

DRAFT Meeting Notes

Public Health Advisory Council of Snohomish County

September 23, 2020 | 7:45-9:15 a.m. | Snohomish Health District | Zoom Meeting

Members present:

Jason Biermann, Snohomish County DEM
Frank Busichio, InterFaith Family Shelter
Jeff Clarke, Commissioner, Mukilteo Water & Wastewater District
Amy Beth Cook, Lake Stevens School District
Lisa George, PRMCE (Chair-Elect)
Robert Goetz, Everett Police Department
Midori Larrabee, EvergreenHealth Monroe
Patricia Love, City of Stanwood
Korey MacKenzie, Diamond Knot Alehouse (Chair)
Shaughn Maxwell, South County Fire and Rescue
Sid Roberts, The Roberts Group (Past Chair)
Tové Skaftun, Community Health Centers
Jim Welsh, ChildStrive
Naisha Williams, Community Member

Staff Present:

Shawn Frederick
Dr. Chris Spitters
Heather Thomas
Nicole Thomsen
Carrie Parker
Linda Carl

Members not present: **Brent Hackney**, Brent Hackney Designs; **Lark Kesterke**, United Way; **Karri Matau**, Community Foundation of Snohomish County

Guests: **Jared Mead**, Board of Health member

Recording Secretary: Linda Carl, Executive Assistant

The meeting was called to order at 7:46 a.m. The meeting was held via Zoom video conference.

Approval of Minutes

It was moved by Mr. Jeff Clarke and seconded by Mr. Jim Welsh to approve the minutes of the July 22, 2020, meeting. The motion passed unanimously.

2021 WA Legislative Session

Ms. Nicole Thomsen reviewed the draft legislative agenda with the council. It was also shared with the Board's Program Policy Committee at their last meeting; their suggested edits will be included in the next draft. The upcoming legislative session will be unique in that it could include legislators working off-campus. The session will be heavily focused on COVID-19 and light on other topics. Ms. Thomsen reviewed the current topics listed on the draft agenda:

- Coronavirus
- Foundational Public Health Services
- Adult Mortality Review
- Vapor Products
- Sharps Product Stewardship
- Suicide as a Notifiable Condition
- Quarantine or Isolation Employment Protection

She noted that the pandemic highlighted the need for FPHS. The Adult Mortality Review is targeted to improve health outcomes for adults, and has been expanded to include opioids, suicides, and overdoses. The section on vaping products will be updated to reflect the state moving forward with the ban on vitamin E acetate. The topic of sharps stewardship will be removed because it's not moving forward this year. Making suicide a notifiable condition will allow us to track data. Quarantine and isolation was added as a result of the coronavirus. Not currently on the list but to be added in the next draft is housing and health, including homelessness and access to housing.

During council discussion, Mr. Jeff Clarke suggested adding wording around the need to reallocate existing resources and staff to address COVID-19, which is done at the expense of other community needs. He cautioned against regressive taxing options that fund solutions but hurt low-income people.

Mr. Shaughn Maxwell noted that laws regarding EMS providers were framed in the 70s and prohibit EMS responders to vaccinate people, even though they can administer drugs and do procedures. Vaccinations are allowed at the federal level, but it remains outside the scope of practice within in the state. An attempt to change the law occurred several years ago but didn't pass. The laws need to be updated to allow EMS responders to better help with public health threats.

Regarding suicide as a notifiable condition, Ms. Thomsen noted that the WAC lists about 100 different health conditions, such as HIV and TB, as notifiable. This allows a data-collection mechanism for local health jurisdictions to do follow-up and case investigation. The information we currently get on suicides comes from data sharing with partners. If we add it as a notifiable condition we can study trends, mitigate, and target our actions. Dr. Chris Spitters added that suicide is listed on death certificates but this isn't a data source. Currently we receive data up to 18 months later; this data would reach us in real time if it became a notifiable condition.

Mr. Shawn Frederick noted that staffing was reduced pre-COVID-19 to 113 fulltime employees. Funding sources include grants, fees, per capita contributions from cities, and funds from the county and state. We currently have about 60 temp staff focused on our COVID-19 response; they're funded through CARES Act dollars plus \$1.5M from the state. We have a small emergency fund but haven't tapped into it. Current funding for COVID-19 expires at the end of the year. We're hopeful other federal funding sources will be available.

Mr. Frank Busichio expressed concern with maternal-child health and access to prenatal care. Staff noted that WIC services are now provided by Sea Mar and First Steps is provided by ChildStrive.

The updated draft of the legislative agenda will be brought to the Program Policy Committee at their October meeting.

Schools and Child Care Team Update

Ms. Carrie Parker reviewed the Office of School of Public Instruction's guidance on making decisions regarding onsite learning and showed the Health District's decision tree, which includes activity level and rates of transmission.

Health District staff have been meeting with school officials during the outbreak. In mid-July the conversation switched to online learning. At this time there is no onsite learning except for some private schools and those under the Archdiocese of Seattle, as well as Sultan and Index. Schools are now looking at phasing into onsite learning, starting with the lower grades. The Health District has a school and child care response team; staff includes both permanent, reassigned, and temporary staff. The steps they follow when a case is reported is:

1. Assign a subject-matter expert that stays with the school/child care through the process.
2. A disease investigator will obtain the close contact list, notify families, and advise them on quarantine, next steps, symptoms, etc.

3. Staff will do onsite visits and consultations if there's an outbreak, which is defined as two cases, two different families, or two different classrooms in a two-week period.

The full team addresses questions and creates resources. We continue to be in frequent communication with schools and child cares.

COVID-19 Update

Dr. Spitters gave a brief overview regarding COVID-19, race/ethnicity, and the fall/winter flu season.

Currently there has been a six- to seven-week decline in new cases. We're currently at 42 cases per 100K in the last two weeks. We'd like to see that down below 25. As we all spend more time indoors, winter respiratory virus season is likely to make COVID-19 worse. Therefore, the goal is to get COVID-19 cases down as low as possible so we have a lower baseline before the third wave hits.

During the first wave, the 50-59 age range had the highest disease rate, and those over 70 had the highest death rate. In the second wave, a higher disease rate was led by those 20-49, and those over 60 weren't affected as much. All age ranges are seeing a steady decline. Kids and adolescents went up in the second wave but there hasn't been a substantial increase since Labor Day and the return of some in-person learning.

The heat map shows the number of cases and burden of disease. This shows a concentration in Everett and south along the I-5 corridor. Zip codes allow us to see the risk of transmission, which is lower in rural areas. Although some diseases never see a sustained transmission in rural areas, COVID-19 is easily transmitted and will therefore have a higher sustained transmission rate.

Hospitalizations due to COVID are decreasing. They peaked in April/May, went up a little in July/August, and are continuing downward. Long-term-care facility activity is also decreasing and has relatively low numbers. This includes residents and staff in adult family homes, assisted living, and skilled nursing facilities. The split has been about 50/50 staff to residents.

Deaths peaked in April/May when we had an average of 2-3 per day. Now we're around one per week.

Regarding race/ethnicity, Dr. Spitters noted that non-White groups have higher infections rates, likely influenced by workplace settings, essential workers, and other socio-economic factors. Native Hawaiian and Pacific Islanders have 11 times higher infection rates. The survival rate during hospitalization showed no significant difference among races. However, Whites showed a higher death rate on average due to the ages of those infected. Once infected, outcomes appear similar among racial groups.

Regarding the upcoming flu season, Dr. Spitters reported that the flu quickly disappeared in March due to face masks, limited travel, and social distancing. Globally, flu activity is extremely low in the southern hemisphere. We're hopeful that our flu season is similarly low, but we may still see a rise in COVID-19 cases.

At this time the state has no imminent plans to progress to the next phase of reopening. They will likely update their Safe Start guidelines in the next few weeks.

Additional Information

Ms. Heather Thomas reported that the deadline for applications for the new Public Health Foundation Board is tomorrow and interviews are the first week of October.

Adjournment

The meeting adjourned at 9:15 a.m.

The next meeting of the PHAC is Wednesday, November 25.