

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, January 28, 2010 was called to order by Councilmember Gothmann, Chair, at 12:35 p.m. in rooms 320/321 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Councilmember Amber Waldref
Councilmember David Crump
Councilmember Bill Gothmann, Chair
Commissioner Bonnie Mager
Mayor Mary Verner (arrived 12:50 p.m.)
Board Member Michael Fisk, DC
Board Member Susan Norwood, EdD, RN

ABSENT

Councilmember Steve Corker
Councilmember Rose Dempsey
Commissioner Todd Mielke
Commissioner Mark Richard
Board Member Bob Lutz, MD, MPH

CITIZEN INPUT

- Rose Waldram, Spokane Valley, submitted a document to the Health District's legal counsel and spoke about fluoride.
- Carolyn Pickett, Spokane, submitted documents and spoke about full disclosure and regionalism.

CHAIR REPORT – Councilmember Gothmann

Welcome New Board Members

Chair Gothmann welcomed Councilmember Waldref representing the city of Spokane to the Board of Health. New Board Member Councilmember Dempsey, representing the city of Spokane Valley was unable to attend this meeting while visiting legislators in Olympia.

Legislators

Chair Gothmann traveled to Olympia this week where the Governor reported a \$2.6 billion revenue shortfall with intentions to take \$900 million from reserves, \$900 million from miscellaneous, and make \$780 million in cuts and said she will look to the legislature to find a way to buy back the cuts. He visited with Representatives Short, Parker, Shea, and Crouse and Senator McCaslin to relay information on behalf of the Health District to support the latest Governor's budget which leaves public health in fair shape.

Executive Committee

Councilmember Gothmann asked Councilmember Crump to report on the BOH Executive Committee Meeting that he missed last week when he attended a Transportation Improvement Board Meeting. The vouchers were reviewed and the meeting agenda was discussed; discussion included the rotation process for vice chair, items for the health officer report, personnel issues

and concerns relative to the budget, BOH meeting schedule, standing committees, and meeting location in regard to filming the board meetings.

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

Spokane County Medical Society

Dr. McCullough introduced Keith Baldwin, the new CEO of the Spokane County Medical Society, replacing Jan Monaco.

H1N1 Update

As of now, H1N1 continues to circulate locally, throughout the state of Washington, and nationally at very low levels. Looking back at surveillance data, it appears that illness from H1N1 peaked mid to late October in our community. In Washington state, for the second wave, there were over 1,300 hospitalizations and 76 deaths related to H1N1.

One of the main challenges in response to H1N1 has been vaccine availability. When the demand was high, we did not have enough vaccine for those who wanted it and we prioritized people to receive the vaccine. At this time, the demand for vaccine is low and we have an overabundance of vaccine. The restrictions for priority groups were lifted in December and the H1N1 vaccine is now available to the general population.

In Spokane County, over 87,000 doses of H1N1 vaccine have been administered. This is an underestimation of the number of people who have received the vaccine due to our system. Of the 87,000 doses, over 13,000 have been administered by Health District staff and through our mass clinics. We continue to encourage people to get vaccinated for H1N1 because we don't know what will happen in the future as it relates to this disease. Another vaccine clinic is planned to be held at the Trent Elementary School on February 6, 2010.

The big questions as it relates to H1N1 is, What will happen next? The answer is not clear. We know the virus will likely continue to circulate here and nationally at some level with some hospitalization and possibly additional deaths. In terms of any additional outbreaks with a large number of people becoming ill in a relatively short period of time, we do not have the answer. We know from the information that we have that there are enough susceptible people who can become infected and that another wave is possible.

We continue to watch H1N1 surveillance data locally and nationally to see evidence of any uptake in activity. We are not seeing much activity in seasonal flu with the peak period for that in February.

Dr. McCullough responded to questions following his report.

- The shelf life of H1N1 vaccine varies depending on the type of vaccine, such as the lot and size. The vaccine is monitored and pulled from the available stock when it is expired. Reports about some vaccines being pulled late last year was due to an insufficient amount of antigen, the active ingredient, which was detected through a stability test. Each type of vaccine has an expiration date associated with each lot. There is some contingency planning

for destruction of H1N1 vaccine that is not used prior to expiration and it is doubtful that any of the vaccine will be available for the next flu season.

- The H1N1 vaccination clinic scheduled on February 6, 2010 will be a walk-in clinic open to everyone at no charge from 9 a.m. to 1 p.m. at Trent Elementary.
- The genetic profile of the H1N1 virus will eventually change, but at this point the vaccine is an appropriate match to the virus. The main reason this vaccine would be destroyed would be due to the expiration date; destruction, if necessary, would be done by the state Department of Health.

2010 Budget

Public health is critically dependent on adequate funding from the state which is currently at a \$2.6 billion deficit. It is not clear at this point as to what will ultimately happen with the state budget pending this legislative session. The initial concerns of significant cuts to public health were somewhat alleviated when the Governor released her budget which had no significant cuts to public health and which kept the flexible dollars we use for core public health functions.

Some areas of concern that may impact the Health District include a consideration to reduce or eliminate the funding for our state AIDSNET system, which is a six region system in Washington that coordinates HIV/AIDS case management and other program functions. Another potential concern for us is our Early Family Support Services (EFSS) Program which is funded by both DOH and DSHS with some initial reports of reduced funding.

Health District staff appreciates members of the Board of Health who talk with our legislators about public health funding. Councilmember Corker and Councilmember Gothmann recently met with legislators. On February 17th five board members (Corker, Gothmann, Lutz, Norwood, and Verner) are scheduled to travel to Olympia with Health District staff for the WSALPHO legislative day to visit with our legislators on behalf of public health.

In response to Commissioner Mager, Dr. McCullough explained that EFSS is a program different than the First Steps Program. The First Steps Program was eliminated from the Health District at the end of last year. First Steps and EFSS are both maternal child health programs that deal with at-risk families and youth. EFSS, however, receives referrals from Child Protective Services.

CFLs

Discussion following Board Member Fisk's question and concern regarding disposal of CFLs and exposure to mercury:

- Dr. McCullough explained that, over the past decade, people have moved away from the incandescent light bulb and toward the more energy efficient CFLs (compact fluorescent light bulbs) which contain mercury salts – not the elemental mercury that was used in some things such as a blood pressure cuff. The risk of mercury toxicity related mercury salts would be different because of the route of exposure, which would be more of inhalation. It is important to dispose of the CFLs properly.
- Mayor Verner said that Spokane's solid waste management handles things such as batteries or CFLs separately, if the consumer separates them, and tries to educate consumers regarding

these issues; reinforcement from other agencies, such as the Health District, would be helpful. Separation of items is not mandatory but highly recommended for curb side pickup.

- Commissioner Mager commented that the County's solid waste system is doing a better job at hazardous waste collection and handling at the transfer stations; however, it would be very helpful if the packaging instructed people on what these bulbs contain and how to dispose of them properly. There is currently a pamphlet available on what can be taken to the transfer stations. Commissioner Mager was asked to relay this discussion to the Solid Waste System.

County Health Rankings Report

A new report will be released in mid-February entitled County Health Rankings which was developed by the University of Wisconsin through a Robert Wood Johnson Foundation grant. Using a methodology developed at the University of Wisconsin, all counties in the U.S. will be ranked and scored using a composite score from about 27 different measures. All counties within each state will also be ranked. This is the first time this kind of ranking has been done on a national basis, although it has been done in Wisconsin for several years. This report may receive some media attention.

Dr. McCullough responded to board member questions:

- The comparisons in the report will only be within the states.
- The EWU community indicators initiative can be made aware of the report.
- The indicators for this report will include a mix with some in governmental public health such as tobacco use, and others outside governmental public health such as access to care, quality of care, and socio economic indicators.

New Materials

The *Communicable Disease Report 2004-2008* published January 2010 by the Health District's Epidemiology Office presents summary data about notifiable conditions in the disease categories of enteric, vaccine preventable, hepatitis, vector-borne, HIV/AIDS, and sexually transmitted infection (STI) formerly known as sexually transmitted disease. STIs make up about 75% of all notifiable diseases. Notifiable refers to diseases that are required to be reported to public health by health care providers and laboratories.

The Health District's new *Programs and Services Guide* published January 2010, provides up-to-date information about the programs and services that are currently offered at the Health District. The guide includes our new program, Neighborhoods Matter, that will use a population based approach to provide maternal and child services that were previously provided through the First Steps Program.

An *SRHD Organizational Chart* updated as of January 20, 2010 lists all Health District staff by division and program.

A limited number of DVDs produced by the Health District, *SRHD Division Orientations*, comprised of audio/visual presentations from different programs, were distributed.

The *Board of Health Orientation Manual*, which was mentioned at the last meeting, is currently being evaluated by Board Members Lutz and Norwood and will hopefully be ready to distribute to all board members at the next meeting.

Cryptosporidium

Following the Health Officer Report, Dr. McCullough responded to Board Member Fisk's concern about Cryptosporidium. Cryptosporidiosis is a diarrheal disease caused by a chlorine resistant parasite that can be found in swimming pools. It is a notifiable condition required to be reported to the Health District. Epi staff said that no outbreaks of this notifiable condition have been reported in Spokane County.

APPROVAL OF MINUTES

Motion: To approve the December 3, 2009 Board of Health meeting minutes.

Motion/Second: Crump/Verner

Approved: Unanimously approved

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: November 1 – 30, 2009 and December 1 – 31, 2009. The board, in a vote as moved by Councilmember Crump and seconded by Commissioner Mager, did approve for payment those vouchers included in the following lists and further described in the total amounts of \$1,807,528.83 and \$2,240,588.48 respectively.

Voucher Numbers:	#93327	-#B&OOCT09	\$ 517,372.66
Payroll Warrants:	#636059	-#636103	728,395.09
Advice Numbers	#DD4002	-#DD4207	
Payroll Warrants:	#638108	-#638151	561,761.08
Advice Numbers:	#DD4208	-#DD4414	
TOTAL		\$1,807,528.83	

Voucher Numbers:	#93662	-#B&ONOV09	\$ 946,210.04
Payroll Warrants:	#640535	-#640576	728,029.05
Advice Numbers	#DD4415	-#DD4622	
Payroll Warrants:	#643347	-#643388	566,349.39
Advice Numbers:	#DD4623	-#DD4830	
TOTAL		\$2,240,588.48	

Motion: To approve for payment those vouchers included in the above lists and further described in the total amounts of \$1,807,528.83 and \$2,240,588.48.

Motion/Second: Crump/Mager

Approved: Unanimously approved

ACTION ITEMS

Elect 2010 Vice Chair

Following discussion regarding the past practice of rotation for Board of Health officers, Commissioner Mager made a motion to nominate Mayor Verner to serve as the Board of Health Vice Chair for 2010; motion seconded by Councilmember Crump. The nominations were closed and Chair Gothmann called for the vote.

Motion: To elect Mayor Verner as the Board of Health Vice Chair for 2010.

Motion/Second: Mager/Crump

Approved: Unanimously approved

Adopt 2010 Meeting Schedule

Councilmember Crump made a motion to adopt the proposed Board of Health 2010 regular meeting schedule, inclusive of January 2011, for meetings to be held on the fourth Thursday of each month at 12:30 p.m. except in August when there has traditionally been no meeting and the November and December meetings are combined on the first Thursday in December; motion seconded by Board Member Norwood.

Motion: To adopt the Board of Health Regular Meeting Schedule for February 2010 - January 2011 as presented.

Motion/Second: Crump/Norwood

Approved: Unanimously approved

Strategic Plan Goal 8

Councilmember Crump made a motion to adopt Strategic Plan Goal 8; motion seconded by Mayor Verner. Following the motion, Mayor Verner asked about the BOH Annual Survey Results 2009. The survey results will be covered during the 2010 Quality Improvement report later on the agenda and Board members agreed to defer the vote to adopt Strategic Plan Goal 8 until after the QI presentation.

Appoint 2010 BOH Committees

The following 2010 BOH Committee appointments were discussed and made. Some members were absent from the meeting and their appointments will be confirmed following the meeting.

Executive Committee:

Mayor Verner (who will chair the committee)

Councilmember Gothmann

Councilmember Crump

Board Member Norwood

Commissioner Richard

Budget & Finance Committee:

Councilmember Waldref

Commissioner Mager (unless one of the other Commissioners expresses an interest)

Councilmember Dempsey (recommended by Councilmember Gothmann, to be confirmed)

Legislative Committee:

Councilmember Corker

Commissioner Mielke (recommended, to be confirmed)

REPORTS

2010 Quality Improvement – Lyndia Tye

Lyndia Tye, Director of Disease Prevention and Response, co-chairs the Health District's Quality Council. The Quality Council (QC) and quality improvement (QI) efforts are reviewed annually and presented to the Board of Health. The 2010 QI presentation covered the history, 2009 highlights, projects and 2010 direction.

History:

- In 2002, the Health District participated in its first Standards Review as part of the state's Public Health Improvement Partnership.
- In 2004, the Health District hired a program evaluator to help develop logic models for all programs in the agency to assure program evaluation and quality improvement.
- In 2005, our second Standards Review was conducted, at which time only 11% of our programs had a formalized logic model in place.
- In 2007, the Health District formed a Quality Council (QC) to serve as an internal review board looking at program quality improvement and to provide technical assistance.
- In 2008, in its first full year of operation, the QC reviewed 19 projects.
- In 2008, the Health District went through its third Standards Review process.
- Each statewide Standards Review follows the QI method of PDSA (Plan, Do, Study, Act) which should result in continual improvement. At SRHD, our programs have plans, have completed logic models, staff do the work and data is being collected and studied. In order to close the loop, changes that are made based on the data need to be documented.

2009 Highlights:

- Board Member Lutz joined the SRHD Quality Council in 2009 bringing his background of statistical knowledge.
- Quality improvement was included as goal 6 in the SRHD Strategic Plan.
- QC reviewed 18 projects and continues to monitor about 25 projects over a year.
- Logic models are at 98% and data reviews are at 69%.
- SRHD's Quality Council and quality improvement efforts were submitted to NACCHO (National Association of County and City Health Officials) and received recognition as a model practice.

QI Projects:

Projects are chosen based on three criteria: high risk, high volume, and problem prone (many projects fall into the problem prone area). An overview of QI projects completed or under current evaluation were listed for each division and the Board of Health as follows:

- *Administration and agency-wide:* 8 completed projects and 5 current projects: facilities cleaning; completion time for computer backup system; HIPAA training compliance; standardize purchasing process; translation/interpretation procedures and use of staff; employee recruitment (diversity and certain positions); and employee flu vaccination rates.

- The *Board of Health's* current project is member orientation and education. The following results from the BOH Annual Survey Results 2009 were highlighted in this presentation:
 - When Board members were asked to rank the ten essential public health services, three that were ranked as most important included: research for new solutions to health problems; mobilizing partners to solve problems; and developing policies and plans to support those efforts.
 - When asked to mark statements as agree, disagree, or don't know, three statements which ranked low included: review laws and regulations that protect health and safety; require orientation and education for Board members; and review and support efforts on workforce development at SRHD.
 - Other statements marked highest as "don't know" included: consistent application and enforcement of health laws; review lab, epi, and response capacity; and review legal materials.
- *Community & Family Services* had 4 completed projects and 1 current project including: childcare immunization pilot project; chart improvements to close inactive files and chart review audits; and program records management
- *Community Health Intervention Prevention Services (CHIPS)* had 3 completed projects and 2 current projects including: methadone billing system; patient wait time to access program; patient processing time; discharging patients; and tracking lab results.
- *Disease Prevention and Response (DPR)* had 6 completed projects and 1 current project mostly around communicable disease. The Emergency Preparedness and Response program is required to do After Action Reviews with 2 completed and 2 current projects. QI projects include HIV client chart review, immunization recall card pilot; timeliness and accuracy of provider reports for vaccine accountability and STDs; referral follow-up; varicella outbreak in schools; USPS anthrax exercise; Emergency Response Team functionality; and H1N1 influenza review.
- *Environmental Public Health* had 2 completed projects and 2 current projects including: staff time processing animal bites and as-built requests; on-line complaint option; and new food and beverage on-line training with expanded languages available.
- *Health Promotion* had 1 completed and 3 current projects including: increase # screenings and pilot using pre-authorization in the Breast and Cervical Health Program; physical activity in the workplace; and car seat misuse.
- *Laboratory* had 2 completed and 3 current projects including: clinical lab testing turnaround times; competencies used with staff; water lab billing system; formaldehyde disposal; and Quantiferon evaluation.

Board members who are interested in any of the QI projects can contact Lyndia for more information and a copy of the form used to identify the projects.

2010 Direction:

- Data reviews and program QI projects based on analysis
- Support 2011 standards/accreditation process
- Technical assistance workshops for staff
- Agency outcome measures selected with benchmarks for 25 measurements.
- Universal understanding across agency of QI importance and relation to funding

Discussion following the presentation:

- Our QI information could be made available to EWU's Indicators Project.
- The Community Health Assessment program in the DPR division provides a lot of support and materials for quality improvement throughout the agency and "in kind" work is done in all programs and divisions for QI.
- Ms. Tye will email the electronic version of the updated Quality Improvement Plan to Board members.
- Accountability is always followed by quality improvement from a management point of view.

Adopt Strategic Plan Goal 8

Councilmember Crump had previously made a motion to adopt Strategic Plan Goal 8 which had been seconded by Mayor Verner. Following the motion, Board members agreed to defer the vote until after the Quality Improvement update report which summarized some results of the Board of Health survey.

Councilmember Crump participated on the subcommittee to develop Strategic Plan Goal 8 to focus on the Board of Health. This goal was developed with the assistance of Health District staff to provide direction for the Board in the areas of education, capacity development, and advocacy.

Mayor Verner recommended adding another action to objective 3 (advancing public outreach and legislative advocacy) and made a motion to add 3. c. Commit to evaluate our own performance; motion seconded by Commissioner Mager.

Motion: To amend the BOH Strategic Plan Goal 8 to add 3. c. Commit to evaluate our own performance.

Motion/Second: Verner/Mager

Approved: Unanimously approved

Following the amendment to Strategic Plan Goal 8, Chair Gothmann called for the vote on the previous motion to adopt the goal.

Motion: To adopt the BOH Strategic Plan Goal 8 as amended.

Motion/Second: Crump/Verner

Approved: Unanimously approved.

BOARD MEMBER CONCERNS

Prescription Drug Abuse – Mayor Verner

Mayor Verner asked if the Health District tracks prescription drug abuse in our community, particularly in the young folks, and if there are any trends. The Mayor was made aware of this issue through the U. S. Conference of Mayors which has launched a prescription drug abuse awareness campaign to distribute pamphlets regarding this issue. Lyndia Tye, Director of Disease Prevention and Response, said that the Washington State Department of Health has been doing a lot of research around this issue looking at IC9 codes and hospitalizations. In Spokane County, we can look at ER visits due to prescription drugs. Ms. Tye can pull together prescription drug abuse data on request.

Board Member Fisk shared a story about the devastating effects of prescription drug abuse for a family in Spokane.

Health District Materials – Board Member Fisk

Board Member Fisk complimented staff at the Health District for putting together the documents that were distributed to Board Members as described in the Health Officer Report and said they are well done, very clear and very informative.

Spokane County Medical Society – Board Member Fisk

In response to Dr. Fisk, Dr. McCullough said he has a meeting scheduled with the Spokane County Medical Society's new CEO, Keith Baldwin. This will be an ongoing meeting at which a wide variety of issues will be discussed. Dr. McCullough is an ex-officio member of the Medical Society's Board of Trustees. He will invite Mr. Baldwin to speak at a Board meeting in the future.

Board of Health, Meetings, Etc.

Microphones

Board Member Fisk inquired about the microphones available to Board members at the meetings. Board members are currently sharing microphones due to the disappearance of several microphones last summer.

Location

Dr. McCullough announced that plans are being looked at to relocate the Board of Health meetings to the auditorium on the first floor to accommodate additional audio-visual capacity.

Board Composition

Chair Gothmann reported that the city of Spokane Valley's lobbyist said that there were no plans to reintroduce the bill this year that was introduced last year by Senator Marr regarding the composition of the Board of Health.

Welcome Councilmember Waldref

Councilmember Crump again welcomed our new board member representing the city of Spokane, Councilmember Waldref.

Staff Presentations

Councilmember Crump thanked Health District staff for reports that he finds informative both on the positive and the negative side and for their answers to questions that cover both the positive and negative aspects.

Medical Society

Councilmember Crump appreciates seeing and interacting with staff and members of the Board of Health who he has not seen over the past couple of months. He appreciates the offer that will be made to the CEO of the Medical Society to address the Board at a future meeting.

Health Care Providers

Commissioner Mager talked about our community health care providers outside of the Health District who we depend on for the health of our community and who are being cut along with a lot of their services which are in grave danger of being cut. She recommended to board members to contact their legislators to express the importance of these healthcare services and the ramifications if they are cut, both at the state and federal level.

Board Member Waldref

Councilmember Waldref thanked everyone for her welcome. She attended her first Plan Commission meeting for the City of Spokane and sees a good connection with the topic being healthy communities. A lot of things are already in their comprehensive plan such as walkability to decrease obesity rates and other things to encourage physical activity. She looks forward to serving with the Plan Commission, the Board of Health, and as a member of the STA board. She is glad to see an objective in the Health District's Strategic Plan Goal 8 for ongoing education, specifically orientation materials for the Board of Health, which she is looking forward to receiving.

Dr. McCullough, Dr. Jecha, and Dr. Lindquist

Councilmember Crump reminded Board members to invite Dr. McCullough to their jurisdictions. Mayor Verner expressed her appreciation for Dr. McCullough and asked if any formal thank you had been given to Dr. Lindquist and Dr. Jecha for their service to the Health District during the search for Dr. McCullough. Chair Gothmann will follow with the Torney Smith and Dr. McCullough to assure a formal thank you is planned.

EXECUTIVE SESSION There was no Executive Session.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on February 25, 2010.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:15 p.m. following a motion by Councilmember Crump which was seconded by Commissioner Mager and all in favor.

APPROVED: *Wetham K. Gothmann*
Board of Health Chair

Date: 2-25-2010

Marcia K Olson
Recording Secretary