

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, June 23, 2011 was called to order by Councilmember Dave Crump, Chair, at 12:30 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Councilmember Steve Corker
Councilmember Amber Waldref (arrived at 12:35 p.m.)
Mayor Tom Towey
Councilmember David Crump, Chair
Board Member Michael Fisk, DC (arrived at 12:46 p.m.)
Board Member Bob Lutz, MD, MPH
Board Member Susan Norwood, EdD, RN

ABSENT

Commissioner Al French
Commissioner Mark Richard
Commissioner Todd Mielke
Mayor Mary Verner, Vice Chair
Councilmember Bill Gothmann

CITIZEN INPUT

- Rose Marie Waldram, Greenacres, WA spoke on the PhotoVoice Project presented at the May 26th Board of Health meeting; a local hospital's outbreak of Legionella Disease; and her opposition to State Senate Bill 5005.
- Caroline Pickett, Spokane County, WA spoke on the use of aluminum chloride in Spokane sewer water treatment; a book called, *Genetic Roulette*; and the hazards of black flies.
- Ray Calton, 22309 E. Henry Road, Green Acres, WA spoke on his concerns of sewer dumped in the lake at Saltese Flats.
- Jan Scharsala, 7814 E. Skyline Drive, Spokane Valley, WA spoke about an initiative she heard about fluoridating Spokane's water. Councilmember Crump replied that he has not heard of a "push" to fluoridate Spokane's water. If there was, it would happen by a public initiative.

CHAIR REPORT – Councilmember Crump

NALBOH Annual Conference

Councilmember Crump reminded Board Members to turn in their registrations for the NALBOH Annual Conference to Ann Pitsnogle by July 15th. Workshop preferences are requested on the registration, but this is not a requirement for turning in a registration.

SRHD Agency Meetings

A form was assembled at the start of the year listing SRHD agency meetings. A challenge was presented to Board Members to attend one meeting from the list within 6 months. In order to make attendance easier, an agency meeting sign-up sheet was made. Board Members are asked to sign up to attend a meeting they are interested in.

Board Involvement in Union Negotiations

Councilmember Crump asked Barb Lorang, Human Resources Program Manager, to speak to the Board to give direction on union negotiations. Barb Lorang has consulted with Beth Kennar, the Labor Attorney who works with the agency during negotiations and she has given advice and direction to the Board, as follows:

- If the Board is making specific decisions while attending union meetings, it must be a public meeting.
- If there is ongoing involvement of Board Members in negotiations and the Board does not ratify the contract, it can be considered an unfair labor practice because of negotiating in bad faith.
- Any ongoing direction from the Board during the negotiations creates the risk of union members approaching Board Members usurping the ability of the negotiation team to negotiate.
- If the Board dislikes what has been negotiated by the team and asks the team to change or retract something already bargained it could potentially create regressive bargaining, which is also an unfair labor practice.
- The best situation would be for the Board to meet and then provide direction to the agency and allow the negotiation team to negotiate.

Councilmember Crump recommended an Executive Session at the July Board of Health meeting whereby direction will be given to the agency.

HEALTH OFFICER REPORT – Joel McCullough, MD, MPH, MS

Cheney Rodeo and BBQ Update

Previously, representatives from Cheney approached the Health District and Board Members of their perception that the cost of the permit fees would discourage participation. Over the last few months, the event organizers and Food Safety Program have been working to find a possible solution. The agreed upon solution was to operate the event under what is called the “donated food distributing organization” (DFDO). Under DFDO, vendors cannot charge for food prepared, but can accept donations. Twenty to 30 vendors are expected at the event the weekend of July 9th. The deadline for application is tomorrow, but the Food Safety Program has not received any applications. The processing fee for DFDO is \$50 as opposed to the \$480 for the food permit. If the applications are not received by tomorrow, the fee will double.

East Trent Cancer Cluster Update

At the May 26th meeting, Mayor Verner requested information on a suspected cancer cluster reported by Spokane Regional Clean Air Agency (SRCAA). An investigation was completed by SRCAA in January of 2010. The investigation was performed because of the perceived risk of increased lung cancer near the Northern Burlington Santa Fe Railroad. The main pollutant of concern was diesel particulate matter, which the main cancers associated with exposure are lung and bladder cancer.

Dr. McCullough presented a slide presentation showing the outcome of the investigation. The investigation reported no difference in bladder cancer between the 2 mile area investigated around the railroad and the reference populations (Spokane and the State of Washington). Lung

cancers show no difference between the investigation area and Spokane, but show a slight increase when compared to the State of Washington. When reviewing the outcomes, one must consider the higher smoking rates and radon levels in Spokane that may affect the results. In addition, distributions of disease do not occur evenly within populations because of socioeconomic factors. DOH will require an investigation when the point estimate is above 2.0, which did not occur in this case.

Board Member discussion:

- Councilmember Waldref requested a copy of the report, which Dr. McCullough said he would make available to all members of the Board.
- Councilmember Crump asked if the point estimate difference between 1.2 and 1.4 is statistically significant. Comparison is not upon point estimates, but based upon the expected number of cancers in an area.

Department of Health Budget

Included in the Board Member packets is a handout which gives an overview of impacts of the 2011-2013 bi-annum budgets. This document outlines the cuts to the DOH some of which will impact direct funding to public health. Significant highlights include:

- Local flexible funding, called Blue Ribbon Commission Funding 5930, was cut by 50%, which will result in \$10 million less discretionary funding passed through DOH to local public health. Because of the size of the cut, DOH will need to develop a new funding formula for distribution of the monies.
- Reduction in the Family Planning Grants by 2.24 million dollars.
- Maternal Child Health funding was reduced by 1.8 million.
- All state WIC funding was eliminated for WIC services, which is an \$800,000 reduction. WIC services will continue with Federal funding.
- Oral Health activities were reduced by approximately \$800,000.

DSHS Budget

A legislative highlights handout is included in the agenda packets. It lists the cuts which occurred to the DSHS budget. Last month, Mayor Verner requested information specifically related to mental health and disability lifeline. This funding from the state was reduced by \$17.5 million. How that impacts local mental health services is unclear at this point. Through conversations with those responsible for mental health services, it was reported there are no plans for a reduction of services at this point.

Hospice Drug Disposal/ Drug Take-back Issues

As a follow up to a question at a previous Board meeting from Board Member Fisk about drug disposal at local hospices, Health District staff has researched the information. The practice in Spokane is to take medication brought by families and place it in coffee grounds or cat litter and then deposit it deep inside a garbage container. According to Federal law, non-registrant entities disposal methods are not as stringent as registrant agencies, such as, hospitals, pharmacies or health districts.

As a follow up to Board Member Lutz's request on the drug take back program, research is still being conducted. Dr. McCullough clarified what Board Member Lutz would like researched towards feasibility of the agency to perform such services and availability of resources.

Board Member Lutz commented that Snohomish County had a successful program that partnered with the Sheriff's and possibly one of the local hospitals. At the meeting Board Member Lutz attended, a canister that is placed in the community was on display. Snohomish County reported great success with the program. He confirmed he would like the Health District to research feasibility, cost and possible partners for the program.

Dr. McCullough shared there are specific regulations which say law enforcement must participate in the process, because there must be a chain of custody as relates to controlled substances from the point of drop off to disposal; therefore, law enforcement is a necessary partner in this effort. In Chicago, there were large drug take-back efforts which involved the Sheriff's Department, a large pharmacy chain, public health, and the Department of Aging. It does take resources to be a successful program. Dr. McCullough will report back to the Board on findings at next month's meeting.

Board Member Discussion:

- Board Member Fisk asked if the items placed in the garbage container were later taken to the incinerator and burned, which Dr. McCullough confirmed as accurate.
- Board Member Lutz questioned whether the disposal methods currently used was satisfactory. The FDA produced a document called, "How to Dispose of Unused Medications" and within their recommendations, this current method is endorsed.
- Board Member Fisk commented this method is an improvement since 2004. At that time, disposal was by flushing the medications into the sewer system. He questioned whether the trash facility is a secure place to dispose of the medications. Large quantities of opioids were used when his mother-in-law was ill and it is a concern to see that amount of drugs going to facility that is not secure. Dr. McCullough stated it is recommended that the drugs be removed from the container and then placed in cat litter or some other undesirable substance so the medications are unidentifiable and undesirable.
- Best practice would be to have a readily available drug take-back programs whereby medications can be easily disposed, but the foundation for the service has not been established yet. The DEA sponsored program is only twice a year and in limited locations. In addition, there was an effort in the last legislative session to introduce a bill that would require the pharmaceutical industry to fund drug take-backs in the state of Washington. Unfortunately, that bill did not pass. Dr. McCullough believes that bill will be introduced again because the industry has the resources for such an effort; whereas, public entities do not.

River Safety

The Executive Committee of the BOH requested any information about high water levels warnings in the Spokane River. According to agency staff, there have been no additional warning issued on the river other than the existing fish advisories.

Fourth CDC Investigation

A possible 4th CDC investigation may happen in Spokane involving necrotizing enterocolitis (NEC), which occurs in the gastrointestinal tract of newborns. The investigation will focus on a

thickener called, "Simply Thick." A month ago, the FDA recalled this product and the CDC is assisting in the investigation of infants who use this product and the occurrence of NEC.

Bicycle, Pedestrian & Motorcycle Education Campaign/Stickman Knows

In October 2010, it was announced that the Regional Transportation Council chose to fund approximately \$200,000 for the Health District's proposed, "Bicycle, Pedestrian, and Motorcycle Education Campaign" from the Department of Transportation's Transportation Enhancement grant. Eight months later, the Health Promotion and Communications staffs have nearly concluded their social marketing process and have solid data about what is causing pedestrian and bicycle collisions, where they are occurring in Spokane, and who the target audiences of the campaign should be. The media component of the campaign has culminated into what is now being called, "The Stickman Knows Campaign." Starting next week, Stickman Knows and its associated website, StickmanKnows.org, will be visible in many parts of Spokane including commercials, billboards, bus advertising, print ads, promotional items, and community events in neighborhoods and schools. In an effort to raise awareness, it will promote frequency facts, rules of the road plus safety tips. Kim Papich, Public Information Officer, presented the first commercial to Board Members.

CONSENT AGENDA

The Consent Agenda consists of items considered routine which are approved as a group. Any member of the Board may request to remove an item from the Consent Agenda to be considered separately.

Meeting Minutes May 26, 2011

Vouchers 2009 A/P paid May 1-31, 2011

APPROVAL OF MINUTES

Motion: To approve the May 26, 2011 Board of Health meeting minutes.

Motion/Second: Corker/Lutz

Approved: Unanimously

APPROVAL OF VOUCHERS

Vouchers audited and certified by the auditing officer as required by RCW 42.24.080, payroll warrants, and those other claims as required by RCW 42.24.090, have been recorded on a listing which has been made available to the Board. Time frame of claims: May 1, 2011–May 31, 2011. The Board, in a vote as moved by Councilmember Waldref and seconded by Councilmember Corker, did approve for payment those vouchers included in the following list and further described in the total amount of \$1,780,746.04.

Voucher Numbers:	#210846	-	#B&OAPR11	\$493,798.50
Payroll Warrants:	#711773	-	#711806	663,075.03 .
Advice Numbers	#DD11479	-	#DD11686	
Payroll Warrants:	#713487	-	#713526	\$663,075.03
Advice Numbers:	#DD11687	-	#DD11893	
			TOTAL	\$1,780,746.04

Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,780,746.04.

Motion/Second: Waldref/Corker

Approved: Unanimously

EXECUTIVE SESSION

Councilmember Crump announced the Board would adjourn to Executive Session for approximately 15 minutes to perform an employee evaluation. Councilmember Crump requested Barb Lorang, Human Resources Program Manager, and legal counsel attend the session. The Board adjourned to Executive Session at 1:18 p.m. At 1:18 p.m., legal counsel, Michelle Wolkey, requested an additional 10 minutes for the Board to complete the session.

MEETING RECONVENED

The meeting reconvened at 1:43 p.m. with a discussion to be held under Action Items.

ACTION ITEMS

Health Officer Performance Evaluation

Councilmember Crump explained that an evaluation was completed for the Health Officer with a survey distributed to Board Members and all agency employees. All surveys received reported that Dr. McCullough meets or exceeds expectations. Councilmember Crump and Dr. McCullough have met twice to review the responses. The Board is extremely pleased with his performance and grateful to have him as the agency Health Officer.

Board discussion:

- Councilmember Corker stated, as one who served on the Board for a period that almost extends a full decade, he appreciates the stability and continuity that Dr. McCullough provides and accessibility to the community. He thanked Dr. McCullough for the leadership given to this agency.

Resolution #11-02 Health District Fee Policy-Mike Riley

Mike Riley, Comptroller, presented the fee policy to the Board. The fee policy has been reviewed and updated to assure the agency will meet and follow its policy and able to satisfy auditor reviews. In addition, an Administration survey was taken which reported a need for improvement in understanding and accessibility of policies. Finally, the fee policy has been reviewed in a response to Standards and Accreditation.

Previously, fees were based on 100% of cost. In most cases, the agency always managed to collect fees 90-98% of costs. Wording in the policy was changed to state that the agency was striving for 100% recovery of costs. Division breakouts of fees have been removed and the language expanded to encompass the entire agency with specific division fees listed by procedures. Any variation of the fees will be waived by the Health Officer and will be in the best interest of the community. Once approved, the fee policy will be used to determine the budget for 2012 and then will become active January 1, 2012.

Board discussion:

- Board Member Fisk asked what happens when a program is only able to meet the policy at 85% and if there were discrepancies that large in the past. Mike Riley commented there were instances of that in the past. One example is the water testing fees in the Laboratory division. In order for the fee to be comparable to market price, the prices had to be set at a lower amount. The policy now requires programs to look at those fees and strive to meet them at 100%.
- Board Member Fisk asked if there was a threshold of concern for percentages. The agency is striving for 100%. If it is low, Mike Riley would request something in writing from Dr. McCullough which shows reasons why a program would need to collect at a lower rate.

Motion: To approve Resolution #11-02 Health District Fee Policy to take effect January 1, 2012.

Motion/Second: Corker/Norwood

Approved: Unanimously

Resolution #11-03 Budget Amendment – Mike Riley

Mike Riley, Comptroller, presented the general fund budget amendment resolution. The agency seeks budget amendments in 2 cases. The first is if the agency, divisions or programs need more expenditure authority from the Board. The second reason is if the agency needs additional fund balance. Last October, the agency requested to use \$302,265 of the fund balance. After funding changes, the agency is now asking to raise that amount by \$197,000 to \$500,000.

Councilmember Crump requested at the Executive Committee of the Board of Health a comparison of the agency to the state and nation. Compared to the State and to Snohomish County (similar in size to Spokane) all counties show a reduction in expenses from 2008 – 2010. The Health District had a 5% increase in expenditures. When comparing the agency to Snohomish County, the agency stayed at the \$22 million budget while Snohomish is dropping in budget and staff. Nationwide, the percentage of local health jurisdictions that had program cuts in 2009 were 51-75%. Percentages for 2010-2011 would be much closer to 76-100%.

The agency has done its best to sustain program and staff while not putting the agency at financial risk. At the recent audit entrance conference, auditors shared they are looking at the financial condition of agencies they review. This agency looks forward to a favorable report from the auditors at the audit exit conference.

Board discussion:

- Board Member Fisk asked how much the agency is requesting from the reserve funds. Mike Riley answered that the agency is requesting \$197,735 additional funds from the reserve budget for a total of \$500,000. This money is to sustain programs for this year after recent program cuts affected the in-directs in the agency. The Administrator, Torney Smith, made reductions in Administration to compensate, but more dollars were needed.

- Board Member Fisk inquired what is currently in the “rainy day” fund. In 2010, there was \$1,375,000 dedicated outbreak/emergency funds, \$21,657 designated system upgrade funds, and \$3,926,491 in undesignated reserve funds. At the end of the year, the same amount in dedicated outbreak/emergency funds remained, \$15,328 from the designated systems upgrade was used and there was a net increase in the undesignated funds of \$341,531, which increased the fund balance by \$326,203. This was the 3rd year dollars were added to the reserve fund. The proposed amount to be used from the fund is \$500,000. This will leave \$3,774,351 in the undesignated reserve fund, which the Executive Leadership Team feels is a sufficient amount in the fund.
- Councilmember Waldref reiterated there was a budget shortfall that was partially offset by cuts in programs, but the agency is asking for approximately \$200,000 from the reserve funds to cover costs.
- Councilmember Crump asked about increased costs and reduced funding and what limit is set on money being taken from the reserve fund. Mike Riley commented that would be determined by the BOH Budget Subcommittee and the Board of Health.
- Board Member Fisk stated he trusted Dr. McCullough and Torney Smith’s leadership and that it was necessary for the agency to take money from its reserve fund. Board Member Fisk’s concern is the 5% increase in costs when other agencies are decreasing by as much as 12-28%. As the agency goes into union negotiations, it must consider that all of the 5% increase in costs last year went into salary increases. He would suggest the agency look at salary figures across the state when considering negotiations this year.
- Councilmember Waldref stated the agency would need to consider all the intricacies of the budgets of other agencies being compared when making a decision. Some of those agencies were not prudent when making budget decisions.

Motion: To approve Resolution #11-03 authorizing a 2011 general fund budget amendment.

Motion/Second: Waldref/Fisk

Approved: Unanimously

REPORTS

Washington State Standards Update/PHAB Accreditation Efforts- Torney Smith

Torney Smith, Administrator for the Health District, addressed the Board about agency accreditation efforts and the history of standards and accreditation. The 1988 Institute of Medicine Report, which looked at public health in the United States, quoted the nation lost sight of its public health goals and that the public health system was in disarray. The Institute recommended that an accreditation mechanism would benefit public health systems in improving the quality and status of public health nationally. The Robert Wood Johnson Foundation (RWJF) thought working toward an accreditation effort would help catalyze public health across the nation and raise the bar of achievement for those health districts that were lacking. They began to fund a project that ran for 1996 until 2006 called, “Turning Point.” It set up 4 different areas which established a model of excellence of the following: performance standards, measures, recording of progress and quality improvement.

At the same time, RWJF funded a research project to look at the effort and possibility of accreditation meaning something to public health. In the CDC’s Future’s Initiative, completed in

2004, was a statement that accreditation could be used as a key strategy to strengthen public health infrastructure. RWJF was approached by the CDC to be a partner in this effort. Both agencies began to explore the possibility of accrediting health districts in the U.S. An Exploring Accreditation Taskforce established four different workgroups: governance and implementation, finance and incentives, research and evaluation, and the development of a standards workgroup. Those workgroups worked on an infrastructure based on NACCHO's operational definition. A copy of which is included in Board Member packets.

RWJF researched states that had been working on standards or had state-based accrediting systems. The five states that had been working on those, one of which was Washington, were assembled into what was called a Multi-State Learning Collaborative to begin to explore what was being done with standards and holding the public health system accountable. Out of those states examined, it determined what the best practice models were. An advantage to Washington State was that the standards chosen by PHAB overlapped with Washington State Standards by just over 80%. Washington State became a major contributor to the PHAB Standards established.

In 2008, the CDC starting talking more about developing public accountability and demonstrating quality of public health in our country. As the PHAB group was establishing measures, they discovered a large section of the population that was being missed namely the American Native Tribes. Therefore, a tribal workgroup was established to work on standards and measures that would work for tribes in the U.S.

In the Multi-State Learning Collaborative 3, locals were prepared for standards. The lead states in public health quality improvement had an emphasis on accreditation being about demonstrating quality improvement. Sixteen states were included on the MSLC. At that time, CDC underscored that funding would be tied to accreditation.

In July, PHAB will be releasing the national guidelines for the first round of accreditation. Standards recently approved by PHAB's board will be released as well as the fee schedule. In the last round of standards review for Washington State, Mary Selecky wrote to Kaye Bender, from PHAB, to get permission to have the PHAB Standards used for a BETA test. It became the Washington State Standards. Spokane Regional Health District is the only entity known of in the nation that had 3 different reviewers that assisted with the PHAB BETA test review. Board Member Lutz worked in Utah, David Swink went to Mississippi, and Torney Smith went to San Diego.

From the recent Washington State Standards Review, this agency learned that the following areas were considered agency strengths:

- Board of Health involvement in policies, strategic planning, and quality improvement.
- The recruitment processes and workforce diversity assurance by Human Resources.
- The Assessment Program.
- The communication process for sharing mission, vision and values.
- The mechanism for informing about public health issues and functions.
- The strategic planning process and the agency's strategic plan.

Areas for improvement were:

- Identify more specifics in the strategic plan for the Information Systems Program.
- The Comprehensive Health Improvement Plan being presented in a broader spectrum
- Assure the Emergency Response Plan describes how we will provide service accessibility to the population.

In 2008, agency measure demonstration was at 64%. For this review, the agency scored 94%. On partially demonstrating a measure, the agency went from 33% to 6%. The remaining 27% went to completely demonstrating a measure. Measurements not demonstrated are at 0%.

On July 1st, the cost and requirements for accreditation will be announced. Torney Smith would like to pursue becoming a PHAB accredited agency in the first round of reviews. For those who go through the first round of reviews, RWJF will offset the expense of accreditation with grants. At the next Board meeting, Torney will seek approval to seek PHAB accreditation.

Board discussion:

- Board Member Fisk stated the requirements for standardization that provide opportunities for funding will determine in the future who will receive funding and those who do not. It appears to be a great idea.

Motion: To allow Councilmember Crump to sign a letter of intent that does not include any financial obligation which demonstrates the Board of Health's interest in pursuing PHAB accreditation.

Motion/Second: Fisk/Corker

Approved: Unanimously

BOARD MEMBER CHECK-IN

Staff Appreciation-Board Member Fisk

Board Member Fisk thanked Torney Smith for the work he has completed with the WA State Standards and PHAB Accreditation. He also thanked Dr. McCullough for his great work at the agency.

Neighborhoods Matters Advisory Board Request/Legislative Update - Councilmember Corker

Councilmember Corker shared the outcome of the Neighborhoods Matters Advisory Board request from last month's meeting where he shared information on legislative action taken around the country to combat obesity. Feedback from elected officials of the Board was against such initiatives and feedback from health officials of the Board was supportive, but didn't feel such an initiative would pass. The results overall would indicate the Board is not interested in proposing the initiatives.

Councilmember Corker participated in a series of meetings that are evaluating what is happening in the legislature. There are a few positive things that happened, which bode well for the challenges being faced in the future. There have been statements from both Republicans and

Democrats of bipartisanship that contributed, particularly in the Senate, to resolving financial conflict. Both sides were encouraged, especially in terms of handling the deficit that will be faced with the next legislative session. Also encouraging was the commitment that seemed to be sustained in a lot of the critical decisions that favor the role the state plays with education and health and human services. Even though some of the capital expenditures were able to survive, Councilmember Corker was impressed by the comments.

Today at the Association of Washington Cities, a platform had both a Republican Senator and 2 Democratic representatives talking about increased sense of responsibility that the State has in these particular areas. It is important as elected officials and as members of the Health Board, that we continue our lobbying and conscious raising activities with other legislators around the state. In these critical areas are the foundations of stability of our cities in the future. If the state does not fulfill those roles, the burden on the cities will be almost intolerable. By not facing this responsibility at the state level, we are creating an environment toward national action, which may or may not respond to the regional needs.

Trip to West Africa/Board Member Norwood

Next month's Board meeting will be 2 days before Board Member Norwood will be leaving for her annual trip to West Africa. She will take students to work on sanitation and health projects.

Spokane River Issues/Recommendations & Guidelines/Bicycle Helmets – Board Member Lutz

At the Executive Committee of the Board of Health (ECBOH), Councilmember Crump talked about river health issues. Also Dr. McCullough spoke at today's meeting about the subject as well. Board Member Lutz had an opportunity to go out on the river on Friday and meet with Mike LaScuola, Technical Advisor in Environmental Public Health. It would be interesting to learn more about the river with all the issues and talk about water flow and PCB's. He would like it to be considered as a future BOH presentation.

In the agenda packets, there is a document relative to the recommendations and guidelines, which is an example of governance that King County Board of Health has established. In the next couple of weeks, Board Member Lutz will send Board Members information about the subject, which he would like the Board to consider. Since King County Board of Health has changed its by-laws, they have used it twice specifically with vending machines and land use policies.

There have been recent newspaper articles about the county having concerns about bicycle helmets and possibly not requiring them. Ordinances have passed in the City of Spokane, Spokane Valley, and Liberty Lake. In light of that, he would like to hold further conversation regarding the subject.

Summer Parkways/Spokane River Issues – Councilmember Waldref

Councilmember Waldref reminded the Board of the Summer Parkways events. There are 3 events where city streets are closed and the area opened to human-powered activities. The last 2 events are July 24th and August 14th on the north side of Spokane. To find out more information,

go to Summerparkways.com. It is a great opportunity to get the kids out and ride bikes, walk and participate in other activities available at the event.

Councilmember Waldref expressed an interest in a follow up on the Spokane River issues. She worked on the Lands Council on education on PCB's, metals and fish. The Health Department does a great job of outreach and education in the area. It would be interesting to get information on the "hot spots" in terms of fish contamination.

Building Ownership/Staff Appreciation/Union Negotiations – Councilmember Crump

Councilmember Crump had another conversation with Spokane County Commissioners on the Health District building ownership. The issue is currently being worked on at a county level.

Dr. McCullough was also thanked for his work with the agency.

Councilmember Crump asked each Board Member to come prepared with guidelines, thoughts, and standards for the Executive Session next month. He feels that too many people involved in negotiations will cause legal issues. If the Board is clear on a direction, it will help the negotiation team. He requested Board Member Norwood email her feedback if she is unavailable for next month's meeting.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on July 28, 2011

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:40 p.m.

APPROVED:

David A. Crump
Board of Health Chair

Date: July 28, 2011

Chris Payne

Recording Secretary