

Board of Health  
**Public Health Program Policy Committee**

**Meeting Minutes**  
**June 17, 2021**  
**Regular Meeting**

The meeting was held via Zoom conference call/video.

**Committee members present via Zoom**

*Elisabeth Crawford*

*Dan Rankin*

*Linda Redmon*

*Jeff Vaughan*

**Committee members absent**

*Jared Mead*

**Comings and goings**

*Mr. Dan Rankin arrived at 3:41 pm*

**Staff present**

Shawn Frederick, Chris Spitters, Nicole Thomsen, Ragina Gray, Pam Spence, James Bachmann, Heather Thomas, Katie Curtis, Carrie Parker, Pam Aguilar, 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 3:33 p.m. via Zoom video conference.

**Roll Call**

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

**Approval of Minutes**

It was moved by Ms. Elisabeth Crawford and seconded by Mr. Jeff Vaughan to approve the minutes of the regular meeting of May 20, 2021. The motion passed with 3 yes votes, 0 no votes, 2 absent (Mead, Rankin).

**Action**

**Approve policy POL 210.002 concerning texting and forward to the full Board on consent (SR 21-050; N. Thomsen, K. Curtis)**

No comments were received from Board members since this item was presented to the Program Policy and Administration Committees. This policy was also shared with the Health District's legal team and a few non-content related changes were recommended. Staff is requesting this policy be moved forward to the full Board with the suggested changes by legal. Ms. Linda Redmon pointed out a formatting error and also requested for some of the language regarding requesting consent to utilize texting can be written to more clearly show the consent is not for sharing protected health information.

It was moved by Mr. Vaughan and seconded by Ms. Crawford to approve policy POL 210.002 concerning texting and forward to the full Board on consent. The motion passed with 3 yes votes, 0 no votes, 2 absent (Mead, Rankin).

### **Approve the Health District policy prioritization framework and forward to the full Board on consent (SR 21-059; N. Thomsen)**

This item was reviewed by the Program Policy and Administration Committees last month. Because last month's Executive Committee meeting was canceled, this will be going to them as a briefing item with the option for action. There have been no content changes since the last time this item was presented to the Program Policy Committee. Ms. Redmon asked for the phase milestones to be moved to the beginning of their section, from the end. Ms. Redmon also asked that the bullet point regarding strategy for communication also include social or print media.

It was moved by Ms. Crawford and seconded by Mr. Rankin to approve the Health District policy prioritization framework and forward to the full Board on consent. The motion passed with 4 yes votes, 0 no votes, 1 absent (Mead).

### **Briefings**

#### *POL 130.002 concerning purchasing (SR 21-057; N. Thomsen, P. Spence)*

This policy was approved by the Board last year and is being brought back to Committee with some revisions based on recommendations provided through last year's audit. Ms. Thomsen walked through the redlined version of the policy that showed the recommended changes. Ms. Pam Spence noted an error in the informal COM competition section. This policy will go to the other Committees as a briefing item to receive input and feedback from Board members before going back to Committees as an action item. Mr. Shawn Frederick let the present Committee members know that the contract policy that was approved by the Program Policy Committee late last year was stopped at the Executive Committee at that time and is expected to go back to the Executive Committee next week.

#### *Policy POL 130.006 concerning asset management (SR 21-058; N. Thomsen)*

Asset management was flagged during the 2019 audit as an area that needed to be addressed by the Health District and the creation of this policy has been worked on by staff for the past year. This policy standardizes formats, and creates definitions and requirements for a monitoring, tracking, and maintenance policy related to everything. This policy was created to be in alignment with the auditor's request and IRS recommendations for most things related to depreciation. Ms. Thomsen walked through the policy and requested feedback from Committee members – whether they would like to have the additional lower threshold limit of involvement for vehicles and acquisitions for \$10,000 or stay with the currently established \$50,000. Ms. Elisabeth Crawford said she's in favor of keeping them on the policy. Ms. Redmon said that a lot of work went into the division of responsibilities and she would probably defer to what is stated there. Ms. Redmon also pointed out an unfinished sentence.

#### *2020 Health Champions Awards (No staff report; H. Thomas)*

The different programs and divisions have put together their nominations and we should have those out to the Board in the next week or so. Instead of having a big award ceremony, like we typically do, this year we will be presenting plaques at the places business, creating the opportunity for interested Board members to co-present with Health District staff. This will be happening over July into early August. One other change this year is regarding the Donna Wright award, which was previously decided by an official vote. Instead, we will present five award and present the entire federal delegation because they were so instrumental in the Health District receiving Cares Act funding that allows us to continue our response.

#### *Public Health Advisory Council work plan (SR 21-041; N. Thomsen)*

Ms. Nicole Thomsen walked through the workplan the Public Health Advisory Council (PHAC) created to provide recommendations on topics of importance for the Board of Health. The PHAC created a schedule that has a presentation focused on a specific topic and then, in the intervening month when there isn't a meeting, there would be a work group or additional conversations about getting feedback

from their sectors regarding the topic. That information would then come back to the PHAC at their next meeting, where it would be collected and held and then the next meeting there would be a different topic. At the end of the year, the PHAC would begin making broader recommendations to come forth to the Program Policy Committee for consideration and recommendations to move forward.

*Rucker Building update and presentation by Mahlum Architects (SR 21-060; S. Frederick)*

Mahlum Architects provided a visual presentation of their design process and potential designs for the Rucker Building remodel for Committee feedback. Presenters included Principal PJ Bauser and Leasing Broker Keith McKinney. Next steps include incorporating feedback from Committee members to further shape the remodel process, and bring back through Committees again for potential action at the full Board meeting in August.

*Mobile clinics and community outreach update (no staff report; P. Sampaga-Khim)*

Ms. Pia Sampaga-Khim provided a presentation of the work the Health District and community partners are doing to address disparities in Snohomish County and help remove barriers for individuals to access COVID vaccinations. The focus is now shifting away from mass-vaccination sites and centering around planning for mobile vaccination clinics.

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

The case rate is now down to 80 per 100,000 residents as of Saturday June 12. Other metrics are reporting similar trends with testing demand, positivity rates, and hospital admissions also down. Hospitalizations, while still coming down, are a bit slower. About 834,000 vaccine doses have been administered and around 452,000 people have initiated vaccination, with 397,000 of those now fully vaccinated. Snohomish County peaked at around 65,000 doses administered per week in mid-April and are now down to about 20,000 doses per week. Initiation is slowing down to about 7000 people per week in the last two weeks with the remaining doses being used to complete people's vaccination schedules. Future vaccination operations are shifting away from mass-vaccination sites toward health care systems and mobile operations. There is a huge backlog of both child immunizations (such as MMR and HPV) and general child health checkups due to the pandemic. As the COVID vaccinations continue to shift to health care systems, providers can use this as an opportunity to help the children get caught up on their regular immunizations and preventative care as well.

As we move forward with recovery from COVID, one of the biggest threats is complacency, especially amongst unvaccinated people not wearing masks in public indoor settings. Even at the current level of vaccination, a complete relaxation of social distancing and mask wearing has been predicted in the United States to lead to another wave with substantial hospitalizations. An appropriate relaxation of non-pharmaceutical interventions is part of the pathway to success here.

Another threat is the new variants that are more transmissible and replacing the previous strains. The alpha (B.1.1.7) variant has peaked is now declining as a proportion of total cases. The gamma (P.1) from Brazil and the delta (B.1.617) from India are rapidly expanding and may be associated with higher hospitalization rates and some increase risk of breakthrough infection in vaccinated individuals. This speaks to the fact that if we don't get the total number of cases down with vaccination and non-pharmaceutical measures, there will be a greater risk for further variants to emerge and that carries the possibility that a newer variant may not be as benign as the ones we're currently seeing and could possibly escape immunity from vaccination. Low-coverage populations can still have high incidence, even though the Community overall is doing well.

Risk communication is very important in what we do for public health. The vaccines have side effects such as the blood clots in the veins of the brain which, while extremely serious, are also phenomenally rare and you're more likely to get this from contracting COVID than you are from the vaccine and that's true for most of the adverse effects that come with being vaccinated.

Mr. Frederick shared that part of the regular body of work our public health emergency preparedness and response staff take on is contracting with potential locations for points of distribution. These locations were heavily utilized for our current mass-vaccine sites and are ongoing contracts that we have in place. If, in the future, COVID booster shots were needed, these sites could be activated to either increase testing or for mass vaccination. Most of the responsive activities of the disease control nature, such as testing, mass vaccination, mobile, and isolation and quarantine sites are transferring under the Health District coordination with a plan date beginning July 1 and a fully effective date around July 19 where essentially all of these activities will be coordinated exclusively under the Health District. The Tuberculosis (TB) caseload took a small surge, doubling from April to June and the total number of TB cases is still a fairly high intensity group of patients with a lot of adverse effects and other medical problems.

Dr. Spitters met with the County Chapter of the Washington Academy and Family Practice to give a COVID update and to plan how to continue the conversation going forward of how public health and primary care, particularly family practitioners in Snohomish County, can work together to improve the health of the community. On the behalf of the Health District, Dr. Spitters also commented on the revised state board of health rules addressing STD control from the previous legislative session where the language of the statute was updated.

### **Informational Items**

Ms. Redmon reviewed the upcoming meetings.

### **Next Meeting Date**

*Thursday, July 15, at 3:30 p.m.*

### **Adjournment**

The meeting was adjourned at 5:08 p.m.