

## DRAFT Meeting Notes

### Public Health Advisory Council of Snohomish County

May 26, 2021 | 7:45-9:15 a.m. | Snohomish Health District | Zoom Meeting

#### Members present:

**Korey MacKenzie**, Diamond Knot Alehouse (Past Chair)  
**Tové Skaftun**, Community Health Centers  
**Shaughn Maxwell**, South County Fire and Rescue  
**Lisa George**, PRMCE (Chair)  
**Amy Beth Cook**, Lake Stevens School District  
**Jeff Clarke**, Commissioner, Mukilteo Water & Wastewater District (Chair-Elect)  
**Frank Busichio**, InterFaith Family Shelter  
**Jason Biermann**, Snohomish County DEM  
**Jean Doerge**, Community Member  
**Robert Goetz**, Everett Police Department  
**Naisha Williams**, Community Member  
**Patricia Love**, City of Stanwood

#### Staff Present:

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

**Members not present:** **Brent Hackney**, Brent Hackney Designs; **Karri Matau**, Community Foundation of Snohomish County; **Kurt Hilt**, International Association of Fire Fighters 1828; **Kara Briggs**, Sauk-Suiattle Indian Tribe

**Guests:** **Mindy Woods**, CEAB; **Clarence Shaw**, CEAB

**Comings and goings:** **Amy Beth Cook**, 8:34

*Recording Secretary: Sarah de Jong, Executive Assistant*

The meeting was called to order at 7:50 a.m. The meeting was held via Zoom video conference.

#### Special Business

##### Recognition of Amy Beth Cook

Amy Beth Cook is moving into retirement and will also be vacating her position on the PHAC. Ms. Lisa George expressed her appreciation for Ms. Cook in playing a key role in representing the Health District in her sector. Amy Beth Cook expressed her appreciation for the opportunity to be a member of the PHAC.

#### Action

##### 2021 PHAC Work Plan

Ms. Lisa George explained that while the workplan was voted on and approved by members of the PHAC at the March meeting, there were not enough members present to constitute a quorum so this item has been brought back to the PHAC to vote.

It was moved by Mr. Jeff Clarke and seconded by Ms. Jean Doerge to approve the 2021 PHAC Work Plan. The motion passed unanimously.

#### Approval of Minutes

It was moved by Mr. Clarke and seconded by Mr. Frank Busichio to approve the minutes of March 24, 2021. The motion passed unanimously.

## **Briefings**

### **Equity and Public Health**

Ms. Nicole Thomsen introduced Mr. Clarence Shawn and Ms. Mindy Woods, both members of the Community Equity Advisory Board (CEAB).

Mr. Clarence Shaw presented a picture that illustrated the differences between reality, equality, equity, and justice. Reality showed a disproportion of resources, with one receiving more than is needed and another receiving less. Equality gave the same amount of resources to each but it was still more than one needed and less than another. Equity showed a distribution of resources that allowed all groups equal access. Finally, justice removed barriers so no resources were needed. Ms. George asked if members of the CEAB would be willing to share this presentation with sector organizations.

Ms. Thomsen shared a chart that broke down the effects different factors have on community health. Health care accounted for 20%, health behaviors accounted for 30%, socioeconomic factors, such as education, job status, and family social support, accounts for 40%, and physical environment accounted for 10%. Mr. Jeff Clarke noted genetics were not accounted for in the chart. Dr. Chris Spitters said that genetics do play a large role in community health, although it can't always be clear if that is social DNA or biological that drives forward some behavioral problems some families experience. It should either be on there explicitly or buried in health behaviors. Ms. Naisha Williams said that even with genetic predispositions, socioeconomic factors still play a role in the overall life expectancy; those with better access to healthcare and better socioeconomic factors, such as higher education, income, and family social support, will have a longer life expectancy than their counterparts.

When addressing outcomes of public health, it's important to look further upstream to see the impact actions at the societal and community levels have. Making changes at the systems level can impact the downstream results. Looking at our community health assessment, completed in 2018, it becomes clear that the community members of color are experiencing higher rates of disease and illness and have shorter life expectancy than the county's white, non-Hispanic residents. If we want to change that conversation, it'll take more system approaches and move further up the stream to create the outcomes we want to see in our community.

Last year the Board of Health adopted resolution 20-17 supporting equity. This resolution focuses on community engagement, policy, responsible budgeting, equity-focused staff, and workforce development. Equity is part of the foundation for how we build healthier communities and is a brick-by-brick process. Connecting this resolution to data, such as the 2018 Community Health Assessment report, helps to show clear results for activities responding to COVID-19. A couple of directions given at the beginning of the pandemic were to stay home and wash your hands, which are two things that are difficult for the homeless population. Other barriers, such as access to transportation, make it difficult for some to get vaccinated. Taking these types of barriers into account helps paint a clearer picture for why there are such various outcomes and specifically disproportionately affecting the black and brown community.

Ms. Thomsen invited any PHAC members who are interested to join a meeting with the Community Equity Advisory Board to help increase collaboration between the PHAC and the CEAB. PHAC members expressed appreciation for this conversation. Equity disparities are difficult to overcome and beginning to have these conversations is important to give a baseline understanding for what needs to be in the workplan. Ms. Thomsen encouraged PHAC members to have conversations about equity in their own sectors and how they want to bridge it back together to bear their voices more augmented. Then taking the advisory and recommendations back to the Board of Health of things PHAC would like them to consider.

### **2021 WA Legislative Session**

The legislative session has ended and the Governor is now signing bills. The bill tracker in the packet hasn't been updated in a few weeks because there is a delay between the Governor signing bills and when it shows up on the bill tracker Ms. Thomsen has access to.

### **HB 1152 & PHAC**

House bill 1152 focuses reshaping the public health system and in its final form, creates a public health advisory board at the state level and potentially restructures local boards of health, with the goal of including more community voices. The bill requires local boards of health to restructure their boards of health so non-elected and elected members are equal, or if there is a preexisting PHAC, that PHAC can be used in that stead as the public non-elected voice at the table. One of the specific rules and actions for the PHAC that will affect Snohomish County include reducing the number of sectors the PHAC represents, currently 26, down to a maximum of 21. There are also 19 specific sectors that must be represented with this restructuring and specific tasks the PHAC will be a part of, such as being involved in the budget process and participating in the hiring of Health District leadership. All changes need to be enacted by January 1, 2022. Ms. Lisa George invited PHAC members to send an email about where they see themselves fitting in or their own sector fitting in within this criteria.

### **Health Officer Update**

COVID-19 cases peaked about a month ago in the fourth wave. The rolling two-week case rate is down to 154 as of last Saturday. Hospitalizations came off the third wave and had a bounce in early May with a younger age group. Deaths continue to be low, with a handful of deaths occurring each week. Total testing numbers have been stable over the past month with the current percentage of positivity testing resting currently around 7%.

Variant B.1.1.7 continues to establish itself as the dominant strain, currently accounting for almost 2/3 of cases in Washington State. The more concerning strain that is also growing in dominance is P.1 which is predominantly in South America and shows an increase in hospitalizations, even in younger adults.

Looking at cumulative hospitalizations per capita (when the denominator is the population in that group), we see higher hospitalization rates for Pacific Islanders, Native Americans, Latinos and African Americans. The differences in deaths are muted a bit where we see lower death rates per capita in Latinos, African Americans and Asians and a higher death rate in the White population. This is due in part to that group being older and making up a large proportion of long-term care facility residents, a setting where many of the deaths have occurred. Exposure and acquisition of infection is driving the higher hospitalization rates in racial and ethnic minority groups, not a biological phenomenon. While there may be a higher prevalence of higher conditions leading to those outcomes, the driving factor for hospitalizations and deaths for these groups is their exposure to workplaces and crowded housing.

Almost 75% of one million doses have been administered in Snohomish County. Among county residents, 417,000 have initiated vaccination and 330,000 have completed their vaccination schedule. Respectively, those figures represent about 50% and 40% of the total population of Snohomish County residents 16 years of age and older. The county reached a peak of almost 70k doses administered per week in late April and we are currently down to about 45,000 administered per week. The highest vaccination rates per capita is seen with Pacific Islanders and Asians, with around 60-65% having initiated their first dose. The Hispanic population has the lowest proportion of all groups, with around 30% having initiated vaccination. This percentage, while low, continues to improve due to outreach efforts and with vaccine approval for younger age groups, because the Latino population age distribution is younger.

From January 1 through May 15, there have been 1,300 breakthrough infections detected out of 3.1 million people who have completed their vaccination schedule. During that same time, there have been 180,000 cases among all 7.6 million state residents. A comparison of those numbers show .04% of fully vaccinated

Washington residents have gotten infected versus 2.37% of non-vaccinated individuals, which is about a 98% risk reduction for those that are fully vaccinated.

Vaccine operations are seeing a reduced uptake at the mass-vaccination sites. Those sites are performing strategic downsizing to meet the reduced demand and increasing allocations to the healthcare system while also expanding activities with the targeted efforts with mobile clinics.

### **Updates**

#### **PHAC Membership Renewals**

Although several PHAC members have renewal dates at the end of June, because of the upcoming changes to the PHAC due to house bill 1152, the inclination at this time is to pause on renewing membership until some of the sector representation has been worked out to match requirements that will take place by January 1, 2022.

#### **Adjournment**

The meeting adjourned at 9:22 a.m. The next meeting of the PHAC is Wednesday, July 28.