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WHATCOM COUNTY COUNCIL
Board of Health

November 27, 2007

Council Chair Carl Weimer called the meeting to order at 10:30 a.m. in the Council Chambers, 311 Grand Avenue, Bellingham, Washington.

Present:

Barbara Brenner
Dan McShane
Sam Crawford
Seth Fleetwood
Laurie Caskey-Schreiber
L. Ward Nelson

Absent:

None

4. HEALTH COMMITTEE REPORT - CHAIR

Nelson reported for the Health Committee and stated the committee recommends to the Board of Health a number of changes. He **moved** to amend topic two of the Whatcom County Comprehensive Health Plan Overview, "...health care (including behavioral health substance abuse and mental health services and oral health care) is delivered...."

Motion carried unanimously.

Nelson moved to amend topic three of the Whatcom County Comprehensive Health Plan Overview, "...designs that maximize safety and encourage health and healthy lifestyles." The intent is to not get into comprehensive planning and change codes, but to make recommendations to communities for healthy designs.

Crawford asked for an example of a building that promotes health and healthy lifestyles.

Brenner stated a healthy lifestyle is about how people respond and take action. A healthy designed building is the building itself, and how that building promotes health, such as buildings that are Leadership in Energy and Environmental Design (LEED)-certified. A building that allows more sunlight promotes health by providing more Vitamin D. New bathrooms have doors that don't have to be touched. That inhibits the spread of germs.

McShane stated the Health Department has some oversight of planning and development codes, such as septic systems. He asked if there is anything else that the Health Department oversees.

Regina Delahunt, Health Department Director, stated it doesn't. It's mainly related to those aspects of building, planning, and water. Throughout the country, public health is getting more and more involved in the concept of healthy communities, promoting healthy community design, and healthy building design, including proper ventilation and those types of things. Public health is more involved in healthy community design than healthy building design. In the next few years, they'll see more and more communities involved. The Seattle/King County Public Health is very involved in healthy community design. They are partners with the Planning Department. When people propose developments, they're at the

1 table making suggestions about how a healthy community and environment can be worked
2 in. This amendment leans towards a discussion of healthy communities and healthy
3 environments.
4

5 Brenner stated the Pandemic Task Force had a lot of discussion about the different
6 ways public bathrooms have been changed to protect public health.
7

8 ***Motion carried unanimously.***
9

10 ***Nelson moved*** to approve the Whatcom County Comprehensive Health Plan
11 Overview as amended.
12

13 ***Motion carried unanimously.***
14

15 ***Nelson*** stated the purpose of the key stakeholder interviews is to outline key issues
16 of concern regarding health to those stakeholders. When they bring the groups together,
17 they will already have an idea of the issues. He ***moved*** to amend the Whatcom County
18 Comprehensive Health Plan Suggested Key Stakeholder Organization List to:

- 19 • Include the Opportunity Council and emergency management systems, and
- 20 • Remove the County Executive and Bellingham Mayor, and
- 21 • Change the Bellingham School District to the superintendents meeting group.
22

23 ***Motion carried unanimously.***
24

25 ***Nelson moved*** to approve the Whatcom County Comprehensive Plan Key
26 Stakeholder Interview Process with no changes recommended from the committee.
27

28 ***Motion carried unanimously.***
29

30 ***Nelson moved*** to approve the Whatcom County Comprehensive Plan Media
31 Campaign to begin in January instead of before the holidays. The campaign includes the
32 website and planning process announcement.
33

34 ***Motion carried unanimously.***
35

36 Nelson introduced professional facilitator Faith Hagerty-Stewart, who will facilitate
37 this process.
38

39 Hagerty-Stewart described her background and experience. She will work with Ms.
40 Sloan and Ms. Delahunt on processes that develop ownership, which supports
41 implementation.
42

43 Nelson continued his report from the Health Committee on other issues from the
44 State and federal government. He will bring forward to the Board of Health letters of
45 support for expansion of health insurance options for small businesses, federal health policy
46 priorities in terms of Medicare reimbursement rates, and the school health insurance
47 outreach bill. The State Superintendent of Public Schools is concerned about this being an
48 unfunded mandate, so they are working on that effort. Delahunt stated local schools can
49 advocate for this program. They see the benefits of such a program. Last year, the school
50 districts may not have clearly understood the program. Whatcom County school districts
51 will educate other schools.
52

1 Crawford asked about including the Whatcom Pregnancy Clinic on the Whatcom
2 County Comprehensive Health Plan key stakeholder list. Sloan stated that when they move
3 forward with focus groups, they will bring together organizations not on the key stakeholder
4 list and people who are specialists in these areas. At that time, they will bring in
5 organizations that deal with specific issues.
6

7 Crawford stated the Mt. Baker Planned Parenthood is included in the stakeholder
8 group. Delahunt stated Mt. Baker Planned Parenthood is included in regard to sexually
9 transmitted diseases (STD's), and see the most cases of it in the county.
10

11 Nelson asked what stakeholder group will work on pregnancy issues. Sloan stated
12 the group could include Planned Parenthood, Lynden Human Life, and the State Department
13 of Social and Health Services (DSHS).
14

15 Crawford stated they need to identify key stakeholders in the community for this list.
16 The Whatcom Pregnancy Clinic should be on the list. They provide free sonograms, which
17 Mt. Baker Planned Parenthood can't do. Sloan stated the Whatcom Pregnancy Clinic is on
18 the key stakeholder list, which includes about 300 organizations. They hope to draw from
19 those organizations on specific topics during the focus group sessions.
20

21 **Crawford moved** to add Whatcom Pregnancy Clinic to the list of key stakeholders.
22

23 Nelson stated he understands the concern. They don't want too large of a group.
24 They are trying to actually remove names so it's not so burdensome. They just need one
25 business to start the interview process to discuss the issues. The groups are not all-
26 inclusive. They only need one agency to outline concerns and questions.
27

28 **Crawford amended his motion and moved** to remove Planned Parenthood and
29 add Whatcom Pregnancy Clinic to the key stakeholder list.
30

31 Caskey-Schreiber stated it's not political. Planned Parenthood is the only agency
32 that deals with STD's.
33

34 Brenner stated list any agencies that deal with pregnancy issues. She asked if any
35 other organizations on the key stakeholder list deal with pregnancy issues. Delahunt stated
36 all the community health centers and private providers deal with pregnancy issues.
37

38 Brenner stated it's covered.
39

40 Caskey-Schreiber stated she is against the motion. The committee already
41 discussed who to include and not include on the list. They already talked about adding the
42 Whatcom Counseling and Psychiatric Clinic, all the planning departments, all the parks
43 departments, and all of the rural community associations and granges. They are going to
44 get to those groups at the focus group level.
45

46 Crawford stated the Whatcom Pregnancy Clinic provides the sonogram service that
47 people can't get anywhere else for free.
48

49 Brenner stated this isn't about whether they provide the service for free.
50

51 Crawford stated don't minimize their importance in the community.
52

53 **Motion failed 2-5 with Crawford and Brenner in favor.**

1
2 **1. PUBLIC SESSION**
3

4 No one spoke.
5

6 Regina Delahunt introduced the new Community Health Services Manager, Astrid
7 Newell. She is a family physician and has a background working in public health.
8

9 Astrid Newell, Health Department, stated she's excited about the Comprehensive
10 Health Plan, programs, and moving forward with her work.
11

12 Nelson asked Ms. Delahunt to update their phone extension list.
13

14 **2. PANDEMIC INFLUENZA UPDATE**
15

16 Greg Stern, Health Officer, gave a presentation (*on file*) on what's going on with
17 avian flu worldwide. The bird flu is moving around. Human cases are popping up in
18 countries where there is close proximity between birds and humans. He indicated the
19 location of reported bird, poultry, and human cases on maps. The virus is spreading to
20 Europe, but there are no human cases there yet. It is primarily a bird disease. The risk is
21 that people will be affected, but the flu isn't adapted easily to humans. It's an avian
22 pandemic now. The big worry is when it mutates and adapts to humans. Easy human-to-
23 human transmission is the event that can lead to a human pandemic.
24

25 Brenner asked if there have been any human-to-human transmission cases. Stern
26 stated there has been a few, but it hasn't sustained. They suspect it's spread through
27 household contact. It hasn't been able to sustain that kind of transmission. He continued
28 the presentation.
29

30 Brenner asked if it is anywhere in North America or South America. Stern stated it is
31 not. He continued the presentation on the WHO Pandemic Influenza Phase Classification,
32 Phases, and Response Phases.
33

34 Brenner stated she thought there were cases in Canada. Stern stated there were
35 other avian influenza strains, but not this one. There are many different types of influenza.
36 Now, they are on a pandemic alert phase three. There's no guarantee that this avian flu will
37 cause a pandemic. It's likely that it will, and possible that it won't cause a pandemic. The
38 issue is that they need to be prepared. The pandemic alert has implications for the World
39 Health Organization (WHO); international public health; international government; and
40 federal, state, and local governments.
41

42 Brenner asked if they are working on a vaccine from a strain that isn't as virulent.
43 Stern stated they are working on vaccines for this flu strain.
44

45 (*Clerk's Note: End of tape one, side A.*)
46

47 Stern continued the presentation on the WHO Stage 3/US Response Stage 0 and
48 Public Health Pan Flu Activities. The public health community is working together to develop
49 a consensus. Make sure they all take actions uniformly across the state. They must take
50 actions consistently across borders. Social distancing is minimizing contact in large groups,
51 such as schools and at public events. Cities that close public gatherings early on tend to
52 have a lower death rate. Quickly do large-scale social distancing. However, that has
53 impacts, such as economic impacts. That's why there must be consensus.

1
2 Crawford asked if they coordinate with Canada. Stern stated they have annual
3 cross-border conferences. Canada seems more attuned to the situation than the U.S. They
4 have an integrated public health and medical care system. It's more likely that U.S.
5 residents will infect Canadian residents, rather than the other way around. Regarding
6 pandemic flu, they have a global community.
7

8 Crawford asked if part of the reasons they're not getting the Asian flu is because
9 they're not taking chickens from China. He assumes that's why it hasn't jumped the Pacific.
10 Stern stated they don't have live poultry from Asia in markets where people and live
11 chickens mingle. There are much stronger bio-security standards in the agricultural
12 industry.
13

14 Crawford stated that once this morphs into a strong case of human-to-human
15 transmission, they won't be able to stop it. Stern stated that once a pandemic happens, the
16 issue will be mitigating the impacts, not stopping it. It's possible to stop it at its epicenter,
17 but not likely. He finished the presentation.
18

19 Fleetwood asked about severe acute respiratory syndrome (SARS) and West Nile
20 Virus. Stern stated SARS turned out to not have sustained transmission. Last year, not this
21 year, there were cases in Washington State. He's not sure why it hasn't taken off, but they
22 assume it will. People can get it, but not have symptoms.
23

24 Regina Delahunt, Health Department Director, stated people in Washington State
25 haven't experienced the West Nile Virus at all.
26

27 The next phase of the pan flu discussion is about the recommendations from the
28 Pandemic Flu Task Force. She read through Whatcom County's Pandemic Preparation
29 Action Plan from the Board packet.
30

31 The Whatcom County Medical Reserve Corps will focus on having medical volunteers
32 in line in case they need to establish an alternative care system in the community. Have
33 them available in case of an outbreak. There has been a good response from the medical
34 community. They hope to have about 50 people on the list in the first year. She hopes to
35 keep that Corps active throughout the year with exercises.
36

37 Nelson asked how that ties in with military components, such as the Reserves and
38 National Guard. He asked the communication and authority level if the State declares a
39 pandemic emergency and the National Guard is activated. Delahunt stated it all goes
40 through the emergency operations center (EOC). The Medical Reserve Corps is another
41 available resource. If there's a huge national event, the military will be pretty busy and
42 overwhelmed.
43

44 Nelson stated that when the Governor declares a state of emergency, certain things
45 can happen that cause confusion. Usually, agreements made before an emergency reduce
46 that confusion. Stern stated the Medical Reserve Corps is a civilian volunteer group, like the
47 Community Emergency Response Team (CERT) or the Peace Corps. They are local
48 autonomous units using national standards and materials to recruit. They are not a part of
49 the hierarchy.
50

51 Delahunt stated the emergency operations center, which is incident command, has
52 various resources available, including the National Guard, County staff, and it will have this

1 Medical Reserve Corps. The Medical Reserve Corps will work through the emergency
2 operations center.

3
4 Nelson stated the National Guard, for example, may come into the community
5 through this one organization with pre-determined agreements. Delahunt stated that when
6 an emergency happens, there is an incident command center, which has all the different
7 branches and hierarchies set up to easily plug in the resources they have.

8
9 Weimer stated they are talking about command and control, and who is really in
10 control during an emergency.

11
12 Crawford stated Hurricane Katrina is an example that command and control didn't
13 work. It took four days to get water to the Superdome. Stern stated that was an
14 emergency where the incident command structure wasn't functioning correctly. That's not a
15 matter of pre-existing agreements. Part of it is following the principles of incident
16 command, which weren't done. The issue isn't about what agreements they have in place
17 now. If the National Guard or Reserves were called in, they would function as a free-
18 standing unit tasked to do certain things, such as providing immunizations or coordinating
19 with public health and medical groups to do immunizations. They would have their own
20 command structure that coordinates with the larger incident command. The Medical
21 Reserve Corps would be an internal organizations where people are assigned to different
22 tasks and units. Each person will have one boss. That is a principle of incident command.
23 Either they will do it as a unit, with a unit supervisor who coordinates with someone else, or
24 they'll be used as staff in other units. There won't be an issue of to who they will report.

25
26 Weimer asked if they feel confident that their incident command will function the way
27 it's intended.

28
29 Nelson asked if they will have several different groups with different command
30 structures showing up at one area rather than a broader area. Stern stated Whatcom
31 County has good experience in dealing with the pipeline explosion and other incidents and
32 with practice exercises. The Emergency Management Division is aware of these potential
33 problems.

34
35 Brenner stated the County is the contractor with the federal and State governments,
36 and will tell these people what to do. Delahunt stated this community has worked hard on
37 the incident command structure. The City and County is working together. Everyone is
38 committed to making sure they all understand what they're doing. It may be a good idea to
39 get a presentation from the Emergency Management Division on incident command and how
40 the City and County are working together.

41
42 Brenner stated she hopes to change the mind of the new City Council about how it's
43 more efficient and less expensive to have just one emergency management agency.

44
45 Stern stated keep in mind that the Health Department and Board of Health has
46 jurisdiction over the entire county. Even though it is a department of the County, the Board
47 of Health has jurisdiction over the cities. The Health Department will always be at the table
48 with the cities.

49
50 Delahunt continued to read the packet on the Pandemic Preparation Action Plan.
51 There are still quite a few recommendations from the Task Force to work on. Most deal with
52 preparation of specific populations. They must have capacity for a more focused effort to
53 network with groups and provide them the tools they need to be prepared. Also, finalize

1 memoranda of agreement with the Tribes and Western Washington University to assure
2 jurisdiction in the case of an outbreak. They have to have a clear understanding.

3
4 Fleetwood asked about finalizing plans for fair, equitable, and safe distribution of
5 available antiviral and vaccine resources. Delahunt stated the Centers for Disease Control
6 and Prevention (CDC) has recommendations for who should be prioritized. Those
7 recommendations aren't specific enough for individual communities. For instance, locally
8 they must define who the critical workers are.

9 10 **3. PUBLIC HEALTH FUNDING ENHANCEMENTS**

11
12 Regina Delahunt, Health Department Director, stated public health has tried to get
13 additional State dollars to support public health needs. The public health community told
14 the State it needs \$200 million to \$300 million to do what they need, and do it well. The
15 State issued \$20 million as a first step. They have to show they can make a difference with
16 this \$20 million. They are establishing performance measures for these specific areas.

17
18 Brenner stated it seems that Whatcom County is getting less than its fair share of
19 the pot of money for its size. Delahunt stated each county gets a base amount plus an
20 amount based on per capita. The legislature was concerned that the smaller jurisdictions
21 wouldn't get enough to make a difference, so it gave quite a bit in the base amount to small
22 jurisdictions. Some of the jurisdictions are so small that the per capital amount was not
23 much at all.

24
25 Delahunt stated there are two separate budget requests. The two main areas to
26 increase capacity are communicable disease and chronic disease. In this community, they
27 must focus on communicable disease needs. Now, there is no capacity to follow up on
28 many disease reports, particularly sexually transmitted diseases (STD's). Also, they must
29 make sure immunization rates are up. They propose to add two public health nurses and a
30 .5 full-time equivalent (FTE) environmental health specialist to help with communicable
31 disease investigation and immunization rates.

32
33 Brenner referenced packet page seven, item 3a for the emergency planning and
34 response specialist. She asked if they are adding a .5 FTE. Delahunt stated that so far,
35 staff have worked on this in bits and pieces. No one has really been able to focus on the
36 things they do. They really need a full-time position dedicated to accomplish this work.

37
38 Fleetwood asked what a communicable disease investigator does. Delahunt stated
39 that when there are notifiable diseases, the investigator will follow up to make sure there is
40 not continued exposure.

41
42 Nelson stated one thing missing is how immunization programs get to the public. He
43 asked if the Health Department plans to have immunizations and what this person plans to
44 do. Delahunt stated they do limited immunizations. They really need to increase education
45 about immunizations by working with the providers. Make sure the providers have systems
46 in place in their offices.

47
48 Nelson stated one gap to getting people immunized is the payer system.
49 Immunizations for adults, such as for tetanus and flu, can be offered in places other than a
50 doctor's office, such as a pharmacy. However, pharmacies aren't reimbursed. The public is
51 frustrated about having to make an appointment, wait in an office, and be charged for an
52 office visit. It makes sense to immunize more broadly. Now, the immunization effort
53 seems by the public to be disjointed.

1
2 Stern stated the immunization rates refer to children. Vaccines for children are
3 provided by the State. There is an administration cost. They can't deny a vaccine based on
4 inability to pay the administrative cost. Almost all of the pediatric and family practices offer
5 childhood vaccines. The Health Department provides vaccines to any child, up to age 18,
6 who doesn't have a provider. The biggest obstacle to having all children vaccinated is
7 parents' fears of vaccines, and inconsistent well child record review. There are system
8 issues. However, vaccine availability is universal in this community.

9
10 Nelson stated he's talking about ongoing, adult vaccinations. They aren't being
11 addressed.

12
13 Stern stated the State mandate for this funding has to do with pediatric vaccinations.

14
15 Delahunt stated the performance measures aren't yet clarified.

16
17 Nelson stated they must define that scope.

18
19 Delahunt stated they will focus on working with providers and childhood
20 immunizations. They will do consumer parent information on vaccine safety. These
21 supplemental requests will come to the Council through the 2008 budget supplemental
22 requests.

23
24
25 **ADJOURN**

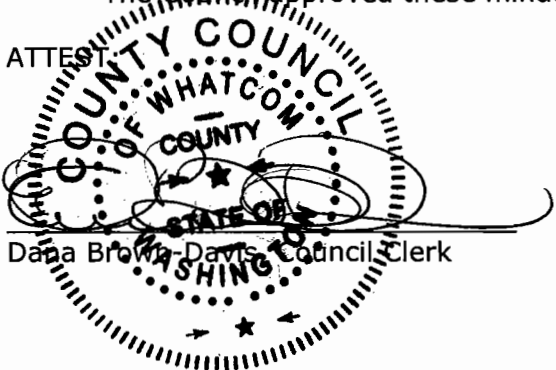
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27 The meeting adjourned at 12:07 p.m.

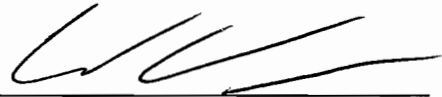
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29 
30 _____
31 Jill Nixon, Minutes Transcription

32
33 The Council approved these minutes on March 25, 2007.

34
35 ATTEST:

36 WHATCOM COUNTY COUNCIL
37 WHATCOM COUNTY, WASHINGTON

38
39 
40 _____
41 Dana Brown-Davis, Council Clerk

42
43 
44 _____
45 Carl Weimer, Council Chair