Asotin County Local Board of Health Meeting  
April 23, 2018 at 1:00 PM  
Asotin County Courthouse Annex Commissioners’ Chambers

Present: Jim Jeffords (Chair), Monika Lawrence (Vice Chair), Chris Seubert, Brian Shinn, Skate Pierce, Vikki Bonfield (arrived at 1:33)

Absent: ACHD Staff: Brady Woodbury, Shannon Jones, Dr. Robert Lutz

Public: None

The regular Board Meeting was called to order by Jim Jeffords @ 1:07 PM

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<tr>
<th>Issue / Concern</th>
<th>Discussion</th>
<th>Follow-up / Action</th>
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<tr>
<td>Minutes Approval</td>
<td>Brian Shinn Moved to approve the BOH minutes of March 26, 2018: Monika Lawerence Seconded Motion Passed Unanimously No Further discussion</td>
<td>Motion Passed</td>
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| Financial Report |
|------------------|----------------|
Actual YTD net revenue $9,692, budgeted $62,709, variance <$53,017>  
Variances due to delay in February and March Concon billings and payments and cash out for 2 exiting employee cash outs and purchase of new front door.  
Monika Lawrence Moved to approve February 2018 Financials  
Brian Shinn Seconded  
Motion passed Unanimously  
No Further discussion | Motion Passed |

| Program Statistics |
|---------------------|----------------|
| Agency Stats        | Administrator routed year to date stats.  
Discussion:  
• WIC count down to 388, lower than targeted # of 400. Still doing satellite office at Tri-State. Jim Jeffords said his neighbor worked in public health in the past and she remembers numbers being higher several years ago, but it was still a struggle to hit targeted numbers. Dr. Lutz said a lot of individuals have transportation issues despite our satellite office. Co-locating with Early Head Start should help in several ways EHS won’t charge us rent per Administrator  
• Recent romaine lettuce contamination – if you couldn’t figure out source, should discard. No further updates. |
Dr. Lutz commented that we have only 1 flu related deaths, where Spokane County has has 40 deaths over 500+ hospitalization. All deaths were ages 55 or older. It is the first flu related death in Asotin County in over 18 years. Per Dr. Lutz it really depends on how the provider or coroner determines the cause of death so there is some fluctuation. Therefore, death due to flu is likely underreported.

### Unfinished Business

**FPHS Assessment Report**

January 2018 ACHD completed a rigorous assessment about Foundational Public Health Services and where we sit currently within the realm of FPHS. The initial Assessment showed that ACHD is currently spending 18% of what it would currently need to fully implement FPHS. It is difficult to ascertain at this time how accurate these data are. Some areas we know we have gaps in what we currently provide compared to what was measured are:

- Assessment
- Communications
- Communicable Disease
- Vital Stats
- Environmental Health
- Chronic Disease

It will be interesting to see how the results will affect each LHJ or if it will result in some regionalization and/or cross-jurisdictional sharing. WSALPHO is so concerned with the results they will fund Administrators to attend meeting in person to work through issues and recommendations by DOH.

**Update:** WSALPHO is still looking at data from FPHS and at the June 11 – 13 meeting will come up with the amount that will be officially requested for from DOH / legislature for the 2019/2021 biennium.

**FPHS (Communicable Disease) Cross-Jurisdictional Shared Services with Spokane Regional Health District**

Spokane Regional Health District will:

- Provide subject matter experts
- Coordinate advisory meetings
- Coordinate and schedule training opportunities
- Provide Meals
- Disseminate Notices
- Reimburse Travel

LHJ will:

- Participate in on-going needs assessment
- Attend workshops, trainings, meetings
- Complete evaluations
- Provide feedback re: goals, successes, challenges, shortcomings
- Share out with state DOH

This is a pilot project but because we are not currently part of the group, there is no funding, but a waiver has been filed by SRHD for ACHD to receive some funding. Epidemiologist will be in Asotin this week to collaborate with ACHD. This will really help our communicable disease program.
Spokane County Health District’s invited ACHD to participate in a shared services pilot project with SRHD Epidemiology’s group. SRHD visited ACHD a couple of weeks ago to meet with our staff. SCRHD will work with Jeff/Sundie on EH issues and with Lora/Maurine on communicable disease issues. There will be a food borne outbreak table top exercise in Spokane on May 3, 2018, that Jeff and Sundie will attend.

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<tr>
<th>Pot Hole Complaint</th>
<th>A complaint was filed regarding a pot hole in the ACHD center of parking lot. Administrator provided copy of Agreement between County and ACHD which states County is responsible for repairs. County CFO is in agreement.</th>
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### New Business

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<th>Dr. Lutz (Health Officer) has proposed to present at April BOH re: Opiates and Harm Reduction Strategies for Asotin County</th>
<th>Dr. Lutz to presented about opiates – reference charges, maps and handouts provided.</th>
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<td>Asotin had alarming opiate overdoses at 12.1 for every 100 residents per 2016 stats from CDS. The current rate is a bit lower but is still significantly higher than State average. It is not clear if stats are based on place prescription was filled or place of residence; Dr. Lutz will inquire. Vikki would be interested in Nez Pierce stats in comparison. Dr. Lutz doesn’t believe the numbers are unfounded regardless of how the numbers are collected. Dr. Lutz emphasized that the cause of these numbers need to be known in order to know what specifically and systematically needs to be addressed. Dr. Lutz’s narrative provides detail addiction and co-morbidity. Physicians / pharmaceutical have a history of creating these addictive situation. In 1960s it was with overprescribing morphine, in 1990s it was dilaudid and now it is Opioids. Dr. Lutz explained how the receptors in the body react to opioid use and why it is so addictive. Vikki Bonfield believes there is also an element of personal responsibility as well. Brian Shinn says it’s a philosophical issue as we because many of the ways use to treat the addict only treat the symptom(s) vs treating the root cause. Therefore, Brian believes the practice of matching a pill with a condition needs to change. Dr. Lutz epiphany was when he ran a marathon and his knee really hurt afterwards. After receiving medication and doctor recommending surgery, he saw a massage / acupuncture therapist who was able to provide pain relief and cured him. He began studying alternative pain methods and realized that medications are not always the answer. Dr. Lutz stated that we have a crisis and the question is how we get ourselves out of it. ACES is a tool used to determine root cause. Some of his staff are now seeing 3-generations of addicted families. Deaths of Despair - Termed this because practically whites in rural areas who are poor are dying. Reference: “Pain in the Nation Update”. 1st time since the 60s have we seen a decrease in life span and significant increase in mortality in young people.</td>
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Meth coming from Mexico is much more powerful now than past formulas and people are shooting up. Physicians and law enforcement are extremely concerned because only 10% who have substance use disorder are in treatment, either because the individual isn’t ready or there isn’t a facility available to accept them when they are ready.

Now that providers are cutting back on pain prescriptions to a 3-7 days with very strict extension, patients are self-medicating with street drugs, especially youth. Drugs are so addicting due to their “half-lives”. Heroine’s half-life is only minutes, so the more you use the more you need, where methadone is a 1.5 days.

**What can we do?:**
- Needle exchange programs is a harm reduction approach in an effort to reduce addition health risks, i.e. HepC or AIDS.
- Clean injection site – many metro areas have them.
- Handing out Narcan.
- Drug takeback programs.

Empowering and enabling arguments arise.

Dr. Lutz asked the BOH to think about what they wanted to do to address this crisis.

Brian said harm reduction is treating the symptoms so what role do we have in trying to recapture morality? Dr. Lutz pointed out that US spends next to nothing, $0.50 for social services compared to OECD countries $1.50 and their medical costs are significantly less.

Monica asked how much of the problem is based on access to care? Dr. Lutz agreed that access to care is an issue because having insurance doesn’t necessarily you have coverage or access.

Jim Jeffords stated that our jails have a high percentage of substance abuse inmates and when looking at offences, most are directly or indirectly drug related. He continued that if money was spent on harm reduction approaches it will likely reduce incarceration/medical costs.

Jim Jeffords reminded everyone that Asotin County has a very active and strong coalition called EPIC that is working on these issues with our youth.

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<th>Executive Session</th>
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### Announcements and Reports

**WA State Board of Health Meeting**
Scheduled at 9:00 AM, June 14, 2018, at the Quality Inn in Clarkston. Jim Jeffords believes meeting may last until 5:00 PM.

**PHEPR Assessment Complaint**
WASPHO is still working with DOH regarding the methodology used and inconsistent results received due to too many inconstancies. Director of PHEPR has yet to attend scheduled meetings so little progress made.

**WASPHO Board Meeting**
WASPHO Board meeting held last week, and focus was trying to align WASPHO’s and DOH’s ideas regarding shared services so that presentation to legislature is in sync and unified.
### Scheduled Meetings

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<th>Date</th>
<th>Event Description</th>
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<tr>
<td>April 23, 2018</td>
<td>Board of Health Meeting Scheduled for May 21, 2018 at 1:00 PM, Commissioners’ Chambers at Asotin County Annex.</td>
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<td>Meeting Adjournment Vikki motioned to Adjourn Brian seconded Meeting was adjourned at 2:29 PM. After all agenda items discussed.</td>
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