

BOARD OF HEALTH PROCEEDINGS
JUNE 25, 2008
CLARK COUNTY, WASHINGTON

The Board convened in the Commissioners' Hearing Room, 6th Floor, Public Service Center, 1300 Franklin Street, Vancouver, Washington. Board members Boldt and Stuart present. Commissioner Morris, Chair, absent.

PLEDGE OF ALLEGIANCE

The board conducted the Flag Salute.

PUBLIC COMMENT

Chris Bockmeier, American Diabetes Association, presented some new statistics from the Center of Disease and Control: 23.6 million Americans have diabetes, which is an increase of 13.5%; and 57 million have pre-diabetes.

Boldt asked about pre-diabetes.

Bockmeier explained that pre-diabetes is when a person has impaired fasting glucose—a higher than a normal blood sugar, but not high enough to diagnose with diabetes and lifestyle changes could possibly delay or prevent the disease. She said over 10% of American adults have diabetes.

Boldt wanted to know if the number of juvenile diabetes cases has gone up.

Bockmeier said that number has remained about the same. She said it's the Type I and Type II diabetes, but Type II is the one that's growing and it's where the pre-diabetes comes into play. She stated that the DPP study was done 10 years ago, which showed that if overweight people decreased their weight by as little as 15 pounds, or 10-15%, and exercised 30 minutes 5 days a week, their risk of diabetes would decrease by 58%. Ms. Bockmeier thanked the board for the work being done in terms of healthy options in the schools, vending machines, etc.

Boldt wanted to know how they could make this information relevant to young people.

Bockmeier said providing healthy options to kids in school would be a great first step. Also, there's a community puppeteer group called Kids on the Block, who put on shows to 4th and 5th graders about healthy options and childhood obesity. She said they were going to partner with Kids on the Block to talk about diabetes. She said the new data also shows that only 24% of people with diabetes don't realize they have it, which is down from 30% two years ago and 50% ten years ago. So the awareness campaigns are making a difference.

Boldt wanted to know what signs to look for to be checked.

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Bockmeier said they have an alert month in March where they put out a risk test with questions pertaining to weight, heredity, excessive thirst, excessive urination, tiredness, blurred vision, etc., to help make earlier diagnosis.

CONSENT AGENDA

There being no public comment, **MOVED** by Stuart to approve items 1 through 5. Board members Boldt and Stuart voted aye. Motion carried. (See Tape 430)

POLICY ISSUE: STATE PUBLIC HEALTH FUNDING

John Wiesman, Director, Public Health, presented (see PowerPoint presentation). He explained that the board was being briefed on the unsustainable nature of the public health budget. Mr. Wiesman said they were asking the board for continued support in their roles at the Washington Association of Counties (WSAC) in setting the legislative agenda and making public health funding a top priority. They are also asking for continued support for local funding and input regarding Public Health's next steps. He stated that as they start budget planning for the next biennium, they are \$4.8 million out of balance, i.e. when they project the revenues they believe they'll be getting in the next two years and compare that to projected expenses, they have a shortfall of \$4.8 million. That is after doing some initial work on the budget, eliminating about \$600,000 of controllables from the budget for next year.

Boldt asked if this was to just keep existing services.

Wiesman said that was correct—to sustain the services they have. He said statewide they've surveyed all local health jurisdictions and so far 20 jurisdictions have responded. Of those 20, they are about \$11.75 million short just for 2009. He said the \$40 million that Boldt referenced is the figure they've been working on with WSAC. He said that's what they are projecting across the state and what it would take to maintain data systems. Wiesman said challenges are primarily due to increasing costs and flat or decreasing revenues. He said in terms of the revenues, Federal public health funding is flat or decreasing; state flexible public health funding is flat; and county flexible public health funding is flat.

Boldt wanted to know if the \$20 million the legislature received last year would continue.

Wiesman said the 2007 legislature appropriated an additional \$20 million to local public health across the state for the state biennium and those dollars were in the Department of Health budget and considered part of their baseline and so they would continue. He said those dollars were at risk to the extent that the legislature finds itself in a budget deficit and starts looking at funding. He noted that those dollars don't show up in their chart, but they support some of the communicable disease efforts and immunization effort outreach to providers and citizens, as well as funding a position to address the physical inactivity

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and nutrition issues in the community. Wiesman said essentially all levels of government that fund public health are being affected. He outlined two charts to further explain the funding changes. Wiesman talked about discontinued programs and new programs and went over current services.

Boldt said it's hard to make a brochure out of these kinds of services, but somehow they needed to figure out a way to transfer their problem to Olympia and Congress otherwise they'll be worse off in two years.

Wiesman agreed that it is difficult, but they are committed to working with the board because it is important to relay information. As an example, WIC serves 8,000 people in the community and puts about \$5.6 million into local merchant's hands in terms of vouchers for food. That's a big economic impact for the grocery stores and farmer's markets in the community.

Stuart said telling that story may be a big part of the budget process—not just facts and figures, but to tell the story behind each the programs. Most people have little time to really think about the services being provided and it's up to the county to show these folks the benefit and tell the stories.

Wiesman agreed that it was incumbent upon them to tell the story and working with the Public Information and Outreach office would be important. He said in terms of the path forward they are going to need to work with the budget office regarding indirect charges, revenue options, and prioritizing services. Also, the board could help in terms of support from WSAC in making public health funding at the state level a priority. Wiesman said there was a lot of work to be done on their budget between now and November.

Boldt said at the state level they have what is called Budget by Activity, which was easier for him in terms of how it affects a person at the grassroots level if it's broken down by how much is spent, for example, on WIC. It's easier to translate. *Boldt* asked if the budget would be done in November.

Barron said the open public display of his recommendation, which is an accumulation of meetings with elected officials and the board—or a consensus budget—would be ready by November.

Boldt thought they should have more baby steps between now and November to explain to the general public just how bad the situation is.

Barron said his understanding from the board was that they wanted this budget year to have maximum exposure and to explain the unsustainable nature of public health funding.

Stuart said it would be helpful to look at a list of the programs and which ones are mandated.

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DIRECTOR'S REPORT

Dr. Alan Melnick, Health Officer, Public Health, presented information pertaining to rabies vaccine products, under Strategic Initiative 2 – Responding to Health Threats. Dr. Melnick stated that there is a shortage of the human rabies vaccine and only two companies produce it: Novartis and Sanofi Pasteur. He said Novartis has temporarily ceased providing their vaccine, which is the cause of the shortage. Sanofi Pasteur will continue to provide their's, but it will be available for post-exposure prophylaxis only. Because supplies are limited, state and federal public health authorities must approve the use of the vaccine for pre-exposure prophylaxis and priority will be given to people who have the greatest risk of exposure. People who are in a lower risk category will be unable to receive the vaccine until supply levels are restored. Melnick said the Centers for Disease Control and Prevention are hoping additional vaccine will be available by July. He added that another way to conserve the vaccine would be to not overuse it for post-exposure prophylaxis and ensure that providers understand guidelines and are not wasting it, e.g. there have only been two human cases of rabies in Washington in the last 20 years and there have been very few animals with rabies. He stated that they would be placing information on their web site outlining how the public can avoid exposure to rabies and what actions to take if an exposure does occur.

Melnick said this shortage of the vaccine supply illustrates the vulnerability of the public health immunization system. Like the rabies vaccine, only two manufacturers produce Haemophilus influenzae vaccine. He said this bug can cause meningitis and epiglottitis. In December 2007, Merck & Co. recalled the vaccine due to contamination problems, which resulted in a shortage. As a result, they asked health care providers to defer administering the fourth vaccine to children until supplies are increased, with the exception of children in high risk categories.

Stuart wanted to know why there were shortages.

Melnick said there are only a few manufacturers and he suspected there wasn't a whole lot of money to be made in the vaccine industry.

Jonnie Hyde, Public Health Services Manager, presented information regarding deputizing Public Health staff to enforce outdoor tobacco smoking laws, Strategic Initiative 3 – Promoting Health Environments. She explained that with the return of better weather they are again seeing a few businesses violate the non-smoking laws in food/beverage service areas in which employees work. Although law enforcement has the capacity to enforce the law, it's the food inspectors who observe it and tobacco staff who receive the complaints. Ms. Hyde said they have been in touch with the Prosecuting Attorney's office and Sheriff's office to talk about deputizing tobacco and food staff so they can write citations. It would be the most cost-effective method and with the board's concurrence, they plan to move forward with developing an interdepartmental agreement

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outlining the scope of responsibility and liability issues. Staff would be deputized and would need to complete a background check and training in coordination with the Sheriff.

Stuart asked who would pay for all of that.

Hyde said she assumed it would come out of the Tobacco Program budget. She said she wasn't sure how long the training was and if it was too extensive they would probably only deputize the Tobacco staff.

Stuart said his concern was that they have a flat Tobacco budget and he wondered where they should be digging into that to get the most effect. He said in his experience he doubted you would see many service personnel writing their customers citations. He said he would rather see money spent on childhood education and working with schools on prevention.

Hyde said she didn't believe it would be a significant additional cost. She stated that it would be the food inspectors who in the process of inspecting a restaurant could issue citations to customers, as well as the restaurant. She thought that would get the message across very quickly that there will be enforcement of the non-smoking laws.

Boldt asked what the fine would be.

Hyde said it would be \$100 per violation.

Boldt asked if that was state mandated.

Hyde said yes, it was I-901.

Boldt wanted to know if they would prosecute that.

Hyde didn't know and said they needed to work out the details.

Boldt said that would be something they need to figure out.

Stuart said they need a fiscal note before moving forward so they know what the direct impacts would be for training, as well as for the judicial system.

Hyde said she would get clarification from the Prosecuting Attorney at their next meeting.

Boldt wanted to know what the communication with the restaurants was. Did they have a blanket statement? Perhaps they could add something to indicate that enforcement was becoming necessary.

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Hyde said they have communicated to offending restaurants, but could do so again. If that isn't effective, then they could the staff enforcement.

Boldt asked if the Washington State Liquor Control Board write citations.

Hyde didn't believe so for the non-smoking law.

Barron suggested they recommend that to the WSLCB.

Hyde said that would be great if they had that authority.

Stuart said the law has been effective and he felt there were more effective uses for money.

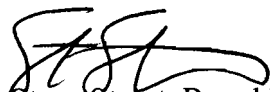
Hyde said she would do a cost analysis and come back with more information.

BOARD OF HEALTH

Betty Sue Morris, Chair



Marc Boldt, Board Member



Steve Stuart, Board Member

ATTEST:



Clerk of the Board

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