

**CLALLAM COUNTY BOARD OF HEALTH
REGULAR MEETING MINUTES
January 18, 2005**

I. ROLL CALL TO ORDER

The meeting was called to order at 1:36 p.m. by Stephen Tharinger, Chair.

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

II. AGENDA REVIEW AND APPROVAL

Dr. Locke requested the addition of a brief presentation about The National Association of Local Boards of Health under V. Old Business and Informational Items. Mr. Chapman moved to approve the agenda as amended. Dr. Stehr-Green seconded and the motion carried.

III. ELECTION OF CHAIR AND VICE-CHAIR 2005

Dr. Stehr-Green nominated Mr. Chapman as the Chair and agreed to accept nomination as the Vice-Chair. The Board unanimously approved the nominations.

IV. APPROVAL OF MINUTES

Dr. Stehr-Green moved to adopt the minutes of December 21, 2004. Mr. Beitzel seconded and the motion carried.

V. PUBLIC COMMENT

None.

VI. OLD BUSINESS AND INFORMATIONAL ITEMS

A. National Association of Local Boards of Health. Dr. Locke distributed a packet to the Board regarding their complimentary membership in the National Association of Local Boards of Health (NALBOH). It included dates and locations of conferences that NALBOH sponsors. Dr. Locke will include the NALBOH newsletter in future Board of Health packets.

VII. PUBLIC HEALTH ADVISORY COMMITTEE (PHAC) REPORT

The meeting of January 7, 2005 was cancelled due to inclement weather.

Dr. Paul Stehr-Green introduced himself to the Board as the Advisory Committee's new Chairperson for 2005. He reported that the Committee has discussed their desire to be more of a resource to the Board and wants to do more issue and policy research on the Board's behalf. Dr. P. Stehr-Green will recommend to the Committee that they identify 2-5 priority issues that affect the public health of Clallam County and focus the majority of their effort on these priorities.

Mr. Doherty spoke to the new Board of Health members in Jefferson County and discussed their willingness to enter into regional collaborations if Dr. Locke and others feel it would be advantageous.

Dr. Locke said this would make a good future agenda item for further discussion.

VIII. ENVIRONMENTAL HEALTH DIRECTOR'S REPORT

- A. Department of Ecology's Draft List of Centennial Grant Proposals. Andy updated the Board on a grant proposal that Environmental Health submitted to DOE in the latest round of Centennial grant applications. The proposal started this time last year when the Board was discussing how to fund the On-site Sewage Operation & Maintenance (O & M) program. Andy said because the east and west ends of the county are so different, these differences need to be taken into account when dealing with septic system management. There are some areas of the County that have been identified as areas of concern with respect to adverse on-site sewage system impacts.

Drafts of the revised state on-site septic system code being proposed last year required counties to have an O&M plan within two years of the updated regulations going into effect. With new requirements of the state pending, O & M needs within the county identified, and no clear funding source for the required plan, a grant proposal was submitted. The grant process is relatively complex and is very competitive. Andy just found out that Clallam County's proposal is ranked 8th among 106 projects. It is about 90% assured of receiving these funds depending on the amount of funds the legislature appropriates for these projects. DOE thinks that from a preliminary budget that came out of Governor Locke's office, the first 60 projects will be funded. We will find out this spring what will be funded.

The goal is to get all data that the county has for on-site permits into a consolidated database. All permits predating 1988 that have hard copy records will be entered into the system. Most permits after 1988 are already in an electronic form. We will also propose convening a workgroup of septic system stakeholders to designate areas at risk of being adversely impacted by on-site sewage systems and come up with a management plan that we can put into place.

Dr. J. Stehr-Green asked why we ranked so high of the 106 projects. Andy said that we already have a shellfish protection district, 2 large studies on non-point pollution in Dungeness Bay, and strong partnerships with the Jamestown S'Klallam Tribe and other community groups. Also, the state DOH now stresses this type of plan development, so the timing is very good for us right now.

IX. HEALTH OFFICER'S REPORT

- A. 2005 Legislative Session – Public Health Issue Briefing. Dr. Locke reported that the “long session” (105 days) of the Washington state legislature has started. For the 3rd biennium in a row, the legislature is facing a multi-billion dollar deficit. A \$1.8 billion revenue shortfall is projected if current programs are maintained. Public Health once again has the support of the Tri-Association (Association of Cities, Counties, and County Officials) to urge the legislature to find a dedicated, stable, and adequate public health funding source. There is a press conference to be held January 19, 2005 in Olympia which Dr. Locke will be attending and making a presentation to legislative caucus leaders on behalf of local public health departments.

One goal this year is to work to try to preserve the “I-695 Backfill” funding. There will be a series of budgets to work with. Some in Olympia are not predicting a final budget until summer. Since session has just started, there are not a lot of health related bills that have been introduced at this point. Dr. Locke strongly encouraged the Board to review bills with health impact and take positions on specific bills when appropriate. He feels that County Commissioners and Local Boards of Health are a lot more influential than public officials.

- B. Influenza Season 2004-2005 and Vaccine Status Report. This flu year has the characteristics of a late winter outbreak. So far, most of the activity has been seen on the east coast. The first large cluster in Washington of Influenza A was in Grant County. This year, a lot of the attention has been focused on the vaccine shortage. Health and Human Services has been able to secure a significant amount of vaccine to distribute to health care providers. These providers used this vaccine to immunize their highest risk patients. After these highest priority needs were met, we were able to hold a few clinics at the Health

Department. In these public clinics, eligibility criteria were expanded to those 50 years of age and older. In the past week, all restrictions on influenza vaccine use have been rescinded in Washington state..

There are lessons to be learned from this season and those issues will hopefully be the basis of public health policy discussions in the months ahead. Future discussions will include: Should influenza vaccine be mandatory for health care workers? Should this vaccine be added to the list of mandatory vaccines for school entry? How can public policy assure a predictable market for influenza vaccine to encourage adequate production by private companies?

X. HEALTH DIRECTOR'S REPORT

- A. Impact on Potential Loss of "I-695 Backfill" Funding. JoAnne Dille reported that all Local Health Jurisdictions were asked by the Washington State Association of Local Public Health Officials to submit a description of potential impact to their services if Backfill funding was eliminated or decreased. A copy of the CCDHHS report is in the Board's packet. Ms. Dille said that data from other counties was not available for comparison. CCDHHS currently uses Backfill dollars to fund core public health programs that either aren't locally funded or are only partially funded (CD surveillance, Immunizations, TB, STD, HIV). In 2004, CCDHHS received \$142,000 in Backfill funds; this same amount is proposed for 2005 in ex-Governor Locke's budget. Without these Backfill funds, the Department would need to shift county general fund contributions and public health reserves (currently funding several Maternal Child Health programs) to these mandated programs. That could put the MCH programs at risk of being discontinued. Even if the Backfill funds are maintained, CCDHHS programs are still at risk, as the Department spends down its public health reserves. It is anticipated that by the end of 2006, the Department will not have the reserves to rely on. The Department needs increased Backfill funding to maintain programs at current levels. Ms. Dille reported that if the Backfill funding was increased to \$400,000 the Department would have the capacity to maintain its current programs, without drawing down its reserves
- B. PACE (Program for All-inclusive Care for the Elderly) Technical Site Visit. A PACE conference is to be held at OMC on Thursday, January 20th and Friday, January 21st. Representatives from the National PACE Organization are coming to speak with the CARE (Community Advocates for Rural Elders) and Transforming Healthcare Partnership about the feasibility of a PACE program to better coordinate and deliver health and social services to the frail elderly. The goals are to broaden the understanding of the needs of frail elderly and determine whether there is a consensus among community providers to explore ways to further meet these needs.

The CARE core partnership is made up of the Olympic Area Agency on Aging, Clallam County Department of Health & Human Services, Olympic Medical Center Home Health, Peninsula Community Mental Health, United Way of Clallam County, and Jamestown S'Klallam Tribe. The group is working closely with the United Way, the Access to Health Care Committee and the Transforming Healthcare initiative.

The CARE partnership received a grant through the Robert Wood Johnson Foundation. It is an 18 month planning grant to assess the health, social service, and long term care needs of the elderly in Clallam County, gaps in services, and opportunities to plan for a coordinated care delivery system. CARE is looking at PACE as an option for the subset of frail elders who are at-risk of needing nursing home placement.

XI. OTHER

XII. ACTIVITIES CALENDAR UPDATE

XIII. NEXT MEETING AGENDA ITEMS

Mr. Leskinovitch would like to hear how things will be changed to prevent vaccine shortages from recurring. If no action is planned, he would like our Board to send a letter.

XIV. PUBLIC COMMENT

None.

XV. ADJOURNMENT

Dr. Stehr-Green moved to adjourn the meeting of January 18, 2005 at 2:53 p.m. Mr. Tharinger seconded and the motion carried.

Tour of Health Department Facility

APPROVED AND ACCEPTED THIS _____ DAY
OF _____, 2005.

CLALLAM COUNTY BOARD OF HEALTH

Stephen P. Tharinger, Chair

Michael C. Chapman, Vice Chair

ATTEST:

Rene A. Leonard, Clerk of the Board

Howard V. Doherty, Jr.

Jim Leskinovitch

John Beitzel

Camille Scott

Jeanette Stehr-Green, M.D.