



***Snohomish Health District  
Board of Health Minutes  
Regular Meeting  
May 12, 2015***

**Members Present**

Adrienne Fraley-Monillas, Councilmember, Edmonds  
Linda Grafer, Councilmember, Mukilteo  
Karen Guzak, Mayor, Snohomish  
John Joplin, Councilmember, Brier  
Ken Klein, County Councilmember  
Sam Low, Councilmember, Lake Stevens  
Sean Richards, Councilmember, Mountlake Terrace  
Sid Roberts, Councilmember, Lynnwood  
Terry Ryan, County Councilmember  
Brian Sullivan, County Councilmember

**Members Absent**

Suzie Ashworth, Councilmember, Granite Falls  
Scott Murphy, Councilmember, Everett  
Dave Somers, County Councilmember  
Donna Wright, Councilmember, Marysville  
Stephanie Wright, County Councilmember, Chair

**Call to Order**

The May meeting of the Board of Health was convened at 3:15 p.m. by Chair Sam Low in the Auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Pam Aguilar, who reported there was a quorum present.

**Minutes**

It was moved by Ms. Guzak and seconded by Ms. Fraley-Monillas to approve the minutes of the regular meeting held April 14, 2015. The motion carried unanimously.



## **Consent Agenda**

It was moved by Ms. Guzak and seconded by Ms. Fraley-Monillas to approve the following items on the Consent Agenda: (a) vouchers 60399-60550 totaling \$1,404,205.96 for April 2015; and (b) Resolution 15-08 authorizing May 2015 expenditures for Health District and PHEPR funds. The motion carried unanimously.

## **Public Comment**

There was no public comment.

## **Chair's Report**

Chair Low had no report.

## **Health Officer's Report**

Dr. Goldbaum presented the SHD State of the District, titled "Today's Successes Tomorrow's Opportunities". Dr. Goldbaum highlighted the good work that has been done up to this point and the work that remains. Board Members have been provided copies of the Annual Report which is a thorough summary of the good work that has been done this past year. Dr. Goldbaum reviewed what has been the focus in the past; diseases, partner building and funding; and what needs to be done into the future. Looking toward the future, SHD has been in conversations involving Strategic Planning and the Communications Team. Efforts to communicate the good work of public health have continued, via social media, electronic media, print media, and communications in general. Dr. Goldbaum reminded Board Members of the direction SHD has been moving, historically public health has focused on one to one services; Immunizations, WIC and First Steps, Environmental Health, etc. This model of service has been very effective but costly. It is a model that needs to be reconsidered due to insufficient resources to focus on one to one services. Tools are now available to reach more people over time, which is the population based model. The medical community provides great medical services but has not been able to reach everyone and that is where public health has stepped in. Times are changing; more people now have access to the services from primary care providers. This allows SHD to dedicate resources to those services that are unique to public health; in particular population based services, which serve the community as a whole.

SHD has created 6 buckets to communicate the role of public health.

1. Best Defense – Communicable Disease Surveillance & Response. More cases of whooping cough, messaging out to medical community, partners to communicate to the general community. In the future, staff will communicate the value of



- immunizations, shift from giving to promoting. Expedited partner treatment – locating and communicating to a partner of a person who has been diagnosed with an STD.
2. Peace of Mind – Core of SHD Environmental Health work. Focus on food safety, water and wastewater safety, solid waste and toxics, school safety. New challenges and opportunities ahead. Climate changes, more weather events – precipitation patterns changes in disease patterns mold in homes due to more precipitation. Indoor air quality
  3. Healthy Start – WIC and First Steps. Services must be available in the community to help new parents become good parents. Ensure the mother is connected to prenatal care, mental health services, chemical dependency services, housing and to any other services needed. CHIP work Youth Physical Abuse. Refuge Health - New members to our community to be given a healthy start to our community. More kids in childcare – help providers prevent spreading of disease. Nutrition, Physical Activity – Community based programs, growing healthy together. Get our staff out in the community to work with high risk communities, households, families, neighborhoods.
  4. First Responder – Involved with OSO mudslide. Ensure access to mental health services during response. Food safety ensuring responders were safe with the food provided to them on site. Water safety to make sure there was no contamination in the water supply. Medical Reserve Corp was utilized. Moving towards all hazards preparedness. No matter what the event we are ready to respond.
  5. Being your Coach – A good coach how will listen then knows how to act to support the team. Community health assessment listens – has identified the 3 areas of priorities then brought community together to act on it. Move forward with community health improvement plans. Looked at heroin report –one strategy is to provide “Naloxone”. New direction to keep our eyes on the community. Looking beyond the usual data, better support for our partners in the community using a new tool - InsightVision.
  6. Being your Advocate – Policy development work. Public Health Advisory Council. Bring to the community guidance on policies that individual organizations can adopt. Helping the community recognize its role in Public Health. Annual Health Champion awards to recognize the people who help us move forward.

Taking a thoughtful approach to changes and new opportunities requires partnerships, support from the community and the Board. Staff is working to engage partners to advocate for dedicated



public health funding. Snohomish County is arguably the fastest growing county in Washington State, yet public health is not keeping up with the growth.

Dr. Goldbaum showed video “Public Health is Being your Advocate”.

Mayor Guzak asked if staff is available to come out to councils. It is important to keep our communities involved. Dr. Goldbaum indicated that he is available.

Pete Mayer and Margaret Norton-Arnold discussed “Supported and Sustainable: The Future of Public Health in Snohomish County” Based on prior meetings this document has been updated to include previous recommendations discussed. The plan includes redirection of resources from direct clinical services and into these foundational activities. The Board advised SHD to obtain more information about the governance and finance options before actively implementing change. New financing system is necessary to support Public Health to get SHD onto a long term stable track. Board Members will be given a white paper at the July 14 Board Meeting that will have between 3 to 5 potential governance and finance models. The paper will be easy to understand, user friendly, list pros and cons, and politically what needs to be done to implement the strategies. The goal is to come to an agreement on 2 models that make the most sense for the future of public health. The stakeholder interviews will start in September or October with 15 interviews with 2 or 3 Board Members in attendance. At the November 10 Board Meeting a joint workshop will be conducted with those that have been interviewed and the Board, with another opportunity to discuss the direction the finance models are headed, what is making the most sense, where is the best political and public support going to come from for the new funding of public health. At the December 8 Board Meeting the decision on the preferred model for the future will be endorsed. Then at the January meeting next steps for implementation will be discussed.

Mr. Roberts appreciates the extra time but during the timeframe put forth some of the board members may not be on the board due to elections.

Ms Guzak commented on a more thoughtful approach which gives more clarity.

## **Executive Sessions**

The Snohomish Health District Board of Health convened into Executive Session for purposes of discussing labor relations strategy pursuant to RCW 42.30.140(4)(a). Executive Sessions were expected to last 30 minutes. The Board reconvened at 4:10.

Chair Low announced that Board Member Ryan had arrived during Executive Session.



## Action Items

It was moved by Ms Guzak and seconded Mr. Roberts to approve the Retirement Incentive discussed in Executive Session, Mr. Klein opposed citing concern of not offering the incentive to all SHD staff, Ms Fraley-Monillas abstained. The motion carried 8 in favor, 1 opposed.

It was moved by Mr. Klein and seconded by Mr. Richards to approve "Supported and Sustainable: The Future of Public Health in Snohomish County" and endorse the stakeholder engagement process as described in Exhibit C. The motion carried unanimously

## Briefings

- a) No questions on the SHD Strategic Plan Update Quarterly Report
- b) TB third payer billing update – Started billing January 2015 and some claims were denied. SHD discovered that we were not a contracted provider and that is why they are being denied. Business Office has submitted paperwork to Premera to give us the ability to be a contracted provider.

Chair Low asked when it was discovered.

Mr. Klein commend SHD on sticking with it and not giving up

## Finance Report

There were no questions on the finance report.

## Information Items

A calendar for scheduled meetings in May and June 2015 was provided to Board Members in their packets.

## Adjournment

The meeting was adjourned at 4:35PM.

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Sam Low, Chair

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Gary Goldbaum, M.D., M.P.H., Secretary