

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, **July 27, 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 12:45 p.m. and departed at 1:06 p.m.)

Commissioner Al French (arrived at 12:45 p.m. and departed at 1:02 p.m.)

Councilmember Breean Beggs (arrived at 12:48 p.m.)

Councilmember Karen Stratton

Councilmember Mike Munch

Board Member Chuck Hafner, Vice Chair

ABSENT

Board Member Susan Boysen, EdD, RN

Councilmember Sam Wood

Councilmember Lori Kinnear

CITIZEN INPUT

- Jacklyn Gallion, Spokane Valley, WA – Spoke on the mumps exclusion process and vaccination report accuracy. Accurate reporting that showed the outbreak in the Marshallese population could have been addressed in the exclusion policy. She questioned why the Spokane Regional Health District (SRHD) offered a third dose of vaccine to students when they knew the first two didn't work. Parents of excluded children have attended every Board of Health (BOH) meeting since January, but were never given status and allowed to present information in a comprehensive way. Even at the special meeting, parents were only observers with limited interaction allowed. When the Washington State Board of Health (WASBOH) received information from parents, it resulted an immediate reevaluation of policy statewide. Dozens of students had interruptions of their education. She requested the BOH impress upon the health district staff the importance of transparency in reports and to respond appropriately to citizen concerns.
- Dena Tucker, Spokane Valley, WA – Spoke on SRHD limiting her and her children's rights to make personal medical decisions and the right to an education. She questioned if there was an agency agenda when children can return to school after receiving one dose of vaccination when there is no proof of immunity and children that have vaccinations but no proof of immunity can attend school. She recommended that everyone be required to take a titer test to prove immunity to attend school during an epidemic.
- Jennifer Burrows, Spokane, WA – Shared her concerns with exclusion policy and indicators she discovered in the Merck MMR insert. Individuals with immunodeficiencies, cerebral injury, seizures, nursing mothers and those pregnant are cautioned against using the vaccine. The insert states there is no conclusive evidence that vaccination of individuals recently exposed to wild-type mumps or rubella would provide protection. Her understanding was that Spokane's outbreak was of the "wild" strain. She questioned why refugees' immunity is not being tested before vaccination when most had exposure to illnesses in their country of origin. She stated it needs to be a parent's right to choose without their children's education being put in jeopardy.
- Rose Marie Waldrem, Green Acres, WA – Stated she agreed with the statements of the previous citizen presenters. She also spoke on fluoride being an ingredient in food and vaccines that are not

listed. She read the email that was sent to the BOH Recording Secretary and included in the agenda packet.

CHAIR REPORT – Mayor Kevin Freeman

BOH Membership

Board Member Hafner has been reappointed to a second term that will expire in 2021. Commissioner French is reviewing replacements for the vacant appointed citizen’s position on the BOH.

Administrative Appeal Hearing Continuance

The BOH Chair granted a continuance to the appellant for the August 9 administrative appeal hearing. A new date will be sought for the hearing.

Rearrangement of the BOH Agenda

Commissioner French noted to the BOH Chair that he would need to leave the meeting at 1:15pm to chair another meeting, which may affect the quorum for the board. Mayor Freeman made a request to move Action Items to Item 5 on the agenda. Councilmember Munch made the motion. Councilmember French seconded the motion.

Motion: To move Item 7, Action Items to agenda Item 5 on the BOH agenda.

Motion/Second: Munch/French

Approved: Unanimously

ACTION ITEMS

Resolution #17-07 Adopting the 2018 Health District Fee Schedule – Mike Riley, SRHD Comptroller

The proposed fee schedule has been reviewed by agency staff, Executive Leadership Team, BOH Budget and Finance Committee and the Executive Committee of the BOH (ECBOH).

Commissioner French stated Spokane County is having difficulty reaching a balanced 2018 budget and may not be able to make a full commitment to SRHD if a levy lid-lift is not passed by voters and asked if SRHD can amend the fee schedule if needed. Mike Riley replied that fee schedule adjustments can be made by the Administrator and that all agency fee-based programs are required to have a 100% funding through fees.

Board Member Hafner made a motion to approve the fee schedule as presented. Councilmember Stratton seconded the motion.

Motion: To approve Resolution #17-07 Adopting the 2018 Health District Fee Schedule.

Motion/Second: Hafner/Stratton

Approved: Unanimously

Legal counsel noted the need for a quorum to approve the Consent Agenda. The Chair moved the Consent Agenda to Item 6 and the Agency Report to Item 7 based upon the previously approved motion to change the agenda.

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: June 29, 2017
2017 Vouchers paid: June 1-30, 2017

Voucher Numbers:	#243183 - #243465 and EFT B&OAMay2017	\$863,187.46
Payroll Warrants:	#969890 - #969906 Advice Numbers: #DD40005 - #DD40227	\$776,415.97
Payroll Warrants:	#971569 - #971578 #971886 - #971892	
	Advice Numbers: #DD40228 - #DD40450	\$736,049.86
	TOTAL	\$2,375,653.29

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

Motion/Second: French/Hafner

Approved: Unanimously

AGENCY REPORT

Health Officer Report – Robert Lutz, MD, MPH

In SRHD Environmental Public Health, there were 170 pool inspections, 148 animal bites inspected, five school projects, 80 calls and consultations for the Living Environment program, 130 liquid waste inspections and 130 solid waste complaints investigated, 35 land reviews, 52 new well inspections, 260 food establishment inspections, and 24 complaints inspected.

In SRHD Health Promotion, there were 2,690 vouchers for farmers' markets given by the Women, Infants and Children (WIC) program, 9,871 WIC clients seen, 34 clients served at the Breast, Colon, and Cervical Health Program (BCCHP), 182 attendees at a health education event, 200 food and vegetable incentive vouchers handed out, and 23 community health workers trained.

There have been 30 different infections investigated in the Disease Prevention & Response (DPR), Epidemiology program last month, 140 clients were served in the HIV/AIDS program, and 960 in the Opioid Treatment Program. The Community and Family Services (CFS), Infant Toddler Network (ITN) is serving 765 children.

At SRHD, this is a typical summer.

Policies that have been enacted over years have made roads and vehicles a safe function. Federal legislation in 1966 and 1974 that lowered the speed limit due to gas shortages was believed to have a correlation to the drop in vehicle deaths. Seatbelt laws enacted in 1984 have shown a decrease in fatalities along with the requirement for child safety seats.

Most successful public health interventions are due to policy. Policy has the greatest impact and coming from governance boards can enhance the safety of our community.

Legislative Update – Linda Graham, Health Policy Specialist

The legislature has adjourned from the third special session without passing a capital budget. The budget is being delayed due to the Hirst decision by the Washington State Supreme Court. Legislators are still negotiating, and if an agreement can be reached, the Governor will call for a fourth special session. The Governor has vetoed B&O tax credits, which were part of the operating budget. The veto has angered legislators.

The capital budget includes funding for the coordinated prevention grants. This funding supports SRHD's EPH division in site hazard assessments. Funding is approximately \$70,000 a year, which is little over 1/3 of the program's funding. EPH is compensating for the lack of funding by limiting work to priority complaint calls. EPH also has a role related to the Hirst decision and has seen an increase in public inquiries, which is impacting staff workload.

Washington State receives approximately \$47 million dollars for the Prevention and Public Health Fund provided by the Centers for Disease Control (CDC) that funds chronic disease prevention, senior falls prevention, and immunizations. Since the fund's inception, the state has received just over \$1 million. Federal proposals currently call for elimination of the funding.

If the Medicaid expansion is rolled back, approximately one million Washington residents will lose coverage. Washington State would have to fund \$4 billion dollars to cover the loss. With the Medicaid Expansion program, the Treatment Services program has been able to serve several hundred clients. In addition, 75% of the HIV/AIDS program clients use Medicaid.

The Maternal Infant Early Childhood Home Visiting (MIECHV) program supports four SRHD public health nurses in the Nurse Family Partnership program who serve 100 families. The funding for the program is due to expire at the end of September. Original funding was for five years, but in recent years, has only been for one to two years.

SRHD is hoping to see the Federal government add additional WIC funding for the Breastfeeding; Peer Counseling program, farmers' market nutrition program and extended eligibility for children from age five to six. This would prevent gaps for children who don't enter school until they are six years old.

WSDOH Consolidated Contract Audit-Torney Smith, SRHD Administrator

WSDOH will perform a Consolidated Contract onsite audit at SRHD in August. The results of the State Audit for the agency is expected soon. The agency has been informed there are no exit letters or findings in the audit.

Foundational Public Health Services (FPHS) – Torney Smith, Administrator

The framework for FPHS did not pass the legislature. Funding for the framework has been granted to local health jurisdictions (LHJs) for \$10 million for the biennium and WSDOH totaling \$2 million next year. Out of the \$10 million dollars allocated, SRHD stands to gain \$240,000. Independent research identified a \$100 million per biennium shortfall for public health services.

Spokesman Article on the SRHD Health Officer – Torney Smith, Administrator

Board members were encouraged to review the Spokesman article on the health officer from July 16, 2017.

SRHD Reaccreditation – Torney Smith, Administrator

SRHD will reapply for accreditation in the first quarter 2018. The agency will have until June to complete the effort.

Public Record Request Laws – Torney Smith, Administrator

New laws for public record requests will require an additional 17 metrics to track and measure. This will allow the state to understand the cost of providing public record requests.

Health Care Integration – Torney Smith, Administrator

Better Health Together (BHT) is currently working through phases one and two of its integration process which will supply \$5 million to Spokane County. The dollars will assist providers in systems transitions. Initial integration combined mental health and substance use, which is now called behavioral health. The requirement is that behavioral health will be integrated into physical health to provide whole-person care. Providers are gaining interest in upstream processes, which will reduce their future costs. Meetings with United Healthcare, Coordinated Care and Amerigroup have taken place to address education, housing, equity, and social justice.

NACCHO Conference 2017 – Torney Smith, Administrator

Dr. Lutz and Torney Smith attended the recent National Association of City and County Health Officials (NACCHO) conference. The topic for the conference was *Bridging Clinical Medicine and Population Health*.

REPORTS

Community & Family Services: Nurse Family Partnership Program – Sue Schulz, Program Manager and Barbara Brock, Community Volunteer

The Nurse Family Partnership (NFP) program started at the health district in 2008. Original program funding was through federal and state grants and some local health dollars. SRHD participated in one of the few independent NFP studies where data collected provided information about the fathers of the children in the program. Work was coordinated with Chris Blodgett from Washington State University (WSU).

The program has recently hired its eighth nurse who will start next week. The goal of the program is to improve the health and well-being of mothers and babies. Nursing visits start early in pregnancy and continue regularly until the child turns age two. It has been shown in outcomes, mothers can make significant changes in parenting with the assistance of a specially trained nurse home visitor.

One hundred families are supported as the result of the Maternal Infant Early Childhood Home Visiting (MIECHV) funds, which is just over \$700,000. If funding does not continue, it has potential to end home visiting programs throughout the nation. Funds are also received through the Department of Social and Health Services (DSHS) for 25 families that receive Temporary Assistance for Needy Families (TANF). These families tend to be high-risk. Also, there are 50 families who are supported through SRHD.

At intake, approximately 23% of mothers are smoking. With support, nurses have been able to decrease the rate of tobacco use among mothers. The community has significantly higher rates of domestic violence compared to the state and nation. At intake, 5.3% report they are involved in intimate partner violent situations. The belief is that the rate is higher because reporting is before relationship has been established with clients. The program has a low rate of pre-term births at 5.5%, which is significantly lower than the Spokane County rates.

The median age of program clients is 20. The youngest client served was 13. The oldest has been 47. The requirement is that the client be a first-time parent and less than 28 weeks pregnant. Program participation is voluntary. The average client income at intake is less than \$7,500 a year. Ninety-percent of the clients served are on Medicaid. Almost 40% of mothers in the program are on TANF. Only 20% of clients in the program in the state receive the same level of assistance. Nationally, the number is 6%.

Almost 40% of births in Spokane County were unintended. Approximately, 41% of births in Spokane County occur less than 18 months from the previous birth. Fifty-five percent of births to women on Medicaid are unintended. The subsequent pregnancy rate for women in the program at 18 months is 18%.

In Spokane County, 92% of women initiate breastfeeding at birth. The rate in the program is 98%. Forty to fifty percent of mothers on the program are continuing at six and 12 months.

In 2016, 100% of the program's two-year olds were vaccinated at time of graduation. The nurses in the program do not tell the clients what to do regarding immunizations, but use motivational strategies and partner with them to make the decision that is appropriate for their families.

The average number of Adverse Childhood Experiences (ACES) of a woman in Spokane County is three. For those on the program, it is seven. NFP nurses serve a high-risk population with significant amounts of mental health issues, most untreated. Homelessness and violence is a large issue with clients, which has increased significantly over time. The NFP program has shown it can reduce child abuse and neglect by 48%.

The NFP program has been asked by Dr. David Olds to participate in a research trial to provide the program to women who have had previous pregnancies. The program has committed to the trial for a three to four-year period and will enroll 25 to 30 women who have had previous pregnancies who are considered high risk.

Barbara Brock, community member and supporter of NFP, shared her experience with the program after reading a book entitled, "A Path Appears."

NFP has not received funding from City of Spokane's Community Housing and Human Services program. Councilmember Stratton will send information on ways to obtain possible funding.

Referrals for the program are received from benefit agencies, OB/Gyn providers in the community, federally funded health centers, CHAS Clinic, Unified Clinics, alternative high schools, school nurses and the WIC program. Approximately 70% of the program's referrals are received from WIC. The program has a capacity of 175 clients. The highest caseload a nurse can manage is 25 due to the frequency of visitations and data collection required. The NFP program is client-driven with clients determining goals for their time in the program. Families that need continued support are referred to Early Head Start or the Parents as Teachers Program.

BOARD MEMBER CHECK IN

There was no Board member check-in.

NEXT BOARD OF HEALTH MEETING

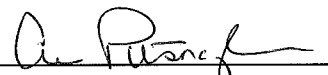
The next Board of Health meeting is scheduled at 12:30 p.m. on September 28, 2017.

ADJOURNMENT

There being no further business before the Board, the meeting was adjourned at 1:58 p.m.

APPROVED: 
Board Member Name and Title

Date: 9/28/2017


Recording Secretary