

BOARD OF HEALTH PROCEEDINGS  
MAY 28, 2008  
CLARK COUNTY, WASHINGTON

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

PLEDGE OF ALLEGIANCE

The board conducted the Flag Salute.

PUBLIC COMMENT

There was no public comment.

CONSENT AGENDA

*Boldt* referred to item 3 (contract with e-Onsite for on-site sewage system management and fee collection for inspections) and asked if that was a new software people could use for inspections.

*Jonnie Hyde*, Public Health, stated that it was the software that inspectors and pumpers are now using. She said they've had over 5,000 inspections reported on. She said it allows people to look up their inspections online.

*Stuart* wanted to know if the people who self-inspect could be trained on the system.

*Hyde* didn't think the number of people self-inspecting was high enough to justify the time it would take for training.

There being no public comment, **MOVED** by Stuart to approve items 1 through 12. Board members Stuart, Morris, and Boldt voted aye. Motion carried. (See Tape 423a)

DIRECTOR'S REPORT

*Bob Williamson*, Deputy Director, Public Health, stated that the Public Health Standard Site Visit, which falls under Strategic Initiative #1, was done in April. Mr. Williamson explained that reviews are conducted every three years in order to measure progress in meeting the statewide public health standards. He said the Review Team identified a number of strengths, including the Strategic Plan; status reports; health assessment work, particularly the community report card they did in collaboration with Community Choices; the customer satisfaction surveys; food safety program; community involvement and engagement; media materials and public information and outreach guidelines; and their internal program audits. Williamson said the Review Team also identified a couple of areas for growth, including a more explicit connection between their review of data, the recommendations that come out of that data, and final decisions or actions; and they would like to see a quality improvement plan.

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Also as part of Strategic Initiative #1, Williamson updated the board on public health funding. He said the Joint Select Committee on Public Health Financing had recommended that the Legislature appropriate \$100 million to help bolster and support public health statewide. In 2007, he stated that the Legislature made a down payment of \$20 million. He stated that John Wiesman, Public Health Director, would lead the statewide effort to secure funding and his intention was to report back to the board in June. In the meantime, Williamson said they hoped the board would communicate to WSAC their desire to make additional public health funding one of the priorities in their Legislative agenda.

*Stuart* emphasized the importance of coordinating efforts. He said County Administrator, Bill Barron should be notified so that he can work with department heads in order to bundle requests and create a priority list.

*Williamson* said he believed John Wiesman was working with Mr. Barron.

*Boldt* asked if their lobbyist, Mike Burgess, had spent time with Public Health.

*Bill Barron*, County Administrator, said yes. He said he is working on two phases, the capital budget request and the policy issue.

*Boldt* stated that several counties are working on bringing the Montana Methamphetamine program to Washington. He commented that prevention and health is not the issue of the day, which is disheartening. He said it's a much bigger challenge than he thought it would be.

*Dr. Alan Melnick*, Health Officer, Public Health, updated the board on Strategic Initiative #2 – Responding to Health Threats. He stated that Cowlitz and Wahkiakum counties wanted to contract with Public Health for Regional Health Officer services. Dr. Melnick said once the agreements are in place, Cowlitz and Wahkiakum would pay Clark County \$115,000 per year and in return they would hire a Deputy Health Officer position at .6 FTE. The reimbursement would cover salary, benefits, and indirect costs. He said this would be advantageous for Clark County in terms of more coverage and that on-call coverage could be shared between the Regional Health Officer and Deputy Health Officer, and it would give them additional depth and better serve the region. In addition, Skamania County was interested in contracting with them for Regional Health Officer services when they take over public health services in 2009.

*Boldt* had concerns about how the Regional Health Officer would work with the other County Commissioners.

*Melnick* said as a Regional Health Officer he would technically be the Health Officer for Cowlitz County and Wahkiakum County and would get to know the commissioners.

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Melnick updated the board on Pediatric Antivirals for Pandemic Flu, which also falls under Strategic Initiative #2. He said their recommendation was to not make any changes to the original purchasing recommendation. He stated that there are two medications, Relenza and Tamiflu and he explained that in looking at the cost on a milligram-per-milligram basis, adult Tamiflu is a lot cheaper than pediatric Tamiflu. He said pharmacists can take the 75 milligram Tamiflu capsules and make an oral suspension for pediatric use. He pointed out that in a pandemic flu, the highest priority cases for antivirals are hospitalized patients and they believed in-hospital pharmacists would be available to compound the adult doses into pediatric doses for children.

*Williamson* provided an update on Strategic Initiative #4, Improving Health Care Access. He said contract negotiations were proceeding with Sea Mar to bring an integrated primary care behavioral health services clinic to the Center for Community Health. He said they expected to wrap up the negotiations soon and bring a staff report and contract before the board for approval the second week of June.

*Boldt* noted that the main clinic serves many clients and he wondered if those clients would transfer to the clinic at the Center for Community Health.

*Williamson* said he thought they would transfer, which would help ease some of the strain being felt at the Delaware site.

*Boldt* thought they should be ready in terms of parking, which is already bad. He said hopefully people could utilize the C-Tran bus.

*Williamson* said Sea Mar has the same concern and are looking into operating during non-traditional hours, such as one evening during the work week and on Saturday.

*Boldt* said he didn't think the bus ran other hours, but he thought they ought to bring that up to Sea Mar.

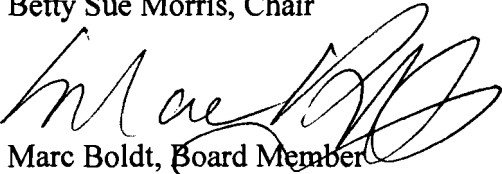
*Williamson* said the operational hours would be outlined in the contract. He said initially they are looking at operating one day a week in the evenings.

*Stuart* they need to communicate with C-Tran to ensure bus service is available to clients.

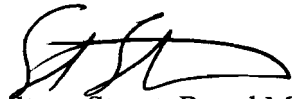
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BOARD OF HEALTH

Betty Sue Morris, Chair



Marc Boldt, Board Member



Steve Stuart, Board Member

ATTEST:



Louise Richards  
Clerk of the Board

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