

A special meeting of the Spokane Regional Health District Board of Health on Friday, July 11, 2008 was called to order by Commissioner Todd Mielke, Acting Chair, at 10:10 a.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

## **PRESENT**

Councilman Dick Denenny (arrived 10:30 a.m.)  
Commissioner Bonnie Mager (arrived 10:20 a.m.)  
Commissioner Todd Mielke  
Mayor Mary Verner  
Board Member Michael Fisk, DC (arrived 10:20 a.m.)  
Board Member Margaret Jones

## **ABSENT**

Councilman David Crump, Chair  
Councilman Michael Allen  
Councilman Bill Gothmann  
Councilman Steve Corker  
Commissioner Mark Richard, Vice Chair

## **Legislators Present**

Senator Lisa Brown  
Representative Timm Ormsby  
Representative Joel Kretz  
Representative Joe Schmick  
Representative Don Barlow  
Lynn Fallows for Representative Steve Hailey

Following introductions of board members and legislators around the table, Commissioner Mielke thanked legislators for joining board members for this special meeting. He explained the intent of today's meeting which is to provide an overview of Health District programs and services and discuss some funding challenges. Spokane Regional Health District provides many services beyond the boundaries of Spokane County and also provides many services that are state mandated with no state funding identified.

A booklet of graphs was distributed to board members and legislators along with an organization chart highlighting two programs in each of the six major divisions. Commissioner Mielke asked each division director to introduce him/herself and briefly describe two programs in their division.

Torney Smith, the Health District Administrator, explained the graphs in the booklet:

- Expenses by Division Budget, illustrates the 2008 budgeted expenses for each division.
- Expenses by Category 2008 Budget illustrates that 2/3 of the budget is for personnel which covers salaries and benefits; services are funds that are passed through the Health District and paid to other entities in the community to provide services; supplies for all programs is 12%; and capital equipment is very small in part due to our arrangement with the County for our building.

- Employees by Division compares 1998 to 2008 FTEs by division: Administration is nearly the same; CFS has roughly half of the public health nurses; HP staff has been reduced; CHIPS, a smaller division, is nearly the same; EPH, which is moving from general fund support to be more fee supported, is only slightly lower; regional programs remains small; Lab/VR remains consistent; DPR, which includes bioterrorism funding, is a new division.
- Funding Sources 2008 Budget shows where the funding comes from (a detailed explanation and acronyms definitions are on the next page). The Department of Economic Development funding, or LGA (Local Government Assistance), is the state backfill dollars that were funded to replace the lost MVET (Motor Vehicle Excise Tax) revenue source. Those funds and the County Assessment funds are the only dollars with “no strings attached.” All other funding sources specify how the dollars are to be expended.
- County Assessment Dollars vs. Consumer Price Index compares the Spokane Consumer Price Index (CPI) to the funding provided by Spokane County for 1998 through 2008 illustrating that the County has made an effort to keep up.
- State Legislative Funding (MVET/LGA) vs. Spokane Consumer Price Index compares the Spokane CPI to the LGA dollars provided by the legislature. LGA funding dropped in 1999, then took a big dip in 2000 and then nearly came back up to 95% of the 1999 funding levels in 2001 and has remained at that level for the past 8 years while the CPI has steadily increased. This has resulted in downsizing and eliminating many public health services.
- The next two charts, Comparison of State and County Dollars per Capita and Combined State and County Dollars per Capita illustrate the funds received compared to the increasing population. Spokane County has maintained at or above 1998 funding levels compared to the state, which dropped in 2000 when MVET was lost and then went back up with backfill dollars but is not keeping up with the population increase. The combined line graph illustrates an overall decrease per capita.
- The Spokane Regional Health District Cumulative Loss of General Funds compared to the Consumer Price Index illustrates a \$6.9 million dollar decrease in flexible dollars.

Commissioner Mielke made the following comments. The Health District has gone through a prioritization process to assure that the programs and services being maintained are meeting the needs of the community while the agency continues to shrink. Legislative mandates do not always meet the needs of the Spokane community. The Board of Health is not asking the state for an increase in funding at this time but how to maintain services. The Board is thankful for the \$20 million that was funded to public health during the last session, however that funding came with expenditure directives which sometimes takes away from priorities set for the region. He suggested a review of mandates to determine how they drive decisions and to find a way for public health to have more flexibility.

Senator Brown made the following comments: She appreciates public health programs carried out on a daily basis, especially those she personally values; she is sensitive to additional mandates at the state level. The state is in a similar situation due to cuts in federal funds and mandates that are in place. There is sensitivity among all legislators that the state is falling behind on funding public health; one solution would be a new dedicated source of funding for public health but she doesn't know what that would be; a possibility next session would be to back out some K-12 education and healthcare funds to use for public health. Dedicated funding for public health may come down to taxes, such as on bottled water or carbonated beverages.

The issue is not about getting votes, but the need to justify to the public what you are doing; i.e., where the money is coming from and where it is going. If the legislature cannot get to dedicated funding this year, one place shown to be successful is to partner in program specific ways.

Senator Brown suggested meeting again before the session to talk about program specific priorities (e.g. funding to sustain the maxillofacial program), to meet and talk about program specific funding and where there may be a gap. This does not answer the long term dedicated funding source but may help until then.

Mr. Smith explained, as far as categorical funding, that what works for Spokane may not work for other counties. The Health District's Executive Management Team is developing and tailoring a software program, LDW (Logical Decisions for Windows), to prioritize public health programs and services.

Representative Ormsby made the following comments: He understands categorical funding and what works in one county doesn't work in another. Everyone one has a personal story which makes it difficult to support something on a statewide level to meet the needs of each individual entity. He suggests health jurisdictions throughout the state identify an intersection and overlap on an agreed priority to get statewide support. There are political pressures for accountability both locally and at the state level. Each community knows their own needs and it would be good to find an intersection for all of those needs.

Commissioner Mielke responded. Many local health jurisdictions agree on basic categories of programs but the challenge is the ability to apportion the funding within those categories; e.g. a large immigration of an ethnic group into a community that brings public health issues. The challenge is not that the legislature identifies certain public health programs to address, but when they state how much of the funding to apportion toward a specific program.

Representative Kretz appreciated the content of the meeting. He complimented the Board on the layout and presentation of the materials. With the budget realities, he believes it would be helpful to focus on the unfunded mandates as something that could be looked at this session. There are probably some mandates that have been created that do not work well on the local level, so it may be productive to come up with a list of some of the mandates.

Mr. Smith responded to legislator comments and questions. WSALPHO (Washington State Association of Local Public Health Officials) which is a part of WSAC (Washington State Association of Counties), is discussing the important public health funding components across the state. One challenges is with the formulas that are used to calculate distribution of the funds. All people in the state have right to certain levels of public health protection, but it is difficult to differentiate between a densely populated county such as Seattle-King County and a lesser populated county such as Garfield, in terms of the portion of funding goes to each one. With the \$20 million dollars that came out of the public health funding study, a base allocation of funds went to all of the smaller counties, which in some increased their budget by more than 35% compared, for example, to the allocation to Spokane Regional Health District of 5%. Neither one is right or wrong but it is a challenge from the state perspective to do one thing that meets all needs. The challenge identified in previous comments today is the need for the flexibility of

general funds. Due to conservation and continual cut backs over the years, the continued lack of funding in Spokane County will be far less than in some of the larger counties this year.

Senator Brown responded to Commissioner Mielke's suggestion to look at funding formulas and distribution to various health departments compared to the CPI. She suggested consideration of who represents health in the House and Senate and where they are from. If you choose an inflation approach, that could be a new approach. You may want to run the numbers from Spokane's perspective. but look at Seattle's CPI, and which one looks better for us in Spokane.

Mr. Smith responded to Commissioner Mager's question regarding WSALPHO. The legislature did a public health funding study. A prioritization that came out of that work which involved health jurisdictions from around the state was used for the funding directives for spending the \$20 million that was given last year. The challenge is that, over time, there may be some shuffling of those priorities as things change. In the short term that's what has driven us. So, we are looking at immunization issues and communicable disease. Addressing chronic disease was also prioritized but we don't have enough dollars in our allocation to address that. WSALPHO representatives participate in a weekly statewide phone meeting to continue discussion on the public health funding study.

Representative Ormsby commented that society responds to catastrophes better than prevention. He suggested educating the public. For example, a lot of federal money was driven out of concerns for homeland security and avian flu - media driven things which provided an education to the public and then a reaction. The legislative consensus evolves after the public consensus does in the sense that you get your response as opposed to trying to get out in front. Things that come from the community with support from the local leaders to drive that public consensus would make it a focus in Olympia and a funding priority.

Mr. Smith responded to Representative Ormsby. He raised an interesting cultural phenomenon, that we as a society seem to respond far better to catastrophe and disaster than we do planning to avoid them. To talk about how we could do things that would save money ten or twenty years down the road, especially in a budget shortfall year, doesn't have much traction. There are preventive things that public health does that will reduce overall costs in law and justice and in hospital care, and there is scientific data that will show that, but we're not a culture that tends to put the money up front.

Mr. Smith responded to Mayor Verner's question regarding WSALPHO's prioritization process for the \$600 million statewide in unmet public health. Different levels of funding were defined in planning for the original \$600 million to consider what could happen at \$50 million, \$100 million and \$200 million, for delineated specific services from a statewide perspective that should be prioritized.

Board Member Fisk expressed his appreciation for the legislators and board members who attended today's meeting and for the good work done by Health District staff and for the work done by Mr. Smith, who is an excellent administrator. Mr. Smith gives tribute to Washington State's public health system and said that Dr. Larry Jecha, Benton-Franklin's health officer, has been our interim health officer dealing with all of our medical issues and Dr. Scott Lindquist

from Kitsap County has come over to Spokane to do our TB clinics every month. Our Health District has not paid Dr. Jecha and has only paid travel expenses for Dr. Lindquist. Mr. Smith feels privileged to work with them and all staff at the Health District and thanked the Board of Health for their support. He said the challenge is figuring out how Spokane, from the Board to the employees to the senators and representatives, can come together to get the message to the rest of those who make decisions to assure the citizens of this community are protected.

Commissioner Mielke made closing remarks. The Board achieved their objective for today, which was to give an overview of what the Health District does, how that work is influenced by the actions of the state legislature and discussion of our funding dilemma. The Board has made a request to the legislators, but wants that request to be reasonable.

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

The next Regular Board of Health meeting is scheduled at 12:30 p.m. on July 24, 2008.

### **ADJOURNMENT**

There being no further business before the Board the meeting was adjourned at 11:35 a.m.

APPROVED:

David R. Coughlin  
Board of Health Chair

Date: 7-24-08

Marcia K. Olson  
Recording Secretary

