

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, October 28, 2010 was called to order by Councilman Gothmann, Chair, at 12:35 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

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

ABSENT

Commissioner Bonnie Mager
Commissioner Todd Mielke
Mayor Mary Verner, Vice Chair
Councilmember Steve Corker

CITIZEN INPUT

- Rose Waldram, Greenacres, talked about allergies to fluoride and recommended books about fluoride and a milk diet; she submitted her written comments.
- Carolyn Pickett, Spokane, talked about her concerns for several things including flu vaccine ingredients, mercury-free bulbs, whooping cough, glyphosate, and all vaccines; she distributed written materials.

Historically, there has been no hearing on the Health District budget. For the past two years, an advertised public meeting to review the proposed budget was held with one to two people attending. Chair Gothmann invited anyone present who wanted to comment specifically on the proposed budget.

- Carolyn Pickett, Spokane, said she disagrees with the way funds are being used including funding to Catholic Charities and to purchase vaccines.

CHAIR REPORT – Councilmember Gothmann

ABCD Program

A letter addressed to the Board of Health from the Washington Dental Service Foundation was written to inform the board that Washington's ABCD (Access to Baby and Child Dentistry) oral health program had received national attention for its remarkable impact to confront dental disease with impressive results. Chair Gothmann read the letter and gave recognition to Spokane Regional Health District for originally implementing this innovative program that was put into action statewide and nationally; the program shows that investing in early preventive care results in lower dental treatment costs over time.

Community Guide

NALBOH (National Association of Local Boards of Health) referenced the Community Guide which is available on the internet as a free resource to promote community health. Councilman Gothmann encouraged everyone to visit the website at www.thecommunityguide.org.

Influenza

Councilman Gothmann encouraged everyone to get their flu shot. He commented that the Health District's drive-through clinic went well; flu shots are available at most pharmacies; January and February are the peak for flu; and a resident from Stevens County is the first person confirmed as infected with the flu.

E-Cigarettes

The Spokane Valley City Council will hear a report on electronic cigarettes at their next meeting.

December 2 Meeting

Councilman Gothmann plans to attend the National League of Cities in Denver November 30-December 4 and will not be present at the December 2 Board of Health meeting.

Health Officer Evaluation

Council members Gothmann and Crump met with Dr. McCullough last week to review his health officer performance evaluation and goals for the year.

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

Influenza

The Spokane Regional Health District issued a joint press release with the Northeast Tri County Health District on October 22 to announce the first case of influenza in a Stevens County resident hospitalized at Sacred Heart Medical Center in Spokane. The case was reported due to a new surveillance system requiring reporting of hospitalized patients with influenza.

The Health District's drive-through flu shot clinic held on October 2nd went well with 352 individuals receiving flu shots at the drive through, and 372 additional individuals receiving shots during the same timeframe at the adjacent walk-in clinic at the YMCA. The Health District received positive feedback on the clinic. So far, approximately 1,800 flu shots have been administered by the Health District through outreach which does not include shots given in our clinic located within the Health District.

Health District staff and Dr. McCullough will participate in a KHQ Help Desk this evening from 4:30-6:30 p.m. to answer a variety of questions regarding influenza.

Prescription Pain Medication

Mortality and morbidity associated with prescription drug use was reported to the board several months ago. Since then, the Washington Department of Health (DOH) has reported the number of people dying due to an overdose of prescription pain medication is growing in Washington with the death rates highest in Stevens, Clallam, Spokane, Grant and Snohomish counties. From 1995 to 2008 Washington had 17 times more deaths from accidental overdose involving prescription pain medications. In 2007, DOH received funding to create a prescription monitoring program to collect data on controlled substances from pharmacies to compile into a central database which could be used by practitioners and other authorized persons when making patient decisions and to prevent patients from doctor shopping for controlled substance; the program was unfortunately suspended in December of 2008 due to state revenue shortfalls. DOH recently received two federal grants, one from Department of Justice and one from SAMHSA (Substance Abuse and Mental Health Services Administration), to continue to collect

data and provide information to healthcare practitioners and regulatory authorities and law enforcement.

An organization named Agency Medical Directors' Group, which consists of medical directors from several agencies including DOH, L&I, and DSHS, has developed guidelines to assist doctors in prescribing opioid medications to their patients. Interagency Guidelines on Opioid Dosing for Chronic Non-cancer Pain, was published in 2007 and updated in 2010 to serve as an educational aid to improve care and safety when treating patients with opioid therapy.

During the 2010 legislative session, HB 2876 was passed to direct five boards and commissions to adopt rules concerning chronic non-cancerous pain management. The boards involved include the Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission, Dental Quality Assurance Commission, Board of Osteopathic Medicine and Surgery, and the Podiatric Medical Board. The bill requires these boards and commissions to adopt rules related to pain management by June of 2011. Stakeholder meetings have been held and proposed rules are drafted with hearings to be held in the future.

Locally, the Spokane County Medical Society will convene the first meeting of the Spokane Prescription Opioid Taskforce. Attendees will include representatives from health care, public health, pharmacy, law enforcement, treatment facilities and other interested parties and stakeholders to try to understand the scope of the problem in Spokane and work on possible solutions. A meeting is scheduled in mid-November.

The Health District's Community Health Assessment staff has been working with the state and Spokane County Medical Society to survey healthcare providers in our community to determine how they manage their patient populations when using opioids and to learn what resources they have available to treat their patients. This is an ongoing effort and we hope to have more information when it is available.

Spokane Regional Transportation Council Grant

The Spokane Regional Transportation Council selected to fund the Health Districts' proposed bicycle, pedestrian and driver education program through their transportation enhancement program. The goal of the program is to educate bicyclists, pedestrians and drivers to safely navigate the roadways to prevent future fatalities and injuries. Our program, Spokane County Moves Safely, will include a bicycle and pedestrian safety media campaign, law enforcement emphasis patrols for bicycle and pedestrian safety, bicycle helmet purchase and education through Spokane's Sheriff Community Organized Policing Effort (SCOPE), bicycle education training for a local school district, and public education on Complete Streets, and Safe Routes to School. Health Promotion staff who will implement the \$203,529 two-year grant project include Heleen Dewey, Marion Lee and Natalie Tauzin.

Community Involvement

In response to Councilman Crump's request to give a sense of work in our community, Dr. McCullough said he attends numerous meetings including the United Way Board of Directors and Spokane County Medical Society Board of Trustees. He and Torney Smith are meeting with Empire Health Foundation (EHF) representatives to work on public health

priorities for the region and he is working with EHF on several issues related to health care reform. Earlier this month, at the Joint Conference on Health held in Yakima, Spokane Regional Health District staff made seven presentations; the presenters included ten staff, one board member and eight community partners.

***Vibrio Mimicus* Investigation Update**

Last month, Dr. McCullough reported on *Vibrio mimicus* infection in two people who were hospitalized in Spokane County. The Centers for Disease Control and Prevention (CDC) participated in the investigation and a report was recently published in the CDC's Morbidity and Mortality Weekly Report (MMWR).

Reshaping Public Health

Last month, Dr. McCullough talked about a document that was being drafted by a group of people put together by DOH Secretary Selecky to look at reshaping governmental public health in Washington State. In the interest of time, Dr. McCullough asked board members to look through the document outlining the direction of public health, *An Agenda for Change*, which was provided in their packet. Feedback from boards of health will be valuable and questions or comments can be directed to Dr. McCullough.

Questions and discussion following the Health Officer Report.

- The Prescription Drug Monitoring Program is not yet developed in our state; however, the program exists in 34 other states to serve as models. Patient information will be input at the pharmacy level and doctors will have access to their patients' pharmaceutical information to know all of their medications.
- Our Community & Family Services division has already received funding from Empire Health Foundation (EHF). Fifteen priority areas were initially identified for funding and those will be narrowed down to approximately five areas which will include public health. Our Health Promotion division director is currently working with EHF on childhood obesity. Representatives from seven eastern county public health agencies, including Dr. McCullough and Torney Smith from Spokane, are meeting with representatives from EHF to discuss funding public health priorities in our region.

CONSENT AGENDA

The 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. Councilmember Crump made a motion to approve the September 23, 2010 Board of Health meeting minutes; motion seconded by Commissioner Richard.

APPROVAL OF MINUTES

Motion: To approve the September 23, 2010 Board of Health meeting minutes.

Motion/Second: Crump/Richard

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: September 1 – 30, 2010. The board, in a vote as moved by Councilmember Crump and seconded by Councilmember Dempsey, did approve for payment those vouchers included in the following list and further described in the total amount of \$1,879,462.19.

Voucher Numbers:	#201403	-#B&OAug10	\$ 583,386.22
Payroll Warrants:	#678974	-#379025	
Advice Numbers	#DD8149	-#DD8351	727,485.97
Payroll Warrants:	#681084	-#681129	
Advice Numbers:	#DD8352	-#DD8557	568,590.00
		TOTAL	\$1,879,462.19

Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,879,462.19.

Motion/Second: Crump/Dempsey

Approved: Unanimously

ACTION ITEMS

Resolution #10-06 - Adoption of the 2011 Budget – Mike Riley

Comptroller Mike Riley presented Resolution #10-06 – Adoption of the 2011 Budget. The budget packets were mailed out to all members of the board in early October. Mr. Riley thanked the BOH Budget Subcommittee consisting of Commissioner Mager, Councilmember Dempsey and Councilmember Waldref and said that he appreciated the questions he received from other board members. The 2011 budget asks for expenditure authority of \$23,464,817 which is a reduction of \$886,362 from the original 2010 budget due to several things including reduced funding from the state. Mr. Riley reviewed and explained components of the budget document including revenues from the county assessment and the state local government assistance (LGA) funds and the request to use some undesignated reserve funds. Although there are no major program cuts, the Health District's Executive Management Team went through the Logical Decisions for Windows process to review and score all programs. Mr. Riley requested the board to adopt Resolution #10-06.

Discussion and comments following the presentation:

- Funds were added to the undesignated reserves in 2008 and in 2009.
- The Health Districts anticipates our medical benefit costs to be higher in 2011 than in 2010; the reason the expenditure amount for benefits for 2011 is lower is because we had anticipated a larger than actual increase in 2010 which did not occur. We expect an approximate 16% increase in our medical premiums in 2011.

- The dedicated reserve funds cannot be expended without board action; the undesignated reserve funds need to be sufficient for cash flow to pay expenses for services that are delivered prior to billing the grantors to receive funds for those services.
- The executive committee of the board discussed the budget and proposal to use \$302,265 from the reserve funds to maintain programs and staff while maintaining a sufficient balance of 10%. Although no layoffs are anticipated, the LDW decision making tool was used to be prepared if there are any state funding changes.
- Councilmember Waldref appreciated the opportunity to sit on the Budget Subcommittee and ask questions and expressed her appreciation for the work put into the budget; it is good that no programs were cut but we are awaiting to hear from the state and county and may still need to address the decision matrix to look at programs in the future. She appreciates that the board is willing to use some of the undesignated funds to maintain programs.
- Other health districts throughout the state are experiencing up to 40% layoffs after draining their reserves down with the belief that the state would have provided more funds.

Following discussion, Councilmember Crump made a motion to approve Resolution #10-06 to adopt the 2011 Budget; motion seconded by Councilmember Waldref.

Following the motion, Commissioner Richard said he supports the motion; he commented that the County's allocation toward public health represents a slight increase from 2010 although not as high as was requested; notwithstanding divisions of public safety, that will be the only line item in the County budget with an increase demonstrating their commitment to public health. Commissioner Richard also expressed his respect for the Health District employees, however, he said he finds it difficult to condone a 2% increase in compensation. Since this increase is for a one-year contract, he requested that the board be given an opportunity to engage in that dialogue before a contract is approved for 2012.

Motion: To approve Resolution #10-06: Adoption of the 2011 Budget.

Motion/Second: Crump/Waldref

Approved: Unanimously approved

REPORTS

H1N1 After Action Report – Lyndia Tye

Lyndia Tye, Director of Disease Prevention and Response (DPR), presented the H1N1 After Action Report on behalf of Susan Sjoberg, Public Health Emergency Preparedness and Response (PHEPR) program manager, who was attending another meeting.

This After Action Report for the H1N1 event meets one of the public health standards to report to the board of health regarding progress toward program goals and recommendations based on evaluation of After Action Reports (AARs) to evaluate and continuously improve processes, programs, and interventions. The PHEPR program receives federal funding and is required to use Homeland Security Exercise and Evaluation Program (HSEEP) tools which are very detailed and include an after action report and improvement plan. Past AARs included the early response to the outbreak in the spring of 2009; the mass vaccination at the Arena in October 2009; and community and childcare clinics October 2009 through January 2010. The final H1N1 AAR

includes the internal agency response outlining the entire event from July 2009 through February 2010 which is being presented today.

The process used to obtain input for the AAR was through several venues including:

- multiple hot washes or debriefs with staff throughout the event;
- information from surveying staff, volunteers, community partners, and medical providers;
- information from state Department of Health (DOH) weekly phone calls and interviews with DOH staff; and
- patient satisfaction assessments.

Responding to this actual event helped the Spokane Regional Health District:

- improve our plans and agreements;
- identify the need for and content of mutual aid agreements that need to be in place;
- learn what information needs to be communicated, how often and to whom both internally and externally;
- discover great partnerships including over 14 agencies with volunteers who were involved in this event;
- realize the number of Health District staff involved in this type of event and the need to plan on how to continue normal operations during an event.

The Incident Command Structure (ICS), which is fairly new to public health, provided a useful communication structure, as well as an Incident Action Plan that was used to outline step by step what to do and what needed to be done.

This H1N1 event helped us realize the need for a formalized Continuity of Operations Plan for our agency and our goal is to develop a plan by June of 2011. Staff continue to work on items identified as needing improvement in the action plan with a goal to complete everything except the Continuity of Operations Plan by the end of December 2010.

Two Board of Health action items were requested. The first request is to create a small core group with representation from the board to work with the health officer to make high level policy decisions, similar to EMAC (Emergency Management Advisory Council) which is run by the county sheriff with high level individuals across the county that can make policy decisions. EMAC currently does not include our health officer and should consider adding him. The core group being requested would be a smaller scale group to make decisions so that if there is a public health event like H1N1 and a decision needs to be made whether we should or should not declare a public health emergency, whether or not to close schools, or any other mitigation measures, the members of the board who would serve on this smaller group could help us to understand any city/county impact in what the health officer is saying is the best course of action. Ms. Tye requested someone from the board to work with Dr. McCullough and Susan Sjoberg to formalize this small policy group based on board representation so that when people rotate off and on there would be an existing group with representation from the cities and county.

Discussion and comments following the request for a policy group:

- Commissioner Richard, who sits on EMAC asked if this group would be a duplication; also, he will request the addition of Dr. McCullough to EMAC.

- Public health issues are often not countywide and would not involve all of the EMAC partners such as schools and law enforcement and this smaller policy group could be a subset; not knowing the structure of the EMAC, maybe a portion of that group could be called together.
- Commissioner Richard commented that many agency representatives on EMAC don't come to the table unless something pertains to them; he is not sure how to put together a group that allows connectivity with the different organizations throughout the county or countywide when needed and suggested perhaps a subcommittee, or again attendance or participation on the components relevant to public health, so if you need to reach a school district with an event in a different part of the county, you may want to have the ability for that breadth.
- Ms. Tye responded that a subcommittee of EMAC is a great suggestion and would appreciate help to make that happen.
- Chair Gothmann commented that although the board includes representation from the cities, that the county has the directive to provide for public health and he would like to see the county take the lead.
- Commissioner Richard said he will assist PHEPR to accomplish what they need in regard to a policy group.
- Commissioner Richard also commented on a tool he helped champion which is a reverse communication mechanism for citizens to register their contact points such as internet, cell phone, etc., so that for an event or incident, emergency management can reach them wherever they are. He wants to assure that the Health District is aware of that tool which is as much a tool for public health as it is for any other critical partner and so that if there was a public health emergency, someone would have the contact information to reach the 911 board and put out a message to develop a contact list based upon a geographic area and start doing automatic calls stating the situation; public health should be a prime partner in that.
- Commissioner Richard said that that reverse communication tool is overseen through emergency management, however he doesn't know whether or not it is in the Comprehensive Emergency Management Plan; he indicated the Commissioners will help fill in any gaps to make sure that it is a tool available to public health.
- Chair Gothmann said that tests for Alert Spokane were recently run and any citizen may register their own home phone and their cell phone right now.
- In response to Board Member Fisk, Ms. Tye would compare our preparedness for a real event on a scale of 1-10 being at a 7-8 before and an 8-9 after this H1N1 event.

Following this discussion regarding the request to create a policy group, Ms. Tye said that after Commissioner Richard understands how this request could fit into EMAC, then she will follow up with the BOH depending on whether or not a small policy group needs to be created independently or as a subgroup of EMAC.

The second request for a Board of Health action item is to formalize a procedure to update board member contact information and preferences for contact. The contact information should include the best means to contact each member of the board, e.g., email or cell phone, which may be dependent on whether an incident is high or low risk and whether or not all board members will be contacted or only the chair.

Following discussion, board members agreed that the BOH recording secretary will email a contact information form to board members. After baseline information is collected, an email will be sent in January and July each year to request updates to board member contact information, if any, or indicate if there are no changes. The information will include an alternate contact, for example, the administrative assistant at the city of Spokane Valley, and phone numbers will be identified as primary or secondary, or day or evening.

Following the After Action Report, Ms. Tye introduced two staff in PHEPR. Cindy Thompson was hired for the H1N1 response and was in charge of our mass vaccination clinics; she has been instrumental in many efforts and will be retained as she transitions into a new role. Tiffany Reed was hired in 2002 as a public health liaison to work with healthcare providers and she also is trainer for our agency and for other local public health agencies in Region 9.

Additional discussion following the H1N1 After Action Report.

- RCW gives the health officer authority to put control measures in place; for instance if 50% of children are ill and exposing others, the health officer can decide to close a school to prevent the spread of infection. A decision to close school due to heavy snowfall would likely be made through EMAC, where school representatives could participate in the decision.
- Temporary shelters can be opened in an event such as extreme cold and no power and people cannot remain in their homes if a disaster is declared through Spokane Department of Emergency Management; public health would have a liaison in a communications center to serve more in a communication role for pertinent public health issues such as keeping warm and avoiding carbon monoxide poisoning. The American Red Cross finds shelter and has agreements with many places including schools; our agency has agreements with ARC to access those resources if needed.

BOARD MEMBER CHECK-IN

Health District Fee Schedule

Commissioner Richard brought forward information on behalf of Commissioner Mielke regarding Cheney Police Chief Sale's request to come before the Board of Health next month for a brief 5-10 minute discussion with the board about the Health District's fee structure with regard to non-profit and city or municipal related organizations who are required to obtain a permit in order to hold a food-related event and the impact of the fee on their ability to do those types of community events or fund raisers.

Electronic Cigarettes

Commissioner Richard visited with Health District staff regarding electronic cigarettes; he has communicated with legal counsel and the health officer on how to move forward on a county-wide regulation to prohibit the sale of electronic cigarette material to minors and they are working through the details.

Public Health Building Ownership

Commissioner Richard said that the Board of County Commissioners and public health staff are having renewed conversation on the topic of a potential transfer of ownership of the health building and welcomes any input.

WSAC (Washington State Association of Counties)

Commissioner Richard requested Board Member Lutz to comment on the upcoming WSAC (Washington State Association of Counties) conference with regard to state health boards.

Discussion regarding fee structure:

- Chair Gothmann has heard from several citizen regarding our fees and would like to know more about what is happening in other counties and other municipalities.
- Dr. McCullough gave the following background information. Chief Sales and the administrator from Cheney contacted the Health District and had conversations with Food Program staff and with him; the current fee structure was explained as to how and why it is structured and several options were suggested to the Cheney staff. The BOH has directed the program to collect fees at 100% of cost. This issue was discussed at the Board's Executive Committee meeting last week where it was determined that due to the current fee structure and board mandate that a presentation before the board was not fitting at this time. Dr. McCullough suggested a good option for further exploration would be to bring people together to explain the historical information and what input goes into the fee structure and why fees are structured in that way and he believes that would be a good next step to have that conversation.
- Commissioner Richard has had conversations with staff at the Health District and has been approached by small towns in the south of the county who attempt to hold small fund raisers and who are challenged with the fee structure. He realizes a different fee structure would need action by the board. He asked if the board chair would prefer preliminary discussion with some options and then bring that forward to the board.
- Chair Gothmann would like to find out what other health departments are doing, what some of the other solutions that other agencies are finding; he agrees it is a problem and difficult for a food vendor to pay approximately \$400 to have a food event. He agrees this issue needs to be discussed and research needs to be done before it comes to the board.
- Dr. McCullough responded that these types of complaints have been going on over the years. The information we have about other counties surrounding us is that those food vendor inspection services are subsidized by the counties and we do not have those resources here. It is often difficult to directly compare fees when looking at different web sites where the cost for some is \$20 per day and where our permit for complex food item menus costs approximately \$400 but that for the entire year; it would be helpful to have this conversation with food program staff as to how this is structured and discuss all that goes into determining the fee structure including input from the Food Advisory Board.
- Councilmember Waldref would like background information on this issue before hearing from citizens. She can only refer to the notes from the Executive Committee meeting discussion and does not have the knowledge base.
- Chair Gothmann requested a briefing to the board as far as what we have and why it exists.
- Councilman Crump who was at the Executive Committee meeting and has a little more background explained that there are two issues: 1) the board needs to respond and give the public a voice; and 2) if the fee is going to change, there would need to be a budget amendment to the budget the board just passed because that cost would need to be subsidized somewhere. That decision would come with a dollar figure and a decision would need to be made whether to take the money out of undesignated reserves or take it from another

program. Councilmember Crump agrees the discussion needs to continue; there have been a couple of meetings and there needs to be the history and recommendations and then a financial decision at the board level. If the Cheney representatives don't feel they're being heard, then they could come before the board.

- Dr. McCullough explained the fee in response to Board Member Fisk's question; the amount of inspection time is the same for a one-day event as it would be for several events of same type.

Electronic Cigarettes – Board Member Fisk

Board Member Fisk said he was out of the state last month when the board discussed e-cigarettes and commended the board for moving a resolution forward. He appreciates Commissioner Richard moving forward at the county level and looks forward to seeing a resolution to which Commissioner Richard responded that the county is discussing who would have jurisdiction over an ordinance.

Legal Counsel Fossum added that she and the attorneys for Spokane County, city of Spokane and city of Spokane Valley all met last week to discuss that if an ordinance would be put together that it would be consistent throughout the county meeting everyone's concerns in an efficient and coordinated manner.

Board Member Fisk asked about the issue of smoking in cars with minors present which had been set aside while addressing the electronic cigarettes and asked if that could be brought back. Christopher Zilar who manages the Health District's Tobacco Program responded that he would have a conversation with Dr. Fisk.

Gonzaga Nursing Students – Board Member Norwood

Board Member Norwood acknowledged participation of board members and Health District staff in some of the educational efforts with the Gonzaga University nursing students. Last week students presented their health risk posters including some messages about e-cigarettes. The posters were judged by Dr. McCullough, board members Lutz and Waldref, and Christopher Zilar and Julie Scholer from the Tobacco Program. The students are getting a great introduction to public health.

WSAC (Washington State Association of Counties) – Board Member Lutz

Board Member Lutz announced the upcoming WSAC (Washington State Association of Counties) on November 10th at which a facilitated conversation will take place on what it would look like to try to bring local boards of health across the state together in some sort of organization or collaborative effort, so that issues such as electronic cigarettes could be addressed in collaboratively.

Health Officer Evaluation – Councilmember Crump

Councilmember Crump and Chair Gothmann met with the health officer to review the performance evaluation comments and goals which was a pleasurable experience and he appreciates working with Dr. McCullough.

Gonzaga Nursing Students – Councilmember Waldref

Councilmember Waldref thanked Board Member Norwood for the invitation to go to Gonzaga University and said it was good to hear the discussion and interactions between Health District staff and the nursing students; she appreciates encouraging nursing in the area of public health as an important aspect of nursing. She also commented that she believes Councilmember Corker, who was absent today, is on an electronic cigarette ordinance at the city.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on December 2, 2010. Chair Gothmann noted that is during the same days as the national city league conference in Denver.

Chair Gothmann reminded members of the board to complete their meeting evaluation form.

EXECUTIVE SESSION: There was no executive session.

ADJOURNMENT: There being no further business before the Board the meeting was adjourned at 2:30 p.m.

APPROVED: Mar B. Veena
Board of Health Chair

Date: 12/02/10

Marcia K. Olson
Recording Secretary