

Meeting Minutes
June 23, 2021
Regular Meeting

The meeting was held via Zoom conference call.

Committee members present

Scott Bader
Christine Frizzell
Sam Low

Committee members absent

John Joplin
Nate Nehring

Staff present

Shawn Frederick, Chris Spitters, Katie Curtis, Nicole Thomsen, Pamela Aguilar, Ragina Gray, Pia Sampaga-Khim, Tracey Kellogg, Carrie Parker, Sarah de Jong

Call to Order

The regular meeting of the Administration Committee was called to order by Mr. Scott Bader 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.

Approval of Minutes

It was moved by Ms. Christine Frizzell and seconded by Mr. Sam Low to approve the minutes of the regular meeting of May 26. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Joplin, Nehring).

Action

Approve Finance Manager's report for April 2021, and forward to the full Board as a written report (SR 21-062; T. Kellogg)

The Health District continues to be in a strong financial position and staff is working on a budget amendment that will make the budget information more valuable.

It was moved by Mr. Low and seconded by Ms. Frizzell to approve the Finance Manager's report for April 2021, and forward to the full Board as a written report. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Joplin, Nehring).

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

No comments were received from Board members since this item was presented to the Program Policy and Administration Committees at their meetings last month. This policy was also shared with the Health District's legal team and a few non-content related changes were recommended. The Program Policy Committee approved this policy at its meeting last week with the recommended changes by legal and staff requested this policy be moved forward to the full Board with those changes.

It was moved by Ms. Frizzell and seconded by Mr. Low 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, and 2 absent (Joplin, Nehring).

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. The Program Policy Committee approved this item be moved to the full Board with two changes:

- The milestones in the accompanying procedures be moved from the end to the beginning of their respective sections
- Addition of more examples and details in a few areas

Ms. Frizzell expressed interest in revisiting this item a couple months down the road to see how the framework works in practice.

It was moved by Ms. Frizzell and seconded by Mr. Low to approve the Health District policy prioritization framework and forward to the full Board on consent. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Joplin, Nehring).

Authorize the Administrative Officer to sign the memorandum of understanding with PROTEC17 – Allied Professional Health Unit (APHU) regarding the lead Epidemiologist position and forward to the full Board on consent (SR 21-061; P. Aguilar, K. Curtis)

This was a request that was submitted by the current epidemiologist who has been the Health District's communicable disease epidemiologist for many years. In 2017, all of the epidemiologist positions were combined into one program and she has trained the other two epidemiologists in communicable disease. Over the last year, she has led in the COVID response and the Health District leadership has identified this as a needed role.

It was moved by Mr. Low and seconded by Ms. Frizzell to authorize the Administrative Officer to sign the memorandum of understanding with PROTEC17 – Allied Professional Health Unit (APHU) regarding the lead Epidemiologist position and forward to the full Board on consent. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Joplin, Nehring).

Briefings

Policy 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. This policy will go back to Committees as an action item next month for approval to move to the full Board in August.

Policy POL 130.006 concerning asset management (SR 21-058; N. Thomsen, T. Kellogg)

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, along with the budget and finance policies. This policy is vastly different from the originating 2013 policy, which had about a line and half that addressed asset management. The draft proposal presented today establishes working definitions for all sorts of asset management and creates a floor for small and attractive assets. The policy also speaks to the inventory management system and the need to take active steps on a routine basis for identification in logging and tracking the depreciation process. The external GAAP-based financial statements require the Health District to report depreciation, which is required by Governmental Accounting Standards Board (GASB) 34 because the Health District is modified accrual basis and not cash basis. Ms. Tracey Kellogg offered to email more information to Ms.

Frizzell who had questions regarding the depreciation language in the policy. Ms. Thomsen requested feedback from Committee members on 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. Mr. Bader said he's in favor of aligning it with the division of responsibilities, as that document has been more recently updated. Mr. Low said he's divided and would need to take a closer look at the policy to decide.

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. Ms. Frizzell requested ballpark figures of how to monetize tenant improvements for leasable space on the third floor versus the second and first floor.

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 two-week case rate is now down to 70 per 100,000 residents for the weeks ending June 19. The decline off this fourth wave is beginning to flatten, a trend that is being seen throughout the state and the country as well. Other metrics show similar trends with testing demand, positivity rates, and hospital admissions also down. Hospitalizations, while still coming down, are a bit slower due to longer durations of hospitalizations. Long-term care continues to see negligible activity, with only three facilities in the county that have had a case in the past 30 days.

About 834,000 vaccine doses have been administered and around 452,000 people have initiated vaccination, with 407,000 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 25,000 doses per week. Most of the modeling that looks at how to suppress disease sustainably and prevent emergence of variance looks at a rate higher than 80% completed. 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 children get caught up on their regular immunizations and preventative care.

There are 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 deficit in preventing infection. 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.

Caution must be exercised as we move forward to not prematurely lift measures for unvaccinated individuals. While it's difficult to enforce, we can try to message that and encourage people to cooperate with current guidelines. Part of the driving force behind some of the vaccine hesitancy is distorted risk/benefit perceptions. While everyone has to make their own personal choices based on how they weigh the risk and benefits, sometimes the way the risks or benefits are portrayed in the venues that people access that information tilts the table and we want to encourage and urge people to consult reliable and evidenced-based risk-benefit assessments.

Ms. Frizzell asked what the benefit is for vaccinated people to continue to wear masks. Dr. Chris Spitters responded that although cloth masks are mostly to protect others from the potential illness of the wearer, the wearer still gets some degree of protection from it. People who are severely immunosuppressed should continue to wear masks because the response to vaccination in that group has varying degrees from mildly to severely suboptimal.

Mr. Bader commented that it seems community transit has stopped any effort to encourage mask wearing and drivers don't seem to ask people to mask up when they come aboard. A conservative estimate statewide is that 15% of the population has naturally-acquired immunity from infection and the total immunity in the population, when vaccinations are added in and accounting for overlap, is somewhere around 50%, with the goal being an 80% vaccination coverage figure.

A clinician advisory was sent out within the past month regarding STD testing and treatment to remind clinicians to tighten up their practices around STD testing and treatment.

The 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.

Information Items

Next Board of Health meeting date: Tuesday, July 13, 3 p.m.

Next committee meeting date: Wednesday, July 15, 3:30 p.m.

Adjournment

The meeting was adjourned at 5:16 p.m.