



PUBLIC HEALTH DEPARTMENT

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Meeting Title: Board of Health – Kittitas County

Date: May 20, 2004

Attendees: Chairman – Perry Huston, Vice-chair – Carolyn Booth, Board members – Bruce Coe, Max Golladay, and Don Solberg.
 KCPHD – Administrator Nancy Goodloe, Health Promotion Manager Ann Riley, Community Health Services Manager Stephanie McCrone, Business Manager Venetta Miller, Health Officer Rosalie Miller, Assessment Coordinator Jane Wright, and Secretary to the Board of Health Nora Ludlow.
 Observers - Outreach Worker Julia Karns, BOHAC Members Margaret Condit and Joan Baird Glover, Health & Physical Activity Taskforce Member Linda Johnson Trippet

Absent: Board Member Max Golladay and Dr. Don Solberg.

AGENDA ITEMS	DISCUSSION	DECISIONS	FOR ACTION
Minutes	May 18, 2004 MT minutes	Motion to approve – Bruce Coe Second – Perry Huston	Unanimous approval
Agenda Changes		Add Update of Regional BT Tabletop.	
Contracts and Amendments			
	No contracts to discuss at this meeting.		

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Introductions and Announcements			
Everybody Counts Survey	<p>Nancy gave BOH members the official results of the PH Counts survey. This will be a useful tool for future recruitment needs. Nancy invited BOH to attend this reception.</p> <p>Mary Selecky, Secretary of Health, will be at Public Health Department on May 26, from 3 to 5 pm to serve refreshments to the staff. EH and PH will be closed for event.</p>	.	
WSALPHO, June meeting	<p>WSALPHO meeting on June 22, 2004 will highlight land use planning and public health. Nancy invited BOH to attend this meeting as part of their summer WASAC Conference.</p>		
Reports			
2004 Quarterly Report	<p>Ann and Stephanie made formatting changes to their sections in an effort to put activities into context of each program.</p> <p>We included a section on Bioterrorism and Emergency Preparedness.</p> <p>Carolyn commented that Environmental Health section flowed very nicely. Nancy commended John's work with his staff and their efforts at getting a better picture of their work.</p> <p>Stephanie added the white powder incident that occurred in Q4 2003 to the new Bioterrorism section.</p>	Perry asked if there were any questions.	
Division Updates			
Upper County Office	<p>The move for Upper County is planned for June 3. Plans are moving along nicely. BOCC approved Contract at the May 4th agenda session. Mr. Rollins is doing some repairs/painting and cleaning of the new office area.</p>		

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<p>Recent TB Activity in Kittitas County</p>	<p>Dr. Miller reported that the last reported case of active TB in our County was in 1993. Active TB cases use extensive nursing time and costs. Medication costs can range into \$100s.</p> <p>Currently, we have 1 active case of TB currently. This gentleman was previously homeless and now lives with family members. This person is eligible for VA services, but has never applied. Several people have primary care providers they can go to for additional care and monitoring or Medical coupons they can use for care. Local physicians will take on some of follow up care. Hospice friends is supplying boost and Meals on wheels supply meals. Dr. Makey office may supply some medical samples.</p> <p>It typically takes 6 to 8 weeks to grow the bacteria to determine the type and it takes a long time to kill the bacteria.</p> <p>Stephanie handed out a best estimate of costs incurred thus far, which is over 1/3 of the HD's annual budget. Costs incurred include: X-rays and reading, sputum testing and shipping costs for x-rays and sputum as well as nurse's time.</p>		
	<p>Another suspected case is a young mother with 16 close contacts that need to be tested. A local pediatrician will see her child administer medication.</p>	<p>The TB cases prompted Dr. Miller to highlight TB in the physician's newsletter due to lack of knowledge of TB.</p>	
	<p>Bruce asked if lower socio-economic groups are at higher risk of TB. Rosalie said somewhat of a higher risk due to close living proximity of larger groups.</p> <p>TB is the #1 infectious disease killer worldwide, mostly in less developed countries.</p>		

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	<p>Bruce asked if there is passive and active TB. Only about 10% of adults exposed get sick.</p> <p>About 40% of children that are exposed get sick.</p> <p>Preventative treatment is 60-90% effective.</p>		
	<p>There is a strain of TB that is drug resistant.</p> <p>In WA 2003, there were no reported cases of the drug resistant strain. In 2002, 10-12% were resistant.</p>		
Bioterrorism Table Top	<p>Public Health Region 7 conducted an exercise to test the Regional Hospital Plan. Approximately 250 people attended from 5 counties and various agencies including hospitals, police, Red Cross, schools, and Public. We had 7 staff members on the County EOC simulating a command center for a smallpox event. This was a very helpful exercise to increase communication among the various agencies. Public Health will have a debriefing later today. There are 4 pages of notes from the observers.</p> <p>We will start updating and assigning tasks for a PH EOC.</p> <p>Nancy will continue working with Fred Slyfield on the county planning.</p> <p>Nancy is pleased with the planning to date; more work is needed, however. We will probably do this in 2005 – hopefully less gaps next time.</p> <p>Stephanie added that the hospital learned a lot from this exercise; they now understand our capabilities. There will be a lot of follow-up work with the hospital, however.</p>		

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Presentations			
<p>TARR –Teaching Addicts Risk Reduction</p>	<p>The region adopted TARR and requires counties to participate. POCAAN is contracted to conduct actual interventions, Julia will be responsible for recruiting participants (active IV users) and acquiring a meeting place. TARR is an intervention that includes 3 intense counseling sessions and a needle exchange at the 3rd session. The groups will not exceed 16 people. This program is in its 3rd year in Yakima. There will be a follow up program monthly or quarterly.</p> <p>Ann gave a PowerPoint presentation on an intense intervention targeted at IV drug users. She listed current demographics for central WA Region 2 AIDSNET, that included HIV exposure categories. She also included sociodemographic, race/ethnicity, and gender information, as well as the spread of HIV/AIDS in Washington.</p> <p>AIDS is currently at a plateau with only 17 new AIDS cases and 14 new HIV cases.</p> <p>The primary mode of exposure is MSM (men having sex with men). NIR (not known exposure) is increasing. BLD is Blood exposures, such as blood transfusions or occupational blood exposure. It is hard to get accurate report of MSM behavior, particularly within Hispanic community. Our region has the highest rate of Hispanic females with HIV or AIDS.</p> <p>The CDC has currently approved 4 interventions: Project Smart, Let’s Chat, Staying Healthy, and Doing Something Different. Bruce asked if these are preventative programs targeted at high-risk groups. Ann informed him these are and there is case management for HIV. Also, an Upper County clinic</p>		<p>Need to address Hispanic women due to being a gap in these interventions.</p>

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	<p>is reaching sexually active youth through planned parenthood.</p> <p>TARRs benefits include increased health and reduced ER visits.</p> <p>Ann reported that BOHAC supports this program and pointed out the letter of support in the BOH packet.</p> <p>Carolyn liked the needle exchange as part of a comprehensive approach and added that by reducing IDU, these interventions might indirectly affect the female population.</p> <p>Rosalie mentioned this program could start anytime; we are trying to make contacts and recruit groups. We have some great leads due to HIV testing. POCAAN will conduct groups as small as 3 people.</p> <p>Margaret confirmed that BOHAC discussed the program and unanimously recommended that we move forward.</p> <p>Perry is requesting a statutory citations for two issues: (1) who has statutory authorization for the Health Department especially in regards to needle exchange? And (2) what citation allows public health to pay people to attend or to give things away (i.e. needles)? He indicated that historically, local governments have assumed some responsibilities that they may not have. We need to be sure we have the statutory authority to do what we do.</p>	<p>Nancy, Ann and Rosalie will follow-up with these questions and report back to the BOH at the next meeting.</p>	
<p>Physical Activity and Nutrition Grant</p>	<p>Jane gave a presentation on Physical Activity and Nutrition. In Kittitas County, 54 % of community is overweight, due in part to lack of physical activity and poor eating habits.</p> <p>Obesity may overcome tobacco as the leading</p>		

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	<p>preventable killer in the US.</p> <p>In 2003, BOHAC adopted childhood obesity as a priority concern, but this has become a lot larger than BOHAC. A loose coalition was formed in December represented by various community groups including nurses, CWU, Public Health and is continuously growing. Now named “Shape Up Kittitas County”, they would like to apply for a DOH grant.</p> <p>This is Federal funding from the office of Health Promotions and is available to only Health Departments or Tribes. This is a 5 year grant, funding approximately a .5 FTE person, education, and outreach at \$50,000 per year. It must be tied to WA State Nutrition and Physical Activity and incorporate best practices. The taskforce would like to have this person work out of the Health Department. This is an opportune time for this grant due to the changes and growth in our community. There is also a PEP grant (physical education grant) for Ellensburg Schools.</p> <p>Jane indicated that this program would become a part of the Health Promotion division if we receive the grant. The current Task Force would become a community coalition as part of the requirements for the grant. Jane distributed copies of a letter of support to pursue this grant from the BOHAC.</p> <p>Bruce asked if Jane was looking for a letter of support from BOH as part of the application for this grant. Jane thought that would certainly be a strength of the proposal. Perry indicated he thought a BOH resolution would be perceived as a stronger endorsement and asked for help in drafting this document.</p>	<p>Jane agreed to provide the wording to a draft resolution to be presented at the next BOH meeting.</p>	
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Meeting Adjourned	11:40 am Bruce moved to adjourn, Carolyn Second.	Next Meeting	Thursday, June 17, 2004 @ 10:30am
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Perry Huston, Chair of the Board of Health

Nancy Goodloe, Administrator

Nora Ludlow, Secretary to the Board

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