

BOARD OF HEALTH PROCEEDINGS
APRIL 23, 2008
CLARK COUNTY, WASHINGTON

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

PLEDGE OF ALLEGIANCE

The board conducted the Flag Salute.

PUBLIC COMMENT

There was no public comment.

CONSENT AGENDA

There being no public comment, **MOVED** by Stuart to approve items 1 through 4. Board members Morris and Stuart voted aye. Motion carried. (See Tape 416)

POLICY ISSUES

Update on Strategic Initiatives #4 (Improving Health Care Access) and #5 (Supporting Good Health at Every Age)

Dr. Alan Melnick, Health Officer, Public Health, updated the board on Strategic Initiative #4 – Improving Health Care Access. Dr. Melnick explained two current projects in this effort. The first, Project Access, uses volunteer physicians and hospitals who provide specialty care for patients seen in the safety net clinics such as Sea Mar and the Free Clinic. He said the pilot program launched on March 3 and so far 123 specialist physicians have committed to seeing people for no charge. He said they hoped to be fully implemented by June 2.

Melnick explained the second project, Integrated Primary Care and Behavioral Health Clinic at the Center for Community Health. He stated that they have been through the RFP process and are now in negotiations with Sea Mar, with a projected start date in August or September of 2008. He said they would have three additional primary care providers and one mental health provider and although they wouldn't be able to solve the access problem in Clark County, they would be able to see an additional 4,000 people who are uninsured, underinsured and underserved.

Another project involves having providers incorporate preventive care best practices into their service delivery, which the outreach team has been working on. He said they have already met with ten primary care providers about increasing participation in the immunization registry, Child Profile. In addition to the other projects, Dr. Melnick said staff are expending training for community health nurses who provide immunizations; training providers as new vaccines become available; providing outreach to providers about strength-based behavior change strategies; and increasing their network with

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primary care providers through their outreach program. He talked about challenges and opportunities for each of the projects.

Morris asked for clarification on the number of additional patients they expect to see this year.

Melnick said they hoped to see 250 patients through Project Access by the end of the year.

Morris wanted to know about the range of services and how referrals would work.

Melnick said referrals would have to come from a safety net provider. He explained that the patients are seen in primary care at either the Free Clinic or Sea Mar, but may need to see an orthopedist, for example. The participating agencies, Southwest Washington Medical Center and Legacy Salmon Creek, would provide diagnostic and surgical services.

Morris pointed out the need to have everyone insured because the costs for these services are not really free. She said all of the other premium payers eventually bear the cost for patient who do not have healthcare insurance.

Melnick said hopefully they can avoid some of the more expensive services and utilization of the emergency department by getting patients in for specialist care earlier. He said with the help of CUP they are going to quantify the costs so they'll have usable numbers should they be in a position to advocate for change and healthcare reform.

John Wiesman, Director, Public Health, added that this is a band aid approach that communities are implementing because of a lack of healthcare access for everyone. He asked Dr. Melnick how many communities were involved in the project.

Melnick didn't have that information, but said Clark County isn't the only participating community.

Morris said she would be interested in knowing the numbers for the costs across the country for this provision of service.

Stuart said he would also be interested in seeing the numbers as far as the overall costs associated with this program, as well as the complete provision of services provided by Public Health and the secondary costs from the hospitals and otherwise. He said there's got to be a tipping point where it's just cheaper to go through a process to get people insurance as opposed to using band aids.

Marni Storey, Public Health, provided an update regarding Strategic Initiative 5 – Supporting Good Health at Every Age. Ms. Storey stated that one of the programs they launched was the Nurse Family Partnership, which is an evidence-based home visiting nursing program for first-time, low income mothers. The project was funded beginning in

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January 2007 and all staff has been hired and trained. She said they expected to meet a full case load of 100 women by the end of summer. Since September 2007, the program has received 140 referrals, completed 373 home visits, and enrolled 67 clients.

Storey said the second project they are working on is to catalog current community prevention programs that address significant health issues within each age/developmental category—birth to 3 and school aged; pre-adolescent and adolescent; adults; and seniors.

Morris wanted to know what the age category was for seniors.

Storey said for seniors it is 65 and over. She went over the issues they plan to include, such as access to care, behavioral health, injury and violence prevention, etc. She said they would also look at the evidence-based programs and identify the gaps between what they have and what is seen across the country as best practice and whether it would fit in Clark County. *Storey* said their goal is to promote community, home, and school environments that increase physical activity, healthy nutrition, and reduce chronic disease risk factors. She stated that the Community Food Systems Council was established and will serve as a vehicle to encourage and support efforts to strengthen a healthy regional food system and improve access to healthy food for all Clark County residents. She further explained.

In looking ahead in 2008, *Storey* said the Nurse Family Partnership was looking at considering two additional public health nurses for the program, particularly one who is bilingual in Spanish, and also begin the health assessment to look at gaps in the community between programs that address significant health issues at different developmental age groups. In addition, they will look at other determinates of health such as poverty, status, income, education, race, and neighborhood.

Morris commented that she handles her mother's medications, having them filled and giving them to her. She said the facility where her mother lives offered help in ordering the medications through the pharmacist; however, the company they used mistakenly filled two prescriptions, one that her mother no longer used and one that had expired some time ago. She said she had no idea how they got the prescription or how they were authorized. She said a key issue was going to be managing pharmaceuticals for elderly people.

Melnick said medication errors in the geriatric population are significant. He said a lot of geriatric patients receive care in different areas and so their information is kept in separate databases that aren't tied together. He said people are looking into efforts to create a combined database that shares information between the different care providers, but it's very challenging.

Wiesman said that medical errors are a huge issue in the healthcare setting and getting a lot of attention from accrediting agencies. He added that at the moment they don't have any specific programs in Public Health geared toward the aging population and realize

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it's a big gap. He said they would be working to figure out what can be done about that and having future conversations with the board.

Wiesman stated that he would follow-up with the board regarding pediatric doses for anti-viral stockpile and the conceptual approval of a Regional Health Officer. Both issues will be discussed at May's meeting.

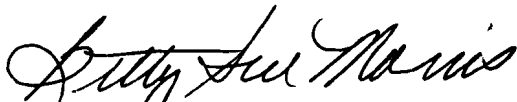
DIRECTOR'S REPORT

Presentation for Fit Pick – Barbe West

Barbe West, Community Choices, stated that Community Choices, Steps to a Healthier Clark County, and the National Automated Merchandising Association came together to launch Fit Pick, which is a system of nutritional criteria and labeling to bring healthier products to vending machines. She said for every participating organization, 35% to 50% of the products in their vending machine will be healthier food and/or beverages. Ms. West said Clark County took the lead on this and all of the vending machines now have the Fit Pick items.

Wiesman said that anyone interested in joining could contact Community Choices for more information.

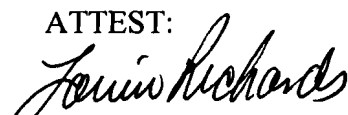
BOARD OF HEALTH


Betty Sue Morris, Chair

Marc Boldt, Board Member


Steve Stuart, Board Member

ATTEST:


Clerk of the Board

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