending at Spokane Falls Community College, in memory of a young person who died of a methadone overdose; all proceeds go to Daybreak Youth Services to support substance abuse reduction.

### **District Court Mental Health Therapeutic Court Graduation - Commissioner Richard**

Commissioner Richard attended the District Court Mental Health Therapeutic Court graduation ceremony where xix people graduated; he thanked the taxpayers for supporting the sales tax initiative that brought more money for those suffering from mental illness. One benefit was forming a small team that works on assessment and diversion out of the jail system, but it also enhanced the District Court led by Judge Derr. Her staff is now able to work with mentally ill citizens to get in proper programs. This program offers a 4-phase training to get their citation expunged after completing the course. There are moving stories about citizens who went through the program with one person stating it works for the whole person unlike many other dockets. The great work being done is reflective of the support from the Spokane community.

### **Nurse Family Partnership Meeting – Commissioner Richard**

Commissioner Richard attended the monthly Nurse Family Partnership meeting yesterday. He thanked staff for the invitation. It was very educational.

### **Biggest Improver – Commissioner Richard**

Commissioner Richard commented that the SRHD Biggest Improver challenge has raised his awareness about exercise and he has lost several pounds.

### **Diabetes Awareness Screening – Commissioner Mielke**

Commissioner Mielke sponsors the corporate share for the Eastern Washington Diabetes Association. Spokane County has looked at health care issues related to its employees and found that diabetes is one of the top 3 or 4 rated chronic illnesses facing County employees; 1 out of 4 doesn't know they have it. The County has a Health Care Awareness Task Force and participated in a Biggest Loser Program earlier this year with great results. They are considering making September diabetes awareness month with guest speakers and daily reminders of facts about diabetes. They have also had some discussions with the Washington State University, School of Pharmacy about doing a screening program. He would like to contact local TV stations to see if they would be interested in co-sponsoring and putting together some PSAs. And then possibly have WSU work with the SRHD's Health Promotion Division to see if the District would be a good venue to hold the screenings.

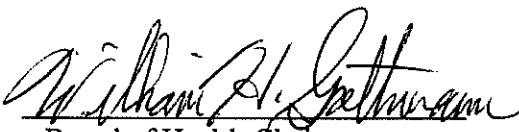
Commissioner Richard would like feedback from Dr. McCullough about any financial impact to SRHD and its resources in participating. Barring that discussion, he welcomes the idea and encourages the concept. Commissioner Mielke stated if a local station would produce a PSA, he would like Dr. McCullough to participate. If not, he would request someone in the agency to put together a 30-second PSA and ask a local station to provide air time; hen have the agency partner with WSU to secure a room for the screenings on a few selected days. The Diabetes Association will provide printed material to distribute to the public. The Board members supported Commissioner Mielke's proposal.

### **NEXT BOARD OF HEALTH MEETING**


The next Board of Health meeting is scheduled at 12:30 p.m. on September 23, 2010 in Room 140.

### **ADJOURNMENT**

There being no further business before the Board the meeting was adjourned at 3:06 p.m.

APPROVED:   
Board of Health Chair

Date: 9-23-2010

  
Recording Secretary