



**Snohomish Health District  
Board of Health Minutes  
September 14, 2021**

The meeting was held via Zoom conference call/video.

**Members Present**

Scott Bader, Councilmember, Everett  
Elisabeth Crawford, Councilmember, Mukilteo  
Megan Dunn, County Councilmember  
Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Vice Chair  
Christine Frizzell, Councilmember, Lynnwood  
John Joplin, Councilmember, Brier  
Anji Jorstad, Councilmember, Lake Stevens  
Sam Low, County Councilmember  
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace  
Nate Nehring, County Councilmember  
Dan Rankin, Mayor, Darrington  
Linda Redmon, Councilmember, Snohomish  
Jeff Vaughan, Councilmember, Marysville  
Stephanie Wright, County Councilmember – BOH Chair

**Members Absent**

Jared Mead, County Councilmember

**Comings and Goings**

Ms. Megan Dunn arrived at 3:02 p.m.

**Call to Order**

The regular meeting of the Board of Health was called to order at 3:01 p.m. via Zoom conference call by Board Chair Stephanie Wright.

**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 Mr. Scott Bader and seconded by Ms. Adrienne Fraley-Monillas to approve the minutes of the regular meeting of July 13, 2021 and the special meeting of July 29, 2021. The motion passed with 14 yes votes, 0 no votes and 1 absent (Mead).

**Public Comment**

Public comment was accepted in writing prior to the meeting. Mr. Shawn Frederick read two emails addressed to the Board of Health. The first was regarding a request to amend the mask policies to include the use of full face shields as an alternative to cloth masks, and the second was regarding vaccine requirements for young children. Mr. Frederick also read an article written for the Herald by Darren Redick and Jay Cook requesting members of community to get vaccinated to help keep hospitals from becoming overburdened.

**Written Reports**

Chair Wright noted that the following reports can be found in the Board packet:



- a. Program Policy Committee draft minutes – July 15
- b. Executive Committee draft minutes – July 20
- c. Administration Committee draft minutes – July 28
- d. Executive Committee draft minutes – August 25

## **Briefings**

*Breastfeeding award presentation (SR 21-082; K. Curtis, L. Tollefsen)*

Ms. Katie Curtis introduced Ms. Lindee Tollefsen, Public Health Nurse in the Maternal Child Health Program. Ms. Tollefsen provided background for the award and presented it to the Health District.

## **Action**

**Approve Finance Manager's report for June 2021 (SR 21-090; T. Kellogg)**

**Approve Finance Manager's report for July 2021 (SR 21-090; T. Kellogg)**

Ms. Tracey Kellogg presented these two items together. The reports would typically go through the Administration Committee meeting as action and then consent by the Board, but due to the cancellation of the August meetings is requested as an action item by the full Board at this meeting. Ms. Kellogg reported that the cash position continues to be strong.

It was moved by Mr. Bader and seconded by Ms. Fraley-Monillas to approve the Finance Manager's report for June and July 2021. The motion passed with 14 yes votes, 0 no votes, 1 absent (Mead).

**Approve vouchers and Res. 21-16 authorizing Health District expenditures from July 9 through August 14, 2021 (no staff report; T. Kellogg)**

It was moved by Mr. Bader and seconded by Mr. John Joplin to approve vouchers and Res. 21-16 authorizing Health District expenditures from July 9 through August 15, 2021. The motion passed with 14 yes votes, 0 no votes, 1 absent (Mead).

**Authorize the Administrative Officer to sign an amendment to the refugee health screening program agreement with the Department of Social and Health Services, providing an additional \$50,000 to cover services through the month of September 2021 (SR 21-081; K. Curtis)**

This year's contract amount was based off of the previously year's funding of \$230,000 to cover the expenses for the program. However, this year the program ended up spending out the entire contract amount before the end of the contract period and DSHS is willing to add an additional \$50,000 to the contract to ensure coverage for the expenses. These funds also cover the expenses associated with screening of Afghan refugees.

It was moved by Mr. Bader and seconded by Ms. Elisabeth Crawford to authorize the Administrative Officer to sign an amendment to the refugee health screening program agreement with the Department of Social and Health Services, providing an additional \$50,000 to cover services through the month of September 2021. The motion passed with 14 yes votes, 0 no votes, 1 absent (Mead).

**Authorize the Administrative Officer to execute amendment #23 to the consolidated contract with the Washington State Department of Health (SR 21-087; K. Curtis)**

This amendment continues typical funding for programs that the Health District has already been performing and doesn't add any new work.



It was moved by Mr. Bader and seconded by Mr. Joplin to authorize the Administrative Officer to execute amendment #23 to the consolidated contract with the Washington State Department of Health. The motion passed with 14 yes votes, 0 no votes, 1 absent (Mead).

**Authorize the Administrative Officer to approve the hiring of two additional DOH-funded DIS positions to support the CD and STD programs, dependent on funding award (SR 21-080; C. Parker)**

The Health District received notification that it would be receiving additional funding from DOH. These are federal funds that DOH would be acting as a passthrough for. The intent is to increase DIS capacity at a local level to support future CD outbreaks. The funding is for the equivalent of two non-COVID DIS positions and the Health District was given the opportunity to decide how to best utilize those positions to serve the county. Because of the increase both case load and complexity of cases to the STD program, it was decided to designate both positions to the STD program and specify one position to HIV. This is a contracted position for one year and future staffing would be dependent on renewal funding.

It was moved by Ms. Fraley-Monillas and seconded by Ms. Linda Redmon to approve the hiring of two additional DOH-funded DIS positions to support the CD and STD programs, dependent on funding award. The motion passed with 14 yes votes, 0 no votes, 1 absent (Mead).

**Approve policy POL 160.003 concerning COVID-19 premium pay (SR 21-083; P. Aguilar)**

This policy is created based on an agreement with the County to provide employees with a premium pay for those that have been required to come into the office and are at risk of contracting COVID. Employees must be with the District for six months in their regular roles and have worked 120 hours where they were required to be on the premises. This funding would need to be billed to the County by December 31, 2021. Ms. Christine Frizzell expressed appreciation for this policy and for staff who are performing public health services and possibly putting their own health at risk.

It was moved by Ms. Redmon and seconded by Ms. Christine Frizzell to approve policy POL 160.003 concerning COVID-19 premium pay. The motion passed with 14 yes votes, 0 no votes, 1 absent (Mead).

**Executive Session**

The Snohomish Health District Board of Health convened into Executive Session for the purposes of collective bargaining matters pursuant to RCW 42.30.140(4)(a). Executive Session is expected to last up to 10 minutes. Unless extended to a later time, the Board will convene into regular session at 3:53 p.m. and is not expected to take action. The Board announced executive session would be extended 5 minutes. They reconvened at 3:58 p.m. and did not take action.

**Administrative Officer's Report**

Rucker Building – Remediation from the flood is complete. The basement has become a temporary storage space for COVID supplies and staff are working on disposing of surplus property to make room for vehicles to return to the basement. Work is still moving forward with space planning. There was a request by Board members a couple months ago to do a walkthrough of a facility that has a similar plan as the one proposed for the Rucker Building by Mahlum Architects. A walkthrough is tentatively scheduled for October 1 and if any Board members would like to attend, they should contact Mr. Frederick directly.

Community Partners and Outreach – The Sound Foundation for Public Health is working toward its 501(c)(3) status. This Foundation allows conversations with the community in ways that were previously unavailable to the Health District.

Information Technology – Now that the contract amendment with DoIT has been fully executed, staff have had initial planning meetings with DoIT to discuss the path forward. Three primary systems, the Environmental Health information, electronic health record, and finance systems have been prioritized to work on.



Afghanistan Refugees – Staff are working with other community partners on how best to support the needs of refugees from Afghanistan. Refugee health is work already performed routinely at the Health District; however, the manner in which these particular refugees are coming into the United States does not have a lot of the supportive mechanisms that are normally in place.

Interlocal Agreements – To align with an RCW requirement and the Division of Responsibilities, the Executive Committee passed a resolution at a special meeting in August that allows the Administrative Officer to sign interlocal agreements consistent with the rules of the Division of Responsibilities document. Part of that discussion was that the Administrative Officer would report back to the Board on any interlocal agreements signed. Three agreements have been signed since that resolution passed. The first is an ILA with Whatcom County Public Health on marijuana prevention. The second is an agreement with Community Transit to use one of their sites as a COVID testing and vaccine site. The third is an agreement with DSHS for the District's maternal child health nurses to perform assessments for DSHS clients in the WorkFirst program.

Safety Concerns – In recent months, the Health District and staff have received two death threats. The most recent involved one of the inspectors performing a routine inspection. The building has also been vandalized four times, most recently this past Sunday, where someone ripped off the badge reader off the front of the building. The badge reader has since been repaired and evidence was turned over to the police department, along with the filing of a police report.

Employee Newsletter – A twice monthly newsletter has been created to improve internal communications. This newsletter will also be shared with Board members to help keep them informed on information and activities happening in the Health District.

### **Health Officer's Report**

Snohomish County has plateaued at about 2,000 COVID cases per week over the last several weeks. The national threshold for considering a community as high transmission is 200. We are also now beginning to see an increase in COVID deaths. Over the past four weeks there have been almost 40 deaths, whereas in the preceding four weeks the number was around 15. This is a direct consequence of the current wave mitigated by vaccination. Comparing the deaths to the previous wave of cases shows a dramatic reduction in numbers deaths as a proportion of cases or deaths and is due mostly to people being vaccinated. 71 out of 72 people admitted to the ICU at Providence in the month of August were unvaccinated. Right now, there are about 105 people in Snohomish County hospitals with COVID, 19 of which are on ventilators, and there have been four deaths today. Hospitals are doing their best to create room and alter their processes to accommodate all incoming patients, but the virus is pushing the hospital systems to the brink. Health care staff are also experiencing fatigue, others frank burn out, still others frustration at the medical surge being driven by unvaccinated individuals. The situation has led to attrition in the healthcare worker ranks to early retirement, other fields, and more lucrative opportunities elsewhere. This is contributing to staffing shortages that further worsen the lot and the workload of those left behind and impacts the health care system's ability to provide care for the entire community.

The outdoor masking directive issued by the Secretary of Health for public indoor spaces has been expanded to outdoor spaces involving more than 500 individuals. This directive supersedes the masking directive issued in August, as these updated requirements are more restrictive and an order rather than a directive. The Health Officer recommends that even in outdoor spaces with less than 500 individuals, masks should be worn if it's a crowded venue and there isn't a way to socially distance.

There are vaccination requirements covering all credentialed healthcare workers, other staff in healthcare facilities, school staff, and all employees that have the Governor as the top of their organization's hierarchy. OSHA is working on a plan to issue an administrative directive for all employers with over 100 employees to require vaccination of the workforce.

There have been discussions about venue-based vaccination requirements, such as the orders Jefferson and Clallam Counties have issued requiring proof of vaccination for entrance into bars and restaurants. The chief



benefit seems to be that it may decrease the presence of unvaccinated people in such venues and thereby decrease transmission. Some neighboring counties performed outreach to the business community and got the sense that large employers and venues, such as sports teams, are generally favorable to these requirements. Smaller venues, however, are less favorable and are concerned it could impact their revenue, either by diverting staff or discouraging their customer base. It's also unclear whether this would increase vaccination rates. There is no research or observational evidence to demonstrate such an impact. Furthermore, one economic analysis posits that because reduced presence of unvaccinated people at these venues could decrease transmission and reported case rates, unvaccinated people may have a paradoxically *reduced* sense of risk and motivation to seek vaccination. Consequently, if they are willing to sacrifice attending those venues, they're probably also not going to be willing to get vaccinated. Snohomish County vaccination rates are already fairly high at around 60% of the entire population being fully vaccine and about 70% of the adult population being vaccinated. There is still room to grow, but implementing venue-based vaccination requirements at this point would have a diminishing return. Last, many other forces (e.g., Governor's, President's, and large employer vaccination requirements) are moving things forward in this respect and, therefore, it may be best to let those forces play out rather than introduce another intervention of ambiguous consequence.

Dr. Chris Spitters shared a link to a paper that speaks to false dichotomies that oversimplify and exacerbate polarization of the approach to COVID and also a link to an article written by Scott Gottlieb, the former FDA Commissioner, about COVID becoming a second seasonal virus and that complete eradication of the virus is unrealistic and biologically implausible. Both articles point toward a likely future of an ongoing, long-term battle with the virus mitigated by better vaccination coverage and normalization of prevention measures during waves of transmission (e.g., masking, social distancing, avoidance of gatherings, evolution of workplaces, and improved building ventilation).

### **Information Items**

Chair Wright announced upcoming meetings.

### **Adjournment**

The meeting was adjourned at 4:29 p.m.

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Stephanie Wright, Chair

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Shawn Frederick, Administrative Officer / Secretary