



**BENTON-FRANKLIN HEALTH DISTRICT  
BOARD OF HEALTH**

**MEETING MINUTES**

**April 19<sup>th</sup>, 2017**

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**IN ATTENDANCE**

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<b>Benton</b>	<input checked="" type="checkbox"/>	Commissioner Beaver	<input checked="" type="checkbox"/>	Jason Zaccaria, BFHD District Administrator & BOH Executive Secretary
	<input type="checkbox"/>	Commissioner Delvin	<input checked="" type="checkbox"/>	Dr. Amy Person, BFHD Health Officer
	<input checked="" type="checkbox"/>	Commissioner Small	<input checked="" type="checkbox"/>	Lisa Wight, BFHD Sr. Human Resources Manager
<b>Franklin</b>	<input checked="" type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Jeff Jones, BFHD Sr. Finance Manager
	<input checked="" type="checkbox"/>	Commissioner Miller	<input checked="" type="checkbox"/>	Rick Dawson, BFHD Sr. Surveillance and Investigation Manager
	<input checked="" type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Carla Prock, BFHD Sr. Healthy People and Communities Manager
			<input checked="" type="checkbox"/>	Cody Lewis, BFHD Information Systems and Security Manager
			<input checked="" type="checkbox"/>	Janae Parent, BFHD Admin Analyst/Executive Assistant
			<input checked="" type="checkbox"/>	Heather Hill, BFHD Clinic Services Supervisor
			<input checked="" type="checkbox"/>	JoDee Peyton, PTE Local 17 Union Representative

**CALL TO ORDER**

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

**APPROVAL OF MINUTES**

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Commissioner Beaver moved to approve the February 15<sup>th</sup>, 2017 meeting minutes.  
Commissioner Small seconded. The motion carried unanimously, with Commissioner Peck abstaining from vote due to absence at the February meeting.

**DISCUSSION ITEMS FROM THE PUBLIC/STAFF**

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N/A

**UNFINISHED BUSINESS**

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None to report

**NEW BUSINESS:**

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- 1. Overview of Healthy Youth Survey Results – Carla Prock and Rick Dawson**
  - a. C. Prock and R. Dawson provided a presentation on the results from the Healthy Youth Survey. Information and data presented are highlights from Benton County as Franklin County currently only has one school district reporting, therefore due to privacy concerns data is not shared. Pasco School District who did participate in the survey is welcome to



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share their results should they chose to. C. Prock stated if any of the Commissioners had any influence in the North Franklin School District, the Health District would like to ask for their support in working with the them to explain why completing the survey is important. R. Dawson added that teachers within the school district appear to be supportive, but the topic needs to be further reviewed with administrative personnel. Commissioner Koch asked for additional information so that a follow up could be done on the request.

- b. R. Dawson stated that student participation in the survey continues to go up in Benton County, with all school districts within the county reporting. Data is showing that the older the students get the less likely they are to participate.
- c. Regarding e-cigarette, smoking and vaping data, the Health District received some temporary funding as part of a healthy communities project to work closely with the schools, including student and parent populations to get information to them about the risks of e-cigarette, smoking and vaping. Middle school staff have provided positive and receptive feedback about the information and intervention activities being shared, however there are still some limitations in presentations to school district staff due to limited resources. The Health District conducted several health fairs, presentations to teachers and counselors and a couple presentations in classrooms. The Health District is hoping to see trends change in the future.
- d. R. Dawson showed the types of substances that youth are using when vaping, noting that as kids get older they are using vaping to get nicotine, adding that Benton County has slightly higher numbers than the state level. C. Prock highlighted lifetime alcohol use and how the work of Prosser Communities in Action and their advocacy groups have helped educate and inform the communities through outreach activities. While binge drinking rates are small, between 6% and 12%, the risk to their health is significant, so this does remain a concern for the Health District.
- e. Marijuana use was fairly level, until the recreational use law passed. This change is reflected in the data shown with a significant increase in use. Data is showing that once youth begin using, they continue to use. Last June, e-cigarette state laws are now mirroring the tobacco laws for those under 18 years of age, so the Health District worked closely with the Educational Service District 123 (ESD) intervention specialists to increase school signage that included prohibiting of e-cigarettes and vaping.
- f. Regarding enjoyment of school, data shows the less youth enjoy school, the less likely they are to attend school and therefore less likely to be successful. C. Prock added that this metric aligns with 3<sup>rd</sup> grade reading scores. Research shows that 3<sup>rd</sup> grade reading scores are indicative of school enjoyment and linked to graduation rates. Additionally, Washington Kids Data which scores kids at entrance for Kindergarten, this ESD region has very poor social and emotional readiness. The Health District is currently partnering with local community partners to provide a Toddlers to Teens training, which is a social and emotional literacy campaign to help improve these rates.
- g. R. Dawson reviewed bullying data, showing that 30% of youth are reporting that at some point during their schooling feel bullied. Additional data collected shows that youth know



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how to report bullying and schools have a good response rate to address the bullying. About 85-90% reported feeling safe at school.

- h. C. Prock also provided highlights of data regarding texting and driving, healthy eating habits, obesity rates and depression and how the Health District and community partners are working to improve rates. Also, teen pregnancy rates are decreasing locally and around the nation, however rates here locally are still consistently higher than anywhere else in the state.
- i. Regarding adverse childhood experiences, specifically sexual abuse, data presented shows that 1 in 4 children have experienced some form of sexual abuse in Benton County. Commissioner Peck asked who writes the questions that are given to the kids. C. Prock responded that there is a panel of participants representative of public school, public health, collegiate and research centers, adding that questions being asked are written at the appropriate age level of the participants.
- j. R. Dawson highlighted the perceived risk of smoking vs smoking marijuana by youth. Rates show that youth understand clearly the risks of smoking, but do not clearly understand the risks of smoking marijuana. This shows that Public Health still has a lot of work to do to inform and educate youth and adults on the risks of smoking marijuana, use of e-cigarettes and vaping.
- k. C. Prock concluded that it is important to have the entire service area represented in the data so that the Health District can have a whole picture to enhance the ability to define and target interventions, adding that the Health District supports community partners and their targeted interventions as well.
- l. Commissioner Peck requested a copy of the questions that were asked. C. Prock to follow up with Dr. Person on this request.

**2. Refugee Program Update – Heather Hill**

- a. The Health District has a long history in working with the refugee population. The United Nations defines what a refugee is since 1951 and the United States definition mirrors it. Essentially, for a person to be considered a refugee they are fleeing their country in fear of their life and family.
- b. It is a three-step process to arrive in the United States, refugees must be displaced from their country of origin. Data shows that 53% come from Somalia, Afghanistan and Syria to the state of Washington. 2016 data suggests there are about 21.3 million refugees worldwide. Once the refugee leaves their country of origin they arrive in a host country. The top hosting countries in the world are Jordan, Ethiopia, Iran and many others. Once they arrive they are either sent to a refugee camp or assimilated into the community. Refugee camps typically have schooling for children and healthcare.
- c. There are 22 countries that permanently resettle refugees and United States is one of those. In 2016, in the United States there were 106,000 refugees that were resettled. The ceiling for entrance into the United States for 2017 was reduced to 50,000.
- d. H. Hill highlighted what life is like in a refugee camp, noting that the average time a family stays in a refugee camp is 17 years. Many times refugee children that arrive in the United States were actually born in a refugee camp and have no recollection of life in



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their country of origin. Refugee camps are not all the same, some have different drinking water qualities, access to healthcare and cooking capabilities. During their time in the camp the registration process begins with vetting and includes a security screening, background check, family history and medical history. World Relief is the volunteer agency that works with refugee camps to resettle refugees here locally. Refugees can state a preference in their choice of country or location in the United States, however there is not guarantee that it will happen.

- e. Once the refugees arrive in the Tri-Cities, they are greeted at the Pasco Airport by a World Relief volunteer and taken to an apartment. World Relief sets refugee families up with rudimentary living, shows them how to use a stove, toilet, dishwasher, etc.
- f. Within 24 hours of arriving, children are enrolled in school and adults are assisted in finding work. Refugees are given medical coupons and a living stipend for a short period of time and the entire family is scheduled for health screenings. It is a requirement by law that refugees be seen within 30 days of arrival. Health District funding comes from the Consolidated Contract with the Department of Health. During their visit at the Health District staff focus on ruling out communicable diseases and review medical screenings from the refugee camps. The Health District has a unique program that is not available in other locations across the state, where refugees are given a dental screening, a hygienist completes an assessment and then provides them with a referral.
- g. Data shows that 93% of refugees receive their health screening from the Health District within 30 days of arriving to the United States. Across the state, this percentage drops to 52%. Additionally, refugees coming to the Tri-Cities are a younger population and arrive in larger family units. Common issues that refugees come in with include dental, hearing and vision. A mental health screening is also conducted, more recently refugees are coming in with evidence of significantly more trauma than previous years.
- h. The Tri-Cities typically receives 250-300 refugees a year and in 2016 there were 288. Commissioner Peck asked who decides which county refugees are assigned to, noting that some counties on the westside have higher populations of different groups. H. Hill stated that when refugees state their final location preference they migrate to where their families are. There is also a second migration where refugees are placed in Benton or Franklin counties and then migrate to another state. Commissioner Peck asked about their citizenship status, to which H. Hill responded that they arrive with an alien registration card and are assigned a social security number at which point they are listed as a refugee status. H. Hill further added that the goal is to get them on the path to legal residence by the 1 year mark, with the ultimate goal of citizenship.

**3. Information Security Update – Cody Lewis**

- a. C. Lewis provided a presentation on some of the activities and projects that the Health District has taken on as related to security including critical controls, firewall upgrades, staff training and the Health Insurance Portability and Accountability Act (HIPAA).
- b. Critical Controls were created in 2008 by the National Security Agency (NSA). It then was adopted by the SysAdmin, Audit, Network and Security (SANS) Institute and is now considered best practice across the nation. The philosophy behind the critical controls is



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to help prioritize processes that can be completed. In 2014 the SANS Institute did an adoption report of controls across the country and the Health District falls in the middle, working to meet full adoption. Currently, the Health District has fully met 12 controls, 6 are partially met and 2 are not met. C. Lewis is drafting a workplan to fully meet all goals by summer 2018.

- c. New cisco firewalls were recently installed to improve perimeter defense. Within the new firewalls there is malware and intrusion protection. The new firewalls allow C. Lewis to see into the traffic and see who is trying to gain access, which helps prioritize threats and improve response time in the event of an outage. C. Lewis provided a diagram of layering of security which creates defense in-depth. The Health District purchased training through KnowBe4, which educates end users on phishing, vishing, security and vulnerability testing. C. Lewis provided a video, demoing the training staff receive to the Board.
- d. A test email was sent out before the training to determine a baseline of staff response to phishing type emails. The test resulted in the Health District being 22% prone to attack based on staff response to the phishing emails. Some staff clicked the suspicious link, replied to the email or opened the attachment. Training was then provided to all-staff and a new test email was sent out. Test results showed significant improvement with only a 4% failure rate.
- e. The Office of Civil Rights, regarding HIPAA, has launched three phases of an audit protocol to help address non-compliance with HIPAA. These phases include privacy, security and breach. The Health District has formed a work group to address the three phases. C. Lewis is conducting an internal audit of the HIPAA security compliance phase. During the internal review members are prioritizing risks, looking at likelihood of a breach and developing and improving policy around the audit protocols.
- f. C. Lewis also provided a quick review of other projects that Information Systems and Security (ISS) has been working on including security policies for building lockdown, disturbance and data security. The Health District has reached out to Human Services and Washington State University Extension to include them in the building lockdown policy and training. Also, last year an Information Systems team was created to evaluate the implementation of new systems and acts as a venue for staff and managers to bring issues and system initiatives to the team. Also, ISS is looking to upgrade its SharePoint environment and upgrade the Health District website. The Health District hopes to have a new website by the beginning of 2018.

## **ANNOUNCEMENTS**

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J. Jones announced that the Department of Health will be onsite on May 9<sup>th</sup>, 2017 due to a fiscal monitoring review of the Consolidated Contract. This a requirement of the grant to complete a fiscal monitoring review every two years. There are no anticipated issues, but if there is anything that is addressed it will be brought back to the Board for review.



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**APPROVAL OF VOUCHERS**

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Commissioner Beaver moved to approve vouchers numbered 12-2017 through 26-2017, in the amount of \$1,601,323.94. Commissioner Peck seconded the motion and the motion carried unanimously.

**EXECUTIVE SESSION**

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No executive session was held.

**DATE OF NEXT MEETING**

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Date of next meeting will be May 17<sup>th</sup>, 2017.

**ADJOURNMENT**

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Chairman Bob Koch adjourned the meeting at 2:32p.m.

*Signature on file*

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Bob Koch  
Chairman of the Board

*Signature on file*

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Jason Zaccaria  
Executive Secretary

