

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, September 24, 2009 was called to order by Commissioner Richard, Chair, at 12:40 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
Commissioner Bonnie Mager (arrived at 1:15 p.m.)
Commissioner Mark Richard, Chair
Mayor Mary Verner (arrived at 1:20 p.m.)
Board Member Michael Fisk, DC
Board Member Bob Lutz, MD, MPH
Board Member Susan Norwood, EdD, RN

ABSENT

Councilman Michael Allen
Councilman Bill Gothmann, Vice Chair
Commissioner Todd Mielke

CITIZEN INPUT

- Carolyn Pickett, Spokane, talked about vaccines.

CHAIR REPORT – Commissioner Richard

Chair Richard thanked all Board members for their involvement in programs and activities at the Health District. Board Member Norwood has volunteered to serve on the Budget & Finance Subcommittee, and she and Chair Richard recently participated in judging the first annual teen video fest along with Dr. McCullough.

The 3rd Quarter 2009 NALBOH *Newsbrief*, which was mailed to Board members, includes information regarding tobacco and the role for health boards. Chair Richard looks forward to the report from Tobacco Program staff and the opportunity for the Board to address local issues.

The Board adopted the Health District's 2009-2014 Strategic Plan at the July 23, 2009 Board Meeting with the expectation to add a goal pertaining to the Board. Board members Lutz, Denenny, Corker, and Crump volunteered to meet with Chair Richard to develop a goal to bring back to the Board. Chair Richard will work with staff to schedule a meeting.

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

First Steps Program

The First Steps Program provides maternal support services to pregnant and postpartum women and their infants. Board members were notified last week that the Health District's Executive Management Team had made a decision to discontinue the First Steps Program in 2010. This decision was made as part of the annual evaluation process looking at the public health benefit for each program balanced with the amount of local financial resources required. We used a software program called Logical Decisions for Windows (LDW) to assist in our evaluation of

programs using criteria such as the amount of population served by each program, if a program addresses health disparities, the type of prevention effort such as primary, secondary or tertiary and those types of criteria.

We value every program in our agency, but if we were to completely fund all of our existing programs, it would require over \$1 million to be withdrawn from our reserves and that is not a sustainable amount to be withdrawn.

It is important to note, that we are not abandoning the population that is currently being served through the First Steps Program. A different program is being looked at to address that population through a population-based model which has the potential to address more of the population that we are talking about as well as addressing some of the broader determinants of health which may play a role in their health status.

In response to Board member questions and comments, Dr. McCullough said that some of the employees currently in the program will likely transfer to other program areas within our agency, but we do not know the actual impact to employees at this time. Elaine Conley, Director of Community & Family Services at the Health District, said that there are four other First Steps programs in the community, some of which are also cutting back due to changes at the state level; she sent letters to the other First Steps providers telling them of our intention to discontinue our program and that we would work closely with them during the coming months to make a smooth transition with as many of our clients as possible to move into their caseloads.

West Nile Virus Update

Several weeks ago, a bird from the West Plains area of Spokane County tested positive for the West Nile virus (WNV). That is the first confirmation of WNV activity in the County. The Health District sent out public information messages to urge people to take appropriate protective measures to protect themselves against getting the virus. Fortunately, we are near the end of the mosquito season and mosquito activity in general is decreasing. The state has seen increased cases of WNV this year with a total of about 20 cases, compared to previous years of up to three.

In response to Board member questions, Dr. McCullough said that the number of cases of WNV nationwide has been decreasing with some hot spots such as the Chicago area. There may be an increase in WNV activity in our County next year. Research is being done on whether the virus is dormant in the mosquitoes as they hibernate over the winter and the possibility of the virus living in mosquitoes over the winter.

H1N1 (Swine) Flu

The flu season is ending in the Southern Hemisphere where the H1N1 influenza virus remained relatively stable genetically, meaning that the immune response and severity of illness was similar to what was seen here in the spring. We have seen increased activity here in the U.S., mostly in the southern states and we are now seeing activity in Spokane County as well.

We have been focusing our efforts on the K-12 schools where influenza outbreaks often begin and are generally responsible for the spread throughout the community. We have been focusing

on prevention, assuring that the schools have necessary information regarding prevention activities and forwarding information to the parents. We have also been working with the schools to get better information on absenteeism. The number of absences has increased in the past week with two schools at over 10% absenteeism and two that have been over 20% which is similar to what we would see later in the flu season. We are asking for the parents to report the reason for an absence and whether it is due to flu like illness.

Clinical trials on the H1N1 vaccine have shown that one shot will solicit an adequate immune response for adults and for children above the age of ten which will result in an increase to the amount of vaccine supply that is available to everyone. We expect the first delivery of the H1N1 vaccine in mid October. A smaller amount of the flu mist vaccine, which is a live, attenuated nasal spray, is expected to arrive earlier in the month.

We have been planning for the priority groups people, those who have increased risk for severe complications, to receive the vaccine first by setting up multiple routes of vaccine delivery, getting the vaccine to providers and setting up special clinics throughout the community.

In response to Board member questions, Dr. McCullough said that not all H1N1 planning has been completed but new information will be updated on our website www.srhd.org and our information phone line 324-1495 as soon as it is available. Administrative decisions for the schools on absenteeism and closures are made by the school district administration and not by public health. We are working with the schools on prevention to try to keep the schools open. Some research has shown that closing schools after outbreaks have occurred is not that effective in preventing the spread of the virus because it is occurring elsewhere in the community and children congregate even when they're not in school. A decision to close a school may depend on the number of staff who are absent. Studies have shown that for the seasonal flu, the live attenuated vaccine spray was not as effective as the shot in adults, but it is not known if it is the same for the H1N1.

Staff have been working on communications to assure that all information about H1N1 and seasonal flu is clear and accurate. We are producing materials so that citizens will have this information. Board members were given samples of the materials which include brochures, prescriptions and bulletins. Articles have been submitted to area newspapers and our website has been updated with sections for parents, schools, childcare, healthcare and businesses. A public service announcement that was produced at the Health District using local community leaders to talk about flu prevention was played. A public forum was held last month with representatives from the CDC where input was gathered from the public on how to best provide information to the public.

Chair Richard complimented staff on this work.

APPROVAL OF MINUTES

Motion: To approve the July 23, 2009 Board of Health meeting minutes.

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: July 1 – 31, 2009 and August 1 – 31, 2009. The board, in a vote as moved by Councilman Crump and seconded by Councilman Corker, did approve for payment those vouchers included in the following lists and further described in the total amounts of \$1,965,611.51 and \$2,288,872.06.

Voucher Numbers:	#52.20 - #92282	\$ 708,242.68
Payroll Warrants:	#617675 -#617706	706,064.18
Advice Numbers	#DD2364 -#DD2565	
Payroll Warrants:	#619921 -#619959	551,304.65
Advice Numbers:	#DD2566 -#DD2769	<hr/>
	TOTAL	\$1,965,611.51
Voucher Numbers:	#92283 -#B&OJUL09	\$ 1,032,767.67
Payroll Warrants:	#621729 -#621767	713,471.75
Advice Numbers	#DD2770 -#DD2973	
Payroll Warrants:	#624022 -#624056	542,632.64
Advice Numbers:	#DD2974 -#DD3178	<hr/>
	TOTAL	\$2,288,872.06

Motion: To approve for payment those vouchers included in the above lists and further described in the total amounts of \$1,965,611.51 and 2,288,872.06.

Motion/Second: Crump/Corker

Approved: Unanimously

REPORT

Tobacco Prevention & Control Program – Christopher Zilar and Jennifer Hansen

Christopher Zilar manages the Tobacco Prevention & Control Program in the Health Promotion Division. Mr. Zilar began the presentation covering the following:

- Staff consist of 1.0 FTE lead staff, 0.5 FTE enforcement, 0.5 FTE health education, 0.25 administrative assistant; and 0.5 management;
- The program receives funding from the CDC, Tobacco Settlement, and state and local sources; of these, the Tobacco Settlement dollars are the most vulnerable and provide 80% of the program funding; without a plan for sustainability, it is expected that the program may be eliminated as of July 2011.
- The program focuses on policy development, youth access, enforcement of Smoking in Public Places Law (RCW 70.160), cessation, and prevention;
- Policy development work is around tobacco-free multi-unit housing; tobacco-free campuses such as hospitals and colleges; and tobacco free public places such as parks;

- Prevention efforts include an active Tobacco Free Spokane coalition, Spokane Teens Against Tobacco, and a new maternal smoking project;
- A smoking cessation ad, one of eight “Dear Me” video clips, was played as an example of ads that have been produced using real people;
- The program works on enforcement through retailer compliance checks for youth access to tobacco which has resulted in greater than 80% compliance, and through enforcement of the Smoking in Public Places law, previously referred to as I-901 or the Clean Indoor Air Act, to assure compliance with RCW 70.160. (Compliance checks known as Synar Checks are federally funded and mandated to reach a minimum of 80% compliance.)

Board and staff discussion following this portion of the presentation:

- The state will not provide funds to pay to air the tobacco cessation ads; the ads are currently available at www.quitline.com and have also been uploaded to YouTube;
- The state provided each tobacco program with a DVD with the ads and permission to copy and distribute them as desired, such as to schools;
- Community-Minded TV has agreed to air the ads;
- The ads are shown in the clinic waiting area at the Health District;
- Councilman Denenny suggested that Board members, as community members and elected officials, talk to the local TV stations to encourage them to air the ads; Chair Richard suggested Board members send a letter to support that concept to the executive directors of the television stations; the Health District’s Public Information Officer, Julie Graham, explained that television stations rarely do any free public service advertising unless it is directly related to a cause that they are actively involved in as they are no longer required to do public service announcements and no longer provide free airing for anything; in some instances, they may do something through matching funding;
- Theater advertising is fairly expensive, with the exception of the Garland Theater;
- KYRS radio may agree to air the audio portion of the ads.

Jennifer Hansen, a health program specialist and lead staff in the Tobacco Program, thanked Board members for their support regarding the tobacco cessation ads. She continued the presentation with local trends, issues, interventions and the expanded authority of the FDA (Food and Drug Administration) to regulate tobacco which were provided as a handout.

- Spokane has consistently higher tobacco use rates than the state in every measured category except for 6th graders;
- The greatest concerns in Spokane include maternal smoking which is nearly double the state’s rate; continued increase in youth smoking rates; disproportionate rate of people with limited resources who smoke, and the high rate of tobacco use among Native Americans;
 - a Maternal Child Health Summit is being planned to develop interventions to address some of these concerns;
- Local issues include a new tobacco product that has come to Spokane, Snus, which is a spit-less tobacco product that has been heavily advertised as an alternative to smoking; Hookah bars that are currently in compliance with the Smoking in Public Places law while they are outdoors; social sources for youth acquiring tobacco such as through older friends or parents; and establishments that continue to be out of compliance with Smoking in Public Places law;
- One study showed that one year after the Smoking in Public Places law went into effect, there were 17% fewer heart attacks;

- An increase in the unit price of tobacco products has been shown to reduce tobacco use among youth; that increased price combined with education campaigns, restriction of access to tobacco, stronger laws directed at retailers, active enforcement of sales laws, retailer education and school-based interventions all increase the reduction of tobacco use;
- Additional evidence-based interventions to reduce tobacco use include using tobacco excise tax to fund programs to prevent tobacco use and chronic disease, and provide treatment; develop counter-marketing strategies; sustain, expand, and promote Quitline services; link chronic disease programs to the Quitline; promote insurance coverage for treatment; cover treatment for tobacco use; and eliminate cost and other barriers to treatment;
- The handout on the FDA (Food and Drug Administration) which now regulates tobacco, provides a detailed explanation on the timeline to fully implement the following by December 2012:
 - limit marketing and sales to minors
 - grant access to manufacturers' research
 - protect public health by reducing risks where technologically feasible, and
 - require meaningful warning labels.
- In addition, under the FDA authority, state and local governments retain the power to:
 - raise tobacco tax rates
 - fund comprehensive state tobacco programs
 - implement counter-marketing campaigns
 - enhance access to effective cessation treatments
 - restrict the sale, distribution and possession of tobacco products, and
 - implement anti-smuggling and tax evasion measures.

A wish list for the tobacco programs at the state level includes:

- Institute a fee-based model for tobacco retailer inspection,
- Require a smoking policy disclosure statement in all rental/lease agreements and specifically allow landlords the right to implement a "no smoking" policy at anytime,
- Increase tobacco tax,
- Remove statewide preemption on RCW70.155.130 with additional tax for selling tobacco products, and
- Eliminate co-pay for cessation support on all state funded health programs.

A wish list for tobacco programs at the local level includes:

- Require all tobacco products to be located behind the counter and out of view of customers,
- Prohibit discounts on tobacco products such as buy one get one free or half off,
- Prohibit the sale of small cigars within 1,000 feet of schools,
- Prohibit the sale of cigarettes within 1,000 feet of schools and playgrounds,
- Require tobacco retailers to display Tobacco Quite Line information at the point of sale and entrance to their building,
- Increase tobacco tax,
- Require a smoking policy disclosure statement in all rental/lease agreements and specifically allow landlords the right to implement a "no smoking" policy at anytime,
- Prohibit smoking on campuses of agencies (including public housing) that receive funding from Spokane County, and
- Prohibit smoking on public sidewalks.

Ms. Hansen is in the process of scheduling meetings with state legislators and invited Board members to accompany her; she will forward information to Board members regarding the days and times of the meetings which includes a meeting with Senator Marr on October 2.

Additional Board discussion following the presentation included gaining support for tobacco related issues from all public health jurisdictions in the state; revisiting Senator Marr's bill regarding smoking in vehicles with children present; addressing new data looking at the relationship between smoking and myocardial infarction; exploring options to support tobacco control and prevention at the County level with additional support from local jurisdictions; targeting youth smoking; engaging the Councils of Government in the tobacco prevention and control efforts; using email as a means to identify Board members' support for ideas in a short timeframe; defining a legislative agenda at the state level and refining actions that can be taken at a local level; looking for revenues to continue offering free patches which are currently available through the Quit Line after the tobacco settlement dollars end in 2011; and the possibility of initiating County-wide legislation with enforcement inside the municipal jurisdictions.

Following discussion, Board members agreed to form a workgroup to discuss and prioritize policy options at the state and local level to bring back to the Board.

BOARD MEMBER CONCERNS

Methadone Program – Mayor Verner

In response to Mayor Verner, Dr. McCullough said that, with the assistance of the County Commissioners, additional funding was secured to keep those individuals who were going to be involuntarily discontinued from the Methadone Program in the program until the end of June. Commissioner Richard added that the Board of County Commissioners did vote to allocate some of their general funds to support those clients in the Methadone Program through June of next year without a promise of any future funding, but to allow those individuals more time to get off the program.

Mayor Verner requested a fact sheet on the Methadone Program including information on the dispensing of the methadone as a liquid so that she can provide it to constituents who continue to believe that methadone pills that are being sold on the street come from our program.

Meeting Comment Sheets – Councilman Crump

Councilman Crump reminded Board members to complete the Meeting Comment sheets that are provided at every meeting and thanked staff who provide feedback on those. He also thanked Dr. McCullough and Mr. Smith for the positive direction in which the agency is moving forward.

NEXT BOARD OF HEALTH MEETING

The next regular Board of Health meeting is scheduled at 12:30 p.m. on October 22, 2009.

EXECUTIVE SESSION

There was no Executive Session.

ADJOURNMENT

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

APPROVED: 
Board of Health Chair

Date: 10/22/09


Recording Secretary