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WHATCOM COUNTY COUNCIL

Board of Health

December 2, 2008

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
Sam Crawford
Seth Fleetwood
L. Ward Nelson

Absent:
Laurie Caskey-Schreiber
Bob Kelly

1. PUBLIC SESSION

Bruce Deile, Bellingham, submitted and read from information (*on file*). He was diagnosed with Lyme disease and treated in 2002. Since, he still suffers symptoms. The disease was re-diagnosed in 2007. The controversy is whether or not Lyme disease is chronic or whether he suffers from post-disease autoimmune syndrome. There is a direct correlation with multiple sclerosis (MS). Many experimental drugs can cause neurological diseases that affect people and communities. Because of the Infectious Diseases Society of America (IDSA) guidelines conflict of interest and present corruption, they don't know what information to trust and what is going on. He has been denied necessary intravenous antibiotics in emergency rooms because he is homeless, yet he is billed with interest. His credit is ruined. The uncertainty is due to corruption because the healthcare system is for profit. He is still seeking resolution.

Regina Delahunt, Health Department Director, introduced the new Human Services Manager, Ann Deacon.

2. PUBLIC HEALTH PERFORMANCE UPDATE

Beth Melius, Health Department, read from a power point presentation (*on file*) on performance measures based on 5930 funding regarding immunization, communicable disease, and chronic disease.

Brenner asked if the percentage of initiated and completed investigations will increase to close to 100 percent with continued training. Melius stated it's a reasonable hope.

Delahunt stated that when all the vacant positions are filled, they will really make an improvement, especially if they really focus on performance measures. It's difficult and time-consuming to get the physicians to report in a timely manner.

Nelson asked if physicians are reporting the immunization numbers on rotavirus.

Alice Simmons, Health Department, stated the provider offices receive the vaccines and report the numbers. The Health Department knows how much vaccine is being given out in the community.

1 Nelson asked if physicians give out the varicella vaccine as part of the immunization
2 regimen or if there is an outbreak. Simmons stated it is part of the regimen.
3

4 Delahunt stated it's also given out during outbreaks.
5

6 Nelson stated that to improve numbers, they also need to educate the public in
7 addition to tracking the numbers.
8

9 Brenner stated a problem is that pediatricians don't keep the immunization records.
10 Also, the population in Whatcom County is highly-educated. She asked if some of the
11 reason kids aren't immunized is due to different views on immunization. Delahunt stated it
12 could be a factor. Another factor is that it's easier when a child who hasn't been immunized
13 shows up for school to have the parent sign an exemption form rather than make the child
14 get immunized. The Health Department is going to work through the process to educate
15 people next year.
16

17 Crawford asked if they are seeing a corresponding rate of more disease cases with a
18 higher rate of children who aren't immunized throughout the state. He asked if this is more
19 of a best practices prevention measure. Delahunt stated it's a best practice. When
20 immunization rates fall, more people could contract and spread the disease. Many
21 immunizations are only 70 percent or 80 percent effective, so there are 20 or 30 percent of
22 the population with which the immunization wasn't effective. That's when they start to see
23 outbreaks.
24

25 Crawford stated that people can lose their immunization information over a lifetime.
26 He asked if the immunization industry can somehow keep a lifetime record of how everyone
27 is immunized.
28

29 Simmons stated the Child Profile System, which is for adults as well, is designed to
30 do that. They hope to work with the schools to help them streamline their systems for
31 accuracy. The Bellingham School District doesn't think its exemption rate is as high as it
32 really is. It's easier for the parents to sign the exemption rather than try to get vaccine
33 information.
34

35 Nelson stated they must educate people about keeping their records. He asked the
36 objective for reducing school immunization exemptions. Melius stated the objective is to
37 decrease disease and increase immunity.
38

39 Nelson stated a better response is that the objective is to eradicate the disease,
40 although that could be trouble if it ever came back.
41

42 Brenner stated she's all for reducing disease, but not necessarily if it's not a nasty
43 disease. Natural immunity from infection is keeping the rates down. A rate of 7.7 percent
44 is good. She's not sure how much further they need to go. Melius stated they aren't going
45 to get that many more people immunized by working with the schools. The result will be to
46 have an accurate exemption rate instead of a bunch of convenience exemptions.
47

48 Delahunt stated the rate of children who are fully immunized by 19 months is only
49 50 or 60 percent. That isn't high.
50

51 Nelson asked about liability for partner treatment for sexually transmitted infections
52 (STI). Melius stated there hasn't been a problem with it in Washington State so far. They
53 are in the third phase. She can provide that program information.

1
2 Weimer asked how much information is given to patients. The doctors and Health
3 Department don't do a good job informing patients, according to a recent experience.
4 Melius stated information should be provided to the patient.
5

6 Delahunt stated the Health Department protocol is to call patients and tell them to
7 limit exposure to others. They will work on making those messages clearer.
8

9 Fleetwood asked if the update includes limiting obesity. Delahunt stated there were
10 three areas on which they could focus the State funding. They chose to focus more on two
11 areas first, since there wasn't a lot of money. The Health Department doesn't have much
12 for chronic disease prevention. Next year, they will start thinking about how they can move
13 more into the areas of chronic disease and obesity prevention.
14

15 **3. PUBLIC HEALTH FUNDING RESOLUTION**

16 *Nelson moved* to approve the resolution.
17

18 *Brenner moved* to amend the resolution, Now Therefore Be It Resolved, item A,
19 "The Health Board finds...reduced State funding are unacceptable." Whatcom County is
20 doing its part. This is about State funding, not County funding.
21

22
23 Terry Hinz, Health Department, stated the County has provided consistent funding
24 over the last ten years.
25

26 *(Clerk's Note: End of tape one, side A.)*
27

28 Hinz continued to state that State funding has not kept up with inflation or
29 population growth.
30

31 Regina Delahunt, Health Department Director, stated they are trying to get stable
32 and consistent public health funding from the legislature. If something passes, it will likely
33 have to go to a referendum, which will be difficult. They are looking for different revenue
34 sources. They are trying to get all the local Boards of Health to pass similar resolutions,
35 which will be passed collectively on to the legislature.
36

37 Brenner stated they have a budget reduction, not a deficit.
38

39 Crawford stated the County has a budget deficit. The County has \$16 million in
40 reserves now. By the end of 2010, the County will have \$9 million.
41

42 Brenner stated that's not a deficit.
43

44 Crawford stated it is a deficit budget. They are spending more than they are taking
45 in. This language is very accurate. They have a \$6 billion gap in the State budget. He
46 asked the reason for this resolution. This resolution won't have much meaning to a
47 legislator until they compare what this is relative to the entire State budget. Add a
48 paragraph saying that they would rather see funding for this purpose than a specific other
49 purpose.
50

51 Brenner stated that a group of resolutions from all jurisdictions is a strong statement
52 that this needs to be a high priority. Public health and safety are the highest priorities.
53

1 Nelson stated this resolution doesn't ask for additional funding. It asks for a
2 permanent, stable, dedicated funding source.
3

4 Delahunt stated it could be something as simple as including public health in any
5 health care reform movement that happens. Right now, public health goes into the State
6 budget process not knowing whether or not State dollars will be there. They are asking the
7 State to put together a funding mechanism that's stable.
8

9 ***Motion to amend carried unanimously.***

10
11 Crawford stated don't think this is an easy request. It's a very challenging assertion
12 to the State legislators. The resolution doesn't have much meaning, although he
13 understands the intent. Consider saying that public health needs to be part of health care
14 reform. Those kinds of things are more specific. The legislators can do something with
15 those kinds of suggestions.
16

17 ***Nelson moved*** to amend to make the sixth Whereas statement be the second
18 Whereas statement.
19

20 ***Motion to amend carried unanimously***

21
22 ***Nelson moved*** to amend the seventh Whereas statement, "...sustainable **at the rate**
23 **needed** over the long term."
24

25 ***Motion to amend carried unanimously.***

26
27 ***Brenner moved*** to amend the resolution to insert a Whereas statement that says
28 public health should be a part of any State health care reform. Delahunt stated they can
29 add language from the Washington State Medical Association resolution, which says public
30 health should be a part of any health care reform.
31

32 ***Motion carried unanimously.***

33
34 ***Motion to approve the resolution as amended carried unanimously.***

35
36 **4. 2009/2010 WORK PLAN - FINAL**

37
38 Regina Delahunt, Health Department Director, gave a staff report.
39

40 ***Nelson moved*** to approve the plan.
41

42 ***Brenner*** stated put this in the Health Committee. She ***moved*** to forward to the
43 Health Committee.
44

45 ***Motion carried unanimously.***

46
47 Crawford asked if this work plan considers the ability to expand services and
48 treatment in the certain areas, since the Council passed a mental health and substance
49 abuse tax. Delahunt stated it does.
50

51 **5. ONSITE SEWAGE LOCAL MANAGEMENT PLAN UPDATE**

52
53 Kyle Dodd, Health Department, gave a staff report.

1
2 Nelson stated the County owns two parks facilities that have septic systems that
3 could be used for training.
4

5 Weimer asked the types of maintenance needed according to the reports of system
6 status (ROSS) reports filed so far. Dodd stated it can range from reestablishing cover on a
7 drainfield or clearing vegetation to repairing a baffle or sealing a leaking inlet riser. They
8 are not significant enough to be called failures.
9

10 Brenner stated the failure rate is two percent with the plan. What they're doing is
11 overkill for a two percent failure rate. Skagit County doesn't require traditional gravity
12 systems to be inspected. Skagit County identified specialists who were willing to donate
13 some of their time to help people who really don't have money. Allow some people to wait
14 until spring. Also, use the real estate excise tax (REET) II fund to offset some of these
15 costs until they get State funding.
16

17 John Wolpers, Health Department, stated they can grant a sixty-day extension.
18 They have talked to the individuals who provide septic equipment about helping people out
19 at times. They're waiting to find out in January about a funding from the Centennial Clean
20 Water Fund. Of that, \$1 million is for loans and \$284,000 is for grants.
21

22 Brenner asked the staff to bring ideas for other types of incentives to the Board of
23 Health.
24

25 Nelson asked how they meet land disturbance restrictions in watersheds. Dodd
26 stated a routine ROSS should require minimal excavation. In the case when an entire
27 system must be replaced, the Planning Department has exemptions for onsite sewage
28 repairs.
29

30 Crawford asked if the County won't receive the \$1.2 million funding until it is
31 compliant with the Growth Management Hearings Board. Dodd stated that is correct. The
32 Planning indicated that they should be in compliance by July.
33

34 Crawford stated that may not happen.
35

36 Brenner stated REET II funds are also available.
37

38 Dodd stated the grant officer told him they've accepted letters from the State
39 Department of Health (DOH) in the past that would support this program. Not everything
40 hinges on Growth Management Act (GMA) compliance.
41

42 *(Clerk's Note: End of tape one, side B.)*
43

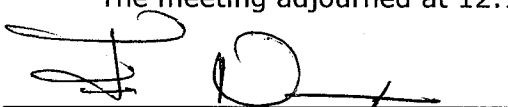
44 Nelson stated the Council passed an ordinance in 2005 regarding medical waste
45 sharps. Sharps are now retractable. The current code requires auto-claving and chemical
46 treatment to get rid of the retractable sharps. However, residential needles used for insulin,
47 which aren't retractable, can go into the public waste stream. He talked to the solid waste
48 service providers. They are willing to allow small producers of retractable sharps to throw
49 their retractable sharps into the waste stream to save costs. Amend the code to allow
50 under 50 pounds per month of retractable sharps, in identifiable sharps containers, into the
51 general waste stream.
52

1 Weimer stated this proposed amendment to the ordinance can go through the Health
2 Committee and back to the Board of Health.

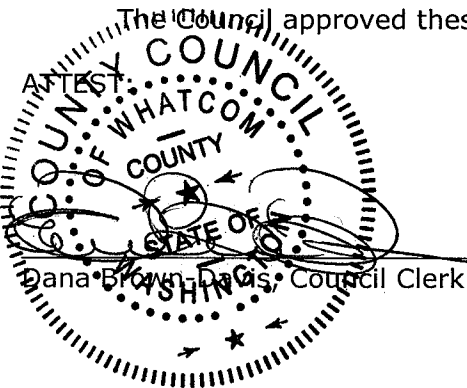
3
4 **The Board concurred.**

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6
7 **ADJOURN**

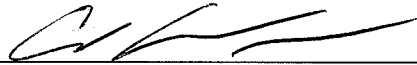
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9 The meeting adjourned at 12:13 p.m.

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12
13 Jill Nixon, Minutes Transcription

14
15 The Council approved these minutes on May 26, 2009.



WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON


Carl Weimer, Council Chair