

**Meeting Minutes
April 28, 2022**

The meeting was held via Zoom conference call.

Committee members present

Megan Dunn
Anji Jorstad
Kyoko Matsumoto Wright
Stephanie Vignal
Stephanie Wright

Staff present

Shawn Frederick, Chris Spitters, Pam Aguilar, Sara Centanni, Katie Curtis, Ragina Gray, JR Myers, Carrie Parker, Pia Sampaga-Khim, Grant Weed, Sarah de Jong

Call to Order

The special meeting of the Executive Committee was called to order by Ms. Stephanie Wright at 12:00 p.m. via Zoom video conference.

Comings and Goings

Megan Dunn arrived at 12:42 p.m.

Roll Call

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

Revisions to the Agenda

Item 5(i) – Staff recommendation to require permanent plumbing for all food establishments previously exempted upon change of ownership was moved to a briefing
The following item was added to the agenda as an action item: Approve a proclamation recognizing nurses in honor national nurse week

Approval of Minutes

Approval of minutes of the regular meeting of March 24, 2022

It was moved by Ms. Anji Jorstad and seconded by Ms. Stephanie Vignal to approve the minutes of the regular meeting of March 24, 2022. The motion passed unanimously.

Public Comment

Ms. Wright noted that no public comment was received.

Action

Authorize the Administrative Officer to sign an amendment with Snohomish County extending the CLFR invoice period through December 31, 2022, and forward to the full Board on consent (SR 22-033; P. Aguilar)

This is an amendment to the original contract that was signed last year. The District was unable to complete the billing process so this amendment allows that process to be completed. The funds were already paid out to those eligible employees last year.

It was moved by Ms. Vignal and seconded by Ms. Jorstad to authorize the Administrative Officer to sign an amendment with Snohomish County extending the CLFR invoice period through December 31, 2022, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to execute amendment #3 to the consolidated contract with the Washington State Department of Health, and forward to the full Board on consent (SR 22-029; K. Curtis)

Ms. Katie Curtis reviewed the changes in this amendment to the consolidated contract.

It was moved by Ms. Jorstad and seconded by Ms. Vignal to authorize the Administrative Officer to execute amendment #3 to the consolidated contract with the Washington State Department of Health, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to add and hire two health educator positions within the Prevention Services division, and forward to the full Board on consent (SR 22-023; K. Curtis)

These two positions would be funded by Foundational Public Health funds and would provide educational services such as provider outreach to ensure appropriate testing and treatment for disease, general education, and working with the community on educational ideas.

It was moved by Ms. Vignal and seconded by Ms. Jorstad to authorize the Administrative Officer to add and hire two health educator positions within the Prevention Services division, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to add and hire an infection preventionist position for the Communicable Disease Surveillance and Response program, and forward to the full Board on consent (SR 22-022; K. Curtis)

This is currently a temporary position that was created during the COVID response and has greatly supported the Communicable Disease (CD) program's supervisors as well as long term care facilities and adult family homes in disease prevention. Staff request this position be added as permanent position and the temporary staff member currently filling the position would transition into a fulltime employee. This work would complement some of the work that the Washington State Department of Health is also currently performing around healthcare-acquired infections.

It was moved by Ms. Jorstad and seconded by Ms. Vignal to authorize the Administrative Officer to add and hire an infection preventionist position for the Communicable Disease Surveillance and Response program, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to add and hire a disease intervention specialist position for the Prevention Services Division, and forward to the full Board on consent (SR 22-025; C. Parker)

This position would increase the District's capacity to respond to communicable disease (CD) investigations and outreach. While this is a core function of public health, the program is currently very thinly staffed with just two nurses working on CD investigations at this time. Further, these nursing positions are very difficult to recruit for and one of the nurse positions has been vacant to sometime. Having this position would provide much needed depth and support to the nursing positions, especially as the District continues to absorb COVID-response into normal CD work. This position would focus on some of the more routine activities with investigations, such as foodborne-illness response and intake for outbreaks. The position would cost between \$63,000 and \$84,000 with an additional 30% for benefits. It would be supported by Foundation Public Health funds.

It was moved by Ms. Vignal and seconded by Ms. Jorstad to authorize the Administrative Officer to add and hire disease intervention specialist position for the Prevention Services Division, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to add and hire a program specialist position for the Prevention Services Division, and forward to the full Board on consent (SR 22-025; C. Parker)

This position would support the District's STD and HIV team which is continuing to grow and resume fieldwork following a two-year interruption due to COVID. Staff identified a need for administrative support for tasks such as data entry, medical records entry and maintenance, scheduling of clients, and medication inventory. This position would be funded using Foundation Public Health funds and would cost between \$47,000 and \$63,000 per year plus an additional 30% for benefits.

It was moved by Ms. Jorstad and seconded by Ms. Vignal to authorize the Administrative Officer to add and hire a program specialist position for the Prevention Services Division, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to purchase naloxone for use in Snohomish County, and forward to the full Board for action (SR 22-021; P. Sampaga-Khim)

The Health District currently partners with eight police departments to provide them with naloxone to use in the field. In the last year and especially the last three months there has been an increase in requests from community members as well as organizations that have higher risk clients for naloxone support. Currently, the Health District's capacity is not able to support this increase in requests. Staff are requesting to use Foundational Public Health funds to purchase naloxone in order to fulfill these requests.

There are three specific strategies staff are looking at through partnerships with area pharmacies. These partnerships include not only educating pharmacists on Good Samaritan laws and the standing order but also creating a plan so when requests come to the Health District, the pharmacies is able to dispense naloxone. The other part of this proposal is on performing community education and trainings. These trainings would be required in order for the District to dispense Narcan to an organization.

The proposal includes a budget of \$106,000 for the first year and the District is actively seeking grants that can cover this work as well.

It was moved by Ms. Vignal and seconded by Ms. Jorstad to authorize the Administrative Officer to purchase naloxone for use in Snohomish County, and forward to the full Board for action. The motion passed unanimously.

Authorize the Administrative Officer to enter into an agreement with Darrington School District to support HRSA-related work by funding a behavioral health specialist term-limited position, and forward to the full Board for action (SR 22-032; P. Sampaga-Khim)

The Health District is the recipient of a rural communities opioid response program grant by Human Resources Services Administration (HRSA) since 2018. The District is part of a consortium currently serving the two HRSA-designated rural areas, which are the city of the Darrington and the Sky Valley region. One of the proposed activities was to increase and support the use of school and community based prevention programs that are evidence based. Darrington School District recognized there was a gap in mental health services for their middle and high schools so one of the proposals was to hire a mental health counsel using these grant funds. The total cost of \$120,000 would be completely covered under the grant. Chair Wright recommended this work be in coordination with Snohomish County Human Services to work on sustaining this work long term. Ms. Pia Sampaga-Khim and Ms. Jorstad will connect offline to discuss further.

It was moved by Ms. Jorstad and seconded by Ms. Vignal to authorize the Administrative Officer to enter into an agreement with Darrington School District to support HRSA-related work by funding a behavioral health specialist term-limited position, and forward to the full Board for action. The motion passed unanimously.

[Walk-on item]

Proclamation honoring nurses in Snohomish County (no staff report; S. Frederick)

Mr. Shawn Frederick reviewed the proclamation that recognizes the work nurses do in Snohomish County. If approved, this item would be brought to the full Board for approval at the May full Board of Health meeting, which takes place during the annual National Nurses Week. Mr. Frederick asked if Committee members would prefer to have the Board Chair sign the proclamation or allow for signature from all Board members. Committee members present expressed a preference for having all Board members sign the proclamation.

It was moved by Ms. Vignal and seconded by Ms. Jorstad to move the nurses proclamation to the full Board for action. The motion passed unanimously.

Briefings

Staff recommendation to require permanent plumbing for all food establishments previously exempted upon change of ownership (SR 22-031; R. Gray)

All food establishments are required to have permanent plumbing which includes both water and wastewater. The reason for this is to discourage conserving of water and to encourage frequent washing of hands and sanitization standards. WAC 246215, which is the section in the food code, has a subsection 09180 which specifically stated that the regulatory authority may allow a person to operate a food establishment with a limited menu in a movable building without permanent plumbing under applicable provisions in subpart b. These types of mobile establishments include espresso stands and small concessions such as those at high school football stadiums. That section 09180 of the food code was recently amended and as part of that amendment, the entire section that allowed limited menu food establishments to not have permanent plumbing was rescinded. Moving forward, all new food establishments with limited menus will need to have permanent plumbing. This leaves the question of what to do with limited-menu food establishments currently in existence that do not have permanent plumbing. Staff present the following three options:

1. Require all food establishments, both new and those currently in existence, to have permanent plumbing. Out of the three options, this would have the most significant economic hardship for those facilities and would also cause enforcement difficulties for District staff.
2. Set a date into the future for these establishments to be required to have permanent plumbing in place. This would allow the facilities some time to prepare for this change and save money to pay for the plumbing. Historically, when a similar option has been presented, staff have found that most businesses procrastinate and wait until the last minute to adhere to the new standards.
3. Allow current establishments to continue until that facility changes ownership and require permanent plumbing at that time. During the change of ownership, the establishment will already undergo a plan review and so adding this requirement would fit well within that scope of work. The downside of this option is that it could take years to decades for these food establishments to convert to permanent plumbing. The upside is it allows those facilities some time to make that adjustment on making those decisions about how they're going to move forward and has less impact on District staff because there wouldn't be a large mass of facilities to enforce at the same time.

Regardless of the option selected, there are going to be facilities that are never going to be able to achieve compliance because of where they're located. Those facilities do have a couple different options, depending on how their espresso stand is built; if it has axles and wheels, they could potentially get permitted as a mobile facility instead, or, they could move to a new location.

This item has been discussed with the District's legal counsel, who gave direction that the decision doesn't need to be codified but direction should be received from the Board of Health on how to interpret and proceed. Mr. Grant Weed, legal counsel to the District, shared that one question that needs to be addressed is whether the change in the food code at the state level simply is an elimination of the exception that was there before or a specific prohibition. This raises the question as to whether the State Code entirely preempts the area of food regulation so that the Health District may or may not have authority to do things like variances or to reestablish the rules that ran in place before they were repealed. Another issue is if the trigger point for compliance is going to be a change in ownership, we

would want to define very carefully what a change of ownership means. Ms. Ragina Gray shared that the current definition for a change in ownership is a change in the name of the legal owner, which does present some confusion currently. Staff are tentatively looking at changing the definition of a change of ownership to a change in the UBI number, which is specific to the actual people or entity and/or corporation that owns the particular business license.

This is a State law change and so all other counties in Washington are also working through this issue. The Administration Committee requested this item be brought to its next meeting in May to allow more time to think about and discuss the different options. That Committee did not take action on the item.

Policy POL 100.001 concerning policies and procedures (SR 22-034; N. Thomsen)

Mr. Shawn Frederick briefed Committee members on this policy, which was adopted by the Board about two years ago and in the policy is a requirement that all policies be reviewed every two years. During the staff review process, two things were highlighted to bring back to the Board for consideration and possible revision. The first one is that it was noted that when the policy was created, there was no mechanism provided to repeal an outdated or unnecessary policy and so suggested language has been inserted into this draft revision to that point. The second option for consideration is the current requirement in the policy to have a policy coordinating committee to ensure key staff that span the Health District are aware of and engaged in the policy-making process. In the practical application, this committee has never convened and so staff are presenting the option to remove that section of the policy, or it can also be reevaluated and updated with key members now that we are moving past COVID. Committee members gave direction to add the repeal language but keep the policy coordinating committee in the policy.

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

Measles. At the beginning of March there was an imported case of measles in a young child who had traveled from a country where measles is still being transmitted. Working together with King County, the Health District performed investigations and notifications for all the people that had been exposed by that case. We are now two full incubation periods from that case and there have been no secondary cases. There have been four unrelated suspected cases of measles but all of those have been ruled out as being measles. This is good news not only for the results coming back negative but also because it shows that healthcare providers are monitoring for measles and reporting possible cases.

Tuberculosis. The Health District is part of an informal national network implementing a new 3-drug, 6-month treatment regimen for multiple drug resistant tuberculosis (TB) cases and has just successfully completed treatment for its third patient. Prior to this new treatment, multiple drug resistant TB cases, which account for about 2% of all TB cases, are very difficult to treat and require a more toxic and less effective therapy with 5-6 drugs for about 18 to 24 months, as opposed to the usual six to nine months for typical cases.

County Health Rankings. Earlier this afternoon, a press release was published regarding county health rankings. This report looks at upstream structural factors that impact health, access to healthcare, and health care behaviors. It also looks at outcomes of. Those factors are then compiled and ranked as to longevity and quality of life. Snohomish County ranked fifth for outcomes in Washington State. For predictive factors, the county ranked a bit lower at eighth. Items in particular that ranked lower includes fewer children living in poverty, fewer primary care providers, and lower participation in mammography screening. Historically, there has been a federally-funded breast and cervical health program. Apparently 38% of women who are eligible by age and risk factor in the county have had a mammogram within the appropriate time interval, whereas nationwide and statewide it's about 50%. One favorable factor was fewer children living in poverty.

While this is a helpful tool for assessing health impacts, comparisons should be mainly focused on relative rates at the local, state and a national level rather than ranking.

COVID-19. Recent case reports show an upward turn in number of cases. There were about 1,200 cases last week, up from about 350 cases six weeks ago. We're now estimating to be up around 2,000 cases next week which corresponds to a rate of about 200 or more per 100,000 for that week. Going

above 200 cases per 100,000 residents is an important metric which would bump the county up into being classified as a medium level risk county. That classification would signal heightened recommendations for nonpharmaceutical interventions, such as resuming masking and increased social distancing. Wastewater surveillance has also seen an uptick in SARS-CoV-2 concentrations the past few weeks and may be further indicative of a forthcoming surge in ~~n-underestimation of the number of~~ cases.

Hospitalizations are also experiencing a similar trend, bumping upwards of 46 new hospitalizations for COVID last week. That results in a doubling in the rate of new hospitalizations per capita over the past couple of weeks. The hospital census, which measures the total number of people in a hospital each day does show a small upward trend over the past couple of weeks, going from around 15 beds out of 650 filled with COVID patients to now in the mid-30s. While we're still nowhere near where we were with the Omicron wave, the direction is still concerning for the healthcare system. This also presents additional problems for the hospital system as it is also dealing with cases among staff which has created staffing issues.

Information Items

Chair Wright announced upcoming meetings.

Adjournment

The meeting was adjourned at 1:28 p.m.