

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, October 22, 2009 was called to order by Councilman Gothmann, Vice Chair, at 12:30 p.m. in rooms 320/321 of the Public Health Center, 1101 West College Avenue, Spokane, Washington; board members who were not present at roll call arrived by 12:40 p.m.

## **PRESENT**

Councilman Michael Allen  
Councilman David Crump  
Councilman Dick Denenny  
Councilman Bill Gothmann, Vice Chair  
Commissioner Bonnie Mager (departed at 12:50 p.m.)  
Commissioner Todd Mielke  
Commissioner Mark Richard, Chair  
Mayor Mary Verner  
Board Member Michael Fisk, DC  
Board Member Bob Lutz, MD, MPH

## **ABSENT**

Councilman Steve Corker  
Board Member Susan Norwood, EdD, RN

## **CITIZEN INPUT**

- Lori Parisot, Spokane, is a school nurse who commended SRHD on its H1N1 flu response.
- Rose Marie Waldram, Spokane Valley, talked about antidepressant drugs and fluoride and submitted a document.
- Carolyn Pickett, Spokane, talked about the H1N1 virus and submitted written materials.

## **CHAIR REPORT – Commissioner Richard**

### **Strategic Plan Goal #8**

Commissioner Richard, Councilman Denenny, and Board Member Lutz (Board Members Corker and Crump were not available) met with Dr. McCullough, Torney Smith, and Liz Wallace to begin dialogue for a Board of Health goal to add to the Health District's Strategic Plan. The focus of the goal will be to enhance the orientation and education of the members of the Board of Health and to advance public policy under the social determinants of health. A draft outline was developed and the group will meet again before the goal is brought forward to the entire Board.

### **SALBOH (State Association of Local Boards of Health)**

Chair Richard asked Board Member Lutz, who has been researching the formation of a SALBOH (State Association of Local Boards of Health) in Washington State, to comment on that proposal. Dr. Lutz distributed information to Board members and said that there are currently about 28 states that have SALBOHs which bring local boards of health together at a state level for a stronger voice.

### **Additional discussion included:**

- Commissioner Mielke, who is actively engaged in WSAC (Washington State Association of Counties), commented that he has learned that one of the counties is no longer interested in

participating in that organization which brings statistical data to the policy makers at the state level and he is not sure how that will affect their flow of information.

- Board members agreed that a SALBOH would provide a unified voice and a venue for ongoing education of local boards of health. In response to a question, Board Member Lutz explained that a SALBOH would not conflict with the State Board of Health but would bring local boards of health together for education and a unified voice to look at policies at a state and federal level as well as looking at funding at a state level.
- Councilman Crump asked about the financial cost to the Spokane Regional Health District and whether enough local boards would join to demonstrate representation of the entire state.
- Councilman Allen believes it is a step in the right direction and recalls that SRHD was nearly an only voice during legislative visits earlier this year.
- Commissioner Mielke commented that the WSALPHO (Washington State Association of Local Public Health Officials) which operates under the WSAC hires their own staff and lobbies for public health and may already have a voice for public health through the health officers and administrators. He also believes that members of the Board of Health have broad backgrounds which the legislature may view as broader focused. He will forward Board Member Lutz's contact information to WSAC.

Chair Richard thanked Board Member Lutz for his active involvement on behalf of the Board.

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

### **H1N1 Influenza**

H1N1 influenza activity has been continuing significantly since Dr. McCullough's report to the Board in September. There have been increased visits to hospital emergency rooms and healthcare provider offices related to influenza-like illnesses. Increased school absences are also being reported.

Over the last week in Spokane County, there have been three deaths related to H1N1. Yesterday a five month old infant from Pasco, Washington who was cared for at a Spokane hospital died as a result of the infection as well. Over the past month, over 100 people have been hospitalized due to H1N1 infection.

The best way to prevent H1N1 infection and complications is to get the vaccine. The vaccine has been arriving in our community and we have been making appointments for individuals in the priority groups to receive their H1N1 vaccination in our clinic.

The Health District has received and shipped H1N1 vaccine to our hospitals to vaccinate their employees and to some of our healthcare providers to vaccinate their patients. We anticipate receiving 4,000 to 6,000 doses of H1N1 vaccine here on a weekly basis until we hear about decreasing supplies. There have been reports in the media about limited supplies of the vaccine here and across the country due to the production being slower than predicted. At this point we would expect to have received approximately 50 thousand doses of vaccine but have only received about 12 thousand doses; therefore, it will take longer to vaccinate individuals who are in the priority groups.

The Spokane Regional Health District is stressing the importance of prevention messages for people to wash their hands frequently, cover their cough and, most importantly, stay home when they are sick and, if their kids are sick, to keep their kids home. We want to keep sick people

away from healthy people to prevent the spread of H1N1 influenza in the absence of a significant vaccine supply.

In the absence of an adequate vaccine supply, we want to emphasize the importance for individuals with underlying health conditions to know that they are at increased risk for severe complications from H1N1 infection. Antiviral medications are available that can decrease the severity of illness. It is important for people with underlying health conditions to contact their healthcare provider as soon as possible if they feel a sign of infection like fever, sore throat, cough, body aches, and those types of symptoms associated with influenza, as the antiviral medications are most effective when they are taken within the first 48 hours of illness.

In order to get the H1N1 vaccine into people, we have started taking appointments in our public health clinic. We had a small school-based clinic this past Tuesday where a large number of people showed up. There appears to be great interest in this vaccine in our community. We plan to hold our first large clinic this Saturday at the Spokane Arena which we have staffed to assure we have enough people to manage the potential crowds that may show up. We will have approximately 60 people from the Health District as well as volunteers from partners outside our agency. Other clinics are planned over the next month or so to assure we have multiple options for people to get the vaccine if they choose. The vaccine will also be available at different healthcare providers in our community as well as other places.

Dr. McCullough responded to board member questions following his update:

- There has been a significant inquiry from people over the age of 65 who we traditionally try to push to get the influenza vaccine because they are generally at risk for complications from the seasonal flu; but in regard to the H1N1 influenza, we are completely changing our message because those older individuals are not in the priority group. Dr. McCullough has given several talks to retirees to explain why they are not at increased risk at this point and once you talk to them, they understand.
- Our website ([www.srhd.org](http://www.srhd.org)) has been updated to say what types of vaccine (nasal mist or injection) will be available at our clinics.
- The incidence of influenza like illness at WSU decreased but we don't have that information from other higher education institutions. We have information for K-12 students and when school started here, there was a fairly low level of school absenteeism, but now there has been a continued increase. School is a setting where the virus can be easily transmitted when students sit close together for much of the day. The virus never went away during the summer so there was still some low level activity, and when susceptible children came together in school that's when we saw the increase. Data shows ups and downs in influenza like illness; we are still seeing a few schools that are above 20% absenteeism, with most between 5-10% absenteeism and staying steady with peaks and valleys.
- It is a challenge for people who interface with the public, such as the public library staff, where patrons may exhibit flu like symptoms. The Health District puts out prevention messages asking people who are ill to stay away from public places so they won't infect others; sometimes those messages don't get out. Dr. McCullough will ask epidemiology staff to contact the library staff with some specific ideas about prevention messages. At this time, the Health District has no specific criteria for excluding people from certain settings such as libraries; disease transmission can occur in libraries, grocery stores, sporting events, or other settings where people gather together and, at this point, no public gatherings have been cancelled.

- At the County offices, hand sanitizer and prevention information is being distributed to every employee and cleaning activities are being enhanced.
- Dr. Lutz reported that the number of students going to the GU health center had increased early on and then dropped a bit; students were told that if they had flu-like symptoms, to stay at home, as not much could be done for them at the clinic; as of Tuesday, 18 of 20 students in his class had been sick with flu-like symptoms since the onset of school and students have been told to stay out of class if they are ill.
- In regard to Spokane County reporting higher rates of H1N1, Dr. McCullough said that typically what is seen with influenza is some communities are at higher rates than others and we don't understand why. For example, during initial reports of H1N1 in the spring, there were higher levels of activity on the west side of the state; so there are differences of peaks and valleys with influenza and we don't understand why. An increased amount of influenza-like activity is now being reported here, with a disproportionate number of people hospitalized on this side of the state as well, so we do have more activity right now, but can't explain why.
- H1N1 vaccine, like the seasonal flu vaccine, comes in different versions; one differentiation is a multi-dose vial which contains larger amounts of vaccine used to vaccinate multiple people and which contains thimerosal, a preservative to prevent contamination of the multi-dose vial. Another version of vaccine is a single dose injection containing vaccine for only one person so there is no preservative. In the state of Washington a law was put in place to forbid thimerosal in vaccine for pregnant women and for infants less than three years old; with H1N1, the secretary of health lifted that requirement of forbidding the injection of thimerosal containing vaccine in pregnant women and infants younger than three years old, so at this time pregnant women and young infants can receive either the thimerosal free or the vaccine with thimerosal. The issue of thimerosal is complex as it relates to whether there is sufficient scientific evidence of adverse health effects associated with the use of thimerosal containing vaccine. There has been a significant amount of research done over the years that looks at this question and the consensus of the scientific evidence shows that there is no association between adverse health effect and the use of thimerosal containing vaccine; however, the state of Washington and some other states passed laws as a precaution.
- There are a number of underlying conditions that makes a person at increased risk of H1N1 and for other respiratory viruses including the regular seasonal flu. Although we talk a lot about pregnancy, pregnancy is not an underlying health condition, but increases the risk of complications. Asthma and other lung diseases, heart disease in general, diabetes, and different types of neurological conditions put a person at increased risk for complications and their healthcare provider should be contacted if they develop symptoms of influenza like illnesses.
- H1N1, a new strain of influenza virus, is a pandemic disease and, like pandemics, there is the potential to affect the health of everyone in the world because most people don't have immunity to this virus which is different from the regular seasonal flu where there is some degree of immunity. Pandemics generally occur every 30 to 40 years, so given that there is the potential to affect the health of most people in the world, and it's a relatively rare event, the media coverage is understandable. It is important to put out accurate information about the status of H1N1 as it relates to the severity of the symptoms and let people know if the severity changes and the recommendations.

- In terms of the number of deaths related to H1N1 in Spokane County, there were four County residents who died including one individual in their 30s, two individuals in their 40s, and one in their 60s; two other deaths were individuals who resided outside our county but received care here.
- The H1N1 vaccine is a national asset which the federal government purchased and congress allocated funding to administer the vaccine throughout the country; therefore, we are not anticipating any cost at the Health District as it relates to our clinic or for any clinics outside of our agency for this vaccine.
- H1N1 vaccine is prepared, produced and tested the same as the seasonal flu vaccine and no adverse health events related to H1N1 vaccination are known outside of what we would expect from the normal seasonal flu, such as a mild pain at the injection site.
- The H1N1 vaccination clinic on Saturday will be a walk-in clinic with no appointments necessary where we will target the priority groups which includes people who have increased risk for complications or risk for spreading the infection to vulnerable groups.

### **Health Promotion Division Director**

The Health District's Health Promotion Division Director, Elaine Engle, will retire as of January 1, 2010. Dr. McCullough has evaluated the program areas in the Health Promotion Division and, after careful consideration, has determined it is best to replace the division director position with another individual instead of dividing out the program areas. Chronic disease accounts for most of the morbidity and mortality within our country and Health Promotion is a vital part of public health. It is important to have Health Promotion at the forefront of our agency as a specific division related to those prevention activities versus dividing those activities up into other divisions.

Board discussion following Dr. McCullough's announcement included the following: Rationale for this decision was discussed by the BOH Executive Committee; consideration of difficult financial times; looking at reassigning other divisions to keep Health Promotion in tact; the current division structure in terms of areas of emphasis such as public health nursing, environmental public health and disease prevention; division size; the possibility for future funding in Health Promotion; the potential to promote from within the agency which may create another vacancy with a possibility to freeze that new vacancy depending on whether it is grant funded or funded with local dollars. Dr. McCullough is cognizant of budget issues and wants to make the most of the situation as it relates to funding.

### **American Recovery and Reinvestment Act Funding Opportunity**

The Health District is applying for a funding opportunity for chronic disease prevention related to the American Recovery and Reinvestment Act through the Centers for Disease Control and Prevention (CDC). The application for *Communities Putting Prevention to Work* requires a two part process, first applying to the Washington State Department of Health and, if selected, a more comprehensive application to the CDC. The application process for our two proposed projects, one in physical activity and nutrition and one in tobacco prevention, required letters of support from our community. Several letters were received from many of our community partners including members of the Board of Health, area school superintendents, mayors, other community partners and from higher education. Dr. McCullough thanked those individuals for

their support. We expect to hear from the state on Friday as to whether or not we were selected to move forward with the application process.

### **APPROVAL OF MINUTES**

*Motion: To approve the September 24, 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: September 1 – 30, 2009. The board, in a vote as moved by Councilman Crump and seconded by Councilman Denenny, did approve for payment those vouchers included in the following list and further described in the total amount of \$1,769,069.72.

Voucher Numbers:	#92647	-#B&OAug09	\$ 513,117.33
Payroll Warrants:	#626247	-#626285	703,594.24
Advice Numbers	#DD3179	-#DD3383	
Payroll Warrants:	#628263	-#628304	552,358.15
Advice Numbers:	#DD3384	-#DD3589	
	TOTAL		\$1,769,069.72

*Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,769,069.72.*

*Motion/Second: Crump/Denenny*

*Approved: Unanimously*

### **ACTION ITEMS**

#### **Resolution #09-04 - Adoption of the 2010 Budget – Mike Riley**

Mike Riley, the Health District's Comptroller, presented Resolution #09-04 to Adopt the SRHD 2010 Budget. The proposed \$24 million budget is a 3% increase from the revised 2009 budget with a 2.58 FTE decrease from the previous budget. The budget process begins in February. A Board of Health Budget Subcommittee consisted of Commissioner Mager, Councilman Corker and Councilman Gothmann who was later replaced by Board Member Norwood for the second half of the year. The Committee initially met monthly to deal with state revenue cutbacks and then met less often in late summer and fall to finalize the proposed budget.

As in the prior year, one of the tools used to prepare the 2010 budget was the Logical Decisions for Windows (LDW) software to prioritize programs to allocate general funds. Fees were set at 100% of cost in accordance with the Fee Policy. Unlike the past year when Local Capacity Development Funds (LCDF) were used to sustain programs, this year the LCD funds will be utilized for their original intent which is capacity development and funding of initial projects. This year LCDF will be used for building brick repair in accordance with our existing contract for building stewardship, and to start up a new community based program entitled

Intradisciplinary Community Project staffed with representation from all agency divisions and using a community based approach in alignment with our Strategic Plan.

The 2010 proposed budget will need \$924 thousand from our reserve funds. The agency will continue to explore new funding sources to potentially reduce the need for reserve funds. Program Managers and Division Directors prepare their budgets which are first reviewed in detail by Dr. McCullough and Mr. Smith prior to review by the Executive Management Team. The BOH Budget Subcommittee approves the budget document prior to review by the entire BOH. The SRHD 2010 Proposed Budget document was mailed to all members of the Board of Health to allow time for review and questions prior to today's presentation for adoption and a public meeting on our budget process and 2010 proposed budget was held on October 14, 2009.

Board discussion and comments following the presentation included the following topics: labor agreements and COLAs; proposed program cuts and potential layoffs; additional funding and program requirements to add FTEs; reserve fund balance; the potential to establish a dedicated fund for public health through the legislature; potential grants; comparison of SRHD to other LHJs across the state that are dealing with more significant funding cuts and layoffs; potential for public health funding through federal healthcare reform; SRHD's new Strategic Plan; a new, more cost effective community-based program; the importance to maintain a reserve fund; the reduction of expenditures; the confidence of the Medical Society; anticipated support from the legislature; and the acknowledgement to live within our means with potential cuts next year.

Following discussion and comments, Councilman Denenny made a motion to approve resolution #09-04 Adoption of the SRHD 2010 Budget as presented; motion seconded by Councilman Crump who commented that Commissioner Mager, who had participated on the Budget Subcommittee, had not yet returned to the meeting but gave her support prior to her departure.

***Motion: To approve Resolution #09-04 Adoption of the SRHD 2010 Budget.***

***Motion/Second: Denenny/Crump***

***Approved: Unanimously***

## **BOARD MEMBER CONCERNS**

### **Taxing Authority – Board Member Fisk**

Dr. Fisk inquired whether or not there was any local ability, such as through the county or cities, to tax something such as bottled water or soft drinks as a source of revenue. Additional discussion and comments included the following:

- Councilman Denney said that the state does not allow taxing authority in the RCWs and the Board of Health has no taxing authority.
- Commissioner Richard is not sure about taxing authority and believes that the smoking cessation staff will discuss mechanisms that may generate additional dollars, one of which is taxing to generate dollars as well as curtail unhealthy choices.
- Dr. McCullough said that one of the efforts proposed in the chronic disease grant application is to look at ways to incentivize healthy behaviors by looking at cost structure which will require working with legislators to assure specific actions can be taken; for example for tobacco, there are certain restrictions that would need action at the state level before local taxes can be implemented.

- Councilman Allen has been involved in a project to address dropout rates and has learned that the state will not allow taxing of any individual items without approval; he suggested that taxing items that may be considered harmful could become part of the Board's legislative agenda.
- Commissioner Mielke said an objective should be identified in seeking stable future funding for public health, whether that is seeking revenues or to alter activities that may be detrimental to health. WSAC had significant debate on whether or not to support the proposal that came out of WSALPHO last legislative session on whether to impose a tax on bottled water. Bottled water is an untaxed billion dollar industry in our state; the State Parks Department is looking at taxing bottled water to fund public parks and incorporating a state litter campaign such as through a deposit and Puget Sound is looking at funding the cleanup of the sound through a bottled water tax.

**Tobacco – Board Member Lutz**

Jennifer Hansen and Christopher Zilar gave a presentation on the Tobacco Program last month and are looking at prioritization of objectives to follow up with the Board. Last week, the Institute of Medicine came out with another report looking at second hand smoke. An international study found very rapid decreases in cardiovascular disease incidence within days to weeks of banning second hand smoke exposure as captured in this sentence, "The panel also said it's found that a reduction in heart problems began fairly quickly after a smoking ban was instituted and that exposure to low or fleeting levels of secondhand smoke could cause cardiovascular problems." Dr. Lutz encouraged the board to continue pursuing ways to decrease rates of secondhand smoke exposure.

Christopher Zilar, who manages the Tobacco Program, said that he and other staff from the Tobacco Program and Board Member Fisk met with Senator Marr who supports a ban on smoking in cars with children. An additional meeting with Senator Ormsby also indicated support for the ban on smoking in cars with children. Both meetings will help Tobacco Program staff prioritize their list of program objectives for the Board of Health.

**EXECUTIVE SESSION** - There was no Executive Session.

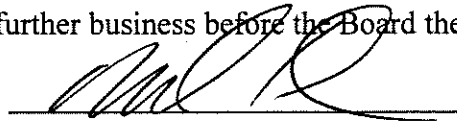
**NEXT BOARD OF HEALTH MEETING**

The next regular Board of Health meeting is scheduled at 12:30 p.m. on December 3, 2009.

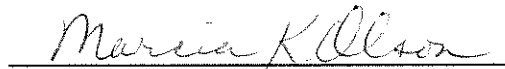
**ADJOURNMENT**

There being no further business before the Board the meeting was adjourned at 2:30 p.m.

APPROVED:

  
Board of Health Chair

Date: 12/3/09

  
Recording Secretary