SNOHOMISH HEALTH DISTRICT
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DRAFT Meeting Notes

Public Health Advisory Council of Snohomish County

November 25, 2020 | 7:45-9:15 a.m. | Snohomish Health District | Zoom Meeting

Members present:

Frank Busichio, InterFaith Family Shelter
Jeff Clarke, Commissioner, Mukilteo Water & Wastewater District
Lisa George, PRMCE (Chair-Elect)
Kurt Hilt, International Association of Fire Fighters 1828
Midori Larrabee, EvergreenHealth Monroe
Korey MacKenzie, Diamond Knot Alehouse (Chair)
Karri Matau, Community Foundation of Snohomish County
Sid Roberts, The Roberts Group (Past Chair)
Tové Skaftun, Community Health Centers

Staff Present:

Shawn Frederick
Dr. Chris Spitters
Heather Thomas
Linda Carl

Members not present: Jason Biermann, Snohomish County DEM; **Amy Beth Cook**, Lake Stevens School District; **Robert Goetz**, Everett Police Department; **Brent Hackney**, Brent Hackney Designs; **Lark Kesterke**, United Way; **Patricia Love**, City of Stanwood; **Shaughn Maxwell**, South County Fire and Rescue; **Jim Welsh**, ChildStrive; **Naisha Williams**, Community Member

Guests: Linda Redmon, Board of Health member

Recording Secretary: Linda Carl, Executive Assistant

The meeting was called to order at 7:45 a.m. The meeting was held via Zoom video conference.

Approval of Minutes

A quorum of the council was not present, so the September minutes were moved to the next meeting agenda.

COVID-19 Update

Dr. Chris Spitters reported that there continues to be widespread community transmission affecting all populated regions of the county. The positivity rate is also increasing. Transmission occurs mostly in private gatherings, close contact in home and work venues, and in long-term care facilities. About 20% of all hospital cases and 50% of the deaths are from LTCFs. A risk calculator built and maintained by Georgia Tech University (https://covid19risk.biosci.gatech.edu) suggests that in gatherings of 10 people in Snohomish County at the present time, the chance of being exposed to COVID is 12%. Outbreaks are increasing as well, with the highest rates in LTCF, childcare, construction, restaurants, and retail. Outbreaks in schools have been low.

The Governor has instituted a rollback of public activities; the Health District is expanding its public education efforts and testing capacity, as well as prioritizing investigations, reviewing school guidance, doing hospital surge planning and mitigation, and planning for a vaccine. The timeline for a vaccine to be available to everyone nationwide could be 10 to 12 months. In the early stages of availability, the highest risk healthcare works and first responders will receive it first, then LTCF residents and staff, then employees critical to our infrastructure, then older and vulnerable adults, then others related to infrastructure and schools, then detention/corrections centers and the homeless. Vaccines will likely be distributed by existing the healthcare provider system. The Health District's role will include planning with DEM and PHEPR,

technical assistance/implementation, general oversight/coordination, and management of expectations. One recent model estimates that we need 70% of the population covered for it to be effective. The general population will likely be vaccinated six months or more out. The vaccination will be given in two doses, one month apart. Staff is in conversations with DOH regarding disadvantaged communities and vaccinations.

Ms. Lisa George reported that PRMCE has 62 COVID-19 patients, with 31 adult medical-surgical beds available, plus six adult critical care beds. It's very likely beds will be full over the holidays, and continued/increased messaging is critical.

BOH Program Policy 2021 Work Planning

Board of Health member Ms. Linda Redmon reviewed the proposed list of priorities for the Board's Program Policy Committee (shown below in its entirety) and asked for input from the Public Health Advisory Committee.

1) As much as possible, examine all SHD programs and policies in light of Resolution 20-17 and the data on race and ethnicity that were examined in relation to the effects of the nCoV-19 pandemic. That report is available online. It has become clear that in any threat situation, there are disproportionate impacts on marginalized and vulnerable communities including disabled, BIPOC, and LGBTQ, and our policies and budgets need to acknowledge and address those impacts.

2) The Health District should educate the population, in their languages and modes of communication, about threats to their health and lives from climate change impacts. Issues that immediately come to mind are a) preexisting conditions exacerbated by excess heat, including medications that increase susceptibility, b) preexisting conditions exacerbated by decreased air quality from particulates (stemming from extended pollen seasons, increased dust, wildfires, and increased smog), c) water quality issues related to heat and flooding, and d) any vector-borne or infectious diseases that become a concern due to climate change and/or climate migration.

3) We need to know as an agency and Board what we might realistically expect to need to devote funds and resources to, such as cooling stations in urban areas, air quality in institutions such as schools and communal facilities, climate refugees/immigrants, and increased demand for water quality inspections.

4) Resources may become needed if food availability becomes impacted. We may need to work to solidify policies related to DFDOs to maximize food capture and disbursement.

5) Monitor impacts on community mental health from prolonged response to stressors, with a particular focus on marginalized communities.

6) Infants, children, adolescents and perinatal women are among the most vulnerable to the health impacts of climate change, due to factors such as biological sensitivity, exposure, and adaptive capacity related to perinatal or age-related stages of development. Similar impacts are seen in our elderly and disabled populations. We again need to ensure adequate consideration of these disproportionate impacts in our policy making and allocation of resources, and conduct assessment and mapping of the population we serve.

7) With the PHAC, determine how their sectors might be able to help spread educational messages and what resources they have available to help with physical needs such as cooling stations or water and food resources, and mental health needs.

8) Collaborate with agencies in other sectors such as schools, social services, healthcare, housing, public works, and parks to support policies and implement programs that reduce the risk of exposure to extreme heat, poor air quality, and infectious agents and vectors, and reduce climate pollution.

The full list will provided via email to the council. Comments—including prioritization, policy guidance, and funding opportunities—should be sent to Ms. Heather Thomas or Ms. Nicole Thomsen by end of day on Dec. 15.

2021 Preliminary Budget

Mr. Shawn Frederick reviewed the 2021 preliminary budget (provided in the packet). He highlighted that the number of permanent staff has been reduced in the last several years, but this year temporary staff were added to address the pandemic response. The budget proposes the addition of 2.5 FTEs, including a grants coordinator, accountant, and EH staff member for onsite sewage maintenance and monitoring. Revenues continue to be challenging. We receive 58% of our revenues through intergovernmental funds, with the County being our largest contributor; cities are also providing funds for community outreach and naloxone distribution. Labor accounts for over 75% of expenses.

Additional Information

Chair Korey Mackenzie noted that Ms. George will assume the position of chair at the next meeting. If anyone is interested in being chair-elect, please let Ms. Thomsen know prior to the meeting.

Adjournment

The meeting adjourned at 9:15 a.m.

The next meeting of the PHAC is Wednesday, January 27.