



**Snohomish Health District
Board of Health Minutes
November 9, 2021**

The meeting was held via Zoom conference call/video.

Members Present

Scott Bader, Councilmember, Everett
Elisabeth Crawford, Councilmember, Mukilteo
Megan Dunn, County Councilmember
Christine Frizzell, Councilmember, Lynnwood
John Joplin, Councilmember, Brier
Sam Low, County Councilmember
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace
Jared Mead, County Councilmember
Nate Nehring, County Councilmember
Dan Rankin, Mayor, Darrington
Linda Redmon, Councilmember, Snohomish
Jeff Vaughan, Councilmember, Marysville
Stephanie Wright, County Councilmember – BOH Chair

Members Absent

Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Vice Chair
Anji Jorstad, Councilmember, Lake Stevens

Call to Order

The regular meeting of the Board of Health was called to order at 3:03 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 to amend agenda contents

It was moved by Ms. Linda Redmon and seconded by Ms. Megan Dunn to amend the agenda by adding an executive session for purposes of pending litigation and personnel matters. The motion passed with 12 yes votes, 0 no votes, and 3 absent (Fraley-Monillas, Frizzell, Jorstad).

Approval of Minutes

It was moved by Mr. Scott Bader and seconded by Mr. John Joplin to approve the minutes of the regular meeting of October 12 and the special meeting of October 27. The motion passed with 12 yes votes, 0 no votes, and 3 absent (Fraley-Monillas, Frizzell, Jorstad).

Public Comment

Public comment was accepted in writing prior to the meeting. Mr. Shawn Frederick read into record a letter in favor of the proposed environmental health fee schedule from Ms. Teddi McGuire with the Washington Hospitality Association.

Written Reports

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

- a. Finance Manager's report for August 2021 (SR 21-108; S Centanni)
- b. Program Policy Committee draft minutes – Oct. 21
- c. Administration Committee draft minutes – Oct. 27
- d. Executive Committee draft minutes – Oct. 28

Consent

It was moved by Mr. Scott Bader and seconded by Ms. Linda Redmon to approve the following items on consent:

- a. Approve vouchers and Res. 21-22 authorizing Health District expenditures from September 16, 2021, to October 15, 2021
- b. Authorize the Administrative Officer to enter into an interlocal agreement with Tacoma-Pierce County Health Department for administration of online food worker cards
- c. Authorize the Administrative Officer to sign an amendment to the ABCD program with the Health Care Authority
- d. Authorize the Administrative Officer to sign the local solid waste financial assistance agreement with the Washington State Department of Ecology
- e. Authorize the Administrative Officer to sign professional services agreements with Providence Health & Services and Swedish Medical Center to provide surveillance activities for non-fatal overdose emergency room visits

The motion passed with 12 yes votes, 0 no votes, and 3 absent (Fraley-Monillas, Frizzell, Jorstad).

Special Business

Staff Briefing – Preliminary 2022 budget (SR 21-110; S. Frederick, S. Centanni)

The preliminary budget includes several assumptions:

- Estimated increase of 3.77% in medical rates and 0.74% in dental rates
- No increase in 2022 vision rates
- PERS employer rate will be adjusted to 10.07% in the final budget
- Addition of 21.0 FTE (4.0 FTE in Prevention Services, 16.0 FTE in Environmental Health, and 1.0 FTE in Administration). The 15.3 remaining difference between 2021 budget amendment 1 and 2022 preliminary budget will be incorporated in the 2021 budget amendment 2.

Mr. Shawn Frederick reviewed the preliminary budget document with the Board, noting that the Health District is in a good financial position and staff are projecting a balanced budget in 2022.

Public Hearing - 2022 preliminary budget

Chair Wright opened the public hearing for public comment. No public comments were received in writing by the published deadline, nor did any attendees volunteer to speak during the meeting. Chair Wright closed the public hearing.

Staff Briefing - Proposed Environmental Health fee schedule

Environmental Health Director Ragina Gray reviewed the proposed changes previously reviewed by all three committees. Proposed changes include:

- 2% fee increase across the board

- Addition of an annual fee of \$1,010 for a weekly-emailed “death list,” along with a signed data-sharing agreement
- Removal of the secure medicine return section
- Updates to some language and references

Public Hearing – Proposed Environmental Health fee schedule

Chair Wright opened the public hearing for public comment. No public comments were received in writing by the published deadline, nor did any attendees volunteer to speak during the meeting. Chair Wright closed the public hearing.

Action

Adopt Res. 21-21 approving the proposed Environmental Health fee schedule as shown in Exhibit A (SR 21-101; R. Gray)

It was moved by Mr. Bader and seconded by Ms. Redmon to adopt Res. 21-21 approving the proposed Environmental Health fee schedule as shown in Exhibit A. The motion passed with 13 yes votes, 0 no votes, 2 absent (Fralely-Monillas, Jorstad).

Approve the 2022 Snohomish Health District legislative priorities (SR 21-092; N. Thomsen, H. Thomas)

This item has been previously presented three times to all committees. There have been no additional changes requested by Board members at October committee meetings.

It was moved by Ms. Redmon and seconded by Ms. Megan Dunn to approve the 2022 Snohomish Health District legislative priorities. The motion passed with 13 yes votes, 0 no votes, 2 absent (Fralely-Monillas, Jorstad).

Briefings

COVID vaccine media buys (SR 21-109; S. Frederick)

Mr. Shawn Frederick briefed on a large COVID-19 vaccine advertising campaign staff are planning to perform. The media advertisements will go through many different avenues such as movie theaters, buses, billboards, newspapers, radio, and tv commercials. The total projected amount to be spent is around \$360,000 and the individual agreements range between \$10,000 to around \$46,000.

Executive Session

Ms. Wright announced that the Snohomish Health District Board of Health will convene into executive session for the purposes of pending litigation pursuant to RCW 42.30.110(1)(i) and personnel matter pursuant to RCW 42.30.110(1)(g) to review the performance of a public employee. Executive session is expected to last up to 10 minutes. Unless extended to a later time, the Board will reconvene into regular session at 4:09 p.m. and may or may not take action. The Board of Health extended executive session an additional 5 minutes and an additional 5 minutes. They reconvened into regular session at 4:19 p.m. and did not take action.

Administrative Officer’s Report

Mr. Frederick reported that the Health District entered into an interlocal agreement with Tulalip Tribes for the Boom City location to be utilized between now and mid-December as a testing and/or vaccination site. The site has been prepped but is not active yet due to a lack of staffing.

Health Officer’s Report

Case Rates - The downward trend of COVID-19 cases was interrupted with an increase in cases the week before last. This is most likely due to the return of children to school and children are making up a larger

proportion of the cases than they did earlier in the pandemic. The two-week rolling case rate report shows a decline since the peak of the current wave in late August, with a recent rise the past couple weeks.

Vaccinations of children ages 5 – 11 – Following the FDA’s authorization for use of Pfizer’s pediatric COVID-19 vaccine, the CDC’s Advisory Committee on Immunization Practices (ACIP) has determined the benefits of COVID-19 vaccination for this age group far outweigh the risks and has recommended vaccination for children in the 5-11 year old age range. This adds an additional approximate 75,000 children in Snohomish County to be eligible for the Pfizer pediatric vaccine. With about 10,000 such doses coming in each week, this results in frustration and anxiety among parents who want to have their children vaccinated now but are unable to schedule an appointment on that timeline. Staff have been engaging with school leaders to temper expectations due to the high demand and identify a variety of venues to make vaccination available. Vaccines for this age group will become more available with each passing week, not because an increase in vaccine is expected but because the number of children not vaccinated will continually decrease. There’s a pallet of options that most parents are pursuing in regard to choosing their vaccine provider for their children. In a poll published by the CDC, the majority of parents indicated their preference for their children receiving the vaccine at their regular doctor’s office or clinic. The poll indicated a relatively low appetite for outdoor mass-vaccination clinics. The Health District is not offering vaccinations for children in this age group at the mass-vaccination sites. This decision was made based on a few different factors – younger children may have trouble behaving, causing safety issues and also a potential back up in the line of cars behind. Also, with most parents preferring to receive the vaccine at their primary care provider, this allows the child to get caught up on any additional non-COVID shots and other well-child healthcare that is needed. Therefore, the Health District’s focus has been in communicating options to parents and in working with schools to partner them with healthcare providers as a safety net resource for students whose parents cannot achieve vaccination through routine venues like the healthcare system and pharmacies. The Health District’s mobile clinic capacity will remain an option as a safety net for school-based activity, if necessary, and could possibly end up developing a fixed site if needed. Local Health Officers have discouraged any early sense of pursuing vaccine mandates for school-aged children until more information is received regarding its safety and efficacy and until the State Board of Health (the traditional issuers of school vaccination requirements) has had an opportunity to run the notion through its established framework for establishing school vaccination requirements.

Public Health Recovery – As the emergency response begins to transition to a recovery approach, the delivery of services will also begin to shift back to the healthcare system. There are many individuals who have delayed care during the pandemic for a variety of reasons, including reduced access to care, so there’s a lot of catch-up care that will need to happen. There are also behavioral health needs resulting from the pandemic that need to be addressed. Healthcare systems are having a difficult time responding to this increased surge of need while also experiencing a shortage in staffing. Keeping schools open is also a priority to ensure children are able to not have interruptions in their education.

On a policy level, the future of COVID will be a de-escalation of the chronic state of emergency and the return of clinical intervention back into the routine venues for healthcare. The strength and duration of intermittent responses to future waves may diminish or at least vary with time. There will also need to be a transition from mandates to cultural and enterprise-based norms. Looking at things like innovation in how workplaces and schools are designed to improve ventilation and reduce crowding, as well as changing work practices and how people gather for conferences and meetings will also play a role.

Future of COVID Technology – There are two medications in pill form that have completed clinical trials and show about a 50-80% reduction of hospitalization for those with mild to moderate COVID. While these medical advancements are great, the best way to prevent going to the hospital with COVID is still to get vaccinated. We may also continue to see updated vaccines or just the need for occasional boosters. Non-medical interventions, such as masking, will probably continue to be needed intermittently depending on transmission levels. Case investigation and contact investigations will also likely be phased out in the long run and isolation and quarantine will be based on public education and counseling from healthcare providers, and requirements



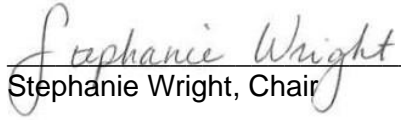
from employers. Testing will also transition to some degree away from the healthcare systems and toward home testing.

Information Items

Chair Wright announced upcoming meetings.

Adjournment

The meeting was adjourned at 4:50 p.m.


Stephanie Wright, Chair



Shawn Frederick, Administrative Officer / Secretary