

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, March 25, 2010 was called to order by Mayor Verner, Vice-Chair, at 12:30 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Commissioner Bonnie Mager (arrived 12:55 p.m. - departed 2:40 p.m.)
Commissioner Mark Richard
Mayor Mary Verner, Vice Chair
Councilmember Amber Waldref
Councilmember Rose Dempsey
Councilmember David Crump
Board Member Michael Fisk, DC (arrived at 12:45 p.m.)
Board Member Bob Lutz, MD, MPH
Board Member Susan Norwood, EdD, RN

ABSENT

Commissioner Todd Mielke
Councilmember Steve Corker
Councilmember Bill Gothmann, Chair

CITIZEN INPUT

- Beverly Jeannot, Spokane, spoke about the Methadone Clinic; Legal Counsel Wolkey responded to a Board member question that she has been working with Ms. Jeannot's legal counsel to resolve an issue.
- Tom Jeannot, Spokane, spoke about the Methadone Clinic.
- Wil Elder, Spokane, spoke about the Methadone Clinic.
- Carolyn Pickett, Spokane, spoke about the budget, nutrition, and her opposition to the orientation manual.

CHAIR REPORT – Mayor Verner

Vice Chair Verner requested Councilmember Crump to give an overview of the special Board of Health meeting which he attended along with Board Member Lutz, Councilmember Dempsey, and Councilmember Waldref regarding community and economic benefits of a medical school in eastern Washington. Refer to the meeting minutes of the special Board of Health Meeting scheduled at 11 a.m. on March 25, 2010.

Vice Chair Verner thanked those Board members who had attended the special presentation, as well as Commissioner Richard who attended the presentation at a different venue. Although no action was taken, Vice Chair Verner said that Board members are better prepared to support any future requests.

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

TB Intensive

Dr. McCullough missed last month's Board meeting when he attended a TB intensive course during the week of the Board meeting. This valuable training, which was provided by the

Francis J. Curry TB Center in San Francisco, will be used to improve the quality of tuberculosis management in Spokane County.

Health Promotion Division Personnel Updates

Kyle Unland has accepted the position as the new Health Promotion Division Director effective June 1. He currently works at the Department of Health in Olympia as the section manager for nutrition, physical activity and obesity prevention. He holds a Master's of Science in human nutrition and brings a wealth of experience in health promotion activities at the state, local, and national levels.

Tiffany Muller has accepted the position as the new WIC (Women Infants & Children) Program Manager effective May 3. She holds a Master's degree in human nutrition and has over 15 years of management experience. She currently works as the program manager in the WIC program at the health department in Lewiston, Idaho where she was named the Young Dietician of the Year in 2009.

Prescription Drug Abuse and Misuse

Information about prescription drug abuse in response to Mayor Verner's request at the January meeting included the following:

- At the national level, drug overdoses from certain drugs has significantly increased since 1970; since 1990, the rates have increased more than five times. Most of the data on prescription drug abuse or misuse comes from the interface of patients with the medical system such as when a patient goes to the hospital or doctor's office, but that is just the tip of the iceberg.
- In Washington state, poisoning was the leading cause of unintentional death in 2006 with 90% of poisonings related to overdose of prescription drugs.
- An October 2009 MMWR (Morbidity & Mortality Weekly Report), which is published by the CDC (Centers for Disease Control & Prevention), highlighted Washington's challenges as related to prescription drugs including the following:
 - The number of poisoning deaths almost doubled between 1999-2006 largely due to overdose deaths involving prescription pain killers; this increase coincided with the nearly four-fold increase in the use of opioids nationally.
 - Washington state has the fourth highest use of prescription opioids and pain killers at nearly double the national rate.
 - Males are the highest risk group for use at about 1.4 times that of females.
 - The age group at the highest risk for death is 45-54 years.
 - Medicaid patients are about 4.7 times more likely to die of prescription drug use compared to those not on Medicaid.
 - Methadone was the most common opiod cited in the MMWR with the second most common opiod being oxycodone.
 - After opioids, the next most common type of drug associated with overdose is benzodiazepines including Valium and Librium.
- The MMWR report did not explain why Washington state had higher rates of drug overdose than other states but two facts of note in the article were: use of methadone as a painkiller increased by the factor of 12 between 1997-2006; and Washington ranked fourth among the states in the per capita consumption of methadone.

Discussion and responses to questions following the report included:

- The high use of methadone here is mainly due to prescriptions from doctors in a pill form.
- Methadone administered to clients at SRHD is given in a liquid form which is overseen in the Methadone Clinic.
- Methadone is very inexpensive which likely contributes to the increased prescriptions.
- The analgesic effect of methadone wears off before the drug leaves the body so a person is more likely to overdose due to taking more of the drug before it leaves the body.
- It appears that in Washington state there are pockets of increased prescription use of opioids which was discussed at a recent Spokane County Medical Society meeting with Spokane being an area of concern for increased use of opioids.
- There is speculation that some facilities make opioids easier to prescribe and that some patients go from emergency room to emergency room complaining of specific symptoms that would require this type of medication which they acquire and then sell on the street.
- Intervention should address supply and demand in terms of educating healthcare providers to assure proper use of this type of medication.
- There have been discussions about how to track individuals who acquire drugs from various sources but there is nothing in place here; systems to track certain drugs are used in some states such as using a special prescription pad which is tracked; there have been proposals in our legislature regarding physician training and DSHS is looking into accountability of opioids for Medicaid patients.
- Physicians should follow guidance to prescribe appropriate pain medication for different levels of pain.
- A suggestion was made for Board members to contemplate how to address this issue in our Strategic Plan to either add or enhance our objectives to attack this problem.
- This problem is referenced in a US Department of Justice publication about our veterans, particularly first time military; it is a challenge and a burden and unreimbursed cost to our systems including police, first responders, emergency rooms, and treatment centers.

Mayor Verner commented that the information provided confirms a problem in our community and, with few resources at SRHD, she asked for feedback on what can be done at the Health District or what individual Board members can do to help our community address this problem. In particular, she is interested in more information about Spokane being an area of concern and finding the cause.

“Spokane Counts” Update

The Health District recently released the 2009 *Spokane Counts* report which is based on 44 health measures that are updated every two years. The health measures cover the areas of communicable disease, environmental public health, health behaviors, health status, mortality, reproductive health, and social and mental health.

An extensive report on *Spokane Counts* will be presented at a future meeting. Data on smoking and obesity from the report include:

- In 2008, the youth smoking rate was 13% which was an increase from 10% in 2004 with a slightly higher rate for females. In 2008, about 5.3% of youth used smokeless tobacco, which was not a significant change since 2004.

- In 2008, almost 28% of adults were obese compared to 23.5% in 2004. *Spokane Counts* shows the current obesity rate in youth is 9.3% which was basically unchanged.

ARRA (American Recovery and Reinvestment Act) Stimulus Grant

The Health District did not receive the ARRA (American Recovery and Reinvestment Act) stimulus grant which was referenced in the October 2009 Health Officer Report. However, Public Health Seattle& King County will receive approximately \$25 million and their director has indicated that Spokane could indirectly benefit from their project, specifically through their media campaign. This grant application process was a learning experience and puts us in a better position for future grant opportunities.

Comments following the Health Officer Report:

- Councilmember Crump thanked Dr. McCullough for attending the TB course and appreciates the great knowledge for this community;
- Board Member Fisk commended Dr. McCullough on the people he hired to fill the two positions in the Health Promotion Division.

CONSENT AGENDA

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

Councilmember Crump made a motion to approve the meeting minutes for February 25, 2010; motion seconded by Councilmember Dempsey

Motion: To approve the February 25, 2010 Board of Health meeting minutes.

Motion/Second: Crump/Dempsey

Approved: Unanimously approved

Councilmember Crump made a motion to approve the February 1-28, 2010 vouchers noting discussion at the Executive Committee meeting; motion seconded by Board Member Norwood.

Voucher Numbers:	#200031	-#B&OJan10	\$ 472,559.67
Payroll Warrants:	#649269	-#649304	719,874.04
Advice Numbers	#DD5238	-#DD5445	
Payroll Warrants:	#651152	-#651194	560,181.99
Advice Numbers:	#DD5446	-#DD5655	
		TOTAL	\$1,752,615.70

Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,752,615.70.

Motion/Second: Crump/Norwood

Approved: Unanimously approved

ACTION ITEMS

Proclamation Supporting Public Health Week

A proclamation to support National Public Health Week, April 5-11, 2010, by helping our families, friends, neighbors, co-workers and leaders better understand the importance of public health to a successful health system in light of this year's theme, A Healthier America: One Community at a Time, was provided to members of the Board of Health for reading prior to today's meeting. Commissioner Richard moved to approve the proclamation supporting Public Health Week; motion seconded by Councilmember Crump. Following the motion, Vice Chair Verner requested members of the Board to encourage their respective jurisdictions to also issue such a proclamation.

Motion: To approve the proclamation supporting Public Health Week, April 5-11, 2010.

Motion/Second: Richard/Crump

Approved: Unanimously approved

Proclamation Supporting Our Kids: Our Business

A proclamation to support Our Kids: Our Business Month, April 2010, to keep children safe from harm and engaged in school to create a safe community where all children and families thrive in Spokane County was provided to members of the Board of Health for reading prior to today's meeting. Councilmember Crump made a motion to approve the proclamation supporting Our Kids: Our Business Month April 2010; motion seconded by Commissioner Mager.

Motion: To approve the proclamation supporting Our Kids: Our Business Month April 2010.

Motion/Second: Crump/Mager

Approved: Unanimously approved

REPORTS

2009 Year End Finance Report – Mike Riley

Mike Riley, the Health District's comptroller, began the 2009 Year End Finance Report with a brief history. In past years, quarterly finance reports were given to the Board to provide a current status of the agency finances by basically reviewing numbers. Now, a year end finance report is presented which accomplishes several things including: addresses part of the education component of Strategic Plan Goal 8; responds to the auditors question on how our agency engages with Board members to educate them about financial matters; and demonstrates a component of the comptroller's job description to keep the Board informed and engaged on financial issues. Mr. Riley encouraged all members of the Board who would like detail on anything to contact him in order to have all information needed to make financial or policy decisions.

Staff in the finance unit other than Mr. Riley, who oversees the unit as the comptroller, includes: Kim Kramarz who manages accounts payable, payroll, grant billings, accounts receivable, purchasing, and central stores; Paula Maxwell who manages client services and who has maximized our client based income over the past few years; Peggy Wetmore who manages our vital records office where birth and death records are kept and who also oversees our central reception area.

Beginning January 1, 2009, the Health District assumed the responsibility to process our entire payroll which had previously been processed through the County for over thirty years; however, by law the County continues to issue our checks through the Treasurer's Office.

As a part of our ongoing agency quality improvement efforts, our Client Services office conducted an internal customer survey to determine the needs of different agency programs. The Methadone Program in our CHIPS (Community Health Intervention and Preventions Services) Division wanted to reduce their outstanding accounts receivables. To accomplish that, our Client Services staff worked with Methadone Program clients to continue to collect fees for their current service and to sign a contract to pay back some past due amounts. That successful effort insured the longevity of the Methadone Program and reduced the local dollars needed for the program. Another project that the Finance Office is working on is to develop information to include in the Board of Health Orientation Manual.

Mr. Riley gave an overview of some of the accounting processes including: using a modified accrual method of accounting; paying expenses up front before sending grant billings to collect revenues; additional time needed at the end of the year to complete revenue and expense accounting and generate a year end finance report; setting up for new revenue sources with different accounting requirements; billing for administrative match and determining Medicaid eligibility rates; generating the un-audited year end finance report which may need some minor revisions before the auditors arrive on site in mid April.

The year-end finance report and most finance reports are reviewed by the Budget & Finance Committee which, this year, is comprised of Councilmember Dempsey, Commissioner Mager and Councilmember Waldref. Mr. Riley reviewed portions of the report including differences in budgeted and actual numbers. He acknowledged Health District management staff and members of the Board of Health for their commitment to increase the fund balance over the past three years to "save for a rainy day" although it was at the cost of losing some programs. The rainy day has come and a portion of those funds will be used this year.

A meeting will be scheduled with the Board's Budget & Finance Committee to set their meetings for the 2011 budget preparation cycle. Quarterly budget reports will be reviewed by the Budget & Finance Committee and those reports will be forwarded to the entire Board without a formal presentation; however, members of the Board are encouraged to contact Mr. Riley or any member of the finance office to ask any questions at any time.

Discussion following the report included:

- Future auditing requirements for additional funding sources will be met.
- The approved 2010 budget will use over \$900 thousand of undesignated funds.
- The increase in salaries is due to COLAs which were anticipated.
- Environmental Public Health program staff are reassigned to different projects within the division when permits and revenues are down in order to keep their expertise when they are needed for permit increases.
- Administrative match is anticipated on a quarterly basis for some programs, such as BCHP (Breast & Cervical Health Program).

- The \$2.1 million in LGA (Local Government Assistance) is backfill from the state to replace the MVET (Motor Vehicle Excise Tax) funds that were lost; that dollar amount has been the same for ten years. The funding provided by Spokane County is included in the Inter Governmental Funds on page 1 and specified on page 3 as County Assessment.
- Mayor Verner thanked Spokane County for providing a stable source of funding.

Complete Streets – Heleen Dewey and Bob Lutz

Heleen Dewey, a public health educator in the Physical Activity & Nutrition Program in the Health Promotion Division, and Board Member Lutz gave a presentation on Complete Streets.

More than one in four Spokane County residents is obese, therefore prone to obesity-related illnesses including heart disease and strokes, high blood pressure, osteoarthritis, diabetes/metabolic syndrome, and some cancers. Fewer than half of all adults and children in Spokane County are getting the recommended levels of moderate physical activity which is 30 minutes of moderate activity a day on most days of the week. According to a 2003 Washington State Nutrition and Physical Activity Plan published by the Washington State Department of Health (DOH), environmental policies and practices for street-scale urban design and land use, community scale urban design and land use, and transportation and travel policies and practices have all been shown to be effective in increasing physical activity.

The Spokane Regional Health District received a three-year preventive health block grant through the DOH in cooperation with the Centers for Disease Control and Prevention (CDC). It allowed for SRHD to work with the Spokane Regional Transportation Council (SRTC) and develop a regional pedestrian plan. This provided guidelines to help jurisdictions make their communities more walkable and incorporate physical activity policies into community pedestrian planning documents.

The Spokane Regional Pedestrian Plan was developed using a community process with multiple agencies through analyzing data, surveying residents, surveying planners/engineers in jurisdictions and finally drafting a plan through a team approach. The approved December 2009 Spokane Regional Pedestrian Plan was distributed to members of the Board of Health.

Barriers to pedestrian travel identified during the survey process included lack of crosswalks; no sidewalks, sidewalks in disrepair, gaps and snow removal needed; lack of lighting; poor driver behaviors; and school issues including too much traffic near schools and traffic moving too fast through neighborhoods.

Barriers for planning and engineering professionals included inadequate funding; lack of staffing and training; lack of pedestrian inventory; lack of understanding of health and economic benefits of walking; and consideration for disabled users.

According to a 2006 non-motorized transportation study which included Spokane, the average commute is a half mile for walkers and one and a half miles for cyclists; 1% of trips are by bike (2% nationally); 9% of trips are by walking (same as nation); and 42% of children are driven.

Key public health recommendations in the Pedestrian Plan include a regionally significant project list, complete street policies, functional trail connections, and transit use and linkages to transit. "Complete streets" are designed to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities, for people who use wheelchairs and who have vision impairments, as well as for older people and children. Complete street policies help direct planners and engineers to consistently design roadways with all users in mind and to consider pedestrians, bicyclists, and transit users as important as motorists.

Public health considerations for complete streets address physical inactivity which can lead to heart disease, hypertension, stroke, obesity and obesity-related diseases, and stress-related illnesses and depression. Complete streets reduce pedestrian and cyclist collisions, asthma, and respiratory diseases and improve social capital.

Complete streets encourage activity to decrease obesity (in Spokane County, 63% of adults and 24% of teens are overweight or obese); decrease heart disease (the second leading cause of death in Spokane County); and decrease the prevalence of diabetes (7% in Spokane County).

Complete streets have been shown to change travel patterns - residents of highly walkable neighborhoods report two times more walking trips per week. According to a 2003 research report, Americans want to walk: 55% would like to walk more throughout the day for exercise or to get to specific places; 40% would choose walking over driving; 63% would like to walk more to do errands; and 54% say there are too few shops or restaurants within walking distance. An average 150 pound person living in an activity-friendly environment could prevent a weight gain of 0.85 to 1.75 pounds per year, which approximates the average adult weight gain in the U.S.

Research shows that countries with the highest levels of active transportation generally have the lowest obesity rates. Europeans and Australians walked more than U.S. residents and bicycled more in 2000. Active transportation was inversely related to obesity. A chart comparing biking and walking rates to diabetes rates shows that when biking and walking increases, diabetes decreases.

Complete streets improve air quality. In Spokane County, 65% of carbon monoxide emissions are from vehicle sources and 22% of adults believe air pollution is a serious problem. Asthma is a serious disease affecting about 20 million Americans with the highest rates of asthma in urban environments resulting in 1.9 million emergency room visits in 2002 with 5,000 deaths, millions of lost school days and millions of missed work days. The decreased use of automobiles during the 1996 Atlanta Olympics led to improved air quality and a decrease in asthma according to a CDC study.

Complete streets reduce motor vehicle collisions, the leading cause of mortality for people ages 3-33 and which account for 43,400 deaths and 2.7 million injuries. Complete streets prevent injuries by designing intersections for pedestrian travel that can reduce pedestrian risk by 28% and adding medians to reduce crashes by 40%. Cities with more dense urban development have lower rates of fatality and pedestrian crashes as compared to communities with urban sprawl where there are higher rates of adverse interaction between pedestrians, cyclists, and motorists.

Complete streets improve social capital by connecting individuals to create a sense of belonging, a sense of community, and better overall health. These active living neighborhoods are comprised of dense land development, mixed land use, connectivity, a broader street scale and aesthetics. Complete streets result in healthy neighborhoods with the physical features of a healthy environment shared by all residents at home, work and play and with services to support people in their daily lives.

A complete street policy would make economic good sense in minimizing costs by ensuring that bike, pedestrian, and public transportation accommodations are considered early in the design process.

Discussion and questions following the report:

- Rates of obesity and overweight were calculated using data collected during telephone surveys from individuals who self-reported their height and weight.
- The obesity rates in adults has greatly increased since 2004.
- Making people comfortable with a design to encourage walking is important, even New York City is very walkable with the number of people out walking.
- The influence of culture with the importance of walking is incorporated into street design in some countries.
- The mayor of New York City is actively placing bike facilities throughout the city.
- Putting in more bike trails would increase driver awareness of bikes making cyclists safer.
- More wheelchairs are seen where sidewalks are built to accommodate them.
- There are some programs in place to educate cyclists regarding rules of the road.
- More education could be provided for cyclists, pedestrians and motorists.
- SpokeFest is an annual event to educate people of all ages and abilities about bicycling.
- All factors should be measured when looking at this report, for instance, density can have a negative consequence due to other types of behavior, such as crime, in a densely populated area in addition to the walkability depicted in the presentation; crime prevention can be incorporated in a design and is addressed in the Pedestrian Plan.

BOARD MEMBER CONCERNS

Lisa Woolsey – Commissioner Richard

Commissioner Richard gave recognition to Lisa Woolsey who recently passed away. She had been an active member of the Mental Health Advisory Board.

BOH Orientation Manual – Board Member Fisk

Board Member Fisk thanked Board Members Lutz and Norwood for their work on the Board of Health Draft Orientation Manual which he said is outstanding. Board Member Lutz gave credit to Torney Smith and Councilman Gothmann for their work on the manual which he and Board Member Norwood reviewed.

Health Officer Performance Evaluation – Councilmember Crump

Councilmember Crump requested that the Board of Health complete a Health Officer performance review in compliance with Dr. McCullough's employment contract. Vice Chair

Verner requested a subcommittee of the Board to accept the responsibility of a systematic approach to the performance evaluation. Members of the Board of Health who will serve on the Health Officer Performance Evaluation Committee are Councilmember Crump, Commissioner Richard, Board Member Fisk and Board Member Lutz. Resources will be made available to the Committee as well as the employment contract language. The process will be reported back to the entire Board of Health.

Complete Streets – Board Member Lutz

Board Member Lutz inquired if the Board of Health wished to take any action on the Complete Streets report such as a resolution or proclamation. Discussion following his request included adopting a proclamation to support the concepts of encouraging more physical activity through complete streets and providing the Pedestrian Plan to the mayors of the small cities to present to their councils. Board Members were invited to participate in a workshop that will be facilitated by the National Complete Streets Coalition to be held in the auditorium of the Health District on Thursday, April 29th at 9 a.m. – 4 p.m. to learn more about complete street policies and how to implement them in their jurisdictions. More information is available at www.completestreets.org.

Following discussion, it was agreed that a resolution will be drafted to support complete streets to present for adoption by the Board of Health at their April 22 Board of Health meeting.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on Thursday, April 22, 2010.

EXECUTIVE SESSION

In response to Commissioner Richard, Legal Counsel Wolkey said that there has been some indication of potential litigation regarding an issue for which she could provide more information in an Executive Session. Acting Chair Verner announced that the Board would adjourn to Executive Session at 2:40 p.m. for approximately ten minutes to hear information about potential litigation. At 2:50 p.m. an announcement was made to extend the Executive Session for an additional two minutes.

MEETING RECONVENED

The meeting reconvened at 2:52 p.m. with no decision and no action.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:54 p.m.

APPROVED: William H. Gathman
Board of Health Chair

Date: 4-22-10

Maria K. Olson
Recording Secretary