



***Snohomish Health District
Board of Health Minutes
Regular Meeting
July 14, 2015***

Members Present

Adrienne Fraley-Monillas, Councilmember, Edmonds
Linda Grafer, Councilmember, Mukilteo
Karen Guzak, Mayor, Snohomish
John Joplin, Councilmember, Brier
Sam Low, Councilmember, Lake Stevens, Chair
Scott Murphy, Councilmember, Everett
Sean Richards, Councilmember, Mountlake Terrace
Sid Roberts, Councilmember, Lynnwood
Donna Wright, Councilmember, Marysville

Members Absent

Suzie Ashworth, Councilmember, Granite Falls
Ken Klein, County Councilmember
Terry Ryan, County Councilmember
Dave Somers, County Councilmember
Brian Sullivan, County Councilmember
Stephanie Wright, County Councilmember

Call to Order

The July meeting of the Board of Health was convened at 3:04 p.m. by Chair Sam Low in the Auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Lorie Ochmann, who reported there was not a quorum present.

The agenda was rearranged to delay voting items as no quorum was present. Mr. Richards arrived at 3:12 and Ms. Fraley-Monillas at 3:17, making a quorum.

Special Recognition

Chair Low introduced Fire District #4 Chief Ron Simmons and SHD Tuberculosis Control Program Outreach Worker, Kon Setiaev. On Friday, June 12 Kon was travelling to an appointment with a client when he witnessed a roller-over car accident near Bickford Avenue in Snohomish. The



vehicle caught fire and without delay Kon retrieved the fire extinguisher from his SHD vehicle and extinguished the flames before fire and EMS crews arrived. Chief Simmons presented Kon with a certificate of recognition and thanked Kon for his efforts.

SHD Health Officer, Dr. Gary Goldbaum read a proclamation in appreciation of the nurses, educators, program staff and partners that helped fulfill the mission of protecting the public and preventing the spread of disease. The SHD Immunization Clinic ceased operations June 30, 2015.

Public Comment

There was no public comment.

Chair's Report

Chair Low thanked the participants of the Vaping Subcommittee, Mayor Guzak, Councilmembers Grafer, Roberts, D. Wright, Chair Low, and Dr. Jiho Bryson representing The Everett Clinic. The Subcommittee had their first meeting on July 1. The Subcommittee was briefed on the local policies both locally and nation-wide regarding vaping, as well as an overview of the best available science and research. The public engagement process is currently underway. The Subcommittee has a public listening session scheduled for Tuesday, July 21, 11:00 – 1:00 at the Everett Community College. Board Members were provided with a bundle of postcards publicizing the event for distribution to their fellow council members and the public.

Health Officer's Report

Pertussis

Studies suggest that the recurrent outbreaks of pertussis may be a consequence of transmission by asymptomatic people who have been vaccinated. It appears that people who have received the acellular vaccine can become infected and therefore infectious, despite having minimal or no symptoms. So it is possible that pertussis is constantly circulating in the community, resurging every several years as immunity levels wane across the community. Although a better vaccine is clearly needed, for now the most effective strategy is to assure everyone is up to date on vaccinations. To address waning immunity, boosters may be needed for older children and adults.

Ebola Virus Disease (EVD) & Measles

After two months without any new cases of ebola, Liberia was declared ebola-free last month. Unfortunately, three new cases have been reported in the first week of July. The cases apparently had no obvious exposures to people infected with ebola, so investigators are looking for other possible routes of transmission, including eating infected meat or sex with a survivor of EVD.



A 20 year old Washington State woman died of complications of measles recently. This is the first death due to measles in the U.S. in twelve years. The woman had significant underlying health issues and was apparently exposed at a medical clinic.

Suicide

Thirteen Snohomish County youth (ages 12-19 years) committed suicide during the past school year (September-May), equaling the total who committed suicide for all of 2010-2013 school years combined. All of the recent deaths involved hanging or handguns. The dramatic increase in suicide is consistent with Healthy Youth Survey data showing more students reporting depression and feeling a lack of adult support. Suicide was identified as one of three priorities for the SHD Community Health Improvement Plan. Many community organizations are involved in efforts to address this problem.

Board Member Grafer asked if a booster is recommended for pertussis.

Dr. Goldbaum responded that a booster is recommended every ten years for the Tdap vaccine, which includes pertussis.

Pete Mayer, SHD Deputy Director and COO introduced Jeff Ketchel, the new Environmental Health Division Director.

Minutes

It was moved by Ms. Guzak and seconded by Mr. Roberts to approve the minutes of the regular meeting held May 12, 2015. The motion carried 7 in favor, 0 opposed. Board Members Murphy and Fraley-Monillas abstained.

Consent Agenda

It was moved by Mr. Roberts and seconded by Ms. D. Wright to approve the following items on the Consent Agenda: (a) Growing Healthy Together Grant Proposal; and (b) Resolution 15-10 authorizing expenditures for Health District and PHEPR funds totaling \$1,246,127.24 and voucher numbers 60707-60850 for June 2015. The motion carried unanimously.

Action Item

Pete Mayer briefed the Board on the Public Health Emergency Preparedness and Response (PHEPR) program. The agency serves as a regional coordinator in helping local public health jurisdictions prepare for and respond to public health emergencies, including disease outbreaks, storms, earthquakes, and other natural or manmade disasters. In addition to Snohomish County, the



District receives federal funding to support public health in Skagit, Whatcom, Island and San Juan counties. The PHEPR program currently supports 4.650 FTE's.

The Region 1 Healthcare coalition (HCC) is a group of healthcare organizations including hospitals, clinics, Emergency Medical Services, public health, emergency management and others that work together for the common cause of collaboration, communication, coordination, and resiliency. Snohomish Health District has been a supporting agency to the Coalition and the North Region Emergency Medical Services and Trauma Council (NREMSTC) has been the lead agency to manage the coalition work. Coalitions across WA State are expanding their capabilities to be response organizations during an emergency. The NREMSTC office has capacity for administrative oversight, but is not suited to serve as a response agency. In May 2015, because of SHD response capabilities, the Washington State Department of Health requested the agency to take the lead role for coalition work beginning with the new grant cycle on July 1, 2015. PHEPR grant funding would be increased by \$37,481 to support a 1.0 FTE Healthcare Coalition Coordinator to perform the additional grant work for the period of July 1, 2015 through December 31, 2015.

Mr. Murphy asked for clarification regarding the carryover of funds considering the grant period has already begun and the position will take some time to fill.

Mr. Mayer responded that funding is expected to continue in 2016. That portion of the funds will be included in the 2016 budget proposal.

It was moved by Mr. Murphy and seconded Ms. Fraley-Monillas to amend the 2015 SHD PHEPR budget reflecting an increase of \$37,481 and authorize staff to create a new 1.0 FTE Region 1 Healthcare Coalition position in the Public Health Emergency Preparedness and Response Program (PHEPR) to be fully supported by grant dollars. The motion carried unanimously.

Work Session

Pete Mayer briefed the Board on Governance and Finance Alternatives. The briefing covered the current state of public health funding, governance and finance goals, structure alternatives, funding options, and guidance on funding preferences. Mr. Mayer highlighted the challenge associated with restrictions on current funding. Only 35% of funding is discretionary. The majority of SHD funding is categorical, limited term or unpredictable, and grant funding lacks flexibility. Funding has decreased over time while the population has continued to increase, further stretching resources. County contributions have decreased, notably with the elimination of funding from mental health tax revenue. Data from 2011 shows that Snohomish County ranked thirty-first in the state for per capita public health funding. The national average is \$40 per resident. Flexible and sustainable funding is needed to keep pace with the expanding population, to deliver services aligned with foundational programs, to respond to emergencies and health threats, promote wellness and prevention activities, to implement the 2014 Strategic Plan, and plan for the future. Mr. Mayer discussed options the Board may consider regarding Board structure and the leadership of SHD. SHD is one of five health districts in the state that is physician led. The Board may also choose to make changes to procedures and bylaws, including purpose, authorities, and division of responsibilities; meeting frequency and



duration; election of officers and duties; attendance; committee structure; and rulemaking. Taxing options at the city and county level were reviewed. Some funding options would require changes to state law. Secretary of Health John Weisman is also working to secure a source for dedicated public health funding at a statewide level. This could take more than one attempt and full realization of funding goal could be phased in. It is estimated that the earliest new revenue would be received by SHD is 2018. Even with statewide funding, it will still be necessary to find sustainable funding at the local level.

Margaret Norton-Arnold, Consultant to SHD, discussed next steps. In September, members will meet in a retreat setting to hone in on the one or two options they believe are most feasible to pursue, and will discuss in more detail the pros, cons, and implications associated with each of these options. Interviews will then be conducted with a variety of stakeholders. These will serve as an opportunity to talk in more depth about the possibilities, as well as ascertain where there may be stakeholder support for, or resistance to, any proposed change in the finance and governance of the District. These interviews will take place in October 2015, followed by a November workshop between stakeholders and the Board. The Board will conclude its deliberations and move forward toward the implementation of a new finance and governance structure in December 2015.

Board Members discussed various strategies and challenges in taxation at both the city and county levels. Board Members selected the following five areas for further exploration by staff as well as considering utilizing multiple revenue sources/streams to support District operations:

- County and/or City Sales/Use tax
- County and/or City and/or Junior Taxing District Property Tax
- County Benefit Assessment District
- County and/or City Admissions tax
- Medical Services taxes or fees

Board Members also requested information regarding how other jurisdictions fund local public health.

Executive Session

The Snohomish Health District Board of Health convened into Executive Session at 4:25 for purposes of discussing interpretation and application of a labor agreements pursuant to RCW 42.30.140(4)(a) and for purposes of planning labor negotiations strategy or position pursuant to RCW 42.30.140 (4)(b) and to discuss with legal counsel matters relating to potential litigation pursuant to RCW 42.30.110 (1)(i). Executive Session was expected to last 35 minutes.

The Board reconvened into regular session at 5:00.



Briefing

Board Members were provided a Strategic Plan Quarterly Report in their meeting packets.

Committee and Standing Reports

Finance Report

There were no questions on the finance report.

Information Items

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

Adjournment

The meeting was adjourned at 5:00 PM.

Sam Low, Chair

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