

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, **March 30, 2017** was called to order by Mayor Kevin Freeman, Chair, at 12:30 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Mayor Kevin Freeman, Chair
Commissioner Josh Kerns (arrived at 12:36 p.m.)
Councilmember Lori Kinnear
Councilmember Breean Beggs (departed at 2:38 p.m.)
Councilmember Karen Stratton
Councilmember Mike Munch
Board Member Chuck Hafner
Board Member Susan Boysen, EdD, RN
Board Member Bob Lutz, MD, MPH

ABSENT

Commissioner Al French
Commissioner Shelly O'Quinn, Vice Chair
Councilmember Sam Wood

The Chair made a motion to adjust the agenda moving Item 10: Executive Session to the next item on the agenda. Board Member Hafner seconded the motion.

Motion: To adjust the Board of Health agenda moving Item 10: Executive Session to the next item on the agenda.

Motion/Second: Freeman/Hafner

Approved: Unanimously

EXECUTIVE SESSION

The BOH adjourned at 12:32 p.m. for 25 minutes for an executive session pursuant to RCW §42.30.110(1)(i)(iii). The Chair requested Michelle Fossum, Patricia Rhoades and Torney Smith remain for the session.

MEETING RECONVENED

The meeting reconvened at 12:57 p.m. No action was taken.

CITIZEN INPUT

- Chamy Ott, Spokane County – Spoke on her respect for the Board of Health and her declining respect for the Spokane Regional Health District (SRHD) and the Washington Department of Health (DOH) surrounding the health officer exclusion orders for mumps. She questioned the validity of SRHD's statistics of immunized and non-immunized infections.
- James Ott, Spokane County – Spoke on his absence from school for two months due to the mumps exclusion orders and how it impacted his life and school. He requested a remedy to the exclusion orders.
- John Ott, Spokane County – Spoke on the students who were part of the mumps exclusion orders who are working and interacting with the public while being out of school.
- Jacklyn Gallion, Spokane County – Spoke on the Marshallese Islanders making up 75% of the mumps cases in Spokane County, which equates 215 cases out of the 286. She commented the cases indicate that the disease is not being spread in school and leaving the Marshallese student population in school would guarantee the outbreak would continue. Exclusion would not stop the community outbreak since exposure and transmission is not appearing to happen in school, but in a social and home settings.

Interrupting the outbreak would require quarantining the families to their homes with no outside contacts. Unless policy automatically excludes siblings of affected children, in some schools all cases could be mumps working through children in a household or sibling-to-sibling over a period of weeks. She asked what justification there is to exclude exempt students during the outbreak since exempt students didn't start, spread and aren't sustaining it. She shared her disappointment with SRHD in handling the outbreak and transparency with data. The Board was not aware that the outbreak was almost entirely in vaccinated people until parents notified them. SRHD personnel have stated that only five of the non-vaccinated children with mumps were school aged and won't or can't confirm they are public school students.

CHAIR REPORT – Mayor Kevin Freeman

Board of Health Special Meeting

The BOH special meeting on the mumps outbreak was recapped. Six Board members and 11 citizens provided testimony and the BOH attorney educated the members on their authority and the health officer's authority. Chas DeBolt from the DOH Epidemiology provided statewide perspective on the outbreak and the interim health officer, Dr. Sam Artzis, and Epidemiologist, Mark Springer, provided input as well.

Health Officer Update

Health officer interviews will be held April 14.

ADMINISTRATOR REPORT

Influenza Update – Anna Halloran, Epidemiologist, Disease Prevention and Response

Influenza activity continues to slow. To date this season, there have been 271 hospitalizations with the majority having influenza type A. Spokane County had 14 deaths this season. Masking recommendations for unvaccinated healthcare workers was discontinued two weeks ago due to lower positivity rates. Masking orders are dropped when rates drop below 10% in two consecutive weeks.

Mumps Update – Anna Halloran, Epidemiologist, Disease Prevention and Response

Mumps cases are slowing with 290 confirmed or probable cases reported to date. There have been 300 additional individuals investigated for the disease. Other Eastern Washington counties have reported cases. Grant, Stevens, Pend Oreille, Ferry, Okanogan, Benton and Yakima counties have reported cases. The state is reporting close to 700 cases with most in school-aged children. Almost 2,000 people have been investigated since the start of the outbreak. As of today, there are five Spokane County schools that are excluding non-immune students and staff. All those schools will end their exclusion period over spring break if no new cases are identified.

To date, there has been one case of mumps related meningitis, 22 cases of orchitis, three cases of mastitis, nine cases of hearing loss, one case of pancreatitis and two hospitalizations. Epidemiology continues to investigate other communicable disease reports including random reports of pertussis and Zika.

Health Officer Update – Torney Smith, Administrator

Four candidates will be interviewed for the health officer position on April 14. The position advertisement will be posted until the position is filled.

HIV/AIDS Program Update – Torney Smith, Administrator

The HIV/AIDS program is focusing on a statewide effort to reduce HIV transmissions by 50% by the year 2020. Efforts include: medical insurance assistance, testing, pre-exposure prophylaxis, and treatment when necessary.

ZO8 Healthcare Authority Award – Torney Smith, Administrator

SRHD's Wellness Committee has received the ZO8 award for improving employee wellness in the agency.

Annual Awards and Services Ceremony – Torney Smith, Administrator

Board Members will receive an invitation to the annual awards ceremony, which will be held April 13 at 2:00 p.m. Employees will be recognized for years of service from five to 30 years.

Done My Way Campaign– Torney Smith, Administrator

The Smoke-Free Living program has started a smoking cessation program that works through social media sharing stories of those who have quit using tobacco products. There will also be handouts about the campaign in local medical providers' offices.

Weed to Know Campaign – Torney Smith, Administrator

The Marijuana program is focusing on children's health impacted by marijuana use of pregnant mothers. Handouts will be available in medical provider offices.

Steady as We Go Program – Torney Smith, Administrator

The *Steady as We Go* program addresses falls by the elderly. The program will teach classes to senior citizens on how to reduce falls within their environment and how to become physically fit.

Walking School Bus Program – Torney Smith, Administrator

The Walking School Bus program encourages children who live within one mile of their school to join other children to walk to school. The program addresses childhood obesity and fitness. School districts are reporting that school attendance is increasing for children who are in the program. Anecdotally, there are reports of improved behavior at school for children on the program.

Weaving Bright Futures Program – Torney Smith, Administrator

The Weaving Bright Futures Program in the Community and Family Services division is educating the Airway Heights Police Department on trauma informed practices. In May, the program will educate Spokane Probation Officers on adverse childhood experiences (ACES).

Pediatric Care Coordinator – Torney Smith, Administrator

The Community and Family Services Division has received a grant for a pediatric care coordinator to assist the Accountable Communities of Health (ACH) work being completed in the state.

Spokane County Health Rankings – Torney Smith, Administrator

The University of Wisconsin released the county health rankings yesterday. Spokane County is included in the publication that is available online.

Building Updates – Torney Smith, Administrator

The building chillers will be replaced taking 12-15 weeks to complete over the summer months. The project is going to bid on April 12.

LEGISLATIVE UPDATE – Linda Graham, Health Policy Specialist

March 29 was the cutoff date for bills to leave the Policy Committees. April 4 is the cutoff date for bills to leave the Fiscal Committees.

- Foundational Public Health Services (FPHS) HB1432/SB5353 has left the House and is now in the Senate. It has passed the Healthcare Committee and is expected to be scheduled in the Ways and Means Committee.
- Safe Injection Sites SB5223 appears to be dead at this point.
- Tobacco 21 HB1054/SB5025 has passed out of the House Finance Committee along with a separate bill that creates a 60% tax on vaping products. The tax is at the distributor level and will only apply

to the cartridges of vaping products and not stand-alone hardware and will apply whether there is nicotine or not. Starting in 2021, 40% of the taxes will go to FPHS work, tobacco prevention and public health education. The bills have not passed the full House or Senate and are not in either budget at this point.

- Distracted Driving HB1371/SB5289 is alive in both the House and Senate and have been amended slightly to deal with new devices available. The bills are expected to pass.

The Senate and House budgets are out. In the Senate, public health funding is comparable to previous years. The Senate budget funds the prescription monitoring program (HB1426). The expansion of the data collection for opioids (SB5248) and restrictions on prescriptions for opioids (HB1339) have been combined into one bill, which is funded in the Senate budget. There is also funding for lead testing in schools (HB1925).

The House budget has \$40 million allotted for FPHS (HB1432) and increased funding for HIV early intervention. There is funding for lead testing in schools (HB1925) and for high-risk communities; the prescription monitoring program (HB1426); and increased funding for suicide prevention.

COMPTROLLER REPORT – Mike Riley, Comptroller

SRHD spent 98% of the BOH authorized budget for 2016 and brought in 99% of expected revenue. This allowed a fund balance increase of \$290,045. In 2017, the agency is budgeted to use \$395,000 of its fund balance. Salaries and benefits are the majority of expenses at the health district. For 2017, salaries and benefits amount to \$17 million, which is an increase over previous years. This is due to an increase in full-time employees (FTEs).

The state auditors will arrive April 3 and are expected to be onsite until mid-May.

The agency will train on Prophix budgeting software April 17 through June 21.

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: February 23, 2017 and March 17, 2017

2017 Vouchers paid: February 1-28, 2017

Voucher Numbers:	#242129 - #242362 and EFT B&OJan2017	\$ 869,650.87
Payroll Warrants:	#956208 - #956226 #957775 - #957781	
	Advice Numbers: #DD38300 - #DD38507	\$728,075.66
Payroll Warrants:	#958003 - #958014 #958353 - #958361	
	Advice Numbers: #DD38508 - #DD38714	\$690,387.81
	TOTAL	\$2,288,114.34

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

Motion/Second: Munch/Boysen

Approved: Unanimously

ACTION ITEMS

There were no Action Items

REPORTS

Update on the Medicaid Demonstration Project – Alison Carl White, Better Health Together

Healthcare contributes to only 11% of a person's overall health. Genetics, behaviors, social circumstances and environment have a large effect on overall health. In the region, about \$4 billion is spent on healthcare. There are significant issues with low performing health status in the region. There is interconnection between a person's neighborhood, education level, job status, ethnicity and health, which impacts the healthcare system.

Better Health Together (BHT) is part of the State of Washington Healthcare Initiative and is the local entity for the Accountable Communities of Health (ACH). Initiatives of the effort include: the integration of behavioral, physical and oral health; supporting clinical practice transformation; and accountable communities of health. The ACH will deliver a regional health improvement plan to the state. Its goal is to bring together all the efforts in the community under the plan.

As part of the initiative, the ACH is required to select a project that is multi-sectored and prove the value of an accountable community of health. Feedback established a need for community coordinators notably for housing, health and education. The Pathfinder Community Hub project is based upon a national model designed to be an evidence-based, data-driven model to improve population health focusing on at-risk population. The ACH's first pilot is in Ferry County addressing jail transitions.

Washington State has been awarded a Medicaid Demonstration Waiver with three initiatives. The first initiative is designed to connect the healthcare system with social determinants of health and transition payments from the speed-for-service model to paying for a value model. The waiver is \$1.4 billion spread over five years. The money must be earned based on achievement of outcomes. By the third year, there must be an increased health status on several measurable areas to earn the full waiver. There will be \$1.1 billion dollars for the first initiative spread over the nine regions.

The Medicaid Transformation Tool Kit shows all the projects that could be chosen. All projects in Domain 1 are required, which has community members that will participate on a state planning team and will set the recommendations. There is specific focus on the workforce portion of the domain that will align with region's workforce development goals. The goal is to identify how community health workers, patient navigators and health coaches can improve the health system.

In Domain 2, the required project is bi-directional integration of care and primary care transformation. The goal is to integrate the physical health system with behavioral health both in delivery and payment. The state legislature has passed a bill that requires all regions to move to fully integrated managed care by 2020. Regions who have a plan to meet the goal by 2019 will have access to additional funding.

In Domain 3, the required project is addressing opioid use. There has been groundwork established in the region, which allows the ability to align waiver and additional resources.

Maternal child health models in the project address public health. Addressing maternal child health would have long term benefits for healthcare, the criminal justice system, education and an increase in productivity of the community. The BHT board and leadership council is seeking to address health inequity and reduce the number of adverse childhood experiences in the community.

BHT is working on its first round of certification, which will release \$1 million for investment that will allow team placement. The state will release project templates in May that are required for every project in every region. Between May and late September, comprehensive project plans will be developed for each of these domains projects. The premise of the waiver is to reduce the cost of Medicaid by two percent. These projects are designed not to need the waiver dollars by the fifth year.

Immunization Update – Stephen Luber, MD, Clinical Associate Professor of Pediatrics, University of Washington

Dr. Luber participated in clinical trials for most of the immunizations commonly used today. Five years ago rotavirus had 50,000 admissions to pediatric hospitals and last year had 5,000. There are pediatric residents now graduating who have never seen the rotavirus infection. Today's public has not seen virus outbreaks due to immunizations and the public doesn't understand that the immunizations prevent viruses that are untreatable.

Influenza causes 30,000 to 40,000 deaths a year, which are preventable. The public resists HPV immunization, which prevents 90% of cervical cancer. It also prevents 60% of oral cancers, 90% of rectal cancers and 90% of genital warts with virtually no side-effects. There are 15,000 causes of cervical cancers each year and three million cases of genital warts.

Vaccines have a long history of proven safety and keep once common diseases uncommon. A choice not to get the vaccine is a choice to be at risk for the disease. Diseases that have all but disappeared can make a comeback if the vaccination rates decline.

Delaying or skipping vaccinations is dangerous. Immunization recommendations by Dr. Sears have no supporting data. Clinical trials are done at specific times; outcomes are measured and recommendations are based upon the data from the outcomes. Varying when children receive vaccines will result in altered outcomes. Children are most susceptible to disease when they are infants and very young. It is more important to prevent diseases like pertussis in children under a year.

Doctors hear from clients that taking vaccines all at once will overwhelm the immune system. A person's body is fighting off antigens continually. With vaccines, there are fewer antigens for the body to fight off. Some parents want their children to have separate vaccinations. Children prefer combined vaccinations to reduce the number of shots they receive and combined shots reduce the number of errors in vaccinations received.

There was a reduction pertussis cases when vaccinations began. There is now an increase in cases due to better recognition of the disease and because people are not immunizing. Meningococcal disease has dropped substantially due to immunizations. There is a 25% mortality rate with the disease, which kills quickly. There has been an 80% reduction in rotavirus hospitalizations in three years due to the vaccine.

Two-thirds of influenza cases are in school children. If children are immunized, the disease will not spread in the community. In Japan, children were immunized against the flu. There was a reported reduction in deaths due to the disease and no pandemics. As parents were allowed to refuse the program, there have been pandemics reported.

There is no reporting in any literature that supports the concept that vaccines cause autism. Controversy about vaccines and autism came from Dr. Wakefield who was employed by a plaintiff's attorney seeking money from a vaccine manufacturer. Dr. Wakefield received \$675,000 to testify. The editor of the British Medical Journal was fired for accepting Dr. Wakefield's article, co-writers on the paper recused themselves and the lab falsified data.

Vaccines never had the lethal form of mercury and had Thimerosal removed in 2001. There has been no reduction of autism since then. In addition, there is more mercury in a serving of salmon than in vaccines. All immunizations have 4mg of aluminum. There is more aluminum in breast and soy milk and common foods. There is a trace amount of formaldehyde in vaccines and there is more than ten times in an infant's body prior to shots. Eighty percent of those claiming serious side effects from vaccines are plaintiffs' attorneys. There is rigorous testing in clinical trials before vaccines are distributed.

The influenza vaccine is inactivated. Clinical trials show that only severely immunocompromised people are susceptible to getting influenza from the vaccine. The rubella (German measles) vaccine was isolated from an aborted fetus from mothers who had rubella and chose to end their pregnancy. Vaccines do not have fetal tissue. Only the live polio vaccine, which has since been discontinued, has been shown to shed significant virus to others.

The mumps vaccine is 88% effective and prevention of the disease is through herd-immunity. If greater than 90% of the people are immune, then an epidemic can't be started. Mumps was the largest cause of sterility in the United States before vaccines. Other mumps complications include: encephalitis, meningitis, deafness and inflammation of the ovaries and breasts. There is a significant variability between those who report being vaccinated and actual vaccination, which may be affecting the recent outbreak.

The biggest return in public health has been providing clean water, reasonable housing, adequate food and vaccinations. Everything done in medicine is secondary to those four things.

BOARD MEMBER CHECK IN

SRHD Program Visits – Board Member Hafner

Board Member Hafner met with two SRHD divisions this morning and will visit another two divisions in April. He encouraged BOH members to visit agency programs.

Low Income Dental Clinic – Councilmember Breean Beggs

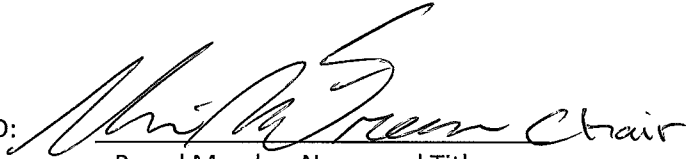
Representative Marcus Ricelli has shared Spokane will receive \$550,000 for a low-income dental clinic at the East Central Community Center (ECCC). The City of Spokane will match the funds with an internal loan to be repaid by CHAS as rent. Spokane will reconfigure how ECCC is used and will remodel the center. Spokane Community College, which has a childcare center at ECCC, will add money to the remodel as well.

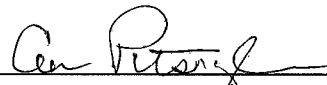
NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on April 27, 2017.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:48 p.m.

APPROVED:  Chair Date: 4/27/2017
Board Member Name and Title


Recording Secretary