



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Chelan-Douglas Health District Board of Health Regular Meeting Minutes – June 26, 2023

Board Members Present (quorum):

Marc Straub, Chair (4)
Kevin Overbay (1)
Dan Sutton (3)
Bindu Nayak (8)
Joseph Hunter (11)

Jerrilea Crawford, Vice Chair (5)
Shon Smith (2)
Marissa Smith (7)
Bill Sullivan (10)
Carin Smith (Alternate 9)

Board Members Absent:

Sharon Waters (6)

Alma Chacon (9)

Alternate Board Members Present:

None

Staff Present:

Luke Davies, Administrator
Kent Sisson, EPR
Dr. James Wallace, Interim Health Officer
Cari Hammond, Personal Health Director

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

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 3:00 PM and requested the Board Clerk to take attendance.

Approval of Agenda – (2:32)

Kevin Overbay moved to approve the agenda as presented. Dan Sutton seconded the motion and the motion passed unanimously.

Public Comment – (2:50)

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.

- Charyl Baziak of Douglas County gave the Board a handout from The Gazette of Medical Sciences and spoke about the printed materials.

- Laurie Buhler of Douglas County spoke of information that she stated she read about COVID-19 vaccine adverse events of serious musculoskeletal reactions in women and myocarditis in men.
- Chris Carlsen of Chelan County made a comment about the sound quality of the meeting recordings and wanted the Board's reaction to the Governor's newly rescinded mandate of COVID-19 vaccine requirements for state employees.
- Lisa Templeton of King County read an article in News Week that she stated was written by Kevin Bass about the COVID-19 vaccine.
- Joan Steichen of Chelan County stated that she sent the Board two documents to read about COVID-19 vaccine and other information.

Consent Agenda – (17:10)

- Approval of the May 15, 2023 Board Meeting Minutes
- Approval of May Payroll in the amount of \$288,293.98
- Approval of May Benefits in the amount of \$101,614.08
- Approval of Payment of 2023 Vouchers No. 20230301-0405 in the amount of \$209,322.73
- Approval of the Contract Matrix

Vice Chair Jerrilea Crawford moved to approve the Consent Agenda items a, b, c and e and have further discussion on item d. Dan Sutton seconded the motion and the motion passed unanimously.

Vice Chair Crawford asked for clarification on the rise in cost of computer expenses. Vice Chair Crawford then moved to approve Consent Agenda item d after clarification. Joseph Hunter seconded the motion and the motion passed unanimously.

New Business– (21:00)

- Preliminary 2023 Budget Amendment
Health Administrator Luke Davies and Fiscal Director Diane Forhan reviewed the preliminary 2023 Budget Amendment and explained that it will be ready for review at the July meeting. Board discussion followed.

Old Business-- (35:16)

- Update of Deputy Administrator and Environmental Health Director (35:25)
Health Administrator Luke Davies told the Board that an Environmental Health Director, Mariana Fletcher, began at the District today. Mariana comes to us from Galveston, Texas. There were also offers made to two other Environmental Health Generalist positions that will begin in July. This will bring the Environmental Health program back up to nearly fully staffed. Luke also noted that Dr. Kristen Hosey resigned from the Board as an Alternate Member to apply for the position of Deputy Administrator at the District. Dr. Hosey was offered the position and will begin in July. Board discussion followed.
- Administrator Compensation Review/Action (39:15)

Chair Marc Straub stated that the Health Administrator's review results are that overall our Administrator exceeds expectations. Chair Straub stated that Administrator Davies' current annual compensation is \$125,000. Chair Straub shared that he met with the Executive Committee and Commissioner Kevin Overbay and explained how they arrived at the salary increase they propose for the Administrator. Kevin Overbay stated that he put together numbers from surrounding LHJs that were based on statistics equivalent to Chelan and Douglas Counties and averaged the salaries to get the suggested increase in scale for salary. The recommendation is to increase the annual compensation of the Administrator to \$142,600 effective July 1, 2023. Board discussion followed.

Joseph Hunter moved to increase the Health Administrator's annual compensation from \$125,000 to \$142,600 beginning July 1, 2023. Dan Sutton seconded the motion and the motion passed with nine (9) Members in favor, none opposed, and one (1) abstained (Sullivan).

Reports– (54:04)

Health Officer Report Dr. James Wallace, Health Officer (54:10)

Interim Health Officer Dr. James Wallace gave the Board an update on COVID and the Washington State Association of Local Public Health Officials (WSALPHO) meeting that he attended last month in Leavenworth. The COVID-19 surveillance is showing very low numbers nation-wide as well as in Washington State. Hospitalizations for COVID saw only three at this point in June locally. The Wenatchee wastewater surveillance has remained low as well. New Omicron sub-variants are coming through, with more expected to come, so far none of the sub-variants have been more severe. Dr. Wallace revealed there was a lot of discussion about wildfire smoke at the recent WSALPHO meeting and collaboration from Ecology, LHJs, and other local emergency response partners. Dr. Wallace believes Chelan-Douglas is well prepared for wildfire smoke events. Dr. Wallace noted that the District's Kent Sisson, has put together a very strong draft of an emergency response plan for Chelan-Douglas that outlines a collaborative process for activities, responses, recommendations, and communications plans to get out to the communities. Dr. Wallace explained the recent air quality numbers that show good current air quality and walked the Board through the different stages of air quality index (AQI). Dr. Wallace explained how the AQI can impact community members of all ages and activities. Dr. Wallace also touched on opioid overdoses and fentanyl response locally. He also touched on Xylazine and the connection with opioid overdose deaths. LHJs are working on comprehensive, unique plans and strategies to reduce overdose rates across the state, and open access to support, treatment services, and recovery. The State Board of Health is developing standardized approaches for cleanup operations for the clandestine drug labs that seem to be popping up more frequently across the state. Board discussion followed.

Luke Davies, Administrator (1:17:35)

Luke Davies, Health Administrator, began his report by letting the Board know that the District will be receiving additional Foundational Public Health Services (FPHS) dollars as part of the 2023 biennium. The

District is experiencing a number of staff members leaving the agency and are working on figuring out the reason for the current attrition. Still working on the after-action report with Village Reach and will be engaging the Board in August once it is finalized. The District is working on increased management training with NASH, Grant, Okanogan, Kittitas, and Chelan-Douglas that will cost \$23,000 for six months of training. Our contract with DOH Associates for the building improvements has been initiated at \$15,500 plus reimbursable expenses. The District has engaged with Tri-Van to finalize improvements for the public health emergency and response mobile unit for \$14,665. Administrator Davies also gave updates on the Fiscal, Personal Health, Communications, and Environmental Health programs that were provided in the packet. Board discussion followed.

Board Discussion-- (1:25:45)

Chair Marc Straub noted that Dr. Kristen Hosey resigned as an Alternate Board Member, which leaves her position open for the remainder of her term. Per the Bylaws and State law, the position should be filled by the two Boards of County Commissioners selecting a person that meets the requirements for the position to serve for the remainder of the unexpired term. Member Bill Sullivan again introduced and read a resolution he created concerning the process for implementing Public Health policies, guidelines, and recommendations during pandemics and public health emergencies.

Member Bill Sullivan moved to approve the resolution he created titled as: "A Motion To Improve The Process For Implementing Public Health Policies, Guidelines, And Recommendations During Pandemics And Public Health Emergencies". Member Shon Smith seconded the motion. Board discussion followed. Member Sullivan requested a roll call vote by the Board Clerk. The motion failed with a vote of nine (9) opposed and one (1) in favor (Sullivan).

Chair Marc Straub declared the meeting adjourned at 4:59 PM.

Following the Board Meeting, the Board met in exempt session pursuant to RCW 42.30.140(4) to discuss collective bargaining. The exempt session ended at 5:35 pm. No action was taken during or following the exempt session.



Marc Straub, Board Chair



Hollie Casey, Clerk of the Board



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Chelan-Douglas Health District Health Officer Update

James Wallace, MD, MPH

June 26th, 2023

Chelan-Douglas Health Officer Update

COVID-19 Surveillance Systems

- National, state and regional disease activity
- Local hospitalizations and outbreaks

WSALPHO Meeting Review

- Wildfire smoke preparedness
- Opioid overdose & fentanyl response
- Clandestine drug lab remediation

COVID-19 Surveillance - CDHD

CDHD 7d Case Rate = 1.6/100,000

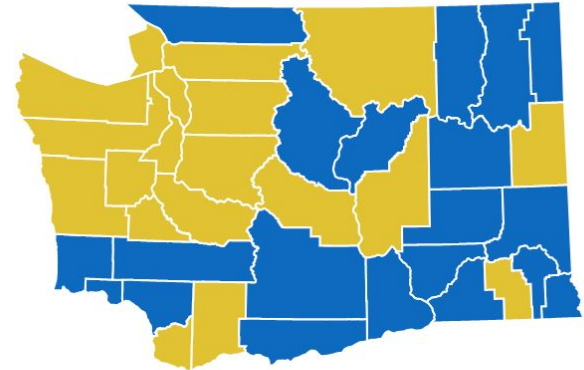
CDHD June Hospitalization Count = 3 patients

Wenatchee COVID Wastewater Surveillance
maintaining a low trend

State and regional variant surveillance shows no
new concerning Omicron sub-variants

7-DAY CASE RATE PER 100,000 POPULATION

Measurement Period: 6/4/2023-6/11/2023



Click on the map for county data



<https://doh.wa.gov/emergencies/covid-19/data-dashboard>

COVID-19 Surveillance - CDHD

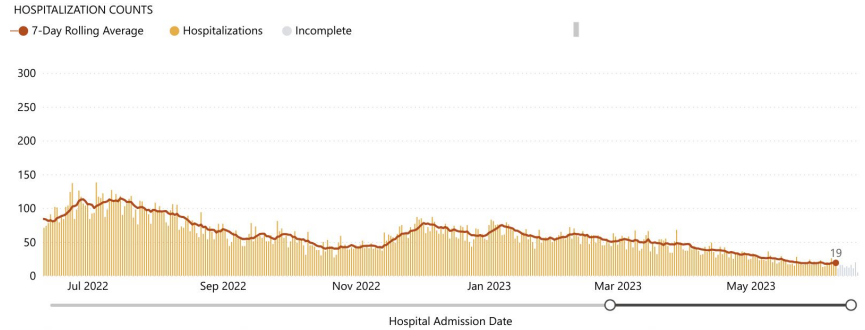
CDHD 7d Case Rate = 1.6/100,000

CDHD June Hospitalization Count = 3 patients

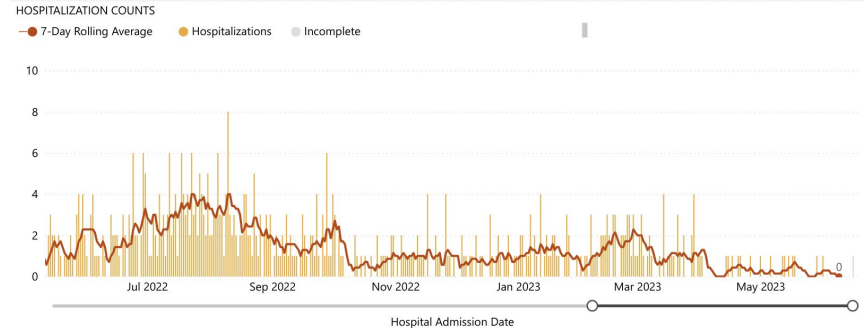
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WA COVID Hospitalizations



CDHD COVID Hospitalizations



<https://doh.wa.gov/emergencies/covid-19/data-dashboard>

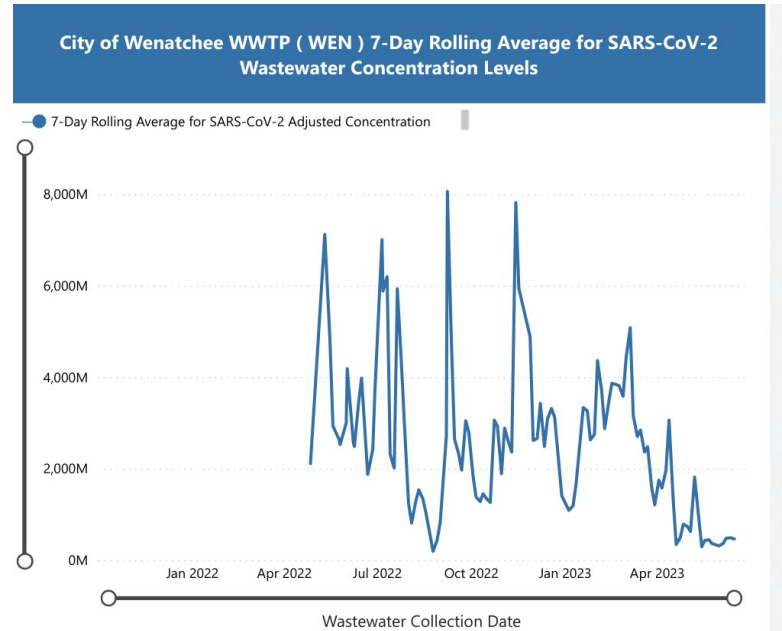
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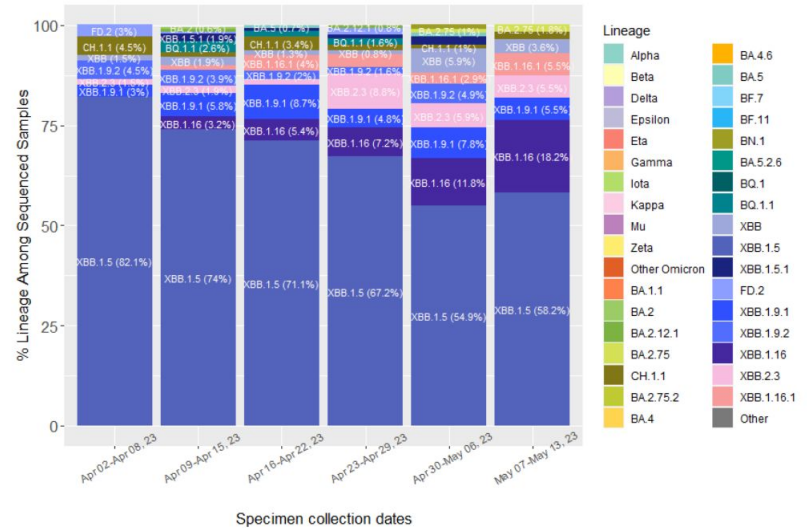
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WA COVID Variant Surveillance



<https://doh.wa.gov/sites/default/files/2022-02/420-316-SequencingAndVariantsReport.pdf?uid=64990d4da39ae>

Wildfire Smoke Preparedness

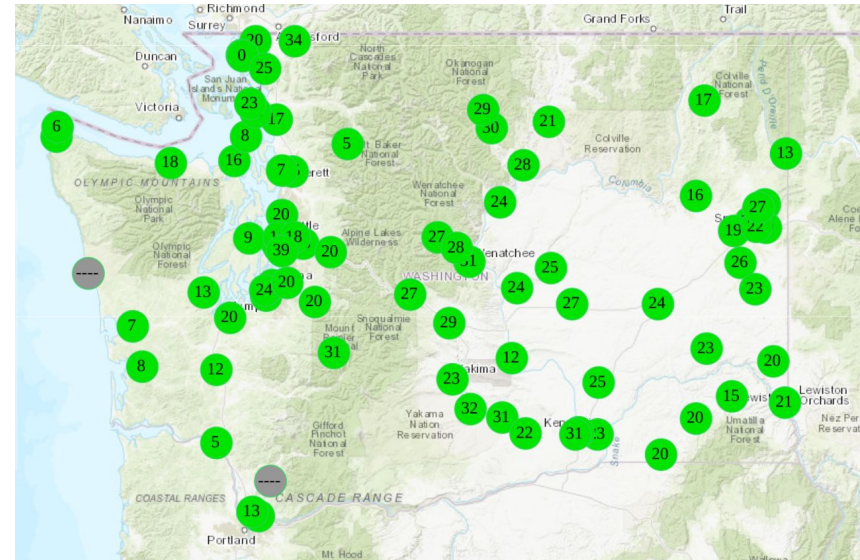
WA DOH and LHJs are increasing communications and preparedness for severe wildfire smoke episodes

State and CDHD Emergency Preparedness Plans include procedures for interdepartmental collaboration for response to smoke events

Public Health Recommendations for smoke events include cancellation of outdoor activities when AQI is above 150, if mitigation measures cannot be implemented

School and athletic activity guidance has been revised to consider duration of exposure, with recommendation of cancellation of activities 2 hours or greater above AQI 100

Washington Air Quality Network



<https://enviwa.ecology.wa.gov/home/map>

Wildfire Smoke Preparedness

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Washington Guide for Public Health Actions for Wildfire Smoke

This guide is designed for air quality, public health, and other officials making local decisions.



Air Quality Index	Recommended Public Health Actions Check current and forecast air quality at enviwa.ecology.wa.gov
<p>Good (0-50)</p>	<p>Prior to wildfire season:</p> <ul style="list-style-type: none"> • Coordinate a local plan for public health actions and distribute preparedness information to the public. • Identify indoor spaces where individuals will seek cleaner air during wildfire smoke events and develop plans to protect indoor air quality, including filtration. <ul style="list-style-type: none"> ◦ Indoor spaces used by sensitive groups, such as schools, child care facilities, and long-term care facilities. ◦ Community cleaner air settings, such as libraries. ◦ Temporary cleaner air shelters. <p>During wildfire season:</p> <ul style="list-style-type: none"> • Monitor wildfires, smoke forecasts, and air quality at WA Smoke Blog. • If forecasts predict smoke in your area, review the Washington Wildfire Response document for Severe Smoke Episodes and the Wildfire Smoke Guide for Public Health Officials.
<p>Moderate (51-100)</p>	<p>Above recommendations, plus:</p> <ul style="list-style-type: none"> • Distribute health information to the public, including steps to take with health advisory categories Washington Air Quality Guide for Particle Pollution. <ul style="list-style-type: none"> ◦ Refer to the WA Smoke Blog for information about wildfires, smoke forecasts, and air quality. ◦ Identify and focus outreach efforts for sensitive groups. • Coordinate with public health partners to follow recommended public health actions. • Recommend following the Washington Air Quality Guide for School and Child Care Activities. • For outdoor workers, start following WA Department of Labor and Industries' requirements.
<p>Unhealthy for Sensitive Groups (101-150)</p>	<p>Above recommendations, plus:</p> <ul style="list-style-type: none"> • Recommend sensitive groups take steps to reduce exposure (limit time outside, avoid strenuous outdoor activity, and follow tips for cleaner indoor air). • Recommend sensitive groups spend time in a cleaner air setting in the community, such as a library, if they cannot maintain cleaner air at home. • Cancel children's outdoor athletic events and practices or move them to an area with safe air quality, either indoors or at a different outside location: Washington Air Quality Guide for School Activities. • For an extended duration of smoke, consider opening a cleaner air shelter for sensitive groups.
<p>Unhealthy (151-200)</p>	<p>Above recommendations, plus:</p> <ul style="list-style-type: none"> • Recommend everyone take steps to reduce exposure (limit time outside, avoid strenuous outdoor activity, and follow tips for cleaner indoor air). • Recommend everyone spend time in an identified cleaner air setting in the community, such as a library, if they cannot maintain cleaner air in their residence. • Consider canceling outdoor public events and activities: Wildfire Smoke Guidance for Canceling Outdoor Events or Activities and Closing Schools. • For an extended duration of smoke, consider opening a cleaner air shelter for the public.

Wildfire Smoke Preparedness

WA DOH and LHJs are increasing communications and preparedness for severe wildfire smoke episodes

State and CDHD Emergency Preparedness Plans include procedures for interdepartmental collaboration for response to smoke events

Public Health Recommendations for smoke events include cancellation of outdoor activities when AQI is above 150, if mitigation measures cannot be implemented

School and athletic activity guidance has been revised to consider duration of exposure, with recommendation of cancellation of activities 2 hours or greater above AQI 100

Washington Air Quality Guide for School & Child Care Activities

Vehicle exhaust, woodstove emissions, industrial emissions, wildfire smoke, windblown dust, and other sources contain fine particle pollution (PM2.5) that can seriously affect children's health. The following public health recommendations to protect children from PM2.5 are designed for school activities and can be applied to child care, before/after school programs, camp, and sports programs for children (18 years and younger) by considering the duration of outdoor activities.

Outside Air Quality Index: PM2.5					
Check current and forecast air quality at enviwa.ecology.wa.gov					
	Good (0-50)	Moderate (51-100)	Unhealthy for Sensitive Groups (101-150)	Unhealthy (151-200)	Very Unhealthy/ Hazardous (>200)
Recess (15 minutes)	No restrictions.	Allow children with health conditions (see below*) to stay indoors.	Keep children with health conditions indoors. Keep activity levels light for these children unless indoor PM2.5 levels are below 35.5 µg/m ³ (see following page).	Keep all children indoors. Keep activity levels light unless indoor PM2.5 levels are below 35.5 µg/m ³ .	Keep all children indoors. Keep activity levels light unless indoor air is filtered, and indoor PM2.5 levels are below 35.5 µg/m ³ .
P.E. (1 hour)	No restrictions.	Allow children with health conditions to stay indoors and monitor symptoms for those who participate. Increase rest periods for these children as needed.	Keep children with health conditions indoors. Keep activities light for these children unless indoor PM2.5 levels are below 35.5 µg/m ³ . For others, limit to light outdoor activities. Allow any children to stay indoors if they do not want to go	Keep all children indoors. Keep activity levels light unless indoor PM2.5 levels are below 35.5 µg/m ³ .	Keep all children indoors. Keep activity levels light unless indoor air is filtered, and indoor PM2.5 levels are below 35.5 µg/m ³ .
Athletic Events and Practices (Vigorous activity 2-3 hours)	No restrictions.	Allow children with health conditions to opt out and monitor symptoms for those who join. Increase rest periods for these children.	Cancel children's outdoor athletic events and practices or move them to an area with safer air quality, either indoors or to a different location.	Cancel children's outdoor athletic events and practices or move them to an area with safer air quality, either indoors or to a different location. Consider time spent in poor air quality during transit before relocating.	Cancel children's outdoor athletic events and practices or move them to an area with safer air quality, either indoors with filtered air or to a different location. Consider time spent in poor air quality during transit before relocating.

*Health conditions include asthma and other lung disease, respiratory infection, heart disease, and diabetes. See the following page for more details about children's health, improving indoor air quality, and steps to reduce exposure.

<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/334-332.pdf?uid=64990de1d9a0b>

Opioid Overdose & Fentanyl Response

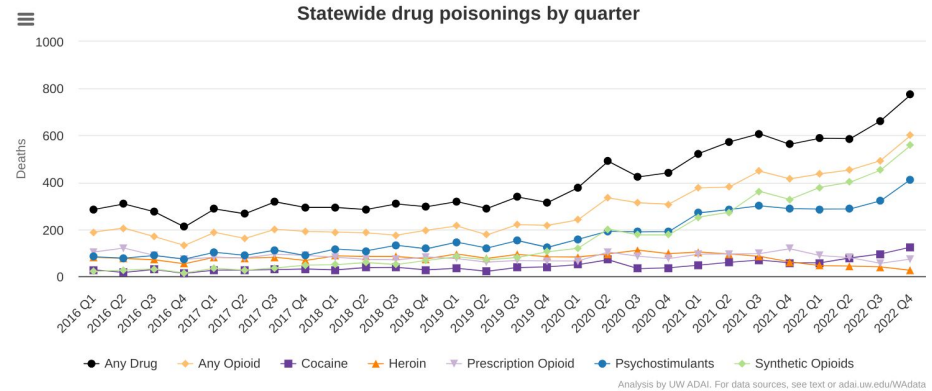
Trends continue to show a dramatic rise in fentanyl-related drug overdose deaths

Xylazine deaths are anecdotally reported in healthcare and among recovery support networks

LHJs are adopting comprehensive plans and strategies to reduce overdose, promote health and safety of individuals with substance use disorder, and expand access to treatment and recovery support services

LHJs are responding to increasing detection of drug labs and contaminated sites.

SBOH is developing standardized approaches to fentanyl cleanup operations



https://adai.uw.edu/wadata/emerging_deaths.htm

Opioid Overdose & Fentanyl Response

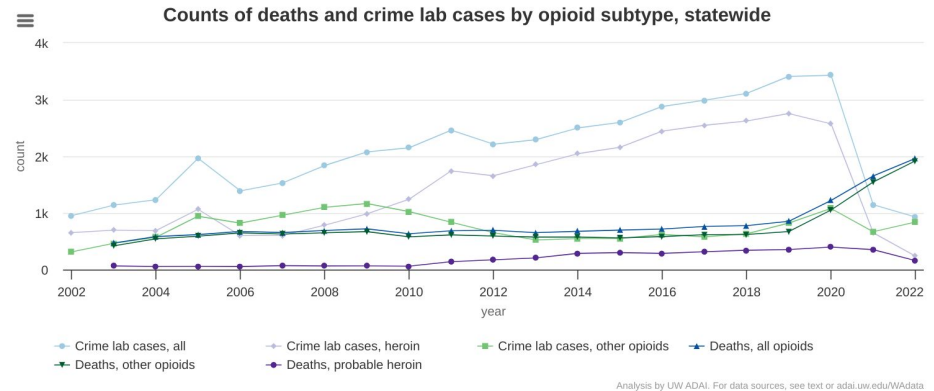
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https://adai.uw.edu/wadata/opiate_home.htm

Chelan-Douglas Health Officer Update

COVID-19 Surveillance Systems

- **National, state and regional disease activity** remains low with no new Omicron sub-variants of greater concern
- **Local hospitalizations and outbreaks** - few and scattered, with effective response from healthcare partners

WSALPHO Meeting Review

- **Wildfire smoke preparedness** - expansion in emergency preparedness, communications, school and activity guidance, and support from DOH
- **Opioid overdose & fentanyl response** - 2022 data shows continued rise in overdose deaths, with LHJs developing local responses to reduce overdoses and promote health and safety
- **Clandestine drug lab remediation** - increased lab identification and cleanup, with need for remediation standards