

BOARD OF HEALTH PROCEEDINGS
MARCH 25, 2009
CLARK COUNTY, WASHINGTON

The Board convened in the Commissioners' Hearing Room, 6th Floor, Public Service Center, 1300 Franklin Street, Vancouver, Washington. Board members Mielke, Stuart, and Boldt, Chair, present.

PLEDGE OF ALLEGIANCE

The board conducted the Flag Salute.

PUBLIC COMMENT

There was no public comment.

PUBLIC HEALTH WEEK PROCLAMATION

Board member Boldt read a proclamation declaring the week of April 6 through 12, 2009 as Public Health Week in Clark County.

John Wiesman, Director, Public Health, accepted the proclamation. He thanked the Clark County Food System Council on their work. He also thanked the Board for their ongoing support, as well as the Public Health staff for their service to the community, especially during these trying times. He also thanked our community partners and said next month they are going to have an opportunity to acknowledge one of their community partners with an award.

CONSENT AGENDA

There being no public comment, **MOVED** by Stuart to approve items 1 through 4. Board members Boldt, Stuart, and Mielke voted aye. Motion carried.

DIRECTOR'S REPORT

John Wiesman, Director, Public Health presented. He stated they would be discussing three issues; Program Transitions, Operations and Maintenance on Septic Systems, and Economic Impacts.

Strategic Initiative 1 - Strengthening Public Health Infrastructure

Wiesman stated the Women, Infant, and Children (WIC) nutrition program is one of the programs they are looking to find a community partner for. He said applications are due to the State Department of Health by the end of March if an organization is interested in providing the services.

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Wiesman stated they had some great informational meetings with numerous organizations and he expects at least two applications will go forward. He stated he will let them know next month how many applied and moved forward.

Boldt asked if the organizations were non-profit.

Wiesman said that was correct. He said there will be a review / selection process and anticipates a transition of services in November.

Wiesman mentioned the other programs being transitioned were the Foster Children Medical Records (Passport) Program and the referrals from Child Protective Services. He said they are going to look at the possibility of regionalizing the Passport program amongst the four health departments to provide that service through our own agencies.

Boldt referred a previous discussion he had with John about the Foster Children Medical Records (Passport) Program and inquired if there was an option if they have this system if they could make it a lot easier for the provider of the medical services so everyone was on the same page.

Wiesman said if the information makes it to the foster parent but never makes it to the medical provider, then it isn't achieving the full purpose of the program. He stated that would be one argument why they need to stay involved so they help continue to develop the service to make sure the provider gets the record. He stated they haven't really had that conversation with the state; their main objective right now has been trying to get the program stabilized, but feels that would be appropriate to look at with them.

Wiesman stated on the CPS referrals they get, the state will be taking a look at authorizing legislation to see what it says about public health providing these services. He said they are also waiting to see what happens with the state budget because this is one of those programs that is at risk for losing funding. He stated if it loses funding, there is no place to transition it to. He stated they are also waiting on the state budget on the Family Planning CSO Program. He said they have met with potential community partners whom have expressed interest if the money does remain in the state budget.

Wiesman said on the HIV Prevention Program, staff has completed focus groups that will give them an idea of services people feel are important and where they are comfortable getting those services. He said they are analyzing data that will help them plan the next steps.

Wiesman commented the Medical Reserve Corps (MRC) is a group of volunteers who can be called into service for public health and medical responses. He said they include both medical and non-medical professional. He stated because of reduced Federal emergency preparedness funding, they eliminated last year the full-time staff position that developed and supported this program. He said while the transition was a rapid one, the

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group is moving towards self-management, and they are pleased with the progress the group is making. He said that having an AmeriCorps member (Evelyn Davis) has been a great asset and has made this transition easier as she is helping them with recruitment and training of our volunteer corps. He said the group has developed a charter and by-laws and that is currently working on developing a mobilization plan that describes how they work with other agencies in Region IV to provide public health during an emergency. He stated the MRC has a training plan for the year that includes working at public health mass dispensing clinics, treating the effects of radiation, providing psychological first aid, becoming better prepared themselves, and working with public health agencies. He said the MRC is closely connected to public health for all planning, training and exercising. He said at this time Clark County public health provides some administrative and coordination support. He said it's expected that over time the MRC volunteers will conduct many of these services themselves at Clark County public health offices.

Strategic Initiative 3 - Promoting healthy environments

Wiesman introduced *Tom Gonzales, Public Health* to present an overview of the progress of the Onsite Sewage System Operation and Maintenance (O&M) program to date.

Gonzales stated there was a WAC requiring inspections for all system types every 4 years since 1995, which was not enforced or tracked except when the inspector sent them a paper report. He said because pumping had been the standard of maintenance in this county for many years, many people routinely had their system pumped, at a cost of \$375 to \$475, rather than an full O&M inspection at a cost of \$100 - \$125. He said pumping alone did very little to help catch problems early. He said there are systems ranging from simple gravity to more advanced systems with filters, pumps or aerobic units requiring varying degrees of skill among inspectors. He stated in the past, there was little oversight in terms of inspector's skill level in dealing with the diversity of Onsite Septic in the County. He said there were also few standards as to what an inspection should consist of - per the system technology. He stated when the O&M requirements in the WAC changed in 2007, they began to implement the new requirements, their goal was to create a system in which there was greater accountability from the public, from private industry, and public health staff.

Gonzales stated they increased accountability by the following:

- Ensuring reports were entered in an online data system they could monitor, so problems with the septic system, and with the inspector, could be identified and corrected.
- Ensuring inspector's level of training matched the type of systems they certified them to inspect; therefore they required all O&M Specialist II inspectors to pass an exam administered by WOSSA.

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- They just completed the Onsite Septic O&M Field Manual (*please refer to the handout in the Master File*) which establishes standards for required inspection actions for each septic component. They have scheduled two workshops in April to review the manual with the inspectors.
- Providing a greater role and responsibility for licensed designers in selecting system types and technology.
- Tracking their own staff's work in terms of developing a quality assurance program with response time frames and guidelines.
- Finally, ensuring that all stakeholders, such as realtors, installers, designers and the public at large, understand the importance of this program, with the goal to:
 - preserve home values (owner investment),
 - protect the groundwater we drink,
 - and public health.

Gonzales said the program has been enormously successful, and is looked at as a model by Washington State and most recently by the US Environmental Protection Agency. He stated it is also valued by realtors and homebuyers, who know their investment is protected.

Gonzales stated this program is a success because 10,444 systems has been inspected and entered into the online database since Oct. 2007. He said of those, 34% had some type of deficiency, ranging from those that can be corrected on the spot by an inspector (such as a replacing a lid), to those that require system replacement. He said 227 systems were noted with a critical deficiency, such as surfacing sewage. He stated without this program they believe this number would be higher, since over 5,000 systems had a deficiency that could have become, and over time would have become, a critical deficiency if not corrected.

Gonzales commented on the systems that were replaced, they were able to provide no interest loans to assist seven low income homeowners, and hoped to assist another 25 or more, through CDBG funding that they sought through a partnership with community services.

Gonzales said in terms of a question asked by Commissioner Mielke about the type of systems that are installed in the County, the technology is continuously changing, in part to find ways to provide effective treatment on smaller, more challenging lots.

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Gonzales said of the systems Licensed Designers designed in 2008, there were 136 new systems and there were 83 repairs of existing failing systems. He said if these combined, 28% were gravity (almost 1/3), 35% were pressure distribution, and the remainder were a variety of technologies based on soil type, lot size, and depth of ground water. He referenced a chart given to the Board (*see master file*).

Mielke said he was surprised to see the different types that they have. He said the common in all of them is the drain field. He inquired when Clark County requires a certain kind of system. He provided an example of the kind of soil he has at his home.

Gonzales stated in Washington State, if you can provide three feet or 36 inches of unsaturated, suitable soil in the ground, then you can have a gravity system. He said for two feet the requirement is pressured distribution, he stated if you have less of the filter then more treatment needs to occur at the tank or with that pressured distribution in the field. He stated if you get less than two feet then you get into the more advanced technology.

Mielke referenced some complaints he has received since he has been on the Board. He asked why we require people who want to divide their property to go through a sand filter system when they have a working septic system in place.

Gonzales stated if the septic on the main lot passes an O&M and has an established a reserve, they do not make them update that system.

Mielke stated there are a variety factors, such as cost of living and some of the cases he was familiar with were five acres or larger that we required them to go back to a more complex / costly system.

Gonzales agreed with those concerns and encouraged their team to be problem solvers.

Jonnie Hyde, Public Health told the Board to give them a call if they were getting site specific complaints and they can explain further detail on why a system is being recommended.

Mielke further discussed a specific case with them.

Wiesman mentioned some of the systems aren't permitted because they were put in prior to the Clean Water Act and that don't necessarily met the requirements now.

Gonzales stated there are a lot of systems out there right now that fit into that category. He stated if they do have a tank that meets the standards, that's not leaking and they have a drain field that they can go through the verification process and they can establish a reserve, and put that in with the plot.

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Jonnie Hyde referenced the specifics in the code and mentioned they don't automatically make people update if their systems are working correctly.

Strategic Initiative 5 – Good Health at Every Age

Wiesman stated with the Women, Infant and Children Nutrition Program (WIC), the economic crisis and resulting job loss for some of our community members has created extra demands for programs that help families maintain a healthy diet. He stated since a year ago they have seen a 17% increase and are serving the largest number of families they have ever served, which has topped their case load over 10,000 women, infants, and children.

Wiesman mentioned the WIC program serves pregnant and breastfeeding women and infants and children up to 5 years of age who are up to 185% of the federal poverty level. He said in Clark County, about 44% of infants born are eligible for WIC services. He said this may sound surprising, but many of these are young families who are beginning wage earners. He stated 71% of the families served have someone employed in a job.

Mielke inquired if we have a social security number for those pregnant women we are providing the health care service for.

Wiesman stated no, but they follow the federal requirements.

Mielke stated he know that DSHS collects them. He inquired why we do not collect them.

Wiesman stated he will follow up on that.

Mielke stated we have a large number of people that we serve with already strapped funds and it concerns him that we turn people away or can not provide better services for those who are legally here. He said he heard that we have a new type of tuberculosis (TB) we are being faced with and inquires on how we are going to track that if we can't track the people they are serving.

Wiesman stated he will look into it further especially regarding the WIC services. He stated tuberculosis is making its way back but feels it is due to the lack of funding of tuberculosis programs. He stated it is something they are watching though.

Mielke asked if they screen for tuberculosis in refugees.

Alan Melnick, Health Officer, Public Health stated immigrants and refugees are screened for tuberculosis and immunizations. He explained more about the different kinds of tuberculosis.

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Mielke inquired about the symptoms of tuberculosis

Melnick said the symptoms of tuberculosis are chronic cough, productive cough, weight loss, night sweats, and fatigue

Boldt mentioned Bill Barron will be going to a meeting later in the week where one of the issues is "Needs on the Street"

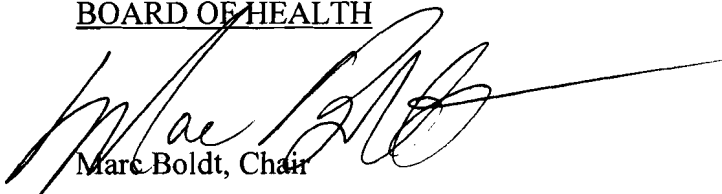
Barron stated that was correct, he stated one of the things that's starting to present itself as a concern among emergency first responders is the impact, if any, of the economic conditions on certain sectors of our population.

Boldt also mentioned having a meeting with faith based organizations and community services, to open up routes of communication.

Barron stated that was correct and Vanessa Gaston has alerted those organizations that the Board would like to meet with them and the meeting will take place in the next thirty days.

Wiesman stated they would love to be a part of that.

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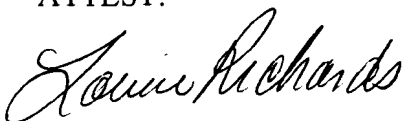
Marc Boldt, Chair



Steve Stuart, Board Member

Tom Mielke, Board Member

ATTEST:



Clerk of the Board

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