

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, July 23, 2009 was called to order by Commissioner Richard, Chair, at 12:38 p.m. in rooms 320/321 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Councilman Steve Corker
Councilman David Crump
Councilman Dick Denenny
Councilman Bill Gothmann, Vice Chair
Commissioner Bonnie Mager (arrived at 1:05 p.m.)
Commissioner Mark Richard, Chair
Mayor Mary Verner (arrived at 12:42 p.m.)
Board Member Bob Lutz, MD, MPH
Board Member Susan Norwood, EdD, RN

ABSENT

Councilman Michael Allen
Commissioner Todd Mielke
Board Member Michael Fisk, DC

CITIZEN INPUT

Chair Richard reminded those who had signed up to speak that their time would be limited to three minutes.

- Amanda Colin, Spokane County, spoke about the Health District's Methadone Program and request for continuing to serve people using coupons.
- Briana Ramos, Spokane County, thanked the Commissioner's for interim funding to continue serving Methadone Program clients using coupons and requested a longer term solution.
- Jerlyn Jones, Spokane County, spoke about the cuts to the Health District's Methadone Program.
- Sherrie Barnerd, Spokane County, thanked the Commissioner's for their funding of the Methadone Program and offered to help find a long term solution.
- Carolyn Pickett, Spokane, submitted written materials and talked about several issues including vaccines, ethics, lobbying and her opposition to the strategic plan.

CHAIR REPORT – Commissioner Richard

Budget & Finance Committee

Councilman Gothmann, the Board of Health Vice Chair, is a member of a few Board subcommittees including Budget & Finance and has requested that another member of the Board replace him on that subcommittee. Chair Richard requested members of the Board to consider serving on the Budget & Finance Subcommittee in place of Councilman Gothmann alongside Commissioner Mager and Councilman Corker.

Methadone Program

Several clients from the Health District's Methadone Program who addressed the Board of Health during today's Citizen Input had also spoke before the Board of County Commissioners

(BOCC) regarding funding cuts to the program which would result in their involuntary termination from this program that is greatly benefiting them. Commissioner Richard thanked those people for their courage to speak.

As a result of their testimony before the BOCC, Commissioner Richard, along with Commissioner Mager, met with staff from Spokane County Community Development and the Health District to discuss this confusing funding issue to come to a common understanding. Funding for some of the clients on the Methadone Program comes from either state or federal sources and is passed through the substance abuse division of Spokane County Community Development to the Health District. A few years ago, the Methadone Program was being underutilized and County staff worked with Health District staff to assure that underutilization did not continue in order to maintain funding levels. As a result, more clients were placed on the program than were funded and the anticipated attrition did not occur.

Following the meeting between the County and the Health District, Dr. McCullough was asked to review the Methadone Program and analyze the clientele to assure everyone is complying with the program rules. Contrary to newspaper reports, the methadone is administered in a liquid form and dosing is very controlled.

Funding for the Methadone Program will be an ongoing discussion. An emergency fund of \$20 thousand was provided to allow program transition to a reduced number of clients and for travel expenses for individuals currently on the program who could travel to another community where slots are open in a methadone program. It was the County that committed some interim funding in order to maintain the current clientele while trying to find a long term funding strategy. The Commissioners may end up contacting other county jurisdictions to request funding. The estimated funds needed to continue to serve the 20 clients who are being considered for termination from the program is approximately \$94 thousand for one year.

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

H1N1 Influenza Update

There are currently about 40,000 confirmed cases of H1N1 influenza in the U.S. with 263 deaths. The World Health Organization (WHO) recently announced that the number of cases in the world are continuing to increase and no longer recommend counting each individual case. They noted that the spread of H1N1 virus for this pandemic has been faster than for previous pandemics; it took about six weeks for this virus to spread throughout the world compared to the spread of the virus of the previous pandemic which took about six months.

In the U.S., illness and outbreaks of the virus are continuing throughout the country with a concern about summer camps where children congregate. A recent outbreak in our state in the San Juan Islands required the use of antiviral medication for children with diabetes. In other parts of the U.S. we continue to see disease during the summer which is unusual for influenza with the main population affected being young people.

In the southern hemisphere, it is winter and the time for the seasonal flu and H1N1 is being reported in most countries in the southern hemisphere. H1N1 is being seen with different strains of influenza and, in some countries, H1N1 is a dominant strain. It is too early to tell if we will

see changes in the severity of the illness as the peak of the flu season in the southern hemisphere is usually in August. So far there has been a similar spectrum of illness there as we have had here with mostly mild to moderate illness.

The most effective means of protecting against influenza is vaccine. The Secretary of Health and Human Services recently announced a voluntary campaign this fall against the H1N1 assuming a safe and effective vaccine is available at that time. We recently learned of about \$7.3 million funding from the federal government for the state of Washington to address the H1N1 influenza. July 29 is when the Advisory Committee for Immunization Practices (ACIP) is expected to make recommendations for the prioritization of vaccination for the fall, after which we will know more about how to plan our immunization campaign.

H1N1 vaccine clinical trials have begun in Australia and trials will soon begin in the U.S. It will take several weeks to get information back on the doses that would be required to get adequate immune response. Following that feedback, we should have better information about doses and delivery dates.

Rumors have been reported about vaccine delivery: one such rumor is that, since manufacture of the vaccine takes place in other countries, that those countries will hold their supply to vaccinate people in their country before shipping the vaccine to the U.S.; however, that information has been discounted by the CDC (Centers for Disease Control and Prevention). Another rumor is that the manufacturing process and growth of the vaccine has been slower than expected and the CDC has said that what they have seen has been within their planning scenario.

Chair Richard serves on a committee that has talked about the response to the first H1N1 outbreaks that occurred here. Both the Fire District and Sheriff's Office believe a more extensive debriefing on that response process needs to take place to assure a better coordinated regional response in the future.

West Nile Virus (WNV) Update

So far in Washington state, one bird positive for the West Nile virus (WNV) was recently discovered in Benton-Franklin County which is the first positive bird this year. Over 60 mosquito pools have also tested positive for WNV in that area. There have been no human cases of WNV in the state.

Methadone Program

A very comprehensive discussion of the Methadone Program took place during the Chair Report and Dr. McCullough had no additional information. Mayor Verner said a citizen recently approached her with a rumor that the methadone is on the street and being resold on the black market; she suggested disseminating information to our jurisdictions and to the press about our Methadone Program dosing and how the methadone is delivered as an oral liquid given on site. She believes that providing the facts to the community will help dispel the myths and secure better support for the program. Dr. McCullough agrees that our message on all of the successes of the program have not been delivered in terms of the benefit to the individuals, their families, and our community. Other members of the Board of Health agree that factual information should be presented.

Commissioner Richard said that County staff will do a legal analysis as to whether or not a client in the Methadone Program could voluntarily donate money to the Health District, the County, or some other agency that could provide funds to the Health District to help support the program rather than give up all of their Medicaid benefits in order to remain on the program as a cash paying client. Commissioner Mager agrees that time is of the essence and inquired if any feedback had been received from anyone regarding this issue to which the response was no.

2008 Annual Audit

The Washington State Auditor's Office just completed the 2008 annual audit of the Health District and an exit conference took place on July 19, 2009. There were no findings and all prior audit recommendations are resolved.

APPROVAL OF MINUTES

Motion: To approve the minutes of the June 25, 2009 regular Board of Health meeting and the July 15, 2009 special Board of Health meeting.

Motion/Second: Crump/Denenny

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: June 1 – 31, 2009. The board, in a vote as moved by Councilman Crump and seconded by Mayor Verner, did approve for payment those vouchers included in the following list and further described in the total amount of \$1,903,150.20.

Voucher Numbers:	#91070 - #91846	\$ 620,721.88
Payroll Warrants:	#612871 -#612913	721,212.52
Advice Numbers	DD1964 -DD2163	
Payroll Warrants:	#614821 -#914860	561,215.80
Advice Numbers:	DD2164 -DD2363	
	TOTAL	\$1,903,150.20

Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,903,150.20.

Motion/Second: Crump/Verner

Approved: Unanimously

REPORTS

Meeting Minutes Approval – Michelle Wolkey

The Health District's legal counsel, Michelle Wolkey, provided the following information in response to a request made by the Board of Health at the May meeting. In researching the meeting minutes approval process, she found nothing in case law or statutes to address this issue,

therefore deferring to Robert's Rules of Order in which there is no requirement for a member of the Board to be present at a meeting or have personal knowledge of what is in the meeting minutes in order to vote. Also, Robert's Rules of Order says a vote is not needed on the minutes. Ms. Wolkey advised the Board that they may approve the minutes as presented and make corrections if any, or the Board may continue with their current procedure to vote on approval of the minutes.

Maternal Child Health Assessment – Adrian Dominguez

Adrian Dominguez is an epidemiologist in the Community Health Assessment Program in the Health District's division of Disease Prevention and Response. In January, Board members received the December 2008 assessment report, "A Healthy Start: Spokane's Future, Maternal and Infant Health." His presentation focused on maternal smoking and adverse outcomes related to maternal smoking, specifically low birth weight, and the effects on hospital charges for the newborn, which is included in the report.

A maternal and child health assessment was conducted in Spokane County for the following reasons: 1) Maternal and child health issues remain a focus of public health's prevention and intervention efforts, 2) An infant's health begins before a woman becomes pregnant, and 3) In Spokane County, various risk factors during pregnancy affect the health of the mother, the unborn infant, and the newborn child.

Data sources used for the report include: birth certificates; Pregnancy Risk Assessment Monitoring System (PRAMS); death certificates; child abuse data from Child Protective Services (CPS); population data from the Office of Financial Management (OFM); and emergency room data from Inland Northwest Health Services (INHS)

Several graphs illustrate the following statistics for Spokane County from 2006:

- There were nearly 6,000 births in each year with 5,986 births in 2006.
- A higher proportion of births in Spokane County were from mothers ages 20-29 compared to the state and a lower proportion of births from mothers ages 30-39 compared to the state.
- In Spokane County the majority of births occurred among women in their 20s from 2000 to 2006; for age-specific rates, women in their 20s in Spokane County had a significantly higher fertility rate when compared to women in their 20s for the state
- The fertility rate in Spokane County is trending down among teens and is trending upwards among women in their 30s.
- Births by maternal race in Spokane County and the state from 2000 to 2006:
 - ✓ ~ 9 out of 10 births were to White non-Hispanic women in Spokane County compared to ~7 out of 10 births in the state;
 - ✓ ~1 out of 10 births were to non-White and Hispanic women in our county compared to ~3 out of 10 births in the state;
 - ✓ Hispanics comprised the largest proportion of minority births for both Spokane County and the state.
- Births by maternal education for Spokane County and the state:
 - ✓ ~1 in 10 births were to women with less than a high school education in Spokane County for 2006 compared to ~2 in 10 births to women with less than a high school education in the state (a significant difference).

- ✓ Spokane County had a higher proportion of births to women with some education beyond high school compared to the state (a significant difference).

Medicaid and WIC (Women, Infants and Children) are low income dependent programs.

- In Spokane County in 2006, almost half of all births were to women with Medicaid as their primary insurance compared to almost 40% in the state (a significant difference).
- In Spokane County in 2006, nearly half of all pregnant women received WIC services compared to only one-third of pregnant women receiving WIC services in the state (significant difference).
- From 2000-2006, use of WIC services among pregnant women significantly increased for Spokane County, but decreased for the state.
- In 2006, use of Medicaid and WIC services was highest among the youngest women and significantly decreased as age increased.
- Spokane County had higher utilization rates for both programs than the state for each age group except women in their 40s, there no difference among this group for Spokane County and the state.
- A significantly higher proportion of Spokane County women on Medicaid (77.4%) used WIC services than the proportion seen statewide (65.6%) in 2006.

Why are we concern about maternal smoking? Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. Maternal smoking can result in complications during delivery for the mother and her newborn, and may result in adverse outcomes for the infant. Complications include low birth weight and premature births.

- In 2006, Spokane County’s smoking rate among pregnant women was 20.1%, which was two times greater than Washington State (10.3%), a significant difference.
- For Spokane County, maternal smoking increased significantly from 2003 to 2006, while the state had a significant downward trend from 2000 to 2006.
- From 2000-2006, maternal smoking decreased as age increased for Spokane County and the state.
- For each age group, maternal smoking was significantly higher for Spokane County than the state’s rates.
- The maternal smoking rate for Spokane County was higher for each racial group than the state’s rates;
 - ✓ in Spokane County, compared to White women, Blacks and Native American/Alaska Natives were more likely to smoke during pregnancy, whereas Asian/Pacific Islanders and Hispanics were less likely to smoke during pregnancy.

Other maternal smoking data in Spokane County:

- Women on Medicaid were more likely to smoke during pregnancy than women not on Medicaid.
- In 2006, pregnant women who smoked and were on Medicaid vs. pregnant women who smoked and were not on Medicaid was 31.7% vs. 10% in Spokane County compared to 16.4% vs. 6.6% in the state.
- In Spokane County, women who smoked were
 - ✓ 1.8 times more likely to have a low birth weight infant;
 - ✓ 1.3 times more likely to have a premature birth;
 - ✓ 2 times more likely to have an infant death; and
 - ✓ less likely to begin prenatal care in the first trimester

Infant health and birth outcomes can be measured by low birth weight (LBW), defined as <2,500 grams (5.5 pounds). LBW infants have a 25% chance of dying before the age of 1 and are at an increased risk of serious health problems, developmental problems, and lasting disabilities.

- In 2006, approximately 7% of all births in Spokane County were LBW which has remained stable since 2000, but continues to be higher than the state; among all 39 counties for Washington State, Spokane County had the sixth highest rate for LBW.
- In Spokane County, women ages 15-19 and in their 40s had a higher percent of LBW infants than women in their 20s and 30s; rates of LBW infants were highest among women 15-19 and 40-49 years of age
- For Spokane County in 2006, women ages 40-49 were 93% more likely to deliver a LBW infant than women ages 20-29.
- In Spokane County and the state, White's had the lowest rate for LBW and Blacks had the highest rate; however, compared to the state, Whites and Hispanics in Spokane County had a significantly higher LBW rate.
- In Spokane County, women on Medicaid were more likely than women not on Medicaid to have a LBW infant; and 8% of Medicaid births were LBW compared to 6% of non-Medicaid births.
- In Spokane County, LBW infants were 21 times more likely to die than a normal birth weight infant.
- Women who began prenatal care in the first trimester were 15% less likely to have a LBW infant compared to women who did not begin prenatal care in the first trimester.

Infant health and birth outcomes hospitalization data for Spokane County 2002-2006:

- The average length of stay in a hospital for a newborn in Spokane County was 3 days (a healthy baby is defined as spending 3 or fewer days in the hospital; an unhealthy baby is defined as spending 4 or more days in the hospital).
- Among infants born preterm, the average length of stay in the hospital was 16 days; preterm infants were 23 times less likely to be healthy when compared to full-term infants; 92.6% of full-term infants were identified as healthy compared to 35.1% of preterm infants identified as healthy.
- The average charge for a newborn hospitalization was about \$5,400; infants born prematurely had hospital charges that were 11 times greater than infants born full-term; newborns identified as not healthy had hospital charges that were ~27 times more than newborns identified as healthy.
- In Spokane County, although only 7% of newborn hospitalizations were for preterm births, they accounted for nearly half of the total charges.
- 1 in 10 newborn hospitalizations were for infants that were not healthy; those hospitalizations accounted for more than three-quarters of the total charges.

Maps of Spokane County using 2000-2006 aggregated data showed:

- Neighborhoods where >55% percent of births were paid by Medicaid included Browne's Addition, Chief Garry Park; East Sprague; Hillyard; Logan; Riverside; and West Central.
- Neighborhoods where >30% of births were from mothers who smoked while pregnant included Browne's Addition; Chief Garry Park; East Sprague; Emerson Garfield; Hillyard; Logan; Nevada/Lidgerwood; Riverside; Spokane Falls; and West Central.
- Neighborhoods where >8.5% of births were low birth weight included Latah/Comstock; Lincoln Park; Riverside; and Spokane Falls.

Following the presentation, Dr. McCullough said that the Health District will address the high rates of maternal smoking in Spokane County through an internal work group with representation from multiple divisions within the agency with the goal to involve the entire community. The internal group is in the early phases of determining interventions related to maternal smoking. There is not a lot of specific research in this area and the group is broadening their research into other smoking interventions to determine the best one to move forward. This work will relate to our efforts to broaden the scope of activities at the Health District to look at

population-based interventions as they relate to our Strategic Plan. Dr. McCullough will update the board as this process moves forward.

The Board thanked staff for the work on this issue. Chair Richard said that he and the Mayor have had discussions on other issues and that many of the neighborhoods identified in this report are low income areas. He is looking forward to taking this issue to a policy level. Mayor Verner suggested partnering with the neighborhood councils on this issue.

NALBOH (National Association of Local Boards of Health) Annual Conference – Board Member Lutz

Board Member Lutz thanked Chair Richard for allowing him the opportunity to serve as the representative for the Board of Health for the NALBOH (National Association of Local Boards of Health) and to attend the recent annual conference. The Spokane Regional Health District Board of Health was the only local health jurisdiction representing Washington State at the conference. He distributed conference notes to members of the Board.

Looking at public health nationally compared to clinical medicine, public health continues to struggle for recognition for its efforts. This lack of recognition may be reflective of the focus on individuality and autonomy at different levels of public health rather than some sort of national standard. Funding through the Centers for Disease Control and Prevention (CDC) and Robert Wood Johnson Foundation (RWJ) has forwarded the public health agenda and vision of public health through accreditation. The Public Health Accreditation Board (PHAB) is looking at establishing criteria for national accreditation. This accreditation process would establish a base of services whereby a member of the public can be assured that their local health jurisdiction is following basic public health standards and by which all local health jurisdictions will be measured. Future funding of public health will likely be associated with accreditation.

Board Member Lutz, a participating in Spokane Regional Health District's Quality Improvement Council, said that our agency is ahead of most other local health jurisdictions in this area which will be a component of public health accreditation.

ACTION ITEMS

Public Health Accreditation Board (PHAB) Beta Site Application – Board Member Lutz

The Public Health Accreditation Board (PHAB) is looking for beta test sites for their accreditation process. Board Member Lutz prepared a letter of consideration on behalf of the Board of Health for Spokane Regional Health District to be considered as a beta test site. Board members were provided with a copy of the letter.

Administrator Torney Smith responded to Board member questions regarding the PHAB beta test site. Each entity selected as a test site will receive funding provided through the Robert Wood Johnson Foundation of about \$30 thousand. If Spokane Regional Health District is selected as a PHAB beta test site, our agency will concurrently prepare for the state public health performance standards review.

Following discussion, Councilman Denenny made a motion that the Board approve the PHAB application to serve as a beta test site and send the letter of support to apply; motion seconded by Commissioner Mager. Board members thanked Board Member Lutz for bringing back this information to the Board of Health.

Motion: To approve the Public Health Accreditation Board application to serve as a beta test site and send the letter of support to apply.

Motion/Second: Denenny/Mager

Approved: Unanimously

2009-2014 Strategic Plan – Commissioner Richard

Commissioner Richard said that staff met with members of the Board of Health at a special meeting to engage in a study session to provide information and answer questions on the strategic planning process and outcomes. Those board members who attended the meeting were impressed with the outcomes of the process and the new approach and philosophy and look forward to the products. Additional discussion regarding the plan included:

- The Strategic Plan did not address specific goals or objectives for the Board of Health and Chair Richard suggested that the Board consider the creation of a subcommittee to develop activities as a Goal #8 to amend the Strategic Plan in the future.
- Councilman Denenny commented on the value of the meeting in understanding the goals. He referred to page 2 of the special meeting minutes under the second bullet which states the direction for adding another goal.
- Councilman Corker said he appreciated the encouragement and support for members of the Board of Health to participate in the strategic planning process.
- In response to Councilman Crump's previous comment to address the Board's fiduciary responsibility in the plan, that issue was discussed during the special study session and those present came to the conclusion that that is part of the standard operating procedure as differentiated from the goals that were developed.

Following discussion, Councilman Crump said he supports the plan and moved that the Board adopt the Strategic Plan for 2009-2014 as presented with future discussion for adding Goal #8 as mentioned in the minutes of the special meeting; motion seconded by Councilman Corker

Motion: To adopt the Spokane Regional Health District 2009-2014 Strategic Plan with the expectation to continue to discuss adding a potential Goal #8 pertaining to the Board.

Motion/Second: Crump/Corker

Approved: Unanimously approved

Resolution #09-03 Adopting a 2010 Fee Schedule – Mike Riley

Chair Richard thanked staff for sending the proposed 2010 fee schedule out to Board members early in order to allow time for review. He thanked staff for presenting and conducting the analysis; this fee schedule is a direct interface with our customers who pay for services, and he wanted to assure Board members had an opportunity to review the proposed schedule in advance. Councilman Crump made a motion to approve Resolution #09-03 Adopting a 2010 Fee Schedule; motion seconded by Councilman Corker.

In response to Board member questions, Comptroller Mike Riley said that the Budget & Finance Subcommittee of the Board as well as other Board members have made direct inquiries and he explained the reasons for some increases and some decreases in the proposed fees.

Motion: To approve Resolution #09-03 Adopting a 2010 Fee Schedule.

Motion/Second: Crump/Corker

Approved: Unanimously approved

Following the vote to approve the 2010 Fee Schedule, Chair Richard suggested a consideration to plan an open house to explain the development of the fee schedule in the future.

BOARD MEMBER CONCERNS

Legislator Profiles – Councilman Corker

Councilman Corker, who meets with the Health District's Communication Committee, requested assistance from members of the Board of Health to help gather information to put together a profile for each legislator identifying the committees they serve on and their particular interests or concerns. The profiles will be developed for legislators from both the federal level and state level in Districts 3, 6, 7 and 9. Councilman Corker asked Board members to forward information to him via email. He also has a form that can be used to collect the information. The goal is to contact the legislators in September and October prior to the session. He commended Dr. McCullough for meeting with some legislators which has had a positive impact.

Community Gardens – Mayor Verner

Mayor Verner commended Cindy Green, the program manager for the Physical Activity & Nutrition Programs at the Health District, for her involvement in the successes of our community gardens. The community garden in the East Central Neighborhood was recently launched as the first of several in different community neighborhoods throughout the city.

Spokane City Pools – Mayor Verner

Mayor Verner assured members of the Board of Health that representatives from the City of Spokane met with Dr. McCullough and staff from the Health District's Food and Pools programs to resolve issues that had been addressed in an email that was copied to the Board of Health.

EXECUTIVE SESSION - There was no Executive Session.

NEXT BOARD OF HEALTH MEETING

The next regular Board of Health meeting is scheduled at 12:30 p.m. on September 24, 2009.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:15 p.m.

APPROVED:


Board of Health Chair

Date:

9/24/09


Recording Secretary