

BOARD OF HEALTH PROCEEDINGS
MAY 27, 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.

CONSENT AGENDA

None

POLICY UPDATES – JOINT BOARD OF HEALTH – PUBLIC HEALTH ADVISORY COUNCIL MEETING – FOLLOW UP ON ISSUES OF INTEREST

John Wiesman, Director, Public Health stated at the last BOH meeting, they would follow up on the joint meeting they had with the public health advisory council (PHAC) in April. He stated for those watching at home, the PHAC is a 20 member group that advises the Board of Health (BOH) on public health issues. He said at that meeting, the advisory council shared two video clips from the PBS series, *Unnatural Causes: Is inequality making us sick?* One of those clips was on how neighborhood and housing conditions affect health and the other was on how unemployment affects health. He said the council chair, *Rainy Atkins*, also shared the executive summary from a report entitled, *Beyond Health Care: New Directions for a Healthier America* produced by the Commission to build a healthier America supported by the Robert Wood Johnson Foundation. He stated at their seats they have the 10 recommendations the commission made and discussion points from the dialogue with the advisory council. (*See master file for handout*) He stated one of the things mentioned at the meeting was Commissioner Boldt wanting to identify one thing for the BOH to work on. He stated the council met last week and took some time to debrief and are putting together a short list of recommendations they want to bring to them in the next month. He stated with that as background, he wanted to give them an opportunity to share any policy areas they would like more information on or their thoughts on what they should be focusing.

Boldt stated he agrees with picking a lower amount of projects to work on to excel at each of them instead of spreading themselves out to thin. He would like to continue to support healthy nutrition in the schools.

BOARD OF HEALTH PROCEEDINGS
MAY 27, 2009
CLARK COUNTY, WASHINGTON

Mielke stated he has some concerns with the services we give to illegals and the cost it may be costing the county. He asked if they weren't collecting social security numbers, what kind of records do they have to who we are serving. He stated he would like to see a better way of recording who we are serving. He stated his concern with the limited dollars we have today that we need to make sure that people of Clark County / State of Washington are served and not at the expense of running short due to serving those who are here illegally.

Stuart stated he would like to continue work on private / public partnerships, including non-profits, the food system council, and community gardens. He would like to continue access to healthy food especially for the low income population who don't have a lot of other options. He would like to continue the great work in providing healthy foods in supporting a healthy family. He stated he likes the idea of having community gardens space in some of our neighborhood parks.

Boldt said he is seeing more gardens around town even in personal yards.

Wiesman said he will take back their suggestions to the council and the leadership team and follow up with them at a later time.

DIRECTOR'S REPORT – SWINE FLU

Wiesman asked Alan Melnick and Nathan Weed to join him. He stated they have been addressing the swine flu H1N1 for the last couple weeks. He stated Alan will report the big picture overview of the situation and since Nathan served as one of our incident commanders he will report on the response actions.

Alan Melnick, Health Officer, Public Health said over the last several years, public health at all levels has been planning for a pandemic flu or a respiratory disease response. He said he is pleased to report that those plans were implemented successfully for the Swine Flu H1N1 outbreak that is ongoing right now. He stated while it seems like they have been dealing with Swine Flu for a long time, it has only been about one month. He said in mid-April, the first reports out of Mexico were severe illness with a high mortality rate, human to human transmission of a novel virus, affecting predominantly young adults – similar pattern to 1918 pandemic. He said in addition, cases were turning up in the US (California and Texas). He said public health took these early reports seriously and they aggressively implemented their pandemic flu plans to prepare for whatever this might turn out to be.

Their priorities were to:

- identify if and when the infection was present in our local area,
- make sure that health care providers had the information they needed to identify and treat patients,
- make sure the public was kept informed of the situation and knew how to protect themselves, and
- pre-position resources they would need for a response.

BOARD OF HEALTH PROCEEDINGS
MAY 27, 2009
CLARK COUNTY, WASHINGTON

Melnick said the US public health surveillance system, including local and state health departments was able to characterize the infection in less than two weeks – relatively low morbidity/mortality, pattern similar to seasonal flu. He said Mexico cases might have been more severe because there were co-existing infections OR their limited surveillance system only tested the most severe cases (they were seeing the “tip of the iceberg, (the sickest people)” He said as they understood the epidemiology of this new virus and learned that its severity was similar to the seasonal flu, they were able to scale back their response. He said this experience has prepared them for the next outbreak, including the potential return of the infection in the fall during the usual flu season. He stated according to a Harvard national survey, 84% of people have been satisfied with the performance of public health professionals and 88% have been satisfied with information public health has been providing.

Current Situation

Melnick said the virus is still circulating in our community (as is the seasonal flu), and we expect the numbers to change on a daily/weekly basis. He said however, now that they have an understanding of the extent of spread and the range of severity, they are decreasing the amount of testing, so the numbers of confirmed cases will not increase rapidly He said they expect the outbreak to diminish in the northern hemisphere over the summer months. They will be monitoring the infection in the southern hemisphere as it enters the flu season. He said specifically, they will be monitoring to see if the virus changes, including whether it becomes more easily transmissible person to person and if the morbidity/mortality worsens. He said the CDC and partners are developing a vaccine that should be available within 6 months.

Numbers (as of May 25, 2009) ~ (*See master file for map that was presented*)

- o World: 12,954 cases with 92 deaths
- o United States: 6,764 cases with 10 deaths
- o Washington: 517 cases with 1 death
- o Clark County: 7 cases, no deaths

Wiesman made a comment regarding the spread of the swine flu around the world and expressed the importance of a rapid response.

Mielke stated in the past they had other types of influenza that were also deadly and inquired how this virus ranked compared to those.

Melnick stated this is a new flu virus that we don't necessarily have the immunity that we would otherwise.

Nathan Weed, Manager of Public Health Preparedness Emergency Response Program, Public Health stated on Friday, April 24, 2009, they were notified of the presence of a novel influenza virus. He said they reviewed their plans and put their epidemiology response team on standby for the weekend, in case they had a case reported here. He said they started to notify health care providers throughout the region of the threat and what to do if they had a patient they suspected might have swine flu.

BOARD OF HEALTH PROCEEDINGS
MAY 27, 2009
CLARK COUNTY, WASHINGTON

Weed said they made plans to monitor national information over the weekend. He said on both Saturday and Sunday, public health leadership team members listened in on the CDC press briefing about the event. He also said on Sunday right after the CDC media call, they held a regional conference call--Clark, Cowlitz, Skamania, and Wahkiakum. He said they determined that this event now met the criteria for implementing an incident command structure and all agreed that a single, unified regional response of the four health departments with one public health incident command post was in order. He stated the incident command was established for 1 pm that afternoon and Marni Storey was identified to be the initial incident commander. At that time the other county health departments in Washington Region IV also delegated authority to this Incident Management Team. He said Incident Command was implemented for 16 days (from Sunday April 26th through Monday, May 11th).

Weed stated over the course of two and a half weeks, Public Health Operations Section staff:

- Responded to approximately 500 telephone calls from healthcare providers and the general public.
- Conducted 49 potential case investigations.
- Followed up with 7 confirmed cases.
- Received 5,270 treatment courses of antiviral medications, in addition to the medications that Clark County and Skamania County purchased.
- Developed a distribution system to push the antiviral medications to healthcare providers and pharmacies.

Weed stated while a formal debrief of this event is scheduled for the afternoon of May 27, 2009 and a formal After Action Report will be produced, their initial lessons learned include:

- proper training in incident command and emergency response skills is a worthwhile public health investment
- public health agencies need to develop strategies for conducting routine public health efforts while conducting a lengthy response.
- the overall public health system lacks the people, vehicles, and storage space to receive, organize, and track lots medical supplies and needs to rely upon community partners for that.
- The regional response was generally successful and was an efficient use of resources.

Weed stated when they complete the full after action report; they will give the Board a copy. He stated the Incident Management Team and associated response organization was primarily composed of Clark County Public Health personnel but several other agencies and organizations provided additional staff and was implemented with help of a number of community partners. *(Please see master file for extended list)*

Wiesman said the resources to mount a 16 day response were significant, from Clark County Public Health staff alone they logged 2,571 hours from 77 different staff. He said their salaries, benefits, supplies and services costs for those 16 days totaled \$118,000, \$9,644 of that was for overtime hours and \$2,400 in supplies and services they had not budgeted.

BOARD OF HEALTH PROCEEDINGS
MAY 27, 2009
CLARK COUNTY, WASHINGTON

Wiesman said in addition, because they pull staff off regular jobs, they lost about \$17,500 of revenue that staff would have billed in their regular jobs. He stated overall he was very happy with how staff handled the situation.

Boldt asked if they could have used people in other county departments if this would have went on longer.

Wiesman said that was correct.

Boldt asked if they were getting those groups together beforehand and getting them partly trained.

Wiesman stated that would be the plan and he will work with the Bill Barron, the County Administrator on facilitating that.

Barron stated he would present that to management.

DIRECTOR'S REPORT – PRIMARY CARE UPDATE

Marni Storey, Public Health Services Manager, Public Health gave an update on the Sea Mar contract regarding contract performance updating on their service delivery, chronic care model, community collaboration, and the Sea Mar Community Health Center Board. (*See master file for handout*) She introduced Carrie Vanzant, the clinic manager.

Boldt inquired if she managed both clinics.

Vanzant stated that was correct.

Storey stated she is a great partner and has wonderful communication and has really improved the program as a whole.

Boldt referenced the chart and inquired if they had a percentage related to the numbers being provided.

Storey stated she could get that to them at a later time.

Mielke asked if these numbers represent children or adults being served.

Storey stated Sea Mar provides services to both and they do have numbers broken down by age groups, so the numbers represent both.

Mielke asked if they get reimbursed for providing the service under the state health program.

BOARD OF HEALTH PROCEEDINGS
MAY 27, 2009
CLARK COUNTY, WASHINGTON

Storey stated they have a mixture of clients through Medicaid, uninsured, and private insurance.

Storey said the hope is to get all children on insurance and get regular care. She stated not all children are currently covered in Clark County but they are working on it. She also mentioned a health fair this weekend. She stated some people aren't aware of the program or simply think they don't qualify for it.

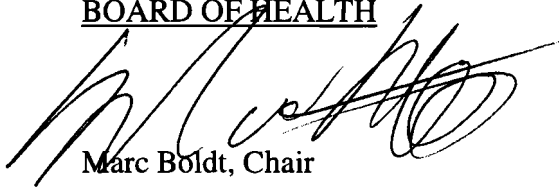
Vanzant stated she appreciates the welcoming collaboration from everyone.

Mielke inquired what Sea Mar is.

Vanzant stated Sea Mar Community Health Center is a community-based organization committed to providing quality, comprehensive health and human services to the underserved folks within the Washington area. She stated Sea Mar is headquartered in Seattle. She stated they started thirty years ago and Sea Mar stands for Seattle Marysville. She said Sea Mar is a community based non-profit organization (501 c (3) and is governed by Board of Directors who represent the communities they serve. She said their doors are open to anyone in Clark County. She said they have a location on Mill Plain and on the 3rd Floor in the Center for Community Health. She stated they also have a dental clinic in Hazel Dell off 88th Street.

Wiesman provided additional background on how they worked on getting primary care in Clark County for the past two years.

BOARD OF HEALTH



Marc Boldt, Chair

Steve Stuart, Board Member



Tom Mielke, Board Member

ATTEST:



Louie Richards
Clerk of the Board

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