

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, May 27, 2010 was called to order by Mayor Verner, Vice Chair, at 12:35 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Commissioner Bonnie Mager
Councilmember Steve Corker
Mayor Mary Verner, Vice Chair
Councilmember Amber Waldref (departed 1:50 p.m.)
Councilmember Rose Dempsey
Councilmember David Crump (arrived at 12:36)
Board Member Michael Fisk, DC (arrived 12:40 p.m.)
Board Member Susan Norwood, EdD, RN

ABSENT

Commissioner Todd Mielke
Commissioner Mark Richard
Councilmember Bill Gothmann, Chair
Board Member Bob Lutz, MD, MPH

CITIZEN INPUT

- Carolyn Pickett, Spokane, submitted papers and spoke on a variety of topics including the draft governance manual, expenditures, helmet law, City Hall building, Kaiser, and housing.
- See Additional Citizen Input following Executive Session.

CHAIR REPORT – Mayor Verner

BOH Meeting Comment Sheet

The BOH Meeting Comment Sheet is being revised by Liz Wallace, who helped Board members develop Strategic Plan Goal 8, in order to measure Goal 8. The revised sheet was distributed to Board Members for review and comments before finalizing and using it at the next meeting. Questions and comments were requested to be submitted to Liz Wallace in two weeks.

Beginning in June, Board Members will be requested to complete the revised BOH Meeting Comment Sheet before leaving each meeting in order to measure Strategic Plan Goal 8.

Strategic Plan Goal 2

Councilmember Corker and Mayor Verner are members of the Strategic Plan Goal 2 Team, to develop and implement strategies to obtain sustainable, adequate public health funding. Councilmember Corker explained one of the activities to raise the awareness and understanding of those who contribute to and are served by the Health District. Community leaders who will be contacted include legislators and public officials who play a key role in funding, health care professionals, and the public has a whole, to better understand the role and scope of the Spokane Regional Health District. People often associate the services provided by the Health District as primary, serving the underserved or people who are uninsured, and they are not fully aware of all of the public health responsibilities. The goal is to develop a community-wide program beginning with community leaders.

Members of the Board of Health can be directly involved with both the state legislature and the federal government in coordination with WSALPHO (Washington State Association of Local Public Health Officials) and other health care professionals. The Goal 2 Team is preparing materials and discussing bringing in community leaders for short meetings to be made aware of the Health District's programs and services, as well as discuss an outreach program for Board Members and key staff to go out to community organizations. Funding is not matching the need for services and reduction in funding is impacting Health District programs.

Kaiser Mead Contamination Report

The Department of Ecology has released its remedial investigation report for the Kaiser Mead facility which includes health implications of the PCB and petroleum contamination that was found. The report, which is available through DOE in several languages, reviews nine soil locations and groundwater and includes the human health and ecological risks of assessment. Mayor Verner can share her copy of the report.

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

Methadone Program

Following the May 27, 2010 Board of Health meeting, a request was made to the Board of County Commissioners to increase the number of slots for patients to enroll in our Methadone Program. The request to increase the available slots within Spokane County from 400 to 425 with the additional 25 slots to be private pay only was approved and the additional slots are currently being filled. The Health District will develop a plan to serve additional people, as 425 is an insufficient number to meet the need of our community. The plan will include a graduated approach to the number of people who would be enrolled in our program; e.g. a plan for 500, 600, 700 and, with our guesstimate for the need in our community, 800.

IFPTE and WSNA Union Contract Rollovers

The Health District has agreed to contract rollovers with our two unions, IFPTE and WSNA, maintaining all current contract language including the COLA provisions for one additional year. The current WSNA contract was set to expire on September 30, 2010 and with the rollover it will expire on September 30, 2011; the current IFPTE contract was set to expire on December 31, 2010 and will now expire on December 31, 2011. The rationale for these contract rollovers is to maintain current terms and conditions that will contribute to our workforce stability and help assure the continued productivity and limit the high turnover of our valuable public health workforce. In addition, contract negotiations can be very time consuming for the bargaining committee members and costly to the agency.

State Budget Update

The WA Department of Health (DOH) provided an update on public health funding during a conference call last week when they reported about a \$13 million reduction in their state funds. DOH will make most of the reductions internally including a \$2.5 million reduction in administrative costs and a \$500 thousand reduction in the state's Maternal Child Health Program. Fortunately, the flexible dollars that we depend on for our public health work were not further reduced and will continue through July 2011. A few programs at the Spokane Regional Health District will be affected by the funding reductions.

- The legislature passed House Bill 2360 which eliminates the regional AIDSNET system within our state including our Regional AIDS Program as of January 2011. The oversight and management of contracts for local HIV/AIDS services will transfer to the DOH and they will directly fund local public health and community based organizations. There should be no reductions in funding to local public health as a result of this restructuring.
- The funding for oral health programs has been reduced by \$154 thousand resulting in about a 10% reduction for oral health programs in local public health agencies.
- There will be a \$2.65 million reduction in tobacco prevention and control program funding. This funding decreased over the biennium from \$26.25 million to \$12.6 million which is in addition to a 43% reduction last year. Funding for the tobacco prevention and control program at the state is uncertain beyond June 2011.

Health Care Reform

There has been debate over the past year about the provisions of health care reform relative to clinical care and health care insurance. An underreported aspect of health care reform has been the public health wellness provisions that are part of the legislation.

On the clinical side, legislation calls for:

- Reduction in the cost sharing of evidence-based preventive services including increased coverage for immunizations and screenings that are recommended by the U.S. Preventive Services Taskforce.
- Removal of barriers and improving access to preventive services for those individuals who are on Medicare and Medicaid.
- Comprehensive coverage for tobacco cessation services for pregnant women who are on Medicaid, which can address the high maternal smoking rates for that population in Spokane.

On the public health and wellness side, legislation calls for:

- Creation of a National Prevention, Health Promotion and Public Health Council which will be a cabinet level council chaired by the Surgeon General. Charge of the council is to develop a National Prevention Strategy to recommend changes in federal policy needed to achieve national wellness and health promotion and public health goals.
- Creation of a prevention and public health fund which will provide for the expanded and sustained national investment in prevention and public health. The funding for this initiative will start this year in 2010 with \$500 million initially and will gradually increase to \$2 billion per year at 2015. A number of demonstration projects will be funded by health care legislation including projects focusing on improving immunization coverage rates, addressing childhood obesity, and emphasizing individual wellness plans.
- Additional funding will be provided for employer-based wellness programs and the CDC (Centers for Disease Control and Prevention) will receive funding to provide technical assistance to employers that request assistance on improving their wellness programs. A number of provisions address the public health workforce, specifically the establishment of a public health loan repayment program to eliminate some of the critical workforce shortages among the public health workforce.

Discussion and questions:

- SRHD in a position to apply for some of the funding for wellness projects as soon as specific requirements for applicants are known.
- It is expected there will a national competition for the dollars which will come through CDC.

- Both state and local public health entities will be qualified to apply; however, we do not know the specifics for qualifications; e.g. with the ARRA funding, only those local public health agencies with a population of 500 thousand or above could apply directly and we had to apply through the state.

The 2010 Biggest Improver Challenge

On June 3, 2010, employees at the Health District will engage in an employee wellness initiative as a repeat from last year. Last year, just over 100 employees formed 19 teams of 4 to 6 people to participate in The Biggest Improver Challenge. During the 12 week challenge, about 97% of employees who participated met the minimum requirements for physical activity, which is 150 minutes per week. Board members agreed to Dr. McCullough’s challenge to form a team and participate in this wellness initiative. Both individual and team results will be measured.

2010 Audit

The Auditors are on site and are expected to be here for several weeks. No specific issues were noted in discussions at the Audit Entrance Conference that was held prior to today’s meeting.

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 any item from the Consent Agenda to be considered separately.

Motion: To approve the minutes of the April 22, 2010 regular meeting.

Motion/Second: Corker/Mager

Approved: Unanimously approved

Voucher Numbers:	#200791	-#B&Omar10	\$ 717,237.71
Payroll Warrants:	#657727	-#657775	736,920.80
Advice Numbers	#DD6072	-#DD6280	
Payroll Warrants:	#659569	-#659618	568,012.15
Advice Numbers:	#DD6281	-#DD6487	
		TOTAL	\$2,022,170.66

Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$2,022,170.66.

Motion/Second: Corker/Crump

Approved: Unanimously

ACTION ITEM

Resolution #10-02 Authorizing a 2010 General Fund Budget Amendment – Mike Riley

Mike Riley, the Health District’s Comptroller, presented information to explain the changes in revenues and expenditures resulting in a request to amend the 2010 general fund budget. Increased revenues included those resulting from an increase in the number of clients in our

Refugee Program which is a fee for service program; additional funding received from the CDC to address H1N1; contracts with schools to provide services to children with special healthcare needs; and an increase in fees collected for additional clients enrolled in the Methadone Program. Those revenue increases resulted in increased expenditures to provide services and purchase equipment for H1N1 testing. In addition to the increase in revenues, the amount of funds that were budgeted to be used from the reserve dollars decreased.

Motion: To approve Resolution #10-02 Authorizing a 2010 General Fund Budget.

Motion/Second: Corker/Crump

Approved: Unanimously approved

REPORTS

Helmet Safety – Marion Lee and Officer Teresa Fuller

Marion Lee, a Public Health Educator in the Health District's Injury Prevention Program in the Health Promotion Division, began the presentation on helmet safety.

In Spokane County in 2007, almost 1,300 people experienced a severe head injury and the trend is continuing. According to the 2008 Healthy Youth Survey, 90% of kids reported never or rarely wearing a helmet and data shows that 60-70% of kids in that age group are getting head injuries.

The Safe Kids Coalition, which is led by and housed at the Spokane Regional Health District, has been working for the past twelve years to educate the community about helmet safety. Information is provided during bike rodeos; free helmets are distributed; and other promotional campaigns assure people understand the importance of wearing a helmet and how to properly fit a helmet.

Board members were each given a sports helmet; a packet of materials used in our helmet safety campaign; and an article about helmets that Dr. McCullough wrote for the Kid's News publication which is distributed to children in the Spokane Public Schools.

Ms. Lee requested that members of the Board of Health pass on the helmet that they were given to somebody in need of a helmet. Both the S.C.O.P.E. (Sheriff Community Oriented Policing Effort) and Spokane C.O.P.S. (Community Oriented Policing Services) programs distribute helmets and helmet safety information in the community. It is recognized, however, that knowing the importance of wearing a helmet does not always result in action change.

Ms. Lee acknowledged and thanked the City of Spokane for adopting a helmet ordinance in 2004; the City of Spokane Valley for budgeting a line item for helmets; and the City of Liberty Lake for incorporating complete streets. She also acknowledged S.C.O.P.E., the public schools, and the Spokane Police Department for their efforts in promoting injury prevention and helmet safety. Details and statistics were provided on a sheet included in the materials packet along with the "How to fit a helmet" guide.

Officer Teresa Fuller of the Spokane Police Department continued the presentation on helmet safety, again giving kudos to the City of Spokane for adopting a helmet ordinance, commenting that the City of Spokane is becoming a more bike friendly community.

Officer Fuller lives in the County and would like to see more helmet ordinances in the different communities where she observes kids not wearing their helmets when they ride their bikes to

school. Best practice shows that when parents and caregivers wear helmets, kids will wear helmets. She said that the biggest part of the helmet ordinance in Spokane is not enforcement, but education. Law enforcement and firefighters use the coupons which were included in the materials packet to present to kids to award them and thank them for wearing a helmet. This provides an opportunity to talk to kids about the importance of wearing a helmet.

Ms. Lee requested that the Board of Health consider adopting a resolution to support a helmet ordinance to recognize it as a best practice as acknowledged by the CDC (Centers for Disease Control and Prevention) and many national level public health entities. Policy, in partnership with education, really increases helmet use. It would then be up to each jurisdiction to determine what would or would not work in their community.

Board member comments following the presentation: Board Member Fisk talked about the importance of the younger generation knowing that wearing a helmet is the right thing to do through education at an early age. Councilmember Crump thanked Ms. Lee and Officer Fuller for talking about helmet safety and all the different activities that should be done only while wearing a helmet. Many people are observed wearing a helmet while riding a bicycle, but not while engaged in other wheel sport activities.

A draft resolution to support a helmet ordinance was distributed to members of the Board of Health which will be considered for placement on the regular June 24, 2010 meeting agenda.

Mayor Verner reminded members of the Board of Health that when they are at the Health Board meetings, they are considering items that relate to the public's health and the wellbeing of all citizens of Spokane as opposed to the hats that are worn when serving in their elected capacity within their individual jurisdictions. The members of the Board of Health should be aware that not all jurisdictions might follow through with a helmet ordinance but, as a Board of Health, Board members will be asked to adopt a resolution encouraging the adoption of helmet safety ordinances.

BOARD MEMBER CONCERNS

Councilmember Waldref introduced her new assistant, Melissa Owen, and explained that she missed the May meeting due to jury duty.

EXECUTIVE SESSION

Mayor Verner announced that the Board would adjourn to Executive Session for approximately ten minutes to receive an update from legal counsel on potential litigation. No decisions will be made following the Executive Session. Board members agreed with Mayor Verner's request to allow additional Citizen Input following Executive Session. The Board adjourned to Executive Session at 1:30 p.m.

MEETING RECONVENED

The meeting reconvened at 1:50 p.m. with no action following Executive Session. Mayor Verner announced that the Board would designate an additional three minutes per person for anyone who would like to provide citizen input.

CITIZEN INPUT

- Jaclyn Perkins, Colville, the representative for WSNA nurses at Spokane Regional Health District, requested Board approval for the WSNA contract rollover which was presented in the Health Officer Report.
- Rose Waldram, Greenacres, distributed documents and talked about food quality, local food and genetically engineered food.
- Carolyn Pickett, Spokane, submitted documents that she said were about how governance manipulates mayors, following the herd, and she talked about too much governance.

UNION CONTRACT ROLLOVERS

Following Citizen Input, Legal Counsel Wolkey responded to an inquiry as to whether or not the Board needed to take action to approve the union contract rollovers recalling that ratification has been done on previous contracts, but this is the first time both IFTPE and WSNA contracts have been requested to roll over.

Board members agreed with the recommendation that, because an announcement had been made that no action would be taken following the Executive Session, that this item could be placed on an upcoming Board of Health meeting agenda if needed.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on June 24, 2010.

ADJOURNMENT

There being no further business before the Board, the meeting was adjourned at 2:05 p.m.

APPROVED: William H. Gathram, Chair Date: 7-22-2010
Board Member Name and Title

Ann Perry
Recording Secretary