

**CLALLAM COUNTY BOARD OF HEALTH
REGULAR MEETING MINUTES
SITE: FORKS COMMUNITY HOSPITAL
May 17, 2005**

I. ROLL CALL TO ORDER

The meeting was called to order at 1:35 p.m. by Jeanette Stehr-Green, Vice Chair.

Present: Jeanette Stehr-Green, M.D., Vice Chair
Stephen P. Tharinger
Howard "Mike" V. Doherty, Jr.
John Beitzel
Camille Scott

Excused: Michael C. Chapman, Chair
Jim Leskinovitch

II. AGENDA REVIEW AND APPROVAL

Ms. Scott asked to include a TeleHealth Presentation at the end of the meeting. Dr. Locke said there is time allotted for that under XI. Activities Calendar Update. Mr. Doherty moved that we approve the agenda as written. Mr. Beitzel seconded and the motion carried.

III. APPROVAL OF MINUTES

Andy requested some changes to section VII. A. He read the changes and gave Rene a hard copy to edit the original document. Mr. Beitzel moved to adopt the minutes of April 19, 2005 with the changes. Ms. Scott seconded and the motion carried.

IV. PUBLIC COMMENT

None.

V. OLD BUSINESS AND INFORMATIONAL ITEMS

- A. Department of Health Press Releases. Dr. Locke said he had received a record number of press releases this month and just wanted to pass some of them on to the Board as informational items.
- B. Region 2 Public Health Emergency & Preparedness Program Newsletter. Dr. Locke included the Regional Quarterly Newsletter in the Board's packet. The newsletter is targeted to health care providers and the enclosed issue is the 2nd one in the series. Dr. Locke said the newsletter is being well received by health care providers. Mr. Beitzel asked Dr. Locke to check to make sure the volunteer clinic was on the mailing list. Dr. Stehr-Green asked Dr. Locke to provide the Board with an update on the Duty Officer project sometime in the near future. Mr. Doherty asked Dr. Locke to see if the newsletter could be sent out electronically. Dr. Locke will follow up on these items.

VI. PUBLIC HEALTH ADVISORY COMMITTEE (PHAC) REPORT

Dr. P. Stehr-Green reported that the majority of the last PHAC meeting was focused on new committee initiatives. Discussion had previously focused on exercise programs in response to rising obesity rates, but after a review, the committee has broadened the focus to include nutritional interventions. The Committee will be sending a formal recommendation to the Board of Health requesting to form a temporary taskforce (with representatives from schools, medical providers, parent and community organizations and others) to review obesity rates in adults and adolescents in Clallam County, proven public health interventions available to improve nutrition and increase exercise, and look at available resources and access gaps.

The Board gave their support and will look forward to seeing the formal recommendation. Dr. P. Stehr-Green will have a follow up report for the Board on this issue at the June 2005 meeting.

VII. ENVIRONMENTAL HEALTH DIRECTOR'S REPORT

- A. Clallam County Food Safety Code – Draft Code Public Hearing. Andy Brastad reported that his staff put on two workshops (1 in Forks, 1 in Port Angeles) for food permit holders. Permit holders were also notified of the public hearing on the new food safety code. The workshops were well received and very informational to the service industry. There was an article in the newspaper announcing this Public Hearing.

Andy said there was a memo from Dr. Locke in the packet explaining a timing issue for Administrative vs. Appeal Hearings.

Andy explained that the change to the code is that the County Code was stripped as it was. The State Code was then adopted by reference and included a process for suspension, revocation and hearings.

Dr. Locke said the suspensions and revocations are something that are rarely used. The process is to work with the business to quickly correct any food code violations and offer reinspections within two days allow reopening of food service establishments that are in compliance. The language in the draft food code applies only to the extreme cases where a license is suspended for violation of the code and the business wants to appeal the suspension rather than correct the violations.

Under the draft language, we are prohibited from scheduling a hearing before 20 days from the time we were asked to. So, Dr. Locke recommended deleting that language from the document.

Dr. J. Stehr-Green asked about Section "A" that talks about a permit holder having to request a hearing within 10 days of receiving notice of suspension or revocation. Dr. Locke said that that language is from the state code language, so we have adopted that language by reference.

Dr. J. Stehr-Green opened the Public Hearing for testimony from the public.

No public present to speak.

Mr. Tharinger moved to close the Public Hearing for the May 17th meeting, but re-open it in Port Angeles at the regularly scheduled meeting of June 21st for the rest of the County to attend if they wish. Mr. Beitzel seconded and the motion carried.

- B. Washington State Onsite Sewage Code Revision Update. Andy reported that the State Board of Health is scheduled to hold the 2nd and last Public Hearing to adopt the latest draft revision of the state code on July 13th. This means that Clallam County will then have to go through the task of updating our local code. This process looks to be longer and more difficult than the food code process we just went through. Dr. Locke said that it is good news that the Legislature did not pass the Bill on on-site sewage. The Bill was heavily focused on Hood Canal and imposed state mandates with uncertain levels of long-term funding. Although the legislation did not pass, \$1.3 was appropriated to fund on-site program upgrades in the 12 marine counties of Puget Sound and the Straits.

Dr. Locke said that he has advocated for local boards of health having the authority they need to tackle difficult on-site issues that exist within their jurisdictions, but they also need the discretion to figure out what will work best in specific circumstances. There is not a one-size-fits-all solution for improving on-site sewage for Washington State because of the extreme environmental and hydrogeologic diversity in this state.

Dr. Locke said the state's goal is to update the on-site code to whatever the best available science dictates and to give local boards of health and their health officers as much authority as possible to deal with local circumstances and not create mandates that don't have funding behind them.

Andy said that he thinks this may be a long process to go through the County Code and to do some long range planning on septic systems and operations and maintenance.

Mr. Tharinger said he thinks this needs to be addressed because we are behind in the on-site development curve. He also asked what the stormwater component would be for the nitrogen factor of the state waters of concern. He also asked how the \$400,000 would be spent at the state. Dr. Locke said the \$400,000 is to develop a data system that will collect information that can be used by local jurisdictions that can be used to monitor the performance of on-site systems. It will also be used to fund two technical advisory positions that will assist local health jurisdictions in identifying threatened areas and designing intervention plans. In regards to the excess water due to rainfall, Andy said that through the watershed planning work, we will learn more about the hydrogeology in the area. He included that he is not aware of any elevated nitrates in groundwater near the West End.

Andy will begin working on the revision to the local code once the state code has been adopted.

Andy added that we did receive some grant funding to do our countywide on-site planning and it will be helpful to have a plan in place before we begin the update on our regulations.

VIII. HEALTH DIRECTOR'S REPORT

- A. An In-Depth Look at the Health of the West End. JoAnne Dille presented a report with data on the west end of Clallam County (from August 2003) to give the Board a sense of how the West End of the county differs from the rest of the county in regards to barriers to access to health services and health disparity. Ms. Dille briefly touched on a few of the topics (travel time, social economic, education and housing) showing the differences in that area. There was a copy of the whole report in each of the board member's packets for review. Ms. Dille said this document is used as a resource when applying for grants for the West End. She said the information is very significant and is often used as a reference by other agencies.

Ms. Scott said that the report provided some bench marks for the area. The hospital then did a further analysis of local poverty levels as part of a grant application. The survey was of 1,200 families from West Jefferson County and out to Neah Bay. An increase to 69% of the people surveyed fell below the poverty level. The greatest increases in population growth are in minority communities. It is putting considerable stress on the health care system to provide services to people with very low incomes. Ms. Scott feels that if health care services were better coordinated, it could improve the health of low income community members and help Clallam County meet its health goals.

- B. Ms. Dille said she and Mr. Doherty spent a day meeting with different groups about the issue of combining efforts and resources in order to get more services out of the overall funding. She said further discussions would be held in conjunction with the annual budget process.

IX. HEALTH OFFICER'S REPORT

- A. Cross Borders Pandemic Influenza Planning. Dr. Locke reported that he attended the Cross Borders Conference in Vancouver, Canada in April. The conference focused on preparation for a global influenza pandemic. Influenza pandemics have the potential for huge economic disruptions of societies and an overwhelming impact on their healthcare systems. The most serious candidate to go pandemic right now is the H5N1 Avian Influenza outbreak in South Asia. It occurs in two major forms: low path (fairly common –

makes birds sick, but doesn't kill many) and high path (kills infected birds) influenza. The Southeast Asia strain is high path and has essentially escaped containment. It is wide spread in both domestic and wild birds. There have over 100 human cases so far. Several of these cases are thought to be of human to human transmission. Influenza viruses can mutate in three different ways. Most feared is a mutation that would be able to spread efficiently from person to person. Once that happens, a global influenza pandemic is highly likely. Infectious disease experts are predicting a minimum of 6 months before a vaccine would be available. It is expected that there would be three major waves of an influenza pandemic: the first wave would hit the hardest, last for 3-6 months, and then subside. The second and third wave would follow with the next annual flu season and it would be possible to use a vaccine as a control tool. In the first wave, isolation of the sick, good infection control practices and efforts to keep healthcare workers well enough to stay on the job and provide critical care to those with life threatening illness will be the priorities.

The United States has 1.4 million treatment doses of an antiviral medication in our national stockpile and an additional million in the ready reserve (at the pharmacies). Canada has 16 million doses. The worldwide production capacity of the drug that works against Avian Influenza is only about 15 million doses per year. All is currently made in Europe and is patented. So under the current plans, this drug would be used on people at risk of dying. The United States has been doing pandemic planning since 1993. Dr. Locke said he learned a lot from meeting with his counterparts in B.C. The idea suggested was to get together and learn who has what capabilities in their organization and share current contact information. That idea was well received and a meeting will be set up for fall 2005.

- B. 2005 Legislative Session Wrap-up. Dr. Locke included a wrap-up report in the Board's packet. Funding was much better than anyone expected. Some of the issues that we were specifically advocating for: greater access to farmer's market passed, a bill to expand the civil immunity for volunteer health care workers passed and significant mental health system reforms. A problem Dr. Locke found in the budget was that there was a big chunk of money left out of the coordinated prevention grant which funds solid waste enforcement efforts. Andy said for Clallam County, we usually get about \$90,000 per biennium and that will be dropped down to near \$78,000.

Dr. Locke noted that he also included in the Board's packet a copy of the House Concurrent Resolution that dealt with a legislative task force responsible for coming up with some kind of stable long term public health funding source.

- C. West Nile Virus Preparation. Dr. Locke said that Washington has been the only state in the continental U.S. not to have seen an outbreak last year. We will be doing dead bird surveillance and public education focusing on personal protective equipment again this year. New research shows that of the abatement methods being done, spraying insecticides ("adulticiding") is the most effective way to reduce human cases during a large scale outbreak. Washington State's mechanism for controlling mosquitoes is to set up a Mosquito Control District. Either by a vote of the public, or the County Commissioners and then the public is taxed for the cost of the abatement efforts.

Andy reported that the first dead bird has been sent in.

X. OTHER

XI. ACTIVITIES CALENDAR UPDATE

May 19, 2005 Veterans Health Care Access Meeting. Roger Harrison, Forks Community Hospital, gave a powerpoint presentation on the TeleHealth project.

XII. NEXT MEETING AGENDA ITEMS

Clallam County Food Safety Code – Public Hearing continuance from the May 17, 2005 regular meeting held in Forks.

XIII. PUBLIC COMMENT

None.

XIV. ADJOURNMENT

Dr. Stehr-Green adjourned the meeting of May 17, 2005 at 4:04 p.m.

APPROVED AND ACCEPTED THIS _____ DAY
OF _____ 2005.

CLALLAM COUNTY BOARD OF HEALTH

Michael C. Chapman, Chair

Jeanette Stehr-Green, M.D., Vice Chair

ATTEST:

Rene A. Leonard, Clerk of the Board

Stephen P. Tharinger

Howard V. Doherty, Jr.

Jim Leskinovitch

John Beitzel

Camille Scott