

# BENTON-FRANKLIN HEALTH DISTRICT BOARD OF HEALTH

**MEETING MINUTES** 

May 20th, 2020

#### IN ATTENDANCE

Benton		Commissioner Beaver	$\boxtimes$	Jason Zaccaria, Administrator & BOH Executive Secretary
	$\boxtimes$	Commissioner Delvin	$\boxtimes$	Dr. Amy Person, Health Officer
	$\boxtimes$	Commissioner Small	$\boxtimes$	Lisa Wight, Sr. Human Resources Manager
Franklin	$\boxtimes$	Commissioner Didier	$\boxtimes$	Jeff Jones, Sr. Finance Manager
	$\boxtimes$	Commissioner Koch	$\boxtimes$	Rick Dawson, Sr. Surveillance & Investigation Manager
	$\boxtimes$	Commissioner Peck	$\boxtimes$	Carla Prock, Sr. Healthy People & Communities Manager
			$\boxtimes$	Janae Parent, Administrative Services Manager
			$\boxtimes$	Diane Medick, Administrative Assistant
			$\boxtimes$	Eric Elsethagen, Information Systems & Security
			$\boxtimes$	Visitor – Lars Richins, PTE Local 17 Union Rep
			$\boxtimes$	Visitor – Annette Cary, Tri-City Herald Editor

#### **CALL TO ORDER**

Chairman Koch called the meeting to order at 1:30p.m.

#### **APPROVAL OF MINUTES**

Commissioner Small moved to approve meeting minutes for April 15<sup>th</sup>, 2020. Commissioner Peck seconded. Motion carried unanimously.

#### DISCUSSION ITEMS FROM THE PUBLIC/STAFF

- 1. There were three written comments provided to the Board of Health (BOH) ahead of the meeting. Janae Parent read all three comments aloud to the BOH during the meeting.
  - a. The first comment read was from LaWanda Hatch. L. Hatch expressed concern with reporting of COVID-19 cases where cases crossed county jurisdictions, along with securing of senior centers and nursing homes, a lack of pre-planning for availability and coordination of proper personal protective equipment (PPE), a lack of planning from Secretary of Health John Wiesman, and lastly concerns with the Health District's operating budget while small businesses are shut down. A copy of the full written comment has been included with BOH records for this meeting.
  - b. The second comment read aloud to the BOH came from Kristeen Barclay. K. Barclay expressed concern with what the Health District needs are and to state what those needs are publicly, including how it might affect the budget. A copy of

- the full written comment has been included with the BOH records for this meeting.
- c. The third comment read aloud to the BOH came from Rebecca Ulbricht. R. Ulbricht sought clarity regarding approval of vouchers 34-2020 through 44-2020 and what those are, where the funds are coming from, and asked to know if there were any strings attached to the vouchers. R. Ulbricht went on to express concern as a local business owner and the impact the State of Emergency is having on businesses and community. A copy of the full written comment has been included with BOH records for this meeting.
- 2. There were 7 written comments provided in the Health District's teleconference chat box during the comment period. J. Parent read the following comments to the BOH during the meeting:
  - a. ID name Maig, commented that essential workers most impacted by the COVID-19 spread in Benton and Franklin counties are predominately immigrants, people of color, and low-income workers who are being forced to work in dangerous services and are not given the support needed to stay at home and stay safe. Meg supports the BOH in rejecting harmful directions being made by Commissioner Didier for hiring freezes and less funding. A copy of the full written comment has been included with BOH records for this meeting.
  - b. ID name Rebecca, commented that it has recently been reported that Governor Inslee is using the COVID crisis to push a climate change agenda and that this is about politics. A copy of the full written comment has been included with BOH records for this meeting.
  - c. ID name H. Matt Smith, the most commonly used ribonucleic acid (RNA) test used is 63% sensitive and that has not changed appreciably in the last couple of months. The antibody test varies depending on when a person tests. A new antigen test is going to be coming available that will be more accurate, cheaper, and faster. A copy of the full written comment has been included with BOH records for this meeting.
  - d. ID name mill871, provided seasonal flu counts dating back to 2010. A copy of the full written comment has been included with BOH records for this meeting.
  - e. ID name Sandy stated that Health District staff have been working hard with the pandemic and applauded their work as some of the best in the state.
  - f. ID name Chuck Henager, thanked the Health District and its staff for doing a really tough job. A copy of the full written comment has been included with BOH records for this meeting.
  - g. ID name Angel Tinnin, thanked the Health District for all the hard work. A copy of the full written comment has been included with BOH records for this meeting.



## **UNFINISHED BUSINESS**

None to report

#### **NEW BUSINESS:**

## Health Officer/COVID-19 Update - Dr. Amy Person & Staff

- 1. COVID-19 Disease Activity Dr. Amy Person
  - a. Dr. Person provided a summary review of the requirements the BOH needs to consider before applying for a variance to move forward. Benton and Franklin counties are currently 5<sup>th</sup> and 6<sup>th</sup> highest in the state in terms of numbers. The average daily count is 18 cases per day over the last 14 days. The goal is to get this number between 2 to 4 cases per day, for the bi-county area.
  - b. The number of hospitalizations over the last 7 days, which comes from the Washington Health survey, is currently 30 patients hospitalized with COVID-19. There have been 77 deaths so far.
  - c. The Health District is currently tracking 35 outbreaks in facilities including longterm care (LTC) and employers. Cases are attributed to where a person resides rather than where they are contacted since where they live is where there is a great potential for a person to infect others.
  - d. Commissioner Peck asked what data the Health District is using and from what source to determine deaths from COVID-19. Dr. Person stated that the data comes from a combination of several sources. Initially, the state was just matching the vital statistics of deaths with lists of COVID-19 positive labs. However, the Health District wanted to ensure that if a death is due to COVID-19, than the death certificate should have COVID-19 listed as either the primary or contributing cause of death.
- 2. Health Care Systems Readiness Dr. Amy Person
  Beds are currently at 57% occupancy and the number of available ventilators is at
  62%. PPE supplies are doing well ranging from a couple months to a year's worth of
  supplies. This range could change as the number of cases increases. The Health
  Care System is demonstrating a readiness at this point.
- 3. Testing Capacity and Availability Dr. Amy Person
  - a. This information is continuing to be collected from clinics and hospitals, identifying all the places where tests are occurring. The ideal testing capacity is anyone with symptoms being tested within 2 days from onset of symptoms. The Health District needs to be able to rapidly identify cases, test to confirm them, and help those who test positive to be successful in voluntary isolation, and then help close contacts be successful in voluntary quarantining.
  - b. Capacity and collection of materials for specimen collection continues to be a shifting challenge even at the state level. The state is continuing work to place



large orders to get testing supplies, however supply chains are not always as expected and delivery can be delayed. Recently, there has been issues for local labs and clinics on supplies, however staff and the state are looking to stabilize the supply chain.

- 4. Case and Contact Investigations Carla Prock
  - a. The Health District currently has 14 dedicated staff and 6 volunteers performing contact tracing efforts. It is estimated that each investigator can complete 4 to 5 cases per day. There are additional staff supporting those 14 staff and 6 volunteers with data entry and documentation.
  - b. The metric for contact tracing is making contact with a positive case within 24 hours. The Health District is currently meeting this metric. For contact investigations, the metric is to reach those close contacts within 48 hours and the Health District is currently meeting this metric.
  - c. Commissioner Peck asked for clarification on what contact tracing is, what it looks like and who performs the function. C. Prock stated that this is a function that public health performs for all communicable disease notifiable conditions and has been done at the Health District for several decades. When the Health District receives a notification of a positive test result, which typically happens through a lab, provider, or another manner, an assigned staff member reaches out to make contact with the individual that tested positive. The staff member and the individual go through a series of questions in a framework developed by the Washignton State Department of Health (DOH) using the Washington Data Registration System (WDRS). Questions asked of an individual will vary depending on the type of communicable disease. The individual is also asked about others that they may have been in close contact with, which is considered anyone that came within 6 feet of the individual for more than 10 minutes. These close contacts are considered case contacts, and Health District staff try to reach out to them within 48 hours to notify of a potential exposure.
  - d. Commissioner Peck asked if when the Health District makes contact with an individual who tested positive or a case contact if the individual has any legal obligation to answer the interviewer's questions. C. Prock stated no, it is voluntary, but it is encouraged for the health of the community.
  - e. Commissioner Delvin asked if the Health District has made any ask to the state for contact tracing support. C. Prock stated no, not yet, the Health District is waiting to hear from the state on next steps and assignment. Commissioner Peck asked if the contact tracers from the state were funded and supplied by the state or by the Health District. C. Prock stated that they would be funded and provided by the state.
  - f. Commissioner Didier asked if someone was labeled as COVID and if there was an amount of money paid to the hospital, i.e., \$13,000 for a death and \$39,000 if

they are on a respirator. C. Prock stated that this is not information that the Health District has, as hospital billing is not a function the Health District performs, noting there could be payment points based on the needs of a patient, but this is not something the Health District has information about. Commissioner Didier then asked where the money would be coming from. C. Prock was not able to answer this question as this is not information that the Health District has.

- g. Commissioner Didier asked about 70% of deaths coming from retirement and senior care units, and why this has not been a bigger focus rather than the public at large. C. Prock stated this has been a focus for the Health District and and update on this topic will be provided in the next discussion topic. Commissioner Didier asked if the Health District is hiring for additional staff right now. C. Prock stated that the Health District has not made a request for additional employees.
- h. Commissioner Didier asked if there were any Health District employees out surveying and looking at restaurants that are open for takeout. Rick Dawson replied that there are a couple of staff working in the office that are working on pre-opening of new establishments but are not surveying for compliance of the Governor's orders. The Health District does receive phone complaints from the public and contact is made with a facility for education about what the requirements are.
- i. Commissioner Didier asked about the Havana Café on Lewis Street in Pasco who received a call from the Health District the day before asking that tables be removed from the front of the establishment. Shortly after the call from the Health District, the owner claims that 4 members of the public demanded to eat at the restaurant. Commissioner Didier clarified that the Health District had nothing to do with the other contacts demanding to eat at the establishment. R. Dawson stated that is correct, the Health District did not send any staff out to the establishment and while there was a misconception about the tables, this was subsequently clarified that tables do not need to be removed, but that the establishment should make it clear that no one should be dining at the tables.
- j. Commissioner Didier asked if there were any Health Department workers in the area right now working. R. Dawson stated that the Health District has about 90 staff that are working. R. Dawson further identified that there are some sewage inspectors out in the field doing sewage inspections and food safety inspectors are doing virtual inspections with pre-openings. R. Dawson further underscored that there are not any Health District staff out enforcing the Governor's orders.
- k. Commissioner Didier asked if there were any other healthcare workers not involved with the local health unit here that could be in the vicinity working. R. Dawson stated there could be staff from DOH, the Liquor Control Board, or Labor and Industries, noting that the Health District does not have any control or knowledge of when another agency may be out doing things.

- I. Commissioner Didier asked Dr. Person about the accuracy of testing from a previous meeting and whether or not there has been any update to the accuracy of the testing in being above 60%. Dr. Person stated that the accuracy of testing is going to be based on overall population presence and how many current cases there are. Running the test when there is not a high percentage of the population infected, the test result may not be as accurate. As the rate of the infection increases in the community, the accuracy of tests will improve as the population can be tested where there is a stronger indication. This does not mean the tests have no value, it means that the results have to be interpreted based on additional information. The more the community can increase testing, the more everyone can begin to understand the extent of infection in the community.
- m. Commissioner Didier stated he had done research on influenza deaths for last year, with about 260 deaths to present day. This year deaths are just over 100 and asked how the death count can drop 150% in one year from influenza deaths. Dr. Person asked for clarification of where the deaths had happened. Commissioner Didier stated for Washington State. Dr. Person stated that locally, influenza rates vary from year to year, so would not be surprised to see this change for the state year to year. The fluctuation depends on what strains of influenza are around and that they could be more virulent strains. Dr. Person further added that locally, influenza deaths over the last couple of years have been lower and looking at the overall number of deaths in March and April of last year, compared to March and April of this year, the number increased by about 25%. Dr. Person noted that a number of the deaths were also attributed to COVID-19. Commissioner Didier asked even if they died of influenza, were labeled as a death of COVID. Dr. Person stated no, as they were not dying of influenza, and for a death to be attributed to influenza they need to have had a positive test for influenza and for the Coroner or certifying physician to make that determination. Dr. Person stated there are likely several factors contributing to the State's fluctuation in numbers, but has not evaluated yet what those reasons might be, especially given that local rates are higher than last year.
- n. Commissioner Didier stated he was surprised that with Dr. Person being a doctor, that Dr. Person is not looking back to see why there is a change or trend and would hope that the doctor who is informing the Board would be more informed on deaths prior to this. Dr. Person stated that this would be taken into advisement and clarified that as the Health Officer, is aware of changes and follows trends, noting that this particular pandemic has been challenging and has taxed resources. The number of cases that the Health District is seeing and actively investigating is 9 to 10 times higher than the number of cases of any communicable disease that the Health District actively investigates and follows over a year's period of time. This pandemic has been a significant burden on the



Health District and that everyone can always do better, and the Health District always looks for opportunities to improve.

## 5. Ability to Protect High Risk Populations – Carla Prock

- a. The focus on metrics for this category will be specifically on LTC facilities. The Health District has a specific team dedicated to LTC facilities in addition to contact tracers, providing infection control support as well as other support provisions.
- b. There have been no new outbreaks, which is two patients or more, in any LTC facility over the last 14 days. LTC facilities have been good partners and working hard under the advice of public health and regulatory agencies at Department of Social and Health Services to contain the spread of disease at the facilities.
- c. All LTC facilities have access to direct shipment of PPE through Benton and Franklin counties emergency management departments.

### 6. Rumors and Other Concerns – Rick Dawson

- a. One concern currently circulating is regarding the presence of the National Guard and what the agency is doing locally. The National Guard is currently supporting local food distribution, for facilities like Second Harvest, food banks, and a couple of them are performing resource management for 9 counties for Second Harvest with food distribution.
- b. There have been rumors regarding what happens with isolation and quarantine.

  The Health District does not issue orders for isolation and quarantine, but will ask. Health District staff are not knocking on doors or going to verify compliance.
- c. There are several facilities that are licensed and set up to support isolation and quarantine for LTC, healthcare workers, and emergency medical services workers. Funding has also been obtained for those experiencing homelessness that may have acquired COVID-19. The Health District continues to review the potential need for a facility for the general public as well for those that may wish to isolate and quarantine.
- d. When considering reopening, the Health District is not reviewing safety plans, but will review something in a plan if asked. The Health District is also not out monitoring restaurants for compliance. The Health District will give advice and speak with the establishment, but is not an enforcement agency. This also goes for construction sites.
- e. The Health District is responsible for the safety of its employees and has been developing a safety plan for anyone going outside the building to do inspections.
- f. The Health District has also set up a business guidance page on its website to help businesses be prepared when moving through phases. A safety plan template and other guidance documents are also available on the Health District's website. The Health District has been working with Visit Tri-Cities,



TRIDEC, and Tri-City Chamber of Commerce to assist with some of the marketing and communication efforts to businesses. The Health District has also been working with the Hispanic Chamber of Commerce to assist in translation of documents and helping with communication.

- g. Commissioner Delvin asked about the costs that are being incurred by the Health District for the COVID-19 response. Commissioner Delvin further noted that since the Health District has not been generating revenue as most staff have been brought in to respond to the pandemic for contact tracing and related response activities, the Health District is looking at a potential \$3 million shortfall by the end of the year if these costs keep continuing. Benton County has agreed to use some of the federal funds to help backfill some of those costs attributed to the response.
- h. Jason Zaccaria stated that when the CARES Act funding came down it was intended to help assist with COVID-19 response activities. Originally, the funds were going to be allocated directly to local public health. However, at the last minute it was decided that there were a number of counties that have health departments imbedded in the county so it was easier to provide it directly to the county for pass thru. J. Zaccaria added that most of the Health District's cost is for staffing.
- i. Jeff Jones clarified that the projected shortfall is a budget document to help start the conversation about where the Health District's budget might fall if it continues its current response activities. This document does not reflect where the Health District's current budget is at.
- j. Commissioner Didier expressed concern regarding a projected \$3 million shortfall and that it is for staffing, so the Health District is going to be hiring. J. Zaccaria stated that the Health District will not be hiring any new full-time equivalent employees (FTEs) this is for existing staff. Commissioner Didier said on the budget document it indicated that staffing costs would be going up \$20,000 and then another \$40,000 in July and asked if the Health District was giving out salary increases or hiring. J. Jones clarified this increase just represents an increase in activity for current staff, noting this is not the Health District's entire operating budget, this is just one program activity.

### APPROVAL OF VOUCHERS

Commissioner Small moved to approve vouchers 34-2020 through 44-2020 in the amount of \$1,135,948.58. Commissioner Delvin seconded. The motion carried four to one, with Commissioner Didier abstaining from the vote.



### **ANNOUCEMENTS**

J. Jones notified the Board of Health that the State Auditor will begin it's audit soon.

Members may get a call from the Auditor notifying them of the pending audit, and this is expected.

EXECUTIVE SESSION

No executive session was held.

DATE OF NEXT MEETING

Date of next meeting will be June 17<sup>th</sup>, 2020.

ADJOURNMENT

Chairman Koch adjourned the meeting at 2:41p.m.

Signature on file

Commissioner Bob Koch

Chairman of the Board

Executive Secretary

