

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, **January 26, 2017** was called to order by Mayor Kevin Freeman, Chair, at 12:35 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Mayor Kevin Freeman, Chair
Commissioner Josh Kerns
Councilmember Lori Kinnear
Councilmember Breean Beggs
Councilmember Karen Stratton
Councilmember Sam Wood
Board Member Chuck Hafner
Board Member Bob Lutz, MD, MPH

ABSENT

Commissioner Al French
Commissioner Shelly O'Quinn, Vice Chair
Councilmember Mike Munch
Board Member Susan Boysen, EdD, RN

CITIZEN INPUT

- Emmy Wise, Spokane County – Spoke on the medical exclusion policy related to the mumps outbreak at the local schools. Ms. Wise was invited by the BOH Chair to remain at the meeting to hear the mumps outbreak update and to speak with agency staff if her questions weren't answered.

CHAIR REPORT – Mayor Kevin Freeman

The chair recognized former Board of Health (BOH) members, Spokane Councilmember Amber Waldref and Spokane Valley Councilmember Pam Haley, for their service on the Board of Health.

Councilmember Waldref thanked the Board members and staff for their work. She recommended new members read *Odds Against Tomorrow* and stated the biggest issues public health face are communicable disease prevention, immunization and youth marijuana use. She also stated Spokane Regional Health District (SRHD) has one of the best budgeting processes of the agencies she has worked with.

The chair welcomed new members: Councilmember Karen Stratton, City of Spokane; Councilmember Sam Wood, Spokane Valley; and Commissioner Josh Kerns, Spokane County.

ADMINISTRATOR REPORT

Influenza Update – Malia Nogle, Epidemiologist, Disease Prevention and Response

Influenza activity remains elevated and widespread across the state. As of Tuesday, there have been 141 hospitalizations all with influenza Type A. There have been 76 deaths in Washington State and only one in Spokane County.

Norovirus Update – Malia Nogle, Epidemiologist, Disease Prevention and Response

On January 22, 2017, norovirus was reported at the House of Charity. Thirty cases total have been medically evaluated. Extreme mitigation measures have been taken to eliminate the disease. The response team is hopeful the outbreak will resolve quickly.

Mumps Update – Malia Nogle, Epidemiologist, Disease Prevention and Response

SRHD received its first mumps notification in mid-December. As of last night, there are 90 confirmed cases. SRHD has monitored approximately 270 contacts for symptoms of mumps. Affected school districts have been working to verify the immune status of students, faculty and staff. Affected school districts include Central Valley, East Valley, Mead and Spokane Public School system.

Individuals not fully vaccinated have to receive a dose of the MMR vaccination or prove immunity through a titer test. Students who do not meet that criteria are excluded from school. An individual is fully immune after receiving two MMR vaccinations, if they were born prior to 1957, or have been diagnosed by a physician with mumps on the past. In order for excluded students and staff to return to school, they are required at least one vaccination. There must be a period of 28 days between both doses; therefore, students are allowed to return to school after one dose of MMR.

By this evening, 25 clinics have run in response to the outbreak. Over 2,300 doses of MMR vaccination have been distributed at the clinics. Just over 1,000 doses from SRHD and 1,300 from Walgreens. As of December 21, 2016, adults with only one MMR vaccination in Spokane County was at 11%. As of January 16, 2017, that number has risen to 21%. This represents a 91% increase in the number of adults with at least one MMR vaccination in Spokane County.

SRHD has been working with several partner agencies in order to provide the vaccinations including: Walgreens, Rite Aid, Safeway, Albertsons, Spokane Mobile Clinic, and the Salvation Army. Outbreaks of the mumps are common among populations that share close quarters and other social factors. Two doses of the vaccine are 88% effective, whereas, only one dose is 78% effective.

BOH reviewed a video from Mark Springer, Epidemiologist, Disease Prevention and Response on rates of mumps infection among vaccinated individuals.

SRHD is working with students who are not immune to the mumps to provide a vaccine or provide protection to exposure. The Whitworth mumps outbreak is separate from the outbreak at the public schools. The Whitworth outbreak officially ended December 5, 2016 and there is no connection to the recent outbreak. It is suspected the current outbreak is related to the one in King County. Vaccinated children who are getting mumps have been in long prolonged contact with those who have the active disease.

New BOH Member Orientation – Torney Smith, Administrator

A brief orientation was held today for new BOH members.

SECURES System – Torney Smith, Administrator

All BOH members have been signed up to the SECURES public health emergency notification system. Members are to contact the recording secretary if there are issues.

Public Health Emergency Preparedness and Response Training – Torney Smith, Administrator

Prior to BOH meeting next month, a 1.5-hour training on public health emergency response will be held for members. The meeting will start at 11 a.m. and lunch will be provided.

Opioid Treatment Program Update – Torney Smith, Administrator

The Opioid Treatment Program has more than 800 clients receiving care. The program has received authorization by Spokane County to add 150 additional clients. The program is hiring additional counselors, dosing agents and staff to accommodate the increase in clients.

HIV/AIDS Program – Torney Smith, Administrator

Due to the contract changes for HIV/AIDS services, there will be 8-12 employees hired in the program in the next couple of weeks.

Demonstration Project from Medicaid – Torney Smith, Administrator

Earlier this month, Washington State was granted a demonstration project from Medicaid that allows health care reform issues to be addressed. This project allows reimbursement for cost saving transformation efforts across the state. This state has the ability to use \$1.1 billion dollars from Medicaid for those services. The grant is coordinated by Better Health Together under Empire Health Foundation with 50 community partners engaged in the process.

Building Updates – Torney Smith, Administrator

The new employee elevator will be tested on January 30 and should be functional thereafter. This year, the agency will replace the chillers to the HVA system. The current chillers are 40 years old. The new system will be placed on the Southside of the building and occupy two parking spots in the basement.

Chief Health Strategist Concept – Torney Smith, Administrator

The Chief Health Strategist concept is being promoted as the future role of public health by the Centers for Disease Control (CDC), Centers for Medicaid Services (CMS) and the National Association of City and County Health Officials (NACCHO). It will engage the BOH in establishing proper strategies to address issues of public health concern enacting policy and bringing awareness to health consequences. More information on the concept will be brought to the Board this year.

LEGISLATIVE UPDATE – Linda Graham, Health Policy Specialist

The latest update on legislative activities is included in the agenda packet. There are bills currently active that define Foundational Public Health Services (FPHS) and require placement into the RCW as well as calling for two pilot programs, which will test shared services across the state. Due to state budget constraints, the FPHS services were prioritized with a funding requested of \$60 million dollars. The Governor has budgeted \$24 million for those services.

As expected, there is much attention on opioid abuse with bills to approach solutions through various means. There are bills restricting prescriptions, bills related to the prescription monitoring system, changes in criteria for opioid treatment programs, a naloxone grant program, and proposed prohibition on safe injection sites. The proposed bill prohibiting safe injection sites requires local health jurisdictions (LHJs) to monitor and prevent sites. The state will penalize LHJs if they're unable to certify there are no sites. Clarification is being sought whether needle exchange programs are included in the legislation.

A hearing on the House Bill for Tobacco 21 has been heard with strong support. The Senate Bill was moved from the Healthcare Committee to the Commerce Committee which signals a continuing focus on the fiscal impact. This was the issue which stopped the bill last session. The fiscal impact is \$22 million per biennium. The U.S. military follows federal rules, however, in other states such as Hawaii military bases have chosen to follow the state law concerning purchasing age. Agency staff have met with Fairchild staff who have reported they are in favor of the bill.

SB5514 on Rapid Information Network Data has been dropped. The safe medicine return legislation proposed, which calls for a statewide medicine disposal system paid for by the pharmaceutical industry, is active as well.

Public Health Day in Olympia will be held Mar 1. Linda Graham and agency staff will be attending. Any Board members who wish to participate are encouraged to contact Linda Graham.

COMPTROLLER REPORT – Mike Riley, Comptroller

The Washington State Department of Health (WSDOH) Consolidated Contract Amendment 12 has just been signed, which increases the HIV/AIDS case management funds by \$1 million and the Opioid Treatment Program funds to increase the amount of clients it can serve.

Starting Feb 2, SRHD will use Prophix budgeting software. This new software will assist managers in tracking actual funds and budgets and allows increased reporting capabilities.

CONSENT AGENDA

Consists of items considered routine which are approved as a group. Any member of the Board may request to remove an item from the Consent Agenda to be considered separately.

Meeting Minutes: December 1, 2016

2016 Vouchers paid: November 1-30, 2016 and December 1-31, 2016

Voucher Numbers: #241295 - #241567 and EFT B&OOct2016	\$ 926,354.16
Payroll Warrants: #945799 - #945820 #948949 - #948956	
Advice Numbers: #DD37073 - #DD37274	\$710,409.40
Payroll Warrants: #947391 - #947408 #949258 - #949268	
Advice Numbers: #DD37275 - #DD37479	\$692,841.22
TOTAL	\$2,329,604.78

2016 Vouchers paid: December 1-31, 2016

Voucher Numbers: #241568 - #241825 and EFT B&ONov2016	\$ 805,657.62
Payroll Warrants: #949851 - #949868 #950448 - #950455	
Advice Numbers: #DD37480 - #DD37686	\$720,456.55
Payroll Warrants: #951183 - #951288 #952472 - #952481	
Advice Numbers: #DD37687 - #DD37894	\$695,368.34
TOTAL	\$2,221,482.51

Motion: To approve the consent agenda including meeting minutes and vouchers as presented.

Motion/Second: Hafner/Kinnear

Approved: Unanimously

EXECUTIVE SESSION

The BOH adjourned at 1:25p.m. for ten minutes for an executive session pursuant to RCW §42.30.140(4) and RCW §42.30.110(1)(i). Michelle Fossum, Torney Smith, and Sue Winters remained for the session.

MEETING RECONVENED

The meeting reconvened at 1:36 p.m. No action was taken.

ACTION ITEMS

Adopt 2017 Board of Health Meeting Schedule – Mayor Freeman

A draft meeting schedule was included in the Board packet. There will be no meeting in August or November and the meeting in December will be held on the first Thursday. Councilmember Beggs moved to adopt the schedule as presented. Councilmember Hafner seconded the motion.

Motion: To adopt the 2017 Board of Health Meeting Schedule as presented.

Motion/Second: Beggs/Hafner

Approved: Unanimously

Adopt 2017 Board of Health Committees – Mayor Freeman

Additional Board members were appointed to following BOH Committees:

Budget and Finance Committee – Councilmember Stratton

Education and Communication Committee – Councilmember Stratton

Policy Committee – Councilmember Wood and Commissioner Kerns. Councilmember Beggs was appointed Chair of the committee.

As Chair of the BOH Policy Committee, Councilmember Beggs will serve on the Executive Committee of the BOH (ECBOH).

Health Officer Selection Committee – Board Member Hafner

Councilmember Stratton made a motion to adopt the membership of the BOH Committees as appointed. Councilmember Kinnear seconded the motion.

Motion: To adopt membership of 2017 Board of Health Committees.

Motion/Second: Stratton/Kinnear

Approved: Unanimously

Approve Contract between Torney Smith and SRHD BOH – Mayor Freeman

The proposed contract between the SRHD Board of Health and acting administrator of the Health District has been reviewed and vetted by legal counsel. Councilmember Beggs made a motion to approve the contract as presented. Board Member Hafner seconded the motion.

Councilmember Kinnear requested clarity about conducting a search for the administrator position discussed at a previous BOH meeting. The Chair commented his satisfaction with extending a contract for Torney Smith for his services as director. The chair stated Torney has demonstrated his ability to continue as an effective administrator and director and has acted as interim director on numerous occasions.

Councilmember Beggs stated he was under the impression there would be a search for the administrator position as was Councilmember Kinnear. The recording secretary was asked to read from the previous BOH minutes by Councilmember Kinnear.

The recording secretary read from the October 27, 2016 BOH minutes on the health officer search update.

The Chair called for vote on the motion.

Motion: To approve the employment contract between Torney Smith and Spokane Regional Health District Board of Health

Motion/Second: Beggs/Hafner

Approved: 5 yea/1 nay (Kinnear)/2 abstain (Wood, Kerns)

Resolution #17-01 Approval to Adopt a Labor Contract for Employees of SRHD who are Members of the Professional and Technical Employees (PTE), Local 17

Councilmember Hafner made a motion to approve the contract as presented. Councilmember Beggs seconded the motion.

Motion: To approve Resolution #17-01 Approval to Adopt a Labor Contract for Employees of SRHD who are Members of the Professional and Technical Employees (PTE), Local 17

Motion/Second: Hafner/Beggs

Approved: 6 yea/2 abstain (Woods/Kerns)

Resolution #17-02 Approval to Adopt a Labor Contract for Employees of SRHD who are Members of the Washington State Nurses Association (WSNA)

Councilmember Hafner made a motion to approve the contract as presented. Councilmember Beggs seconded the motion.

Motion: To approve Resolution #17-02 Approval to Adopt a Labor Contract for Employees of SRHD who are Members of the Washington State Nurses Association (WSNA).

Motion/Second: Hafner/Beggs

Approved: 6 yea/2 abstain (Kerns/Wood)

REPORTS

Health Officer Search Update – Torney Smith, Administrator

Mr. Smith has met with the Health Officer Selection Committee to review and seek approval of the health officer position description. Advertisement on the position will be placed within the next few days.

Confronting Violence Report – Stacy Wenzl, Program Manager, Data Center

The executive summary of the *Confronting Violence* report is included in the BOH agenda packet. The report will be released next week to community members.

Spokane Counts reported trends of violence that were alarming. Violence prevention is a public health issue that crosses sectors. SRHD is engaging in strategic conversations with the community to identify opportunities to make impacts to a few targeted areas.

SRHD interviewed stakeholders in the community that are in a position to service victims of violence identifying implications to health and wellbeing of their clients when they've experienced violence, identifying gaps in the community, and what actions they would like to see SRHD address.

The report incorporated data points using the CDC socioecological model. Because factors address the span of the socioecological model, solving or mitigating must also span across the socioecological model, which takes more than working with the individual to have an impact.

Risk factors are those things that significantly increase the likelihood that a person would engage in a risk behavior or experience negative outcomes that they would in-turn perpetuate violence. Protective factors provide a buffering effect mitigating or decreasing the likelihood that someone would engage in risk behaviors or experience negative outcomes. Risk factors are not causal and risk factors and protective factors must be considered in concept and parallel to each other.

Notable risk and protective factors include:

Individual level

Risk factor: serious depression in youth and suicide ideation.

Protective factor: social and emotional support.

Relationship Level

Risk factors: physical abuse of children and adolescents, bullying and domestic violence

Community Level

Risk Factors: school suspension and expulsion

Societal Level

Risk Factors: access to weapons

Protective Factor: Belief in a moral order

Key findings include: child abuse rates increased over the last decade with more than 50,000 incidences of abuse reported in our community; domestic violence rates are increasing with 8.6% per 1,000 individuals equaling more than 4,000 cases of domestic violence annually; a 70-fold difference between the neighborhood with the highest rate of violent crime and the lowest; youth and those reporting two or more races are more likely to be depressed; Black, Native Americans, Hispanics and those in gangs are more likely to be homeless; Native Americans more likely to be bullied; those with two or more races are more likely to report being physically abused by an adult; Blacks and those reporting two or more races are more likely to have intimate partner violence, more likely to fight in school and less likely to feel safe.

The Healthy Youth Survey reports 50% of youth have experienced at least one violence related incident at school within the last year; of youth in 8, 10 or 12th grades, 3.5% experienced four or more episodes of violence translating to 1300 students. Chances of graduating high school for students reporting five or six episodes of violence are 45% less than peers. This includes those experiencing and those perpetuating violence. Violence is independently associated with academic outcomes and has lasting health affects in adults.

The report was intentionally not compared to the rest of the state to spark conversation despite percentages in the state. There are actionable, evidence-based strategies to prevent and mitigate violence. This report has cross-referenced risk and protective factors by topic to highlight how it impacts work and cross-referenced strategies that can be used to prevent violence in the community. By targeting risk factors, such as alcohol and drug use, multiple categories of violence can be impacted in the community. Individuals can make an impact by caring and getting involved and opportunities remain with coordinating efforts.

SRHD's role is to generate awareness, catalyze action, provide data, support organizations with evaluation and evidence-based practice, focus on the health and well-being of children, build healthy families and support communities, focus on those most marginalized, and build resilient communities.

SRHD's next steps are to disseminate information, plan strategic outreach with key partners, and continuous evaluation and improvement especially in programs that are positioned to be leaders. Ideally, SRHD would like to reach and work with every neighborhood council in the community. The BOH can engage in deeper conversations by meeting with programs and staff and informing SRHD staff who they can reach out to.

Board Member Lutz commented that SRHD as the chief health strategist can work to bring awareness in the community of this issue. Councilmember Wood stated he will work to open dialog in his jurisdiction on the subject. Councilmember Kinnear stated City of Spokane representatives would disseminate information given by SRHD.

BOARD MEMBER CHECK IN

Mumps Work – Board Member Lutz

Board Member Lutz thanked the agency for their proactive work supplying influenza and mumps information. The agency has provided weekly data and templates that assist providers.

Staff Appreciation – Commissioner Josh Kerns

Commissioner Kerns thanked staff who participated in the BOH orientation.

Staff Appreciation – Board Member Hafner

Board Member Hafner thanked staff for their long hours and hard work protecting the community.

City of Spokane Public Safety Committee – Councilmember Kinnear

Councilmember Kinnear, as Public Safety Committee Chair, invited agency staff involved with the *Confronting Violence Report* who would like to present to the committee to contact her.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 11:00 a.m. on February 23, 2017.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:36 p.m.

APPROVED:


Board Member Name and Title

Date: 2/23/2017


Recording Secretary