



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Chelan-Douglas Health District Board of Health Regular Meeting Minutes – May 15, 2023

Board Members Present (quorum):

Marc Straub, Chair (4)
Dan Sutton (3)
Marissa Smith (7)
Alma Chacon (9)
Joseph Hunter (11)

Shon Smith (2)
Sharon Waters (6)
Bindu Nayak (8)
Bill Sullivan (10)

Board Members Absent:

Kevin Overbay (1)

Jerrilea Crawford (5)

Alternate Board Members Present:

Michael Peterson (7)
Carin Smith (9)

Kristen Hosey (8)
Maria Hansen (11)

Staff Present:

Luke Davies, Administrator
Kent Sisson, EPR
Dr. James Wallace, Interim Health Officer
Veronica Farias, Communications and Outreach Director
Cari Hammond, Personal Health Director

Diane Forhan, Operations Director
Erin McCool, CDHD Attorney
Hollie Casey, Clerk of the Board

Public Present –

The meeting was held in person and via zoom and phone conferencing with members of the public attending and listening to the meeting.

Meeting –

Chair Marc Straub called the meeting to order at 3:01 PM and requested the Board Clerk to verify there was a quorum. There was, and the meeting moved forward.

Approval of Agenda – (0:30)

Bill Sullivan moved to approve the agenda as presented. Joseph Hunter seconded the motion and the motion passed unanimously.

Public Comment – (0:55)

Chair Marc Straub explained that 20 minutes has been set aside for public comment and asked for those present in person and via Zoom who wanted to speak during public comment to identify themselves. Once Chair Straub identified the number of members of the public that wanted to speak, he allotted three minutes to each presenter.

- Laurie Buhler of Douglas County talked about a study reportedly out of the UK regarding COVID deaths and maternal COVID vaccine deaths, and current maternal deaths versus pre COVID in the US.

- Lisa Templeton of King County shared a letter reportedly written by Joseph Lattipò, the Florida Surgeon General, that evidently documents FDA and COVID vaccine results.
- Joan Steichen of Chelan County spoke about her research of members of the CDC involving COVID, and suggested the Board review the Nuremberg Code.

Consent Agenda – (11:45)

- Approval of the April 17, 2023 Board Meeting Minutes
- Approval of April Payroll in the amount of \$303,620.80
- Approval of April Benefits in the amount of \$101,020.23
- Approval of Payment of 2023 Vouchers No. 20230242-0300 in the amount of \$60,018.06
- Approval of the Contract Matrix

Joseph Hunter moved to approve the Consent Agenda. Alma Chacon seconded the motion and the motion passed unanimously.

Old Business-- (13:05)

- NCW Epi Consortium
Luke Davies, Health Administrator, explained that the Epi consortium is a collaboration of local health jurisdictions, community partners, and the University of Washington working together to support regional activities, standardize assessments, provide surveillance across NCW, and learn from each other to develop professionally. Board discussion followed.

New Business-- (35:39)

- Surplus List (35:50)
Diane ran down the surplus list. Board discussion followed.

Dan Sutton moved to approve the Surplus List. Sharon Waters seconded the motion and the motion passed unanimously.

- Contracts (37:21)
 - UW Interlocal Agreement Annual Review
Luke Davies explained the contract is for an interlocal agreement between the CDHD and the UW work orders for project support services using FPHS dollars to pay for these services that will continue through 2024. Chair Marc Straub explained that this contract began in 2021.
 - Village Reach Contract Amendment Increase by \$83,868.91 to a total of \$217,281.91 through July 31st, 2024, for ongoing support of the After Action Report and Community Health Assessment Work
Luke Davies explained that during the COVID pandemic, there was a large need for tracking data, assessment work and epidemiologic support. Due to a considerable

amount of turnover during the pandemic, Village Reach assisted with technical support as well. Luke broke down that funding for this comes from braided funding from PHEPR dollars and FPHS dollars.

Shon Smith motioned to approve the Village Reach Contract Amendment Increase by \$83,868.91 to a total of \$217,281.91 through July 31st, 2024. Alma Chacon seconded the motion and the motion passed unanimously.

Reports-- (46:46)

Health Officer Report Dr. James Wallace, Health Officer (47:17)

Dr. James Wallace, Interim Health Officer stated that he will go over the unwinding of the public health emergency and share changes to our surveillance systems, testing treatments and accessing vaccines and other resources, and navigating Long Term Care Facilities, schools, and the public in his report. We will see an end to test reporting which will impact data reporting dashboards both federally and on a local level. The DOH will continue to do variant sampling. Washington State will continue hospital reporting as well. Moving forward, health advisories will be around local trends and will base vaccine, masking, treatments, and other recommendations on the trending local data. Testing resources will continue to decline but will be able to test through health care partners and private insurance. Contact tracing and case investigations will continue when there are outbreaks. Continuing to work with local and state partners for quarantine support as a local health jurisdiction specifically for COVID. The bivalent vaccine is the primary vaccine at this time and can be given to all ages for the primary as well as booster doses. Board discussion followed.

Luke Davies, Administrator (1:06:34)

Luke Davies, Health Administrator, began his report by going through the Fiscal, Personal Health, Communications, and Environmental Health program's highlights and essential data. Luke also informed the Board that he signed a contract with our elevator services company, TKE, for approximately \$20,000 for a five-year maintenance contract. Board discussion followed.

Board Discussion-- (1:18:13)

a. **BOH Member Local Board Training Report Out**

Alma Chacon, Bill Sullivan, and Michael Peterson all attended the local Board of Health training in early May in Blaine, Washington. It is Board training provided in partnership with WSAC and WSALPHO. The overall feedback was that the training was informative, and each attending Member stated that they learned something that they were unaware of.

b. **Board Recording Discussion (from November 2022 Meeting)**

Chair Marc Straub explained that this is a revisit from our November meeting. He explained that YouTube removed the last Board meeting recording and asked the Board for a consensus on the Board recording procedure moving forward. After Board discussion, it was decided by the Board Members that the meetings will continue to be recorded and posted as audio only. If there is a

request for a video recording, it can be provided by thumb drive. Carin Smith suggested that the presentations given at the Board meetings be posted with the corresponding meeting minutes. The Board agreed with this process. Chair Straub stated that we can adjust this in the upcoming months if needed.

Executive Session: RCW 42.30.110(1)(g) Employee Performance: Annual Evaluation of Health Administrator (1:53:48)

Dan Sutton moved to begin the Executive Session to 5:15pm. Shon Smith seconded the motion and the motion passed unanimously.

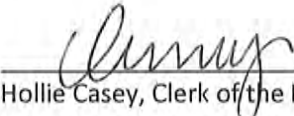
The Board went into an Executive Session from 4:57pm until 5:15pm. At 5:15pm, the Board requested to remain in session until 5:30pm. The Executive Session ended at 5:31pm.

Chair Marc Straub stated that the Executive Team will sit with Luke Davies in the next week or two to review Luke's performance as the Health Administrator and requested the Board move to approve the Executive Team to put together the information for the Board to consider compensation at the June Board Meeting. After a short Board discussion, Dan Sutton moved to approve the review of compensation for Luke Davies, Health Administrator, to the June Board meeting. Joseph Hunter seconded the motion and the motion passed unanimously.

Chair Marc Straub declared the meeting adjourned at 5:32 PM.



Marc Straub, Board Chair



Hollie Casey, Clerk of the Board



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

North Central Washington Epi Consortium

Luke Davies, Chelan-Douglas Health District

May 15, 2023

NCW Epi Consortium – A stone soup parable



UNIVERSITY *of* WASHINGTON
SCHOOL OF PUBLIC HEALTH



Community of Practice + Learning Consortium

Lessons Learned from Global Health

- **Community of Practice – Individual Subject Matter Experts**
 - Shared Domain
 - Shared intellectual resources and practices
 - Independent entities collaborating

- **Learning Consortium – Multiple Agencies**
 - Pooled resources and tools
 - Additional input of mentors, subject matter experts, and training
 - Entities developing shared goals and increased capacity
 - Collaborative Working Groups with shared methodologies and end products

Purpose

- **To Develop a cross jurisdictional learning consortium in order to:**
- **Build capacity for assessment and surveillance across the North Central Washington region through shared resources and Technical Assistance**
- **Increase standardization of assessments**
- **Bring together collaborators to support regional activities and learn from each other**
- **Provide unique professional development opportunities for epidemiologists and assessment coordinators**

Overview of NCW Epi Consortium Activities So Far

- **Weekly meetings, collaborative learning**
- **Community Health Assessment Indicators**
 - **CHA review of best practices**
 - **Mental/behavioral health assessment review of best practices**
 - **Primary data collection methods**
- **Student projects**
- **Guest speakers**

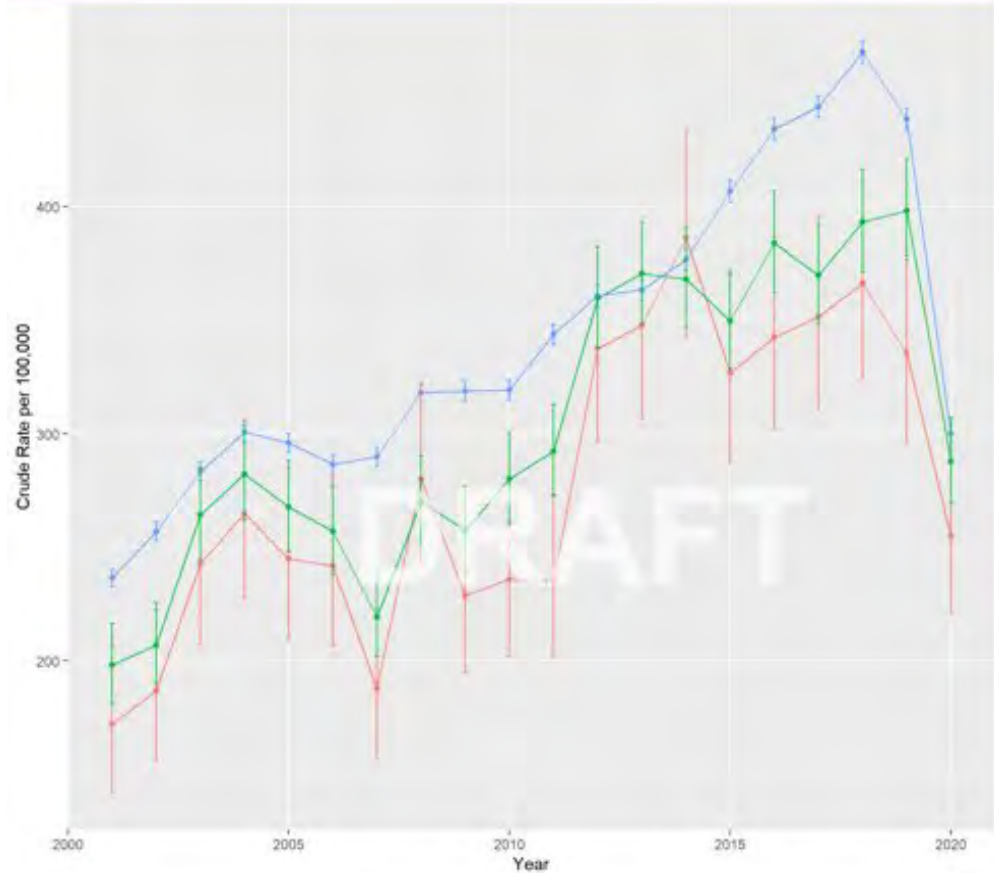
Community Health Assessments (CHAs)

- **Standardized list of health indicators across NCW LHJs**
- **Create methods, scripts, and document processes for easy replication in the future**
- **83 health indicators**
- **15 different data sources**

CHA Indicator Examples

Indicator Group	Indicator	Metric	Primary Data Source
Overall mortality and morbidity	Cause of death	Age-adjusted mortality rate (per 100,000) for top 10 causes of death	CHAT
Overall mortality and morbidity	Hospitalization rates	Age-adjusted rate (per 100,000) of hospitalization for top 10 causes	CHAT
Overall mortality and morbidity	Infant mortality	Rate (per 1,000 live births) of infant deaths	CHAT
Communicable Diseases	Chalmydia	Rate per 100,000	CHAT
Communicable Disease	Syphilis	Rate per 100,000 of primary and secondary syphilis (combined)	CHAT
Reproductive Health	Pregnancy	Rate (per 1,000 women aged 15-44) of births	CHAT
Youth Health Behavior	Youth substance use	% of students using substance (cigarettes, alcohol, marijuana, Rx pain killers to get high, all other illegal substances)	HYS
Youth Health Behavior	Family and social support	% of youth (10th grade) who feel comfortable asking parent(s) for help	HYS
Youth Health Behavior	Asthma	% of youth who currently have asthma	HYS
Adult Health Behavior	Adult tooth loss	% of adults missing 6 or more adult teeth due to decay	PLACES
Community	Crime rate	Violent crimes per 10,000	OFM
Community	Recreation access	% of population that lives within 1/2 mile from a park	CDC National Environmental Public Health Tracking Network

CHA Indicator Example: Chlamydia Rates, 2001-2020



One year increments



Five year increments

Literature reviews of best practices

- **Community Health Assessment best practices review**
 - Including best practice indicators for surveillance of communicable and non-communicable diseases
- **Mental Health Assessment best practices review**
 - Global review of other mental health assessments
 - List of indicators that can be used in a future assessment

Example of START Center CHA Indicators

Desired outcome	Indicator	Data collection method/source	Question	Citations, notes, further information
Reduce the suicide rate	Suicide rate	Internal	How many people in this community die by suicide each year	Indicators from Rural Healthy People 2020; data collection source/methods and questions de novo
Reduce the proportion of adolescents with major depressive episodes	Proportion of adolescents with major depressive episodes	Survey of caretakers or specialty care providers	How many adolescents in this community experience major depressive episodes each year?	Indicators from Rural Healthy People 2020; data collection source/methods and questions de novo
Increase treatment for adults with mental health disorders	Access (physical): distance to specialty care	Survey of specialty care providers	What is the average length of time it takes to travel between the most populated part(s) of this community and a specialty care provider?	Indicators from Rural Healthy People 2020; data collection source/methods and questions de novo
Increase treatment for adults with mental health disorders	Access (physical): availability of telehealth options	Survey of specialty care providers	How many adults in this community have access to a device they could use to access telehealth and a safe, private place from which to do so?	Indicators from Rural Healthy People 2020; data collection source/methods and questions de novo

Student Projects

- **Student Epidemic Actions Leaders (SEAL) Team students from UW to be deployed to Local Health Jurisdictions**
 - **SEAL Team students are Masters or PhD level students in the School of Public Health at UW**
- **Project Examples:**
 - **Overdose GIS Heat Map**
 - **Surveillance Report of STI Antibiotic Completion**
 - **Consolidation of COVID-19 Data**

Guest Speakers

- At least once a month, we bring guest speakers from other LHJs across the State to talk about projects they are working on and the methods they used
- The goal is to incorporate/replicate some novel and exemplary projects into the work we are doing as a region
- Example Topics:
 - How to use All Claims Data – Eli Kern (PHSKC)
 - Leading Causes of Death Report – Shannon Hoskins (Cowlitz County)
 - Informatics and Epidemiology roles in the data life cycle – Chris Baumgartner (DOH)

Future Activities

LHJ Led initiatives

- **Employee led and driven quarterly workshops**
- **LHJ specific technical assistance**
- **Student Projects supporting LHJ data needs**
- **Collaborative Regional Data Sharing Framework**
- **UW supported data analysis and feedback for potential publications**
- **Continuing Indicators and Dashboard Development**



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Questions?

**INTERLOCAL COOPERATIVE AGREEMENT
FOR
PROJECT SUPPORT SERVICES**

THIS INTERLOCAL COOPERATIVE AGREEMENT for project support services (“Agreement”) is entered into by and between the Chelan-Douglas Health District, a quasi-municipal corporation under the laws of the State of Washington, (“District”) and the School of Public Health at the University of Washington, a Washington State public university, (“University of Washington”), and sometimes individually referred to as a “Party” and collectively referred to as the “Parties”.

RECITALS

WHEREAS, the District has been duly created pursuant to Chapter 70.46 RCW for the purposes set forth therein; and

WHEREAS, the University of Washington is a Washington State public university; and

WHEREAS, the University of Washington and the District have the need, from time to time, to enter into Interlocal agreements in order to conduct their business;

WHEREAS, a unified agreement with specific scopes of work would more efficiently and effectively enable both the University of Washington and the District to provide each other services;

WHEREAS, pursuant to Chapter 39.34 RCW the Parties are authorized to enter into this Interlocal Agreement;

NOW, THEREFORE, the Parties mutually agree as follows:

I. AGREEMENT

1. **Purpose and Scope.**

The purpose of this Agreement is for the University of Washington and the District to provide each other, from time to time and on an as-needed basis, services related to project support services related to various projects and efforts within Chelan and Douglas Counties. Specific services to be provided pursuant to the terms of this Agreement shall be identified in Written Work Orders issued by the Administrator of the District for the District or by the Associate Dean for Public Health Practice for the University of Washington and accepted in writing by the respective aforementioned administrator of this Agreement for other Party.

3. Term, Termination and Modification.

3.1 Effective Date/Term.

This Agreement shall take effect on December 1, 2021, shall be reviewed annually, and shall run for a total of five (5) years, at which time the agreement will terminate unless extended for a set term by mutual agreement of both Parties as an amendment to this Agreement.

3.2 Termination on Notice.

Except as provided otherwise herein, either Party may terminate this Agreement upon ninety (90) days written notice to the other Party. Termination of this Agreement shall not relieve either Party of any obligation or responsibility imposed upon it by law or by the terms and provisions herein.

3.3 Modification.

This Agreement may be modified or amended only in writing and signed by duly authorized officials of the District and the University of Washington.

4. Administration.

4.1 This Agreement shall be jointly administered by the District Administrator and the Associate Dean for Public Health Practice for the University of Washington.

4.2 Requests for services shall be communicated between the District Administrator and the Associate Dean for Public Health Practice for the University of Washington.

4.3 The University of Washington and District shall meet upon request and/or report to each other on a regular basis or as otherwise requested by either Party regarding services provided.

5. Compensation and Responsibilities of the Parties

5.1 Specific tasks to be provided pursuant to this Agreement shall be identified in the Written Work Orders.

5.2 For each Written Work Order, the University of Washington and the District shall provide each other with a budget and a scope of work. A detailed list of activities and deliverables that includes the cost of supplies, travel, and the faculty, staff, and students full time equivalency (FTE) to complete those deliverables.

5.3 Record of all hours spent by either Party for services rendered in the Written Work Orders, identifying, at a minimum, the following: (a) the monthly hours worked; (b) the individuals performing the services during that month; and (c) a brief description of services provided. If no work occurs no report will be required.

5.4 The University of Washington and the District shall submit itemized billing at least quarterly and no more than once per month with final billing within thirty (30) days of the Agreement end date.

5.5 The Parties enter into this Agreement with the understanding that the total cost of services described herein shall not exceed the amounts specified in the associated Written Work Order.

5.6 The Parties shall reimburse each other for all billed costs and services within sixty (60) days of receipt of a completed invoice, provided that said invoices are properly itemized and contain authorized expenses.

6. Independent Contractor.

The District and the University of Washington agree that both Parties operate as independent contractors with respect to services provided pursuant to this Agreement. Nothing in this Agreement shall be considered to create the relationship of employer and employee between the Parties hereto. Neither Party nor any employee of the Parties shall be entitled to any benefits afforded each other's employees by virtue of services provided under this Agreement. Neither Party shall be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the State Industrial Program or otherwise assuming the duties of an employer with respect to either Party or any employee of the Parties.

7. Indemnification.

The University of Washington and District shall defend, indemnify and hold each other harmless from and against any and all liability, loss, or damage incurred as a result of claims, demands, or actions resulting from any activity undertaken as a part of this Agreement and caused by any negligent, reckless or intentional act or failure to act on the part of the indemnifying Party, its agents, officers, or employees. The University of Washington shall not be liable for the negligence, errors, or omissions of the District, its employees, agents or officers, and the District shall not be liable for the negligence, errors, or omissions of the University of Washington, its employees, agents or officers.

8. Insurance.

Both Parties shall secure and maintain in full force public liability and comprehensive general liability insurance and employer's liability insurance with a minimum coverage of \$1,000,000.00 per occurrence for personal injury, death, sickness and property damage. Certificates of coverage required herein shall be delivered to either Party within fifteen (15) days upon request.

9. General Provisions.

9.1 Severability.

In the event any provisions of this Agreement shall be determined to be unenforceable or otherwise invalid for any reason, such provisions shall be enforced and valid to the extent permitted by law. All provisions of this Agreement are severable and the unenforceability or invalidity of a single provision herein shall not affect the remaining provisions.

9.2 Governing Law and Venue.

This Agreement shall be governed by the laws of the State of Washington and venue for any lawsuit shall be in the Chelan County Superior Court.

9.3 Attorney's Fees.

In the event of litigation between the Parties arising out of Written Work Orders agreed to by the Parties pursuant to the terms of this Agreement, the substantially prevailing Party shall be entitled, in addition to other relief, to such reasonable attorney's fees and costs as determined by the court.

9.4 Waiver of Breach.

The waiver by either Party of the breach of any provision of this Agreement by the other Party must be in writing and shall not operate or be construed as a waiver of any subsequent breach by such other Party.

9.5 Savings Clause.

Nothing in this Agreement shall be construed so as to require the commission of any acts contrary to law, and wherever there is any conflict between any provision of this Agreement and any state or federal law, the latter shall prevail, but in such event the provisions of this Agreement affected shall be curtailed and limited only to the extent necessary to bring it within legal requirements.

9.6 Filing.

This Agreement shall be filed with the Chelan County Auditor's Office pursuant to RCW 39.34.040.

9.7 Interpretation.

This Agreement has been submitted to the scrutiny of all Parties and their counsel, if desired, and it shall be given a fair and reasonable interpretation in accordance with its words, without consideration or weight given to its being drafted by any Party or its counsel. All words used in the singular shall include the plural; the present tense shall include the future tense; and the masculine gender shall include the feminine and neuter genders.

9.8 Notices.

Notices, except service of process, but including Written Work Orders, may be made by the administrator of this Agreement for either Party sending email notice to the other Party's administrator of this Agreement. Such emailed notice shall be considered delivered upon email confirmation of receipt of the same by the administrator of this Agreement for the receiving Party. In addition to email notice, notices other than service of process may be delivered personally or sent via United States first class mail to the following individuals at the following addresses:

Chelan-Douglas Health District
Attention: Luke Davies, District Administrator
200 Valley Mall Parkway
East Wenatchee, WA 98802
Email: luke.davies@cdhd.wa.gov

University of Washington
Attention: Janet Baseman, Associate Dean of Public Health Practice
Hans Rosling Center for Population Health
3980 15th Ave NE
Box 351616
Seattle, WA 98195
Email: jbaseman@uw.edu

Notices mailed shall be deemed given on the date of mailing. The Parties shall notify each other in writing of any changes of administrator names, email addresses, or address.

9.9. Nondiscrimination.

Neither Party shall discriminate against any individual based on race, religion, color, sexual orientation, national origin, age, marital status, veteran

status, or based on any sensory, mental or physical disability or the use of a trained guide dog or service dog by a disabled person.

9.10 Access to Records Clause.

The Parties and other authorized representatives of the State shall have access to any book, document, paper and record of either Party which are pertinent to this Agreement for the purposes of making audits, examination, excerpts and transcriptions. All such records and all other records pertinent to this Agreement and work undertaken pursuant to this Agreement shall be retained by the Parties for a period of three years after the final audit of the Parties' completed projects, pursuant to this Agreement, unless a longer period is required by applicable records retention laws or to resolve audit findings or litigation. In such cases, the Parties may request, and the Parties shall abide by, such longer period for record retention.

9.11 Signatures.

Photocopies of signatures on this Agreement shall be considered the same as original signatures on this Agreement for all purposes.

Approved by the Board of the Chelan-Douglas Health District the 20th day of December, 2021.

CHELAN-DOUGLAS HEALTH DISTRICT



DAN SUTTON, CHAIRPERSON

Approved by the Associate Dean for Finance & Administration for the School of Public Health at the University of Washington on the 23rd day of December, 2021.



ULI HALLER, ASSOCIATE DEAN FOR
FINANCE & ADMINISTRATION

WORK ORDER 2021-1

This is a Written Work Order authorized and entered pursuant to the terms of the Interlocal Cooperative Agreement for Project Support Services approved by the University of Washington and the District effective December 1, 2021.

UNIVERSITY OF WASHINGTON WORK ORDER 2021-1:

Contractor Name: University of Washington

Period of performance: December 1st, 2021- June 30, 2023 (12/1/2021-07/31/2023)

Funding: \$150,000 from December 1st, 2021 to June 30th, 2022
\$150,000 from July 1st, 2022 to June 30th, 2023.*

Scope of Work: Inter Agency Agreement

Purpose: Provide technical assistance for North Central Washington Community Health Assessment to Chelan-Douglas Health District. This work is a collaboration led by the University of Washington (UW) School of Public Health and being conducted in collaboration with Chelan-Douglas Health District. The objective of this work is to provide technical assistance in building out the epidemiological and assessment capabilities of North Central Washington in partnership with Chelan-Douglas Health District, Grant County Health District, Okanogan County Public Health, and Kittitas County Public Health (North Central Washington Local Health Jurisdictions (LHJs)).

The funding for this project will go towards Full Time Equivalency (FTE) to support Faculty, Staff, and Students to support completion of the following activities. Funding will also go towards as needed contracting with UW entities for discrete projects and may include supplies and travel as approved by the parties.

*This funding is dependent on Washington State Foundational Public Health Services (FPHS) allocation set by the FPHS Steering Committee. If there is a reduction by the FPHS committee to this funding during this time period, the District reserves the ability to reduce the amount of funding for the time period of July 1st, 2022 to June 30th, 2023. In the event of reduced funding, Work Order activities will be revised and agreed upon by both Chelan-Douglas Health District and the University of Washington.

Activities may include:

1. Provide support in conducting a Stakeholder and Landscape Analysis of Health Informatics Systems for North Central Washington in partnership with local health jurisdictions, health care entities, non-profit care coordination organizations, Washington Department of Health, and Washington State Health Care Authority.
2. Conduct literature reviews and provide guidance on best evidence-based public health practices. Literature review topics may include but not be limited to:
 - a. Epidemiological Surveillance
 - b. Bioinformatics
 - c. Communicable Disease Interventions
 - d. Community Health Needs Assessments
 - e. Burden of disease metrics for communicable and non-communicable diseases
 - f. Community Care Network Development
3. Provide support and conduct a content analysis exercise on After Action Reports (AARs) generated by North Central Washington LHJs after emergencies and emergency simulations with the objective of identifying training and capacity gaps to which best practices generated by literature reviews might be applied.
4. Provide support for dashboard design and implementation for North Central Washington LHJs as they relate to communicable and non-communicable disease.

5. Provide support for discrete projects related to public health disease surveillance and assessment. This may include, but not be limited to, protocol development, data sharing agreements, internal review board (IRB for WA DOH and UW) submittal, survey/study design, data collection, data analysis, report development.
6. Provide support in building out capacity to conduct disease surveillance activities and other public health response by:
 - A. Developing and providing training materials for District staff and/or board of health in best public health practices.
 - B. Other activities as agreed upon.
7. Provide evidence-based guidance to support District policy development and standardization of epidemiological and assessment metrics across North Central Washington LHJs.

Outcome: Establish capacity to standardize and conduct routine and in-depth epidemiological surveillance and assessment for North Central Washington.

Method of Accountability:

- Reports
- Publications
- Technical and Literature Reviews
- Annual Stakeholder and Landscape analysis
- County Dashboard Standardization and Reporting
- Meeting Minutes

Deliverables:

- 1) Quarterly Reports on activity and support given by UW including report write ups for discrete project tasks needed by county.
- 2) One Literature Review per quarter
- 3) Annual Stakeholder and Landscape analysis
 - a. Include Mapping of data systems in North Central Washington in communicable and non-communicable diseases
 - b. Include mapping of health and behavioral health systems and services
 - c. Burden of Disease Priorities
 - d. Stakeholder Data needs for Dashboards
- 4) Final Review of Community Health Assessments for each county

Approved by Luke Davies, Chelan-Douglas Health District Administrator the 21st day of December, 2021:


 Luke Davies, Administrator

Approved by Janet Baseman, Associate Dean of Public Health Practice for the University of Washington the ____ day of December, 2021:

 Janet Baseman, Associate Dean

WORK ORDER 2023-1

This is a Written Work Order authorized and entered pursuant to the terms of the Interlocal Cooperative Agreement for Project Support Services approved by the University of Washington and the District on June 1st, 2023.

UNIVERSITY OF WASHINGTON WORK ORDER 2023-1:

Contractor Name: University of Washington

Period of performance: July 1st, 2023- June 30th, 2024 (7/1/2023-06/30/2024)

Funding: 150,000 from July 1st, 2023 to June 30th, 2024

Scope of Work: Inter Agency Agreement

Purpose: Provide technical assistance for North Central Washington Community Health Assessment to Chelan-Douglas Health District. This work is a collaboration led by the University of Washington (UW) School of Public Health and being conducted in collaboration with Chelan-Douglas Health District. The objective of this work is to provide technical assistance in building out the epidemiological and assessment capabilities of North Central Washington in partnership with Chelan-Douglas Health District, Grant County Health District, Okanogan County Public Health, and Kittitas County Public Health.

The funding for this project will go towards Full Time Equivalency (FTE) to support Faculty, Staff, and Students to support completion of the following activities. Funding will also go towards as needed contracting with UW entities for discrete projects and may include supplies and travel as approved by the parties.

*This funding is dependent on Washington State Foundational Public Health Services (FPHS) allocation set by the FPHS Steering Committee. If there is a reduction by the FPHS committee to this funding during this time period, the District reserves the ability to reduce the amount of funding for the time period of July 1st, 2023 to June 30th, 2024. In the event of reduced funding, Work Order activities will be revised and agreed upon by both Chelan-Douglas Health District and the University of Washington.

Activities may include:

1. Provide support in conducting a Stakeholder and Landscape Analysis of Health Informatics Systems for North Central Washington in partnership with local health jurisdictions, health care entities, non-profit care coordination organizations, Washington Department of Health, and Washington State Health Care Authority.
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3. Provide support and conduct a content analysis exercise on After Action Reports (AARs) generated by North Central Washington LHJs after emergencies and emergency simulations with the objective of identifying training and capacity gaps to which best practices generated by literature reviews might be applied.
4. Provide support for dashboard design and implementation for local health jurisdictions as they relate to communicable and non-communicable disease.
 - a. Develop internal and external dashboards for NCW Epidemiology consortium.
 - b. Prepare requirements documentation for internal and external facing dashboards for hosting and updating regional indicators in the NCW.

- c. Develop additional priority regional indicators for the region based on identified needs for upcoming CHAs and/or other regional public health priorities.
5. Provide support for discrete projects related to public health disease surveillance and assessment. This may include, but not be limited to, protocol development, data sharing agreements, internal review board (IRB for WA DOH and UW) submittal, survey/study design, data collection, data analysis, report development.
 - a. Provide statistical and epidemiological support and consultation for the NCW Epi consortium.
 - b. Lead development of a collaborative regional manuscript describing the NCW Epidemiology consortium, foundational work including the novel regional indicators development project, LHH-CBO-academic partnership and other topics.
 - c. Prepare materials for dissemination (e.g. slide decks, white papers, conference abstracts) to various stakeholders of the NCW Epidemiology consortium.
6. Provide support in building out capacity to conduct disease surveillance activities and other public health response by:
 - a. Other activities as agreed upon.
7. Provide evidence-based guidance to support District policy development and standardization of epidemiological and assessment metrics across local health jurisdictions in North Central Washington.

Outcome: Establish capacity to standardize and conduct routine and in-depth epidemiological surveillance and assessment for North Central Washington.

Method of Accountability:

- Reports
- Publications
- Technical and Literature Reviews
- Annual Stakeholder and Landscape analysis
- County Dashboard Standardization and Reporting
- Meeting Minutes

Deliverables:

- 1) Quarterly Reports on activity and support given by UW including report write ups for discrete project tasks needed by county.
- 2) One Literature Review per quarter
- 3) Annual Stakeholder and Landscape analysis
 - a. Include Mapping of data systems in North Central Washington in communicable and non-communicable diseases
 - b. Include mapping of health and behavioral health systems and services
 - c. Burden of Disease Priorities
 - d. Stakeholder Data needs for Dashboards
- 4) Final Review of Community Health Assessments for each county

Approved by Luke Davies, Chelan-Douglas Health District Administrator the 12th day of May, 2023:



Luke Davies, Administrator

Approved by Janet Baseman, Associate Dean of Public Health for the University of Washington the ____ day of May, 2023:

Janet Baseman, Associate Dean



**Chelan-Douglas Health
District**

200 Valley Mall Parkway, East Wenatchee, WA 98802

Chelan-Douglas Health District Health Officer Update

James Wallace, MD, MPH

May 15th, 2023

Chelan-Douglas Health Officer Update

COVID-19 End of Public Health Emergency

- Changes to surveillance systems
- Changes to testing, treatment, vaccines & other resources
- Navigating changes with healthcare partners, long-term care facilities, schools, community based organizations and the general public

COVID-19 Public Health Emergency Unwinding

COVID-19 Surveillance





- End of required test reporting to CDC
- Discontinued CDC Community Level/Transmission Levels
- Continued:
 - case reports to LHJ & DOH
 - variant sampling
 - hospital reporting
 - wastewater reporting/expansion
 - COVID-19 death rate with definition update



COVID-19 Health Advisories

- Based on local, regional, state disease trends
- Case investigation & partner collaboration to continue
- Masking recommendations, treatment and vaccination updates
- Outbreak support, standing orders, isolation resources

Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge

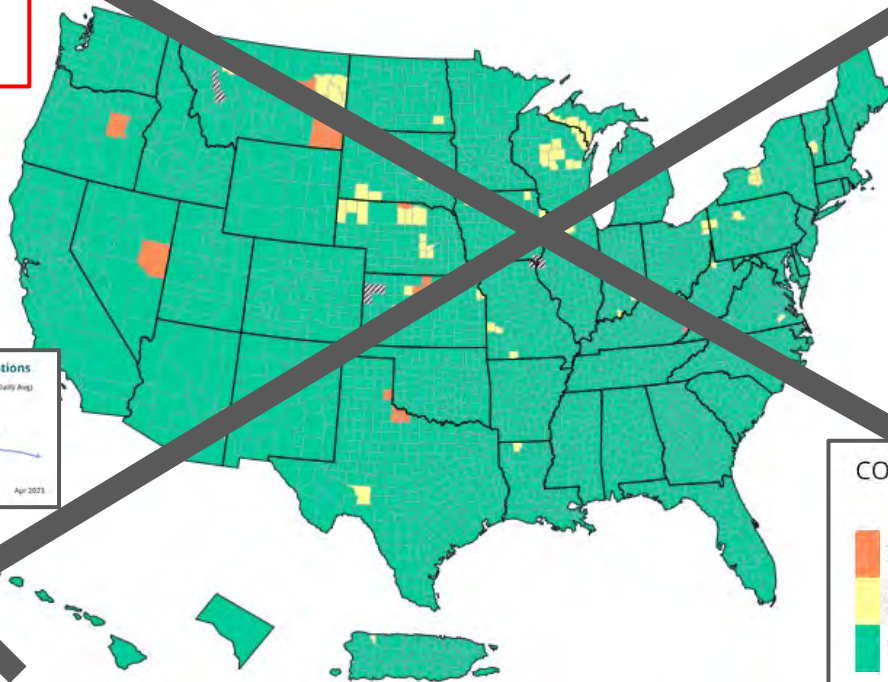
Updated public health tracking* will keep you informed about COVID-19

Hospital admissions		track	→	Spread in communities + severity of illness
Death certificates		track	→	Severity of illness
Emergency department visits		track	→	Early signs of spread
Genomic sequencing		tracks	→	New variants

 **Check COVID.cdc.gov to know when to take action**
*To account for changes in available data after the end of the U.S. Public Health Emergency declaration.
bit.ly/mm7219e1
MAY 5, 2023 

COVID-19 Community Levels

April 14th, 2023



US Trends



COVID-19 Community Levels - Use the Highest Level that Applies to Your Community

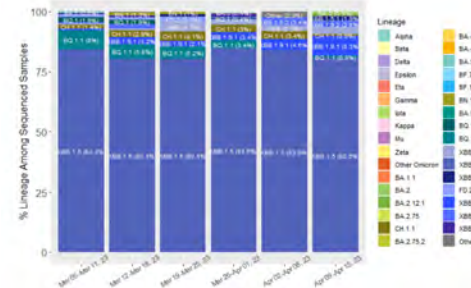
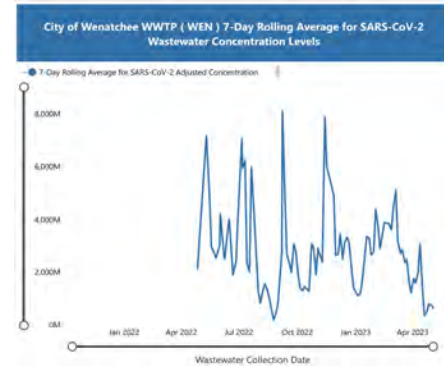
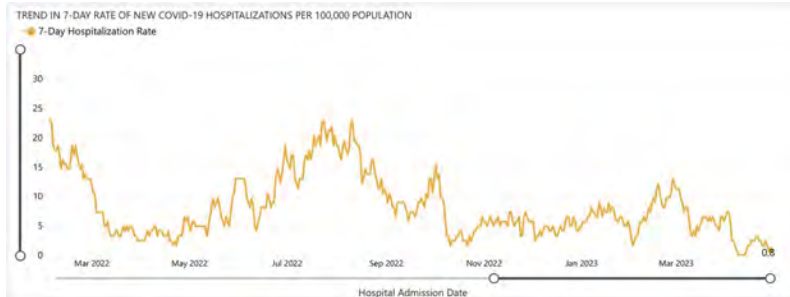
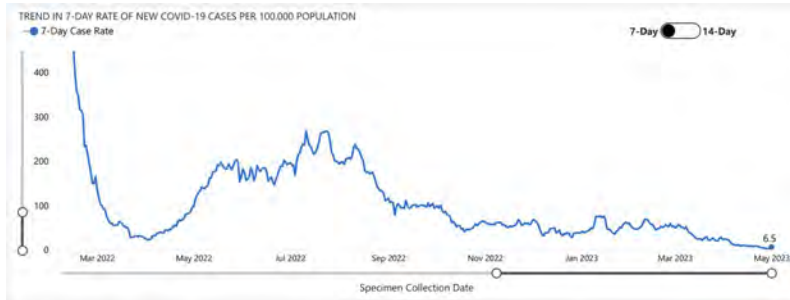
Indicators	Low	Medium	High
New COVID-19 Cases Per 100,000 people in the past 7 days	<10.0	10.0-19.9	≥20.0
New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
New COVID-19 admissions per 100,000 population (7-day total) - Fewer than 200	NA	<10.0	≥10.0
New COVID-19 admissions per 100,000 population (7-day total) - 200 or more	NA	<10.0%	≥10.0%

COVID-19 Community Levels in US by County

Level	Total	Percent	% Change
High	17	0.53%	0.13%
Medium	79	2.46%	- 1.05%
Low	3117	97.01%	0.93%


COVID-19 PHE Unwinding - Surveillance

Continued local case rates, hospitalizations, wastewater data, mortality review & variant sampling



PHE Unwinding - Health Advisories & Communications

- Increased disease activity, outbreaks, variants of concern
- Changes to resources and availability
- Testing, treatment & vaccine recommendation updates
- Alerts & recommendations for transmission prevention strategies
- Healthcare & community partner input/collaboration



Get the Latest COVID-19 Information!

Report your COVID-19 test results here!

<https://www.cdhd.wa.gov/covid-19>

PHE Unwinding - COVID-19 Resource Availability

Testing

- Say Yes COVID Test program ended
- DOH with limited supply to share with LHJs
- Private insurance, healthcare partners to continue

Contact Tracing & Case Investigation

- LHJ resources devoted to outbreaks
- Resource mobilization for larger outbreaks or surge

Isolation & Quarantine Support

- Care Connect capacity will decrease
- State and local facilities discontinued for COVID-19
- Continued IQ troubleshooting for all notifiable conditions

Telehealth

- Authorization continued for general healthcare, but some insurers are denying coverage
- Standing orders for care from non-licensed personnel expire

Vaccine Access

- Bivalent vaccines will transition to standard child/adult vaccine programs
- Care-a-Van services will continue

Apple Health

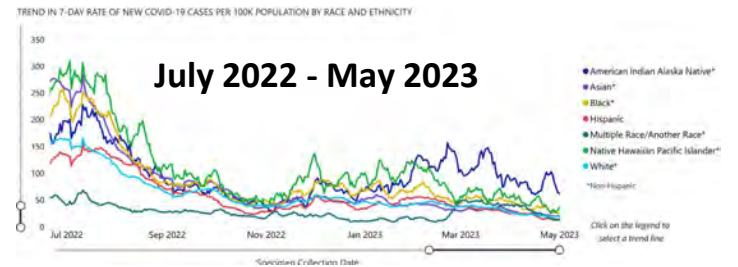
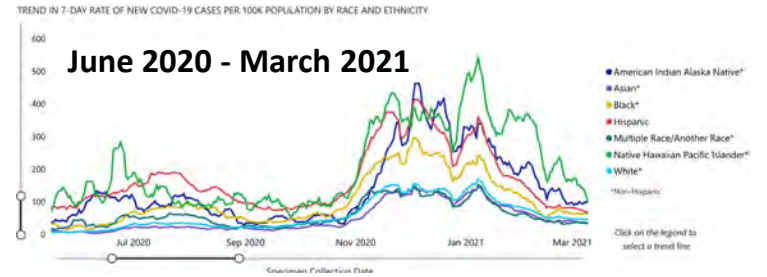
- Automatic renewal (continuous enrollment) will be discontinued on May 31st
- Annual renewal will require that the client take action
- HCA, DSHS, managed care conducting outreach

PHE Unwinding - Navigating Transitions with Partners

Adapting to non-emergent COVID-19

- COVID-19 remains a serious illness
- Assist/support/intervene individuals and areas with severe illness and heightened disease activity
- Collaborate with healthcare, schools, CBOs to maximize readiness and response
- Case & Outbreak Investigation
 - enhance treatment/transmission prevention
 - acquire new knowledge of disease patterns
- Communication to identify areas/communities more affected than others
- Promote/ensure equity in access to resources and capacity for disease prevention

COVID Case Rates by Race & Ethnicity



Chelan-Douglas Health Officer Update

COVID-19 End of Public Health Emergency

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