



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

MEETING MINUTES

February 20th, 2019

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IN ATTENDANCE

Benton	<input checked="" type="checkbox"/>	Commissioner Beaver	<input checked="" type="checkbox"/>	Jason Zaccaria, BFHD Administrator & BOH Executive Secretary
	<input type="checkbox"/>	Commissioner Delvin	<input checked="" type="checkbox"/>	Dr. Amy Person, BFHD Health Officer
	<input type="checkbox"/>	Commissioner Small	<input checked="" type="checkbox"/>	Lisa Wight, BFHD Sr. Human Resources Manager
Franklin	<input checked="" type="checkbox"/>	Commissioner Didier	<input checked="" type="checkbox"/>	Jeff Jones, BFHD Sr. Finance Manager
	<input checked="" type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Rick Dawson, Sr. Surveillance & Investigation Manager
	<input checked="" type="checkbox"/>	Commissioner Peck	<input type="checkbox"/>	Carla Prock, Sr. Healthy People & Communities Manager
			<input checked="" type="checkbox"/>	Staff – Janae Parent, Admin Analyst/Executive Assistant
			<input checked="" type="checkbox"/>	Staff – Carl Turpen, Lead Systems Analyst
			<input checked="" type="checkbox"/>	Staff – Diane Medick, Administrative Assistant
			<input checked="" type="checkbox"/>	Staff – Bethany Hickey, Assessment Coordinator
			<input checked="" type="checkbox"/>	Staff – Chas Hornbaker, Epidemiologist
			<input checked="" type="checkbox"/>	Visitor – Carol Moser, Greater Columbia Accountable Communities of Health
			<input checked="" type="checkbox"/>	Visitor – Annette Cary, Reporter, Tri-City Herald
			<input checked="" type="checkbox"/>	Visitor – Noel Gomez, Photographer, Tri-City Herald

CALL TO ORDER

Acting Chairman Bob Koch called the meeting to order at 1:34 p.m.

APPROVAL OF MINUTES

Commissioner Beaver moved to approve the December 12th, 2018 meeting minutes.
Commissioner Peck seconded. The motion carried unanimously.

DISCUSSION ITEMS FROM THE PUBLIC/STAFF

N/A

UNFINISHED BUSINESS

None to report

NEW BUSINESS:

1. Health Officer Update – Dr. Amy Person

- a. Washington State is currently in the midst of a measles outbreak, primarily confined to the west side of the state. Clark County has had 62 cases so far, King County has had one, and Multnomah County has had four. Measles is a respiratory virus that presents



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with fever followed by a rash. It is highly contagious and approximately 90% of people who are unvaccinated and who are exposed to measles will develop measles. Measles is a huge public health risk that vaccinations can prevent. With two doses of the Measles, Mumps, and Rubella (MMR) vaccination provides a 97% protection from the virus.

- b. Commissioner Peck commented that the immunization rate in Clark County is noticeably lower than other counties, noting the correlation between the two. Dr. Person added that with Measles, about 90% of the community needs to be immunized to obtain community immunity. This level of immunity helps reduce the spread of disease.
- c. Dr. Person also stated that locally, kindergartners in Benton and Franklin counties are all over 90% vaccinated, with Clark County at less than 80%. Looking at just the MMR vaccination, Benton County is at 74% and Franklin County is at 78%. Franklin County is one of the most highly immunized communities in the state.
- d. Even though there have not been any cases yet locally, there has been some anxiety expressed amongst the community and the provider networks. The Health District received a number of calls asking about who needed to be tested and needed immunizations. Due to this increased need for a communication response, the Health District activated its Emergency Operations Center (EOC) at a level one to assist in coordination of the response for technical assistance for schools, healthcare providers, hospitals, and lab for testing. Surveillance was conducted on six cases and all have turned out to be negative.
- e. Measles continues to be an issue for public health because of its highly infectious nature. Clallam County, back in 2015, had five cases of measles. The cost to conduct investigations and follow up on those five cases was \$223,000. Dr. Person added that prevention is the best way to protect the community at large, reducing risk and costs.
- f. Commissioner Koch asked if Clark County knows where the outbreak originated. Dr. Person stated the location of contact from case zero is unknown, but likely from someone who traveled overseas from a country with low vaccination rates. There are currently outbreaks happening in eastern Europe, British Isles, France, and others.

2. Washington State Auditor Video – Jason Zaccaria

- a. J. Zaccaria stated that awhile back the Health District invited the State Auditor's Office and Performance Center to come down and conduct a Lean Kaizen project with staff. Lean Kaizen in summary, is a quality improvement process looking at purpose, process, and problem solving.
- b. The scope of the project centered around the immunization process from the time a client checks in at the front desk to the point of billing. The vaccine inventory process was also included and evaluated in the Kaizen project. The need for the project was identified by both management and staff and noted challenges included duplication of data entry, inaccuracies in inventory control processes, cumbersome reporting requirements, as well as interdepartmental challenges in communication.
- c. After completion of the Kaizen project the Performance Center came back to document the impact of work and successes. The documentation came in form of a documentary video with a written case study, from the viewpoint of Health District staff.



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- d. The Health District received recognition from numerous public agencies across the state, including the Department of Health as well as several other local health jurisdictions.
- e. The video documentary was played for Board of Health members from a link on the State Auditor's Office website, <https://www.sao.wa.gov/how-benton-franklin-health-district-used-lean-to-make-its-immunization-process-work-better/>.

3. Greater Columbia Accountable Communities of Health (GCACH) Update – Carol Moser

- a. The GCACH is part of a larger initiative called Healthier Washington that is transforming the healthcare delivery system within the state. This effort includes public health, primary care, hospitals, and housing. Some social determinants of health are also part of the system because they provide health for individuals. C. Moser stated that the current healthcare delivery system is not sustainable. As a country, the United States (US) spends more on healthcare than any other developed nation in the world, and yet US health outcomes are not as good.
- b. C. Moser provided a PowerPoint presentation that discussed health outcomes and spending per capita, the acute care model of care as an old framework, healthcare transformation strategies, and transformation goals. C. Moser added that there is not just a need to transform the healthcare system, but also a need to address the model that is used to provide care. Within Washington State, the Health Care Authority (HCA) is using three strategies to address transformation including whole person care, empowering local communities, and rewarding value over volume. A transformed system is integrated with physicians, pharmacies, and mental health therapists working together to plan a patient's care. When care is coordinated, clients are motivated to participate in their care and payment is based on value, not volume.
- c. There are four goals within the Medicaid system, which are to reduce avoidable use of intensive services settings like hospitals and jails, accelerate the transition to value-based payment, ensure that Medicaid cost growth is two percent below national trends, and improvement of population health.
- d. There are nine Accountable Communities' of Health (ACHs) across the state. Region divisional lines are based on the Regional Support Network System. This is how the behavioral health system is carved out. Benton and Franklin counties fall within the GCACH region. The GCACH is focused on improving population health, well-being, equity, and lowering healthcare costs. To do this, the GCACH is focusing on systems integration, community engagement, coordination of care, and addressing health equity and social determinants of health.
- e. The chronic care model has been turned into the patient centered medical care homes. These medical care homes look at treating chronic disease and the full scope of treating the whole person's health. Funding is received from the state and dispersed to ACHs based on Medicaid population. It is a delivery system redesign, through incentive payments to providers.
- f. Currently, the GCACH is on task to provide \$12.6 million to providers, to help incentivize them to change internal systems. There are several initiatives that the GCACH is working on, including one initiative to address the opioid use crisis. The number of



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people that have died from drug overdose is over 72,000 nationwide. The Tri-Cities has one of the highest prescribing rates for opioids in the area. Even though the Tri-Cities has fewer Medicaid recipients than surrounding areas, the community has higher rates of opioid related deaths than surrounding counties. Approximately 20-30% of people who receive a prescription for opioids for surgery or chronic pain, misuse the prescription. Of those same individuals 8-12% end up addicted to the opioids. From there, a smaller number of that group cannot get a new prescription for opioids and end up transitioning to heroin. Nearly 80% of heroin users, started by misusing prescription opioids.

- g. C. Moser reviewed the approximate number of Medicaid beneficiaries for each county, stating that the total for both counties is around 94,000. C. Moser provided a handout to the Board that discussed strategies to address the opioid crisis in the state. One important recommendation for the community is by educating the public about the use of opioids as a chronic disease. C. Moser added that there is more work to be done to remove the stigma around those that use opioids.

4. Disparities Report – Bethany Hickey and Chas Hornbaker

- a. Earlier this year Performance Management staff Bethany Hickey, Assessment Coordinator, and Chas Hornbaker, Epidemiologist, started compiling a Health Disparities Report to look at local disparities, health outcomes, and risk factors based on a model that was used by Kitsap Public Health.
- b. Using available data for the bi-county area, including housing and health outcomes, a Health Disparities Report was compiled to determine what groups of people may struggle more based on life situations. C. Hornbaker said that the report is not intended to clarify why disparities are occurring, but simply the fact that disparities are occurring. This strategy was used to ensure there was no bias in the data presented.
- c. B. Hickey stated that biology is the primary factor in what overall health comes from. Other factors that determine overall health include housing, education, environment, and income, or otherwise known as social determinants of health (SDOH). Disparities are the differences in health status between different population groups. B. Hickey also addressed the impact of Adverse Childhood Experiences (ACEs) and how ACEs can affect the overall health of a person. There are ten key ACEs including abuse, neglect, mental illness in the family, and family members that abuse substances. Ongoing studies have also shown other examples of ongoing or toxic stress including bullying, community violence, poverty, and homelessness. Knowing this, the report looks at both health outcomes and risk factors that come from ACEs.
- d. C. Hornbaker discussed the report model that the Health District used that is based on Kitsap's model, with additional components specific to the local community. Key issues were identified using the Community Health Needs Assessment (CHNA) and the state health assessment. The report uses p-values and relative risk ratios to determine the most significant issues as well as the highest magnitude.
- e. C. Hornbaker and B. Hickey then presented data from the report to the Board. That data was broken up by groups of race, sex, and sexual orientation. A complete listing of the data presented at the meeting was provided in the Health Disparities Report handout



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and PowerPoint presentation. B. Hickey stated that the call to action is identifying and monitoring disparities, striving to improve health inequities, educating stakeholders and policy makers about local disparities, and seeking interventions that promote inter-sector collaboration.

- f. Commissioner Peck asked how big the sample size was for the report. C. Hornbaker stated all data that was available was used and that each data source that was used had a different sample size. Commissioner Peck expressed concern regarding statistical significance and whether or not there was factoring for the compounding effects of the grouped characteristics. Additionally, Commissioner Peck asked for the source that stated SDOHs are a bigger factor than biology. B. Hickey offered to follow up with Commissioner Peck with the source information.

5. Election of Officer Positions – Commissioner Bob Koch

Commissioner Beaver motioned for approval of Commissioner Bob Koch as Chair for 2019. Commissioner Didier seconded. Motion carried unanimously.

Commissioner Peck motioned for approval of Commissioner Delvin as Vice-Chair for 2019. Commissioner Beaver seconded. Motion carried unanimously.

ANNOUNCEMENTS

Commissioner Beaver welcomed Commissioner Didier to the Board of Health.

APPROVAL OF VOUCHERS

Commissioner Beaver moved to approve vouchers numbered 104-2018 through 14-2019, in the amount of \$1,929,872.53. Commissioner Peck seconded the motion and the motion carried unanimously.

EXECUTIVE SESSION

No executive session was held.

DATE OF NEXT MEETING

Date of next meeting will be on March 20th, 2019.

ADJOURNMENT

Acting Chairman Bob Koch adjourned the meeting at 2:36p.m.

Signature on file

Commissioner Bob Koch
Acting Chairman of the Board

Signature on file

Jason Zaccaria
Executive Secretary

