

Board of Health
Public Health Program Policy Committee

Meeting Minutes
April 15, 2021
Regular Meeting

The meeting was held via Zoom conference call/video.

Committee members present via Zoom

Elisabeth Crawford
Jared Mead
Dan Rankin
Linda Redmon
Jeff Vaughan

Committee members absent

None

Staff present

Shawn Frederick, Chris Spitters, Heather Thomas, Nicole Thomsen, Pam Aguilar, Ragina Gray, Katie Curtis, Tracey Kellogg, Sarah de Jong

Call to Order

The regular meeting of the Program Policy Committee was called to order by committee chair Ms. Linda Redmon at 3:30 p.m. via Zoom video conference.

Roll Call

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

Arrivals/Departures

Ms. Elisabeth Crawford arrived at 3:31 p.m.
Mr. Dan Rankin arrived at 3:32 p.m.

Approval of Minutes

It was moved by Ms. Elisabeth Crawford and seconded by Mr. Jared Mead to approve the minutes of the regular meeting of March 18, 2021. The motion passed with 4 yes votes, 0 no votes, 1 absent (Rankin).

Action

Approve the budget policy (SR 21-039; N. Thomsen, T. Kellogg)

This policy has been reviewed by all Board committees and legal with no recommended changes. Ms. Linda Redmon recommended some grammatical errors be corrected in the final draft.

It was moved by Mr. Rankin and seconded by Ms. Crawford to approve the budget policy, and forward to the full Board on consent. The motion passed with 5 yes votes, 0 no votes, 0 absent.

Approve the finance policy (SR 21-040; N. Thomsen, T. Kellogg)

It was moved by Mr. Rankin and seconded by Ms. Crawford to approve the finance policy, and forward to the full Board on consent. The motion passed with 5 yes votes, 0 no votes, 0 absent.

Briefings

Policy prioritization framework (SR 21-030; N. Thomsen)

This item was first presented at the March Program Policy Committee meeting. Due to time constraints, committee members requested for it to be brought back to allow for a deeper conversation. The approval of the Policies and Procedures Policy created the need for all existing policies, memos, etc. to be reviewed and transferred to a standardized format. During review, Health District leadership flagged many ongoing policy needs for review by the Board. This framework lays out a plan for prioritizing and navigating the review process, and focuses on key areas and goals, such as strategic planning and equity, for assigning priority levels.

While equity would ideally be taken into consideration throughout the entire developmental process, it's specifically called out in the prioritization phase to ensure policies are aligned with equity needs. The internal equity team, comprised of ten trained members spanning all divisions of the Health District, would be available to assist with the policy process. The Community Equity Advisory Board (CEAB) and Public Health Advisory Council (PHAC) could also be involved in this process and provide feedback for policy drafts; however, consideration must be given regarding their place in the process to ensure policy decisions are being driven by the Board of Health.

Feedback on the framework was provided by committee members. Mr. Jeff Vaughan asked staff to consider other scoring tool options, such as a 2x2 importance matrix, to help simplify the process, and to color-code the priority levels to help with visualization. Ms. Linda Redmon suggested a matrix that could identify "lower-hanging fruit" policies that, while being lower in priority, would be able to go through the review process quickly. Ms. Nicole Thomsen shared that this proposed framework comes less into play with administrative policies and more with public health policies. Additional feedback was provided regarding expanding the language to include equity for communications, and determining if a procedure is needed. Staff will make the requested changes and bring the item back to the committee as an action item at a future meeting.

Asset and liability management policies (SR 21-042; N. Thomsen, T. Kellogg)

These potential policies were identified as part of the work to break the current finance policy into smaller, more specific policies. Staff requested feedback from committee members regarding their preference of having larger policies with multiple subsections or individual smaller policies. Committee members shared that they would like to have smaller policies created and also requested to have the policies shared with them earlier to allow enough time for review.

Legislative update (no staff report; N. Thomsen)

HB 1152, regarding comprehensive health districting, has passed out of the Senate with a further amendment that keeps the Board of Health changes and Public Health Advisory Board at the state level but removes the Foundational Public Health Services Steering Committee and shared service hubs. The main language in the bill mandates the structure of local boards of health to have equal membership for both elected and non-elected positions; however, local boards of health that have Public Health Advisory Councils (PHAC) that have been in existence and operating with bylaws as of January 2021, are able to forgo that requirement. There are other requirements for the PHAC that will affect Snohomish County; for example, the Snohomish PHAC currently has 26 sectors and the new bill limits that number to 21. There's also a clause that if a board of health makes changes in its structure, it would then have to move to the new board structure. This bill passed out of the House on concurrence and will be moving forward to the Governor for signature. The funding mechanism that goes along with

that Bill is still in play; The current floor proposal is a one-time funding of \$100,000,000 for the next biennium. The opposite proposal from the Senate is \$150,000,000 per biennium on a sustainable and ongoing basis. Bill 1258 regarding micro-kitchens died in the Senate, but is on a two-year cycle and likely to reappear at the next session.

Health Officer update (no staff report; C. Spitters)

The proportion of hospitalizations of older adults continues to decline and we are now seeing a higher rate in the 40-59 age group. This indicates better vaccine coverage for the 60+ age group, and the 40-59 age group having a statistically higher hospitalization rate compared to younger adults, even though younger adults account for more cases overall.

The Advisory Committee on Immunization Practices (ACIP), a CDC group that provides recommendations on immunization practices, met yesterday to discuss the issue regarding the six women in the U.S. who had very rare but serious blood clots after receiving the Johnson & Johnson vaccine. The ACIP elected not to vote at that time, but instead decided more information was needed to perform a risk benefit analysis. CDC staff have been directed to gather more background information about these cases. Mr. Shawn Frederick shared that the majority of vaccines coming into the county are Moderna and most of the Johnson & Johnson vaccines received were allocated to a mass vaccination site, so the impact the halt on that vaccine has on the community is small.

A lot of the mobile vaccination activities have continued to focus on higher-risk groups. Additionally, coordination work with school districts is also being done to ensure staff are able to receive care through pharmacies. As part of the vaccine allotment planning process, when requests for vaccine are received from identified populations, vaccine is isolated specifically for special mobile clinics to serve those populations. Ms. Elisabeth Crawford requested a report of the activities the Health District has been coordinating with small community groups.

While vaccine efficacy is high, breakthrough cases are now being reported, some of which have led to hospitalizations and even deaths. The number of breakthrough cases that have had gene sequencing is still very small and so difficult to determine whether these breakthrough cases have a distribution of strains that are different than those of their unvaccinated counterparts.

Informational Items

Ms. Redmon reviewed the upcoming meetings.

Next Meeting Date

Thursday, May 20, at 3:30 p.m.

Adjournment

The meeting was adjourned at 5:00 p.m.