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WHATCOM COUNTY COUNCIL

Board of Health

November 2, 2004

Council Vice Chair Laurie Caskey-Schreiber called the meeting to order at 10:30 a.m. in the Council Chambers, 311 Grand Avenue, Bellingham, Washington.

Present:

Barbara Brenner
Sam Crawford
Sharon Roy
Seth Fleetwood

Absent:

Dan McShane
L. Ward Nelson

1. PUBLIC SESSION

No one spoke:

2. ORAL HEALTH PRESENTATION

Regina Delahunt, Health Department Director, introduced Diane Lowry and presented her background and work at the County.

Diane Lowry, Centers for Disease Control Fellow, gave a Power Point presentation (*on file*). She read from the presentation. Tooth decay is a transmittable bacterial infection. Most babies are infected by their first birthday. Loving behaviors from moms to babies can transmit the bacteria. They don't want to discourage these behaviors, but it makes a parent's oral health very important. She explained the caries process. White spots on the gum line are the first sign of decay. If untreated, they turn into brown spots, and then rampant areas. The infection can move into the brain. Children have actually died from dental decay. The prevalence is common in the community and in children. There is a huge lack of access regarding oral health. She read from the presentation the consequences of tooth decay for children and adults. Dental decay disease is highly preventable by using fluoride and dental sealants. This is a public health issue.

She continued to read from the presentation (*on file*) on building a coalition. After the summit, 50 people signed up to be on the coalition. From those volunteers, a steering committee was also created, and four work groups resulted to work on each of the four priority areas. The City of Lynden and Lummi Nation, serving a total of six percent of Whatcom County's population, have fluoridated water.

Each work group will work on one of four priorities. There is a big gap in access for seniors. They are training medical providers on fluoridation and oral

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1 health. The coalition, formed in March, has had early success. They're working in
2 the school district with third graders to do a survey to gather observational data.
3

4 Brenner stated she appreciated the presentation. She's very much opposed
5 to public fluoridation in water. People get fluoride from a lot of sources. The
6 question is when someone is exposed to too much fluoride. She's heard a lot of
7 stories about the effects of too much fluoride. She's very concerned about that.
8 They are shirking their responsibility by putting it in the water when they want to
9 target a specific group of people. She liked the idea of providing sealants to
10 children in the school. Lowry stated there are two elementary schools in the
11 Bellingham school district that the dental hygienist doesn't go to. Whatcom County
12 schools don't receive dental sealants right now. They receive their school-based
13 services from Interfaith. In the past, they were doing sealants, but currently they
14 decided not to. There is concern about doing sealants if they can't do x-rays first.
15 They don't want to seal over rampant decay. The Health Department is working
16 with Interfaith to look at that issue. Also, the Dental Hygienist Society is looking at
17 doing a free dental sealant day at Interfaith. She submitted the fluoridation facts
18 book. There is strong research on the positive and negative effects of water
19 fluoridation.
20

21 Fleetwood asked about whether or not there is a reason to be very opposed
22 to fluoride in the water.
23

24 Crawford stated the overwhelming weight of scientific evidence indicates that
25 fluoridation of community water supplies is both safe and effective. The total intake
26 of fluoride from air, water, and food in optimally fluoridated communities in the
27 United States does not pose a significant health risk.
28

29 Dr. Greg Stern, Health Officer, stated the Institute of Medicine did a report
30 on the safety of water fluoridation. That's available as a review of the research
31 that's been done on fluoride safety. A CDC report from 1998 reviewed fluoridation
32 for preventing caries. It didn't address the safety issue, but it looked at the
33 effectiveness of preventing cavities from the combination of the different fluoride
34 sources. A comprehensive cavity prevention program would include systemic
35 fluorides. Dentists can prescribe fluorides for kids in Bellingham and encourage
36 fluoride washes and toothpastes because there is no community fluoridation. An
37 early sign of overdosing on fluoride is white spots on the teeth, which is cosmetic.
38 They will find early health effects of over-fluoridation by watching the teeth, but
39 fluoridation can be very effective in preventing late stage dental disease. The point
40 is to look at the evidence. The oral health coalition will look at how to safely and
41 effectively prevent dental disease in the community, based on the evidence. He's
42 concerned about concluding that some of these measures are ineffective or unsafe
43 before they review the information.
44

45 Fleetwood asked if the Health Department will present a proposal for the
46 Board of Health to recommend fluoridated water. Stern stated any proposal to the

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1 Board of Health will be from the Oral Health Coalition. The most appropriate way to
2 deal with oral health at this point is through the coalition.

3
4 Delahunt stated a coalition work group will address the issue.

5
6 Stern stated the Fluoride Facts information is from the American Dental
7 Association (ADA), which is a special interest group that supports fluoridation. The
8 ADA is made up of a group of dentists who make money by filling teeth to prevent
9 disease. He's not sure if they're really a special interest group.

10
11 Brenner stated the dentists make money from more than just cavities.

12
13 Crawford stated the City of Bellingham provides water for many County
14 residents. He asked who makes the decision about fluoridating water if this dental
15 board does recommend fluoridation of water. Stern stated the County Council does
16 not have jurisdiction over the City of Bellingham, but the Board of Health has
17 jurisdiction over all County residents. The issue is whether it would be a Board of
18 Health or County Council determination.

19
20 Delahunt stated that in most instances, the cities decide. In one instance in
21 Washington, a county board of health passed an ordinance saying that the cities
22 must fluoridate its water. The City of Bellingham participates in the coalition. The
23 best way is to deal with the individual jurisdictions, which is why there is a
24 coalition.

25
26 Brenner stated she's seen documentation that mottled teeth comes from too
27 much fluoride. She asked how they can tell the difference. Stern stated white
28 spots from early cavities are from decalcification. Fluoride can strengthen the teeth
29 before they turn into brown spots. The symptoms may look similar, but the dentist
30 can determine the difference.

31
32 Brenner asked about breastfeeding. Lowry stated it's very healthy, but it's
33 also a risk factor. Between feedings, the teeth should be wiped down with a rag.
34 The Health Department staff talk with the Women, Infants, and Children (WIC)
35 program clients about that method.

36
37 Caskey-Schreiber asked if they are recommending limiting the duration of
38 breastfeeding. Stern stated they aren't. This isn't a linear issue. They are trying
39 to minimize the risk while breastfeeding.

40
41 Delahunt stated they are promoting good oral health, no matter the food
42 source.

43
44 Caskey-Schreiber stated she is in favor of water fluoridation.

45
46 Crawford stated there is a cost to water fluoridation. Lowry stated there is,
47 but fluoridation, at a cost of \$.50 per person per year, costs less than a cavity filling

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1 of \$80. The Washington Dental Service Foundation is very good about providing
2 support to communities, and often gives grants to purchase equipment. They don't
3 want cost to be a barrier.

4
5 Crawford stated the coalition should address the issue of cost.

6 7 **3. 2005 HEALTH DEPARTMENT WORK PLAN**

8
9 Regina Delahunt, Health Department Director, stated the Health Department
10 presents the work plan to the Council annually. The format this year is much
11 shorter, and is rearranged based on the Standards for Public Health in Washington
12 State. In the past, the Board received these standards. There are five key areas
13 for public health in Washington State. There are key standards for each of the five
14 areas. All public health entities in the State should be able to meet the key areas,
15 which are:

- 16 1. Understanding health issues,
- 17 2. Protecting people from disease,
- 18 3. Assuring a healthy environment,
- 19 4. Prevention and health promotion, and
- 20 5. Access to services

21
22 She's rearranged the programs so each is under one of these key areas. The
23 eventual goal for each jurisdiction in the State is to meet at least 95 percent of the
24 standards. Whatcom County has a way to go to meet that goal. At some point in
25 the future, the State will require the local jurisdictions to meet these standards.
26 Now, the State and local jurisdictions are also coming up with estimates of the cost
27 for local jurisdictions to meet 95 percent of the standards. Once those costs
28 estimates are established, they will try to get funding to a level to meet those
29 standards. The standards were set by the State and local health jurisdictions
30 collaboratively. There is information at the back of the packet showing graphic
31 examples of where the department's resources are going, by standard.

32
33 Roy stated that right now they are monitoring only seven percent of the
34 septic systems. Delahunt stated the correct statistic is that seven percent of people
35 are pumping their systems per year. The desired level should be 20 percent, since
36 septic systems should be pumped every five years.

37
38 Roy stated seven percent is not acceptable. She asked if they have the staff
39 and resources to implement State standards, if adopted. It sounds like those
40 discussions are happening. Delahunt stated they are happening in the broader
41 sense. They don't have the staff right now. They are looking at an operations and
42 maintenance program that would be a public/private partnership. The County
43 would not inspect all the tanks, but certified private entities would. Enforcement is
44 difficult and labor intensive. Those proposed regulations will come to the Board of
45 Health next year.

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1 Roy asked if they are looking at the option of requiring the septic system to
2 be checked or pumped at the point of any real estate transaction. Delahunt stated
3 they are considering that for the draft regulations. Currently, banks will require a
4 septic system inspection before a transaction. There are private transactions where
5 there is no record of any inspection. The County can require an inspection as part
6 of any real estate transaction.

7
8 Brenner asked what the acronym HIRT stands for. Delahunt stated it stands
9 for Health Incident Response Team.

10
11 Brenner asked what the acronym PHIMS stands for. Delahunt stated it
12 stands for Public Health Information Management System.

13
14 Brenner stated she was surprised to read on page nine, that chlamydia,
15 gonorrhea, and hepatitis B rates went up, and HIV/AIDS went down. Delahunt
16 stated these are very small numbers. With these small numbers, they generally do
17 a study for a longer period of time.

18
19 Janet Davis, Community Health Manager, stated when they combine
20 bloodborne and/or sexually transmitted disease, most were bloodborne, not
21 sexually transmitted diseases.

22
23 *(Clerk's Note: End of tape one, side A.)*

24
25 Davis continued to state there have been a number of Hepatitis B cases. A
26 number of years ago, they began to give the Hepatitis B vaccine and have had
27 success giving the vaccine. The increase was from blood transfer, mostly IV drug
28 users, and not from sexual activity. The prevalence of these diseases is not that
29 high in this county.

30
31 Dr. Greg Stern, County Health Officer, stated sexually transmitted diseases
32 are markers for increased risk for catching other transmitted diseases. When there
33 is a high prevalence of chlamydia and gonorrhea in sexually active young adults,
34 and a low incidence of HIV, they are not likely to get a lot of HIV cases, but those
35 people are at risk and are encouraged to get testing for HIV infection.

36
37 Brenner stated she's hearing that in general in the environment, chlamydia,
38 gonorrhea, and Hepatitis B are more prevalent. Stern stated there was an outbreak
39 of Hepatitis B among injection users, but that has gone down since they responded.
40 Chlamydia and gonorrhea are on the upswing in Western Washington. That is a
41 problem. In addition to higher rates of infection, urine testing is available, which
42 increases the number of cases detected. Other measures are being proposed to
43 promote patient-delivered partner treatment. For instance, if a male partner won't
44 come in for testing and treatment, the clinician can give the patient the antibiotic to
45 administer to the partner.

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1 Caskey-Schreiber stated she is in favor of doing whatever they can to reach
2 the male population for treatment.

3
4 Caskey-Schreiber asked why giardiasis has risen. Delahunt stated there is a
5 small number of cases. Generally, the Whatcom County rate is a bit higher than
6 the Washington State rate. She's not sure why. It could have something to do
7 with being an agricultural community.

8
9 Stern stated Children's Hospital and the University Washington is doing a
10 study of enteric disease in kids in King, Whatcom, and Yakima counties to
11 determine why Whatcom and Yakima counties have higher rates.

12
13 Caskey-Schreiber asked about the pertussis numbers. There was an
14 outbreak. Delahunt stated they are still having an outbreak.

15
16 Caskey-Schreiber stated she knows a family that had pertussis. Those family
17 members were frustrated with the Health Department's service because it and the
18 family doctor didn't give the family any treatment guidelines. The nurse at the
19 Health Department was focused on symptoms and who the family members have
20 contacted, but not treatment. She asked the policy.

21
22 Stern stated that he would like to hear about any feedback about service at
23 the Health Department. The Health Department's role in pertussis is to do the
24 surveillance. They provide treatment guidelines to physicians. The Health
25 Department doesn't provide diagnosis and treatment over the phone. Someone
26 needs to go to the emergency room or doctor to be evaluated. The Health
27 Department may provide antibiotics to those who don't have a doctor.

28
29 Delahunt stated that the Health Department's role is not to see and treat
30 patients, except for tuberculosis, but to educate the physicians. The Health
31 Department's role is to stop the spread of the disease. In general, the Health
32 Department tells patients they need to see a physician.

33
34 Caskey-Schreiber stated the Health Department should make sure to let
35 people know that it's role is to do assessment, not treatment. She asked what they
36 are doing for methadone treatment. The service contract for substance abuse
37 treatment is large. She asked if the County is still bussing people to a treatment
38 center. Delahunt stated there isn't a methadone treatment facility in the County.
39 In the past, the Council passed an ordinance prohibiting methadone treatment in
40 the county, but that was recently overturned by a State rule. If someone wants to
41 begin a program in Whatcom County, he or she can.

42
43 Caskey-Schreiber stated she would like to know how much the County is
44 spending to send these people to treatment out of the county. She would rather
45 the clients have productive lives here in the county. People have a hard time
46 maintaining a job because they have to take the bus service out of the county
47 every day. A local program may be a cost savings to the county, and it would help

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1 people lead normal lives if that service were provided locally. The Board of Health
2 should take a look at whether there is a provider that is willing to do that
3 treatment. Delahunt stated this could go before the Substance Abuse Advisory
4 Committee.

5
6 Stern stated there is a new facility in Everett, which is closer. Treatment can
7 be done locally if a private provider wanted to open a facility. He asked if the Board
8 of Health would want to publicly fund that treatment.

9
10 Roy asked if the County is paying money and providing transportation to
11 these people. Delahunt stated she would have to find out if contracts with
12 treatment providers include transportation to methadone treatment facilities.

13
14 Roy asked for information on how much the County is spending on this item,
15 and what it would take to get the service locally. The Board is interested in
16 following up on that issue.

17
18 Delahunt asked the councilmembers to look further through the high points
19 in 2005 work plan to see if there is anything that has been excluded that should be
20 included.

21
22 Caskey-Schreiber asked for an update on the flu vaccine issue. Stern stated
23 the flu vaccine supply is quickly dwindling. The Centers for Disease Control (CDC)
24 is looking for other sources for the vaccine. He's not sure how the distribution
25 would affect Washington State or Whatcom County specifically. They can assume
26 they will get more doses, but he doesn't know when or how much. They will
27 probably be able to vaccinate children from six months to two years. The vaccine
28 to children from 2 to 18 may be redistributed to other states.

29
30 They've gotten really good compliance with the recommendation to only give
31 the vaccine to people in the high risk, high priority groups. Within those groups,
32 there is no ranking of priorities. There is a dilemma about how to distribute the
33 shots among the high priority groups. There is no guidance on those priorities
34 within the high risk groups from the federal government or State Department of
35 Health. They need to find an equitable way to distribute the vaccine.

36
37 Fleetwood asked if the shortage is worldwide. Stern stated the World Health
38 Organization is having a summit on pandemic flu planning. The shortage points out
39 a weakness of the U.S. system. The U.S. is very vulnerable if one factory has a
40 problem and takes out half of the supply. A pandemic issue is different because
41 they don't have a vaccine for a new strain. For instance, if the avian flu jumps
42 species, it's a new pandemic without a vaccine for humans. There are a lot of
43 things that people can do to prevent respiratory diseases, including washing hands,
44 covering coughs, and staying home when sick.

45
46 Delahunt stated there is very little vaccine left in the community. They may
47 get some more shipments of the vaccine, but not enough to go around to everyone

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1 who needs it. Based on the estimate of the number of people who fall into the risk
2 categories, they won't be too short of the number of doses needed. They may be
3 about 15 percent short.

4
5 Fleetwood asked the definition of pandemic. Stern stated pandemic is a new,
6 worldwide disease.

7
8 ***Brenner moved*** to approve the work plan.

9
10 ***Motion carried 4-0 with Crawford, Nelson, and McShane absent.***

11
12
13 **ADJOURN**

14
15 The meeting adjourned at 11:46 a.m.

16
17
18 _____
19 Jill Nixon, Minutes Transcription

20
21 The Council approved these minutes on November 23, 2004.

22
23 ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

24
25
26
27
28 _____
29 Dana Brown-Davis, Council Clerk

Dan McShane, Council Chair