

**MINUTES**  
**CLARK COUNTY BOARD OF HEALTH**  
**May 26, 2010, 9:00 A.M**

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

**PLEDGE OF ALLEGIANCE**

The Commissioners led the Pledge of Allegiance.

**CONSENT AGENDA**

There being no public comment, moved by Mielke to **APPROVE** Consent Agenda items 1 -7. Board members Stuart, Mielke, and Boldt voted aye. Motion carried.

**PUBLIC COMMENT**

None

**POLICY UPDATE -- UPDATE ON STRATEGIC PLANNING FOR 2011-12**

**Staff Contact:** John Wiesman, Kachina Inman, Shannon Hoskins, Tricia Mortell, Public Health

**Staff Summary / Discussion:**

*Wiesman* stated the first presentation is an update to their strategic plan planning for 2011-12 that builds upon the work session they had with the Board in April on the socioecological model. **(See master file for additional information presented)** *Boldt* inquired how they respond to emergency needs while still be sustainable. Staff responded and stated they will be bringing more information next month. Discussion ensued about community gardens and local foods. *Mielke* stated his concerns with tying the strategic plan to the comp plan. *Stuart* stated his concerns about the school lunches being served and setting a good example on what is healthy. *Stuart* suggested they have some discussions with the school districts on implementing healthier choices through community gardens into the schools.

**POLICY UPDATE -- PROPOSAL FOR PARENT-CHILD HEALTH PROGRAM RE-DESIGN**

**Staff Contact:** John Wiesman, Kate Ketcham, Public Health

**Staff Summary / Discussion:**

The second update is a conceptual proposal for improving the parent child health program efforts while incorporating a neighborhood focus. **(See master file for additional information presented)**

*Wiesman* provided more information about the proposal. *Stuart* inquired on the changes in access to care and how we are planning on transitioning to a national model on a local level. *Wiesman* commented about reframing the public health system in Washington and commented about improving access to care and the public health's role. *Mielke* commented about parenting classes and prenatal care. *Ketcham* provided some background on how public health assists with prenatal care. Further discussion ensued.

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**DIRECTORS REPORT**  
**STRATEGIC INITIATIVE 1 – STRENGTHENING PH INFRASTRUCTURE**

**Staff Contact:** John Wiesman, Public Health

**Staff Summary / Discussion:**

*Wiesman* stated now that the Governor has signed the supplemental budget, they are getting information from the multiple state departments from which they receive funds. The Department of Health has given them a solid briefing and they are getting some information from Ecology, Early Learning, and Health and Human Services. They are using that information to help them project their budget challenges for the next county biennium budget. He reported to them on the public health's financial outlook, it is important to remember that the County General Funds makes up only about 9% of the Department's budget. And while the county's revenues are stabilizing, most of public health's revenue sources are not stabilizing. In addition to base general fund dollars, the county supports public health with REET dollars to cover debt service on our space in the Center for Community Health and that amounts to about \$1.2 million per biennium. He stated today's briefing will give them a brief snapshot of public health's challenges and he will follow up this meeting today with one-on-one briefings with each of them in the next few week to go into more detail. He stated the bottom line is that as they prepare for their budget next biennium, public health's budget is about \$4 million short.

This shortfall is primarily in three areas.

- State impacts.
- Environmental Public Health Fee shortfalls.
- County Indirect Cost Impacts.

First are state budget reductions at about \$1.4 million. With actions of the legislature this year and with some funds scheduled to run out in July 2010, they are projecting state impacts to our budget for the next biennium at about \$1.4 million dollars. The impacted areas are HIV/AIDS, immunizations, communicable diseases, chronic diseases, tobacco, and oral health.

Second is Environmental Public Health Fee shortfalls of about \$1.3 million. While they have reduced their environmental staffing, most of our environmental public health programs have not seen service declines with the recession. Restaurants, pools, spas, solid waste, existing septic systems are all still operating and require inspections and education of the owner/operators. When they apply expenses for the next biennium, they are projecting a \$1.28 million shortfall from the fees we anticipate collecting.

Third is County Indirect Costs. With all of the program reductions they have made in the past year and with county indirects getting charged to them two years after the fact, preliminary figures suggest that the indirects charged to public health will increase by about \$100,000 a year. This is a challenge, because they received a \$1 million subsidy of those charges in 2010 and in the county's starting budget that subsidy is not planned to continue.

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The remaining \$300,000 is from the remainder of our programs and services. That shortfall results from a mix of decreased revenues and increased costs. Public health all across the state has a structural budget challenge. Since they are not a county general fund department, their salary and benefit increases are not covered. And since their sustainable MVET funding ended in 2000, public health services erode every year.

Bill Barron and Wiesman will meet with each of them one-on-one to give more information and discuss ideas for proceeding.

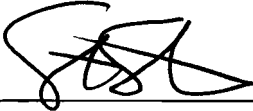
It is also worth noting that Public Health across the nation is facing uphill challenges. The National Association of County and City Health Officials released survey results this week showing that 23,000 public health jobs across this nation have been lost in 2008 and 2009. **(See master file)**

*Wiesman* asked for some suggestions on engaging the Board and their ideas on sustaining their services and suggested public policy guidance. *Mielke* inquired about recouping some of our costs from the State. *Wiesman* provided some background on accessing those resources. Further discussion ensued and *Wiesman* suggested a work session with the hospitals and the Board of Health. *Stuart* mentioned continued conversations with the city jurisdictions and working together to continue providing regional services

Hearing adjourned

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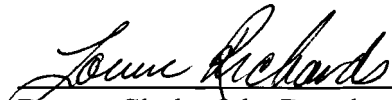
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Steve Stuart, Board Member

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Tom Mielke, Board Member



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Marc Boldt, Board Member

ATTEST:

  
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Deputy Clerk of the Board

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