

***Snohomish Health District
Board of Health Minutes
Regular Meeting
October 10, 2006***

Members Present

Ken Berger, Councilman, Monroe
Heather Coleman, Councilwoman, Lake Stevens
Jim Flower, Councilman, Sultan
Mark Lamb, Mayor, Bothell
Richard Marin, Councilman, Edmonds
Drew Nielsen, Councilman, Everett
Bruce Richter, Councilman, Mukilteo
Kirke Sievers, County Councilman
Jim Smith, Councilman, Lynnwood
Donna Wright, Councilwoman, Marysville, Vice Chair

Members Absent

Michelle Angrick, Councilwoman, Mountlake Terrace
Dave Somers, County Councilman
Dave Gossett, County Councilman
John Koster, County Councilman
Gary Nelson, County Councilman

Others Present

Charlene Crow-Shambach, SHD Community Health Division Assistant Director
Randy Darst, SHD Environmental Health Division Assistant Director
Nancy Furness, SHD Special Assistant for Public Health and Emergency Preparedness
M. Ward Hinds, MD, SHD Health Officer
Donna Larsen, SHD Community Health Division Director
Tim Murphy, SHD Information Systems Manager
Suzanne Pate, SHD Communications Specialist
Bob Pekich, SHD Environmental Health Division Director
Dave Peterson, SHD Communicable Disease Division Director
Don Peterson, SHD Business Manager
Karen Halpin, SHD Administration Specialist
Steve Uberti, SHD Attorney
Gail Fraser, SHD Human Resources Manager
Maggie Osborn, SHD Communicable Disease, Tuberculosis Program
Sherry Freemantle, Snohomish County Council Aide

Call to Order

The regular monthly meeting of the Board of Health was convened at 3:00 p.m. by Vice Chair Wright in the Board Room of the Snohomish Health District Rucker Building. Roll call was taken by Karen Halpin, who reported a quorum was present.

Chair's Report

Update on Search to Replace Retiring Health Officer. Donna Wright updated the Board on the search to replace our retiring Health Officer. To date there have been over 600 targeted e-mails sent out locally, regionally and nationally to public health positions. Many of the emails went to individuals and some are to multiple parties. To date we have eight candidates that responded.

Action Agenda 8.a. Action Agenda Item 8.a. for approval of Resolution 06-16, recognizing service of Maggie Osborn was moved forward.

Donna Larsen introduced Maggie Osborn and summarized her work with the Health District. It was moved by Mr. Marin and seconded by Mr. Flower to approve Item 8.a. on the Action Agenda. The Board approved the following items: (a) Resolution 06-16 approving the retirement of Maggie Osborn. The motion carried unanimously.

Health Officer's Report

Distribution of Flu Season Messages. Using federal funding, Suzanne Pate was asked to help develop educational materials for the upcoming influenza season. Suzanne developed grab bag incentives, designed a multimedia campaign to distribute flu messages to 12 newspapers, which could also be used on billboards, Suzanne developed postcards that could be mailed to all Snohomish County residents, she wrote an article for the PUD Newsletter, and she did some two minute radio spots.

Nancy Furness will use the incentives when talking to individuals about hand hygiene or respiratory etiquette, and when going out to community planning, that we are doing with our partners, encouraging them to get their pandemic flu plans into place. We will also be doing a mass immunization clinic using Flumist (intranasal spray vaccine) in November, so these incentives will be handed out there as well.

Monthly Report

Dr. Hinds reported that we anticipate having an ample supply of flu vaccine this year, but that shipping will be delayed and we may not receive all of our order until December. We ordered 7000 adult doses of flu vaccine, and to date we have received only 910 doses. Because that was going to interfere with our schedule for vaccinating in adult family homes, beginning October 16th, we purchased an additional 500 doses from the Everett Clinic. We expect additional allotments to be received between the end of October into early December. We do have plenty of vaccine for children from age 6 months up to 4 years. We received this vaccine through the State Department of Health. We have no vaccine for children age 4 years to 18 years old, but we are expecting to receive some later this month from the State Department of Health. We will be postponing vaccinating the public and Health District staff until later this month, or until we are sure we have enough vaccine supply. We are asking the public to call back around October 30th so we can make appointments for them at that time.

Large retailers like Wal-Mart, Safeway and other pharmacies already have their vaccine supply in stock, and is the same vaccine that we use. The focus for the Health District is on the high risk and low mobility population. Visiting Nurse Services does outreach to businesses, which we consider not as high a risk population

There was discussion as to why the District does not target school age children since they seem to be the ones that bring home the colds and flu. Dr. Hinds explained that this would not be something we would be able to add onto what we are already doing because we do not have the resources. If we were to shift our focus from the high risk population, which includes pre-school children, it would take serious reprioritizing of our resources and additional resources would also be needed.

Human Cases of H5N1 Infection. Dr. Hinds reported that the Avian Influenza virus is still primarily in Asia and Middle East, but that new human cases continue to occur and concern about mutation into a pandemic strain remains high. More human cases have occurred already in 2006 than in all of 2005.

The first part of October, the Health District met with executives from hospitals and major healthcare organizations to encourage them to work together on coordinated planning for pandemic influenza.

West Nile Virus. Two human cases have been identified in Pierce County residents thus far in Washington this year. Nationwide, as of September 26, there have been 2,720 confirmed human cases reported and 87 human deaths.

E. Coli from Raw Milk. Cases of reported E. coli have been associated with the consumption of raw milk from a Whatcom County dairy. One of the cases is a Snohomish County resident.

Gonorrhea Continues To Increase. Dr. Hinds informed the Board that we are continuing to have a significant outbreak of Gonorrhea in Snohomish County. In 2006, we are seeing numbers that are going to greatly exceed what we saw in 2005, and in earlier years. Currently, we do not have the resources that we need to help stem this outbreak. When we put our 2006 budget proposal before the Board, we had requested additional capacity for our Sexually Transmitted Disease Program. This was not approved so we will be bringing it to the Board again for the 2007 budget. We don't think we are going to see this outbreak abated unless we can put more resources into that program with disease investigators that go out and do contact tracing whenever we identify new cases, as well as increasing our ability to do screening and treatment in our clinic.

Minutes

It was moved by Mr. Marin and seconded by Ms. Coleman that the minutes of the regular meeting held September 12, 2006 be approved as submitted. The motion carried unanimously.

Public Comment

There was no public comment.

Committee Reports

Chair Berger, of the Administration Committee, reported that they discussed the 2007 budget proposal. The Committee requested further information and discussion at the November 6, 2006 Administration meeting.

Chair Marin, of the Program Policy Committee, reported the Committee also discussed the 2007 budget, and from the policy stand point the Committee concurred moving the budget forward to the Administration Committee, and to the Full Board of Health for consideration of approval.

Chair Marin also reported that County Councilmember Dave Somers is unable to attend the early morning Program Policy meetings. Chair Marin asked if Board members would consider trading committees with Mr. Somers.

Other

County Councilmember Sievers requested that for the next Administration and full Board meeting the 2007 budget proposal be consolidated and summarized into one or two sheets with total dollar amounts.

Consent Agenda

It was moved by Mr. Marin and seconded by Mr. Nielsen to approve the items on the Consent Agenda. The Board approved the following items: (a) Resolution 06-14 authorizing September 2006 expenditures for Health District, AIDS, PHEPR, and WIC funds, and (b) approval of Resolution 06-15, adopting 2007-08 Environmental Health Division fees. The motion carried unanimously.

Action Agenda

Approval of Wireless Communication Device Acquisition and Employee Use Policy. It was moved by Mr. Smith and seconded by Mr. Marin to approve the Wireless Communication Device Acquisition and Employee Use Policy. The motion carried unanimously.

Discussion Items.

Revised Strategic Plan Discussion and Possible Action. Dr. Hinds explained to the Board the updated components of the Revised Strategic Plan. The Mission Statement will remain the same. Because of the way the first Strategic Plan was developed, it was both a bottom up as well as a top down plan, attempting to address almost everything the Health District does in the plan. As a result, we ended up with a plan that was much larger and more detailed than we needed to have. We also learned that we had too many measures in the plan. We found that not only was it more measures than we could track and actually do, many of them were not doable because the data systems were not there to allow us to be able to track some of the information that we had in the plan. It would have been very expensive to put those data systems into place.

In looking at revising the plan, it was decided to try to focus on those aspects of the Health District that we thought needed to have change occur. The Executive Leadership Team also looked at how they needed to focus special attention to bring about the needed changes. We also want to limit the number of measures that would be included in the plan, to keep track of, and to try to measure progress with the plan.

The abbreviated version that was presented to the Board represents those two experiences and learnings from the first plan. First, it was decided to break the Guiding Principles into two different pieces.

The Values relating to individual behaviors and the Guiding Principles relating more to organizational behaviors.

Dr. Hinds explained there are seven Strategic Directions included in the plan that the Executive Leadership Team feels they need to focus on in order to be able to move us forward and improve our overall operations. Under the seven Strategic Directions, there is a very short list of measures for each one of them, and an abbreviated list of the goals under each of the Strategic Directions. To go along with the goals there is a set of actions. For each of the actions we are assigning an executive sponsor, who is a member of the Executive Leadership Team, that will be responsible for overseeing that particular action, identifying the particular people that are going to be involved in making it happen, and then reporting to the Executive Leadership Team on the progress with that action.

This information was brought before the Board for approval of these Strategic Directions to confirm these are the directions the Health District should be focusing on.

In response to a question from Mr. Sievers, Dr. Hinds explained the difference between the Prioritization Process and the Strategic Directions. The Prioritization Process that we went through in 2003-2004 was for a different purpose. This process was implemented when we thought there was significant risk of losing a large amount of State funding. We needed to have in place a mechanism by which we could quickly make decisions about which what program reductions would be taken if in fact we were to lose those 2.3 million dollars. We continue to look at that list when trying to make decisions concerning our annual budgets, but it is there primarily if we get to a point where our fund balance is reduced to the level that was decided on by the Board, which would trigger program reductions.

The Strategic Directions tell us where we need to be focusing our energy in making changes in the District. Even though there are some pieces that speak somewhat programmatically, such as emergency preparedness, you don't see specific programs showing up in general. The Plan is focused at a higher level to try to tell us where we need to be making changes to improve the performance of the district. Dr. Hinds recommended that even if the prioritization process would need to be implemented, in response to funding cuts, we would still need to move forward with the Strategic Directions.

It was moved by Mr. Marin and seconded by Mr. Flower to approve the seven Strategic Directions. The motion carried unanimously.

Update on Joint Select Committee on Public Health Financing. Dr. Hinds explained the results of the Draft Final Conclusions from the Joint Select Committee on Public Health Funding that grew out of the House Resolution 4410 that was passed in 2005. After working for over a year, this committee is presenting their DRAFT Final Conclusions that have come out of their work. This draft gives a lot of insight regarding the current public health system in Washington State, and some of the areas of weakness in that system. The Committee has been jointly staffed by both houses of the legislature, and has come up with a number of important findings. Some of the findings include a marked difference in the level of public health services being delivered throughout the state. There is a lot of variation county-by-county or jurisdiction-by-jurisdiction level. We have 35 local public health jurisdictions throughout Washington State and there is a tremendous amount of variation in the levels of services that are available. In some cases, the committee felt that the level of services available was insufficient to offer a reasonable level of public health protection. They also found that discretionary funding, for public health funding at the local level, has been either stagnating or actually decreasing over the last several years. They are going to be recommending there be enhanced state funding, to be used along with maintenance levels of local funding, in

order to stop that stagnation or that reduction that is occurring. They will be looking at some ways that they can deal with the erosion of local support. They clearly are talking about enhanced funding, and under consideration, at least in the committee, there will be proposals going to the State Legislature that there be state wide public health funding increases on the order of \$25 or even \$50 million dollars a year. We are anticipating that there will be some action taken in the next legislative session. This committee is convinced that there needs to be that sort of level of infusion into our public health system in Washington State to prevent the sort of stagnation and erosion that has been occurring over the last decade. They were able to document that the local tax support for public health has decreased by about 27% between 1995 and 2004. Local public health is becoming increasingly reliant on federal funds, which is not necessarily predictable or reliable over time. Our ability to have a statewide system that is consistent and stable is not good at this time. This committee has identified some major service gaps, and we expect to be proposing that the legislature consider an infusion of state dollars in the range of \$25 - \$50 million per year.

Information Items

A calendar for scheduled meetings in October and November was provided to Board members in their packets.

Executive Session. No executive session was needed.

Other Business

No other business was discussed.

Adjournment

The meeting was adjourned at 3:53 p.m.

Donna Wright
Vice Chair

M. Ward Hinds, M.D., M.P.H.
Secretary