

DRAFT Meeting Notes

Public Health Advisory Council of Snohomish County

March 24, 2021 | 7:45-9:15 a.m. | Snohomish Health District | Zoom Meeting

Members present:

Frank Busichio, InterFaith Family Shelter
Jason Biermann, Snohomish County DEM
Jean Doerge, Community Member
Jeff Clarke, Commissioner, Mukilteo Water & Wastewater District (Chair-Elect)
Kurt Hilt, International Association of Fire Fighters 1828
Lisa George, PRMCE (Chair)
Patricia Love, City of Stanwood
Tové Skaftun, Community Health Centers

Staff Present:

Shawn Frederick
Dr. Chris Spitters
Heather Thomas
Nicole Thomsen
Sarah de Jong

Members not present: **Amy Beth Cook**, Lake Stevens School District; **Brent Hackney**, Brent Hackney Designs; **Karri Matau**, Community Foundation of Snohomish County; **Korey MacKenzie**, Diamond Knot Alehouse (Past Chair); **Naisha Williams**, Community Member; **Robert Goetz**, Everett Police Department; **Shaughn Maxwell**, South County Fire and Rescue

Guests: **Linda Redmon**, Board of Health member

Comings and goings: **Jean Doerge**, left around 8:15 a.m.

Recording Secretary: Sarah de Jong, Executive Assistant

The meeting was called to order at 7:45 a.m. The meeting was held via Zoom video conference.

Approval of Minutes

It was moved by Mr. Kurt Hilt and seconded by Ms. Tové Skaftun to approve the minutes of January 27, 2021. The motion passed unanimously.

Action

2021 PHAC Work Plan

The workplan was previously shared with committee members for review, and the committee discussed those comments and where they may fit within the tasks outlined in the workplan. Ms. Lisa George walked through the different workplan tasks. Ms. Nicole Thomsen shared an idea to focus on one topic during each meeting to have an in-depth presentation and establish a baseline. The following month, individual sector members would reach out to other sector stakeholders to request feedback on what they believe public health's course of action should be, as it relates to what is beneficial for their sectors, which would then filter up to the workgroup for the creation of a plan. This would establish an ongoing workgroup cycle to collect and hold data, with the topic changing every two months, and end up with collected data voices and points, which would then be used collectively to create a broader summary and recommendations report at the end of the year. The proposed plan would be a larger commitment than most members would be able to make, and so a recommendation was made by Mr. Kurt Hilt to form a small workgroup of 5-6 who would be willing to perform this work. Ms. Jean Doerge also recommended to standardize the questions for the sector reps to allow the ability to coalesce the data. Ms. Linda Redmon shared appreciation to the group for looking where they can marshal the sectors to perform "boots on the ground" work. Mr. Shawn Frederick directed that the Board should see the workplan and there is a need to have it tied to the Health District's

strategic plan. The workplan would also need to have a budget because it requires an allocation of resources, and knowing the elements going into 2022 is important because it allows the ability to see how to budget in alignment to have a coordinated effort. Ms. George recommended as part of planning for next month to discuss the agenda to determine what the next steps are and how to keep it moving forward, as well as keeping in mind how to standardize the work moving forward.

It was moved by Ms. Patricia Love and seconded by Mr. Jeff Clarke to approve the 2021 PHAC Work Plan, incorporating the additional work. The motion did not pass, as there was not a quorum present.

Briefings

2021 Legislative Session

The number of bills regarding public health has shrunk dramatically since the update at the last PHAC meeting. The bills are now categorized in high, medium, low, or “dead” categories. There are also a couple that, although they didn’t receive action, are NTIB (necessary to implement budget). Those bills are easy to spot because they haven’t moved in a while, such as HB 1182.

HB 1152 is currently on its third iteration. It has been approved by the House and is now moving through the Senate. The bill establishes a statewide public health advisory board (PHAB) and includes sectors that ensure public health is functioning across the state. A steering committee made of local health jurisdictions would help guide pods of public health in allocating resources and sharing equitably across the state. This steering committee would report to the PHAB. This bill would also create four health officer positions at the state level to support local health jurisdictions (LHJs) that either have no health officer, need an interim health officer, or need help with health officer duties when there is a public health emergency, such as a pandemic. The bill is tied to a funding conversation with SB 5149.

The bill regarding a covered lives tax is struggling, but there is a commitment to support public health. The budget will reflect things that are more fund-related to sustainably fund public health across the state.

The opioid fatality review HB 1074 is a high priority on the legislative agenda and has a large impact directly for LHJs. Ms. Heather Thomas has been at the crux of that bill and has been working with a delegation of sponsors. The intent is to open fatality review boards for adults and focus on opioid overdoses and suicides. This bill is different from the behavioral health and suicide bill, which is tied to increasing and expanding the 988 system. Right now, there are no less than three or four different options for how to access crisis services across the state. The desire is to centralize it, like a 911/211 system, for behavioral health crises. For this bill to move forward, there would be a tax associated for funding of the 988 system.

The American rescue plan is working its way to the state. There will be allocations to state, counties, and cities. While this bill does include focus on COVID, there are also pieces needed around communicable disease, the workforce structure, and pieces that could lead to a pandemic. This bill is needed to bolster the public health workforce here.

Trust for America’s Health “Ready or Not 2021”

This report was released a couple weeks ago and was timed with the reintroduction of the public health restructure bill. The information was shared with the Board of Health’s Public Health Program Policy Committee (PHPPC) at its last meeting, and Ms. Thomsen plans to bring this up at the committee’s next meeting. This report is being monitored with Senator Murray’s office to see how it moves through the next legislative session at the federal level. Ms. Thomsen also received an email regarding a congressional briefing on this topic, scheduled to take place on April 7, which she will forward to the PHAC and PHPPC.

Diversity, Equity & Inclusion Policy

The PHPPC is looking to have a broader workplan, and the two main items to move forward are regarding social equity and climate change. One specific recommendation received from the PHPPC is to move forward with the development of this for the Health District before the end of the year. The Board of Health

took action last year by creating Res. 20-17 supporting equity and inclusion in public health within Snohomish County and created a list of seven different recommended actions, which will take shape in the form of a policy. There will be three to four members of the Community Equity Advisory Board (CEAB), PHAC, and one to two from internal teams, possibly from Health District leadership and Board of Health membership, to sit on an ad hoc committee to drive the work for this policy request. Ms. George and Mr. Clarke expressed an interest in being involved in this work; however, because so many members were not present, it was decided to do an open call so all members would have the opportunity to participate.

COVID-19 Update

Tuberculosis. Dr. Chris Spitters noted that today is World Tuberculosis Day, which commemorates the date of Robert Koch's discovery 139 years ago of the bacterium causing TB. Worldwide, TB kills more than any other infectious disease, including HIV, and a third of those who die from HIV have TB as the imminent cause of death. Snohomish County has around 20-30 cases per year and one to two deaths. Most that die are at end of life and TB is the harbinger of the body falling part. Non-medical interventions, such as improved housing, nutrition, and better hygiene that occurred in the late 19th through early 20th centuries resulted in a large drop in TB cases. Present-day cases are now flattening out. The work public health performs in Snohomish County is to catch all the cases. TB is diagnosed by healthcare providers, and public health treats and performs case investigations to discover all the contacts to have them tested and, if appropriate, treated. We also get involved with targeted testing and treatment for latent TB (from which active TB arises) among refugees and high-risk immigrants.

COVID-19. Through early March, there have been over 30,000 cases and over 500 deaths in Snohomish County. These numbers are in step with the rest of the state. The case rates declined in two phases and now look to possibly be flattening out a bit higher than the goal line. King County has verbally reported an increase in the past week or two, which may indicate we are at our new baseline. There is also concern regarding variants and the possibility they'll start a fourth wave. The variants of concern appear to be more efficient at being transmitted, which has to do with, once they're in the body, how well they latch onto cells. Another concern is if a variant causes an increase of disease and what the impact of these mutations are on the effectiveness for naturally acquired immunity or those with vaccine immunity. Variant B.1.1.7, connected with the UK, represented less than 1% of the sampled positive results in the U.S. It is now closer to the 1-2% range because it is easily transmitted and is predicted to outrun the other currently circulated strains to become the dominant strain by midyear. The implication for community members is to keep their guard up as this could send us back into a medical surge. When evaluated in laboratory settings, variant B.1.351, closely associated with South Africa, more easily escapes antibodies from convalescents and vaccinated people. However, the clinical trials for the Johnson and Johnson vaccine showed good effectiveness in preventing severe disease in South Africa, where this strain is more dominant than in the U.S.

Recommended travel guidance by the CDC is currently in effect locally. The Governor rescinded his post-travel quarantine recommendations, and now instead of staying quarantined for 10 days after travel, the time can be reduced to 7 days if a negative test result is obtained from a specimen collected on or after day 5 following returning from travel.

The state is currently in phase 3 of the roadmap to recovery. Most commercial and retail venues are at 50% capacity. The indicators the Governor is watching for phase 3 include the rolling 2-week rate (i.e., new COVID cases per 100,000 per 14 days), new COVID hospitalization rate, and statewide intensive care bed occupancy. If any of these exceeds thresholds, we would be returned to phase 2. Or if we, as a county, feel the case rate is out of control, we may take a step back, independent of the state's direction.

Adjournment

The meeting adjourned at 9:18 a.m. The next meeting of the PHAC is Wednesday, May 26.