The meeting was called to order by Chair Sid Roberts at 7:45 a.m. Chair Roberts announced that Ms. Patricia Love was confirmed by the Board of Health to represent the planning sector; he welcomed Ms. Love to the council.

Approval of meeting notes

It was moved by Mr. Jeff Clarke and seconded by Ms. Amy Beth Cook to approve the minutes from the Nov. 28, 2018 meeting. The motion passed unanimously.

Briefings

Report on “Opioid Use Disorder & Opioid Misuse in Snohomish County: Using Capture-Recapture to Estimate the Burden of Disease”

Dr. Mark Beatty presented his Burden of Disease report completed in December. He replicated a CDC method to estimate the total number of people addicted to opioids in Snohomish County based on available data and how many are potentially using and could transition to a substance-abuse problem. “Opioid use disorder” is a diagnostic term used for people who are having a problem with addiction. “Misuse” means using any illicit drug, even once, but not necessarily having a problem with addiction, or using prescription medications in ways they weren’t prescribed. Dr. Beatty employed the “capture-recapture” method to estimate that there are 1,400 emergency room visits annually for opioid-related overdoses in the county, and about 5,600 residents with opioid use disorder. Based on this, the Health District estimates the range of residents in the county with opioid use disorder is likely between 5,000 and 10,000, and the range for people misusing opioids is likely between 35,000 and 80,000. With this
information we can look at the landscape of treatment options available and determine where we need to fill in the gaps.

In response to the question of whether Fentanyl was factored in, Dr. Beatty said it is, but it’s unclear from the data if it’s illicit or prescription. Fentanyl is becoming more of a problem. An additive is put in Suboxone that blocks the user from getting high; however, this blocker is not added to Fentanyl.

The report was presented to the Board at the January meeting and is now public. Mr. Jeff Clarke suggested additional information, in the report, to explain why the formula works. Dr. Beatty mentioned that matching the data is extremely time-consuming; it’s possible to look at a year’s worth of data, but the range wouldn’t change drastically. Dr. Beatty has access to the surveillance systems in all the county emergency departments, which allows him to continue to collect data and work on next steps, including:

- Refine estimates of interest in entering treatment
- Determine availability of treatment
- Determine gabs by comparing estimate to availability
- Explore if wraparound services are needed.

This data can be used in grants, matching funds, disease intervention, and outreach to those misusing. Mr. Jeff Ketchel noted that as the county’s chief health strategist, we need to use real-time, dynamic data to meet the public health needs of the county; solutions can then be found based on real needs.

Community Health Assessment Report

The report is in final draft and will soon go to Mr. Ketchel and Dr. Beatty for their review. Input from the recent data walks are included. Staff is in the process of determining next steps. Mr. Ketchel announced that Carrie McLachlan, assessment manager, was laid off and will leave at the end of March. Gary Hanada who spearheaded the accreditation process was also laid off.

Review PHAC webpage

Ms. Nicole Thomsen and Ms. Kari Bray presented the new PHAC webpage on the Health District’s website. With one term correction, the PHAC approved the page; it went live at the meeting. Ms. Thomsen noted that there are several open sectors on the council; if there are any suggestions for those who might be interested in filling a spot, please let Ms. Thomsen know.

Report on NovusAgenda notes as public documents

In response to a question that was brought up at the previous meeting regarding whether notes typed into NovusAgenda BoardView are public records, staff reached out to the Municipal Research & Services Center (MRSC) for an answer. MRSC stated that notes may or may not be disclosable in a public records request, depending on the content. However, it’s good practice to assume all notes could potentially be disclosable.

Report on Foundational Public Health Services

The Governor budgeted $22M in his base budget for public health statewide; this is far below the $293M ask. Local health jurisdictions, the State, and the Tribes worked together to reduce their ask to $100M. Ms. Thomas will provide a one-page handout to the council via email. There are 23 confirmed cases of the measles in Clark County; the State has sent staff to assist. Funding generally comes after a disaster or outbreak. Other organizations – such as Economic Alliance and local cities – have added public health to their legislative agendas, and many cities have contributed a per capita amount to the Health District. Legislative advocacy day is March 6 in Olympia; if interested, please let Ms. Thomas know. Council members can also advocate for public health by writing a letter to the editor or allowing for their picture
and a quote to be posted on our website. Tobacco and Vaping 21 is moving quickly through the legislative process.

**Updates**

*Restaurant grading – King County emoji model*

Mr. Ketchel reported that a BOH request to look into a restaurant grading system, such as used by King County, was made late last year. The BOH Program Policy Committee examined the topic and recommended to not move forward at this time. Instead continued focus on inspector standardization, based on FDA standards, as one key element to a potential grading system should continue. All staff should be fully trained by fall of 2020. The food safety program includes nine field staff, two supervisors, two leads, and one staff member who focuses on foodborne illness. Inspections range from one to four times per year, depending on the type of food establishment.

*Approved Res. 18-24 on meaningful action toward kratom*

This resolution was passed by the Board of Health at their December meeting.

**Action**

*Approve PHAC bylaws*

A PHAC subcommittee met six times regarding the bylaws and provided a draft for the council’s consideration. Once approved by the council, it will go to the Board’s Program Policy Committee for comments, then eventually to the Board for final approval. Chair Roberts and Vice Chair Mackenzie met separately with Board Chair Stephanie Wright who expressed support.

The council discussed the proposed bylaws and provided several suggestions.

It was moved by Ms. Lisa George and seconded by Mr. Jim Welsh to add the following terms and positions for PHAC officers: one year for chair-elect, one year for chair, and one year for past chair. The motion passed unanimously.

It was moved by Ms. Martha Peppones and seconded by Mr. Welsh to add verbiage clarifying the appointment of unexpired terms in Article III, Section 3 Terms. The motion passed unanimously.

It was moved by Mr. Mackenzie and seconded by Mr. Clarke to change the word “citizen” to “resident,” and to strike bullet number four from Article II, Section 1 Establishment. The motion passed unanimously.

It was further moved by Mr. Welsh and seconded by Ms. Peppones to accept the whole document with amendments. The motion passed unanimously.

**Information items**

*Perinatal task force formation*

With the help of a grant award The Health District is assisting in providing perinatal mental health community training and discussion as part of the CityMatch/NEAR Collaborative. A training is scheduled on February 5 at 9 a.m. PHAC members are invited to attend.

**Upcoming meetings**

The next meeting of the PHAC is March 27. At that meeting, Chair Roberts would like the council to talk about any public health issues affecting their sector.

The meeting adjourned at 9:14 a.m.