BOARD OF HEALTH MINUTES
REGULAR MEETING
Wednesday, May 16, 2018

MEMBERS PRESENT: Don Dashiell, Johnna Exner, Elbert Koontz, Steve Parker, John Ridlington, Karen Skoog

MEMBERS ABSENT: Mike Blankenship, Steve Kiss, Shirley Sands

STAFF PRESENT: Sam Artzis, M.D., Molly Corvino, Dale House, Judy Hutton, Kelly LeCaire, Matt Schanz, Jan Steinbach, Logan Worley

GUESTS: Sue Kahle, Mary Selecky, Christina Wagar, Leslie Waters, M.D.

CALL MEETING TO ORDER: Chair Karen Skoog called the meeting to order at 10:05 A.M. A quorum was present.

INTRODUCTIONS: Introductions were made by all.

CONSIDERATION OF MINUTES: Elbert Koontz moved, and John Ridlington seconded the motion to approve the minutes of March 21, 2018. Motion carried.

CORRESPONDENCE & INFORMATION: There was no correspondence.

PUBLIC APPEARANCES: Christina Wagar representing Newport Hospital & Health Services (NHHS) pre-registered.

ADDITIONS OR CHANGES TO AGENDA: There were no changes to the agenda.

PUBLIC COMMENT: There was no public comment.

PRESENTATION: URANIUM CONCENTRATIONS IN GROUNDWATER, NORTHEASTERN WASHINGTON — SUE KAHALE, UNITED STATES GEOLOGICAL SURVEY (USGS): Hydrologist Sue Kahle, from the USGS gave a presentation on Uranium in Groundwater in Northeastern Washington prepared in cooperation with the Washington State Department of Health (DOH). She explained that elevated concentrations of uranium have been detected in some private wells and community water systems and the occurrence and distribution of uranium in groundwater is poorly understood. Most private wells are not tested and though most uranium from drinking water is eliminated from the body, a small amount can be absorbed and carried through the bloodstream. Once in the bloodstream, uranium compounds are filtered by the kidneys, where they can cause damage to the kidney cells. The potential health effects come from its heavy metal characteristics and not its radioactivity, which is low.
Sue Kahle talked about the need to increase awareness of the possible presence of uranium in local drinking water as well as an understanding of the occurrence of uranium in groundwater to reduce exposure. She also spoke about the need to consider the presence of other radionuclides and radiation associated with radioactive decay sequence of uranium.

Hydrogeologic information and concentration data for uranium in groundwater was compiled to create a map and information describing the distribution of uranium in groundwater in northeastern Washington based on available data. Sue provided Board of Health (BOH) members a copy of that publication that was released on April 18, 2018.

Uranium decays slowly by emitting alpha particles and is also naturally occurring radioactive element. Uranium is tasteless, odorless, colorless and groundwater can dissolve uranium-bearing minerals. The Environmental Protection Agency (EPA) final rule for radionuclides in drinking water took effect in 2003. The rule applies to Group A public water systems, regulates uranium at maximum contaminant level (MCL) of 30 ug/L and includes radium and alpha and beta particles due to their radiological toxicity. Water quality at private wells and smaller systems is not regulated and private owners are responsible for the quality and safety of their drinking water. She explained that the oldest sedimentary and metamorphic rocks in Washington are overlain by younger marine sedimentary rocks, such as shale and limestone. Granitic rocks intruded the older rocks and are now exposed at land surface in many parts of the region, and primary uranium materials are associated with the granitic rocks. Sue provided background highlights, noting that in 1955, prospecting and exploration expanded rapidly with the publication Uranium in Washington by Marshall T. Huntting. In the mid 1970’s, the development of a Washington quadrangle index map with the National Uranium Resource Evaluation (NURE) program with a primary goal of identifying uranium resources in the United States. Radon awareness increased in the late 1980’s. In 2004, elevated levels of uranium were discovered in a well near Colville and in 2005, ten (10) of twelve (12) wells sampled near Colville were above MCL. A driller suggests tests for new wells in granite and tracks results on maps in 2006 and in 2011, radionuclides in drinking water fact sheet was produced. In 2012, Northeast Tri County Health District (NETCHD) provided revised water quality recommendations to building officials, Stevens County added the testing requirement for uranium for new building permits and the Spokane Tribe began a radionuclide sampling program. In 2014, Pend Oreille County added the testing requirement for uranium for new building permits, in 2015 an owner reported an exceedance in Spokane County, and in 2017 NETCHD added initial testing of Group B systems.

The uranium presentation will continue following the public hearing that is scheduled for 10:30 A.M.

**PUBLIC HEARING: PROPOSED FEE SCHEDULE MODIFICATIONS:** Chair Karen Skoog opened the public hearing on proposed fee schedule modifications at 10:30 A.M. There were no members of the public in attendance for the public hearing. The proposed fee modifications were highlighted. Mary Selecky noted that it looks like the proposed fee schedule changes were well thought-out. The public hearing closed at 10:34 A.M.

The uranium presentation resumed with Sue providing historical data on uranium concentrations in groundwater, and by well “type” for subset of tri-county area wells.
In 2017, uranium concentration data was obtained by sampling thirteen (13) private domestic wells for uranium in areas without recent water quality data but where granite or shale was the predominant geology. Due to scope and logistics, sampling was limited to the eastern half of the study area and data in Okanogan and Ferry Counties remains very sparse. Samples from all thirteen (13) of those wells contained uranium, with concentration levels varying, with two (2) samples nearly forty (40) times the MCL. Sue Kahle noted that property owners were sent sampling results and information. Uranium has been detected in groundwater in Northeast Washington with at least ninety (90) samples above the MCL. Overall, there is poor data coverage, as the historical sample set is only 4% of the approximate number of wells in the area. Most of the historical uranium concentration data are decades old and the subset of historical samples from the tri-county area indicates a higher percentage of samples above MCL in wells completed in granite or shale. Bedrock aquifers are increasingly being developed for drinking water supply and private domestic wells are the most common source of drinking water in the region and most are not tested to determine uranium concentrations. Exposure to elevated concentrations of uranium in drinking water can cause cellular damage to kidneys and an increased risk of developing cancer. Sue talked about the need for further study and reporting, on a local or regional scale, that would help raise awareness about the possible presence of radiochemical constituents in the area’s drinking water. With increased awareness and technical resources, well owners could decide if testing is warranted, and if needed, what form of treatment systems are affordable and effective.

**VIRAL HEPATITIS C AND SYRINGE SERVICES PROGRAM:** Christina Wagar provided a letter of support from the NHHS medical staff and spoke on their behalf in support of a publicly funded syringe service program (SSP) in Pend Oreille County. Steve Parker asked if the SSP had to be done through public health. Jan Steinbach spoke with the administrator of Pend Oreille County Counseling and was told that the program can handle more patients, but they don’t have staff to do outreach to get people to services, and the SSP is a form of that needed outreach.

Molly Corvino provided the Board with an update on hepatitis C virus (HCV). Diagnosed chronic HCV cases in Ferry, Pend Oreille and Stevens Counties for 2012-2016 far exceed the statewide total. Since January 1, 2018, there have been ninety-three (93) new cases of HCV and 130 known cases for a total of 223 reported cases. 20-25% of those cases have cleared of the virus or have been treated. The breakdown of HCV-associated inpatient hospital costs for 2010-2014 by county are: Ferry $265,306, Pend Oreille $1,024,663, and Stevens $765,905, totaling $2,055,874.

The objectives of the SSP are to integrate health systems and community approaches to improve chronic disease management and control by reducing new HCV and other infections among intravenous drug users (IVDU) by risk-reduction programs such as one-for-one exchange for clean syringes, distribution and education of information and risk-reduction materials, referral for medical and mental health management, and drug treatment services; promote health awareness among IVDU population, increase immunization rates for hepatitis A and B, and other immunizations if needed; work towards integration of physical and mental health through coordinated care; work towards reduction of opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports and achieve deliverables for Medicaid Transformation Project.
The SSP would take place in each of the three (3) NETCHD office locations once a week for 1-2 hours. The SSP would not be available except for the scheduled time-period for each location and each location will evaluate other office and clinic schedules to determine the best day and time. Site rules and expectations will be set for those utilizing services, and services may be added as the program and funding grows. A questionnaire will be completed prior to receiving clean supplies but given after exchange of dirty supplies. Information that could be tracked includes age, general location (zip code), housing situation, first substance abused, current substance, how often using, sharing any equipment, last STI/STD, HIV and hepatitis screening, regular medical or mental healthcare management. NETCHD will collaborate with law enforcement, and referral services with the medical and mental health communities, homeless services, Women Infant and Children (WIC) program, Supplemental Nutrition Assistance Program (SNAP), and Rural Resources. When addressing NETCHD building and employee safety, Okanogan reported that they have had no problems in twelve (12) years and do not have security staff on-site. Spokane reported that in twenty-nine (29) years, they have not had any major problems and security staff is not at the location of the exchange, as the exchange runs longer than security is staffed. There will be two (2) staff members on-site during the exchange at NETCHD. The plan is start with a trial program. It is projected that NETCHD will provide services to 100-200 individuals across the tri-county area when fully operational. The projected cost is $6,000 per year for supplies, $120 for testing equipment, $500-$1,000 per year for waste management, $2,000 in construction costs (first year only). No new staff will be hired, existing NETCHD staff will be utilized. Molly Corvino noted that the total cost is less than one (1) HCV-associated hospitalization. The Washington State Department of Ecology waste management funds available are $5,000 per quarter. DOH will provide $3,000-$8,000 in supportive funds to cover supplies and will cover the costs of HCV testing kits and staff training to perform rapid testing. We are developing a partnership with the University of Washington Alcohol and Drug Abuse Institute to supply us with naloxone and supplies needed to assemble kits to be used to stop an overdose. NETCHD staff are covered through existing staffing budget. Possible funding through the Medicaid transformation project may also be available. Blue Mountain Heart to Heart out of Walla Walla will provide free training on set-up.

Program goals include reducing sharing of needles and other drug equipment, reducing the spread of disease and decreasing the use or times injection drugs are used; linking individuals to care and other services, along with identifying those with hepatitis, HIV, and other communicable diseases for treatment/care is also a high priority. There will be financial cost savings through disease reduction and management. According to Better Health Together (BHT), the primary payer of 85% of HCV associated hospital costs is Medicare, Medicaid, and/or Charity Care.

Steve Parker said the presentation describes the program, but he would prefer to slow things down. He would like to see details on the training from Walla Walla, specifically which Stevens County staff members will receive training, and what kind of counseling would be given. Judy Hutton said she has never seen an epidemic such as this in her nearly forty (40) years in public health. She added that by moving slower, it is only going to get worse. Matt Schanz said the program will not add any cost to the operating budget. He said staff have already laid a lot of ground work and it is critical and necessary to get the process moving. Dr. Artz said this is something that needs to be done and really aren’t asking for BOH approval. Dr. Artz doesn’t think we need to talk about it any longer as we have presented to the BOH with multiple presentations already.
Don Dashiell left the meeting at 11:37 A.M.

Matt Schanz said arrangements will be made with involved agencies and Molly Corvino, Judy Hutton and Jan Steinbach will receive training. He said we are at a critical juncture and this is the core of what we in public health exist for. Karen Skoog asked Steve Parker if approval could be given to apply for funding to keep things moving. Steve P. asked if this process has already been done. Dr. Artzis reiterated that he doesn't know that BOH approval is needed, as we aren't asking for money, and he feels that we need to move on this now. Karen said the medical community could make that decision and the process would be that NETCHD will be doing the SSP. Matt said if we can do this within our own budget along with the Ecology grant, and to answer Steve's question, yes, some of the process has already began. Steve P. said if the authority is under the health officer, so be it. He would appreciate it if Dr. Artzis would talk to the Stevens County Commissioners. Mary Selecky talked about the authority of the health officer. Under Washington State law, if a health officer recognizes something that is an epidemic, he/she has the responsibility to do something. Steve P. asked if the health officer needs to make a formal or written statement in a procedural way. Dr. Artzis said the multiple presentations provided are his statement. Steve P. said if this process would have begun with a statement by the health officer, followed by a presentation of a new program that will be instituted, would have put it in a different category for a governing board. Instead, it began with staff presenting information at BOH meetings, and now has lead up to an "information & action" item on the agenda. When you see "action", then the BOH needs to take some type of action. Matt said we were trying to figure out how best to approach this. Elbert Koontz said in his opinion, there is no question that this needs to be done. If we start the program and it doesn't work, then we can stop it. Dr. Artzis assumed that it would be a unanimous decision, given the fact that our three (3) counties were way above any other counties and we are in crisis.

Elbert Koontz moved, and John Ridlington seconded the motion for the Board of Health to support Northeast Tri County Health District as they move forward with the development and implementation of a HCV syringe services program (SSP).

Karen asked Steve P. if he would support the SSP if Dr. Artzis wrote a letter stating the critical need. Steve P. said yes, he would. Dr. Artzis restated that NETCHD has gone above and beyond with presenting information to the BOH. He noted that we will offer blood test services for HCV, but we will not give advice. Dr. Waters said the residents could assist and help provide medical support. Dr. Artzis said the one challenge will be with chemical dependency. Elbert clarified that his motion was for the BOH to support NETCHD's decision to develop this program, not to give permission. John Ridlington added that it is important that we are all consolidated on this. Motion carried.

**BUDGET POLICY:** Matt indicated that the budget policy was reviewed in 2017. The policy outlines the budget process and provides framework for budget discussions. He asked the BOH to take two (2) weeks to review the policy and submit comments to him. After that time, he will sign the policy. Matt noted that it can be amended over time. Steve P. said the policy was well written.

**RESOLUTION 03-2018: UPDATING FEE SCHEDULE FOR NORTHEAST TRI COUNTY HEALTH DISTRICT:** The proposed fee schedule has been combined into one document and includes administration, vital records, community health and environmental health.
Steve Parker moved, and John Ridlington seconded the motion to approve Resolution 03-2018: Updating Fee Schedule for Northeast Tri County Health District. Motion carried.

Steve P. asked if a collection agency had been used in the past, as stated in Section 5. “Accounts that are delinquent for more than 90 days may be sent to a collection agency.” Matt Schanz said we have not. Steve P. asked about the process used to handle delinquent accounts. Matt said after we have exhausted attempts through our billing process, those outstanding debts were written-off. He wanted an additional tool if needed. Matt noted that Section 7 is newly added to the proposed fee schedule and states: “The District shall post, in a conspicuous location in each office and website, a complete schedule of all fees and charges. A public hearing announcing proposed new fees or increased fees will be published as required by law and such public hearing be conducted at a District Board of Health meeting.”

**REPORT ON LOCAL EFFORTS ON URANIUM IN PRIVATE DRINKING WATER SUPPLIES:** NETCHD has been conducting ongoing collaboration with Ferry, Pend Oreille and Stevens Counties to collect drinking water testing results beginning in 2010 through the end of 2017. We will continue these efforts on a yearly basis to maintain an up-to-date database of water quality for our area. A chart was provided showing uranium concentrations and exceedances.

**ANNUAL REPORT:** The NETCHD 2017 Annual Report was presented to the BOH.

**CHAIR REPORT:** Karen Skoog reported that the Legislative Steering Committee (LSC) under the Washington Association of Counties (WSAC) did finalize their agenda for next year that included supporting the $306 million for indigent defense and $70 million to support the biennium 2019-2021 for Foundational Public Health Services. LSC is holding against increase cost to counties to say that we are changing the terms from unfunded mandates.

At a meeting Karen attended this morning, the Pend Oreille County Economic Development Council was presenting an economic impact study on the possible closure of the Ponderay Newsprint and Teck Zinc/Lead Mine. The possible loss of jobs would have impacts to public health by loss of funding dollars.

**BOARD OF HEALTH MEMBERS REPORTS:** Elbert Kootz said he read that there is an increase in STDs. Judy Hutton said she will be talking about this during her report.

**HEALTH OFFICER REPORT:** Dr. Artzis reported that based on a population study of needs by Dr. Caleb Holtzer, found that 500 people in the Chewelah area are needing a colonoscopy. Based on providers in the area, only 25% of those 500 will be able to get the procedure. He noted that colon cancer is the third leading cause of cancer. Dr. Artzis talked about gaps in public health and the medical community and how best to address that. Mary Selecky is a Providence Board Member and noted that it has been recommended that Dr. Holtzer and Dr. Sisco focus on a surgical suite at Providence St. Joseph’s Hospital to help with that issue.
ADMINISTRATION REPORT:  Matt Schanz submitted the administration report as follows:

- Our Public Health Emergency Preparedness and Response program has been working to support American Lung Association of Washington in applying for a grant from Empire Health Foundation. The grant is focused on providing high-efficiency particulate arresting (HEPA) air filters to elderly individuals with chronic obstructive pulmonary disease (COPD) to protect against the health impacts of wildfire smoke events throughout the three (3) county area.

- In April, staff participated in an emergency preparedness meeting with area tribal representatives to coordinate on medical countermeasures between tribes and local health jurisdictions. This meeting and forthcoming tabletop exercise is centered on mass vaccination of the population in the event of a public health event or epidemic.

- Administration staff have been working on the process to convert to a new Voice over Internet Protocol (VoIP) phone system with a switch over date of May 30, 2018.

- Victoria Evelanc, the District’s current Systems Manager (who covers payroll, benefits, human resources, and information technology (IT) coordination) is retiring in July 2018. Interviews were conducted on May 1, 2018 and the position was offered and accepted by Jessie Roth. Jessie obtained her BS degree in Human Resource Management with a joint major in General Business Administration from EWU. She lives in Colville and has worked for Banner Bank since 2003. Her first day will be May 29, 2018.

- Northeast Tri County Health District was subject to a socially engineered email intrusion that looked for windows of opportunity into our email system. The intrusion did not penetrate our network but did compromise two (2) email accounts and sent phishing emails in which scammers attempted to obtain financial information from others with the user’s email accounts. While further review is being completed, at this time it appears that the two (2) email accounts were ones that may not have updated their Microsoft Office 365 account on a regular basis or used the same password for multiple accounts. Working with our IT consultant, Philantech3, all user accounts within our network were subject to password changes and a script was written to block further intrusion from the origin. We also are following Philantech3 recommendation to provide for a two-step authentication process that will prompt users, on a regular basis or if they are remotely connecting to Office 365, to login with their password and then enter a 4-digit authentication code received via cell phone text.
Other organizations and users who received the scam emails from our staff’s email account, for the most part, recognized it as a scam and did not open the email attachment, called and clarified that it was a scam, or their network security system blocked the opening of the attachment. From my understanding, there were users within Stevens County that received the scam email and were able to open the attachment and did enter information into that attachment. On Wednesday, May 2, 2018 Stevens County did block NETCHD emails and prevented our access into their network portals (used for access into the County's payroll system, fiscal software, and other land service programs). It should be noted that there was no compromise of the District’s internal network and there was no electronic entry that was compromised through the County’s portal. On Monday, May 7, 2018 our IT consults provided clarity to Stevens County Information Services staff that our network was clean scanned and were working to re-establish our portal into the County’s system.

Matt Schanz talked about the considerable amount of work being spent on area flooding.

**COMMUNITY HEALTH REPORT:** Judy Hutton submitted the community health report as follows:

Flu season has been declared over. There are still flu cases, however, the number of reported illnesses as well as hospitalizations have decreased to the level that unvaccinated employees at health care facilities no longer need to wear masks.

Ferry County Community Health Needs Assessment has been completed and the results tabulated. Focus groups are being held throughout the county. The feedback from these meetings will be compiled with the assessment results and the completed report will be presented to the Health Resources and Service Administration (HRSA) by June 1, 2018.

Title X family planning providers may have to reapply for their contracts due to changes in the contract wording by the current administration. Areas within the Health District, without Title X services, are being looked at by providers within the communities and talks are being held about how best to provide these services in a manner that will meet the needs of these clients.

Judy noted that STDs cases are on the rise. NETCHD has had four (4) syphilis cases recently.

There was a good turnout at the focus group on the community health assessment held in Keller, Orien: and Republic.

**ENVIRONMENTAL HEALTH REPORT:** Alyssa Spradley submitted the environmental health report as follows:

**Local Solid Waste Financial Assistance (LSWFA):** The grant application period opened March 6, 2018. We submitted our application for grant funding to continue solid waste inspections of permitted facilities and address enforcement concerns. The agreement has been initiated by Ecology and we are awaiting the paperwork to complete.
Stevens County Landfill: The landfill continues to battle containment of their leachate and stormwater. Added efforts have been made with increasing evaporation with floating misting systems. They report efforts to isolate stormwater for diversion. They are working closely with CH2M Hill to develop their corrective actions and contingency plan.

FDA Grant/Envision Connect: We are moving forward with development of our software for online applications for food permits, online payment options for applications and renewals, and online complaint submissions. This activity is funded by an FDA grant.

Drinking Water: We are working on developing guidance documents for the county building departments regarding water quality, recommended water testing frequency, and additional handouts with information on various water sources and treatment options.

Environmental Health Vacancy: Our food inspector in Colville recently resigned. Staff and management are making every effort to provide all necessary services until the position can be filled. Very few applications have been received.

Northport: The Environmental Protection Agency (EPA) has been conducting testing of the environment surrounding Northport for over ten (10) years due to the potential impacts of the nearby smelting operation. They recently determined they will not conduct additional air quality monitoring in the Northport area. However, Ecology is presently evaluating EPA’s response and may seek the option of doing additional testing.

Applications Received, and Renewals Paid: First quarter 2018 totals received: 31 septic applications (up from 17 last year), 1 plat application, 6 temporary food applications and 99% of septic installers have paid for and renewed their licenses, 100% food establishments have paid for and renewed their permits.

PAYROLL AND VOUCHERS: Attached to these minutes are benefits and payroll amounts from April 5, 2018 through May 4, 2018; and voucher amounts from March 14, 2018.

ADJOURNMENT: Board Chair Karen Skoog adjourned the meeting at 12:15 P.M. The next regular meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, July 18, 2018 in Ferry County.

Respectfully submitted,

Samuel A. Artis, M.D., Health Officer

By, Kelly D. LeCaire, Executive Secretary

Karen Skoog, Chair
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2018

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