



Advisory Council

January 21, 2014

Council: Karen Evans, Gregory Noelck, Joan Caley, Rhonda Turner, Laurie Lebowsky, Stephanie Roise-Kamashita, Mark Collier, Alden Roberts, Adriana Linares, David Scott, Trevor Evers, Betsy Brownfield, Jeremy Diehl, and Anna Pendergrass

Staff: Alan Melnick, Julie Grimm, Tricia Mortell Janis Koch

Guests: University of Portland students

1. **WELCOME/INTRODUCTIONS/APPROVAL OF MEETING NOTES** (*Laurie*)

The council reviewed the meeting notes from November 19, 2013. Rhonda moved and David seconded the motion to approve the notes as submitted. No further discussion. The motion passed.

New members introduced themselves:

- Dr. Adriana Linares, a physician with Family Medicine Southwest, representing “a medical doctor practicing in Clark County.
- Dr. Alden Roberts, Chief Medical Officer of PeaceHealth Southwest, representing PeaceHealth Southwest Medical Center.

Other council members introduced themselves, along with visiting nursing students.

2. **DEPARTMENT UPDATE** (*Alan*)

- **Influenza A:** Influenza kills about 5,000 people every year in this country. One death elderly person in 80s H1N1 strain – same as the one of 2009. It causes more severe reaction in the young. Strongly recommends everyone on the council get a flu shot. Generally it can be around for two to three months in the community.
- **Staffing Updates:** Were able to find a person to backfill Tricia Mortell’s position. Cyndie Meyer is the program manager in charge of Chronic Disease Prevention. Catherine Kroll went to PHSW as Infection Control Manager, and the BOCC has given the go ahead to fill that position. We are also recruiting for a Public Health Informaticist, and currently have one very good candidate for that position.
- We did receive a grant to sustain the NFP program (\$50,000) for Central Vancouver. We also received additional funding for the Harm Reduction Center (syringe exchange program). The grant will help in the purchase of naloxone (a drug that counters the effects of opiate overdose). Having naloxone available in the community, especially for a family member of an opiate user, is a very valuable resource.

3. EXECUTIVE COMMITTEE/MEMBER UPDATE

Nominating Committee: Joan reported the proposed slate of officers for 2014. No additional nominations were received.

Chair: Laurie Lebowsky
Vice Chair: Trevor Evers
Member at Large: Mark Collier

Joan made a motion to cast a unanimous ballot for the proposed slate of officers. Greg seconded the motion. The motion passed.

4. PREPARATION FOR JANUARY 2014 RETREAT

▪ 2014 WORK PLAN (*Tricia*)

The Council determined its platform for the year will be adverse childhood experiences. This is a very large body of work, and the effort tonight is to narrow it down. The Council supports the work of public health to support, guide, and help with policy decisions. The Council also supports the larger community work product.

What should we begin to do around ACES? The effects of ACES cross many of your work areas. Last month we saw a clip of *Raising of America*, a documentary that explores how a strong start for all our kids leads not only to better individual life course outcomes (learning, earning and physical and mental health) but also to a healthier, safer, better educated and more prosperous and equitable America. Our role in public health is to get you the information to help you in your decisions. The Council helped us to dedicate additional resources toward building individual and community resilience with such programs as the NFP (Nurse-Family Partnership) as well as P4HN (Partners for Healthy Neighborhoods).

Considering the ACES platform, tonight, we ask you to break into groups and consider the following questions:

- What are some potential strategies and activities the Council should focus on in 2014?
- What information and education would you need to go forward?

Report out from Group #1 (Trevor):

Potential strategies and activities:

- Gap analysis – establish the baseline – what does it look like?
- Quantitative data
- Additional resources – more staff members or partnerships?
- What are other health departments doing?
- Pregnancy and pre-contraceptive
- Provider education
- Most of the conversation was about acquiring quantitative data

Report out from Group #2 (Joan):

- What are the programs that currently address children? Need an inventory
- Baseline data
- Poverty report
- ACES 101 for council
- Budget cuts related to early childhood programs; hunger data
- Success of Family Resource Centers in Vancouver

- Impact of NFP program as well as P4HN

Strategies:

- With Raising of America – when it is available, perhaps use it for community discussion groups.
- Plan a work session with the BOCC; hear Clay Mosher’s data
- Identify groups to coordinate with
- Host a community form in the fall; need to be strategic
- Want to involve the youth in the community, not only Boys and Girls Clubs, but others as well
- The focus of strategies overall should be pre-five.

Report out from Group #3 (Greg):

- The consensus is that intervention in the core family unit is primary. The big question is as a government entity, how do we effectively reach in and affect that situation. How do we even identify these families. How do we screen it out? Develop a potential screening tool for our community.
- What’s working – which programs are having success
- It has to be a complete community-based effort
- Similar themes as shared by other groups

- We will take this information back and begin to develop the educational component. We definitely can bring back Marni’s ACES presentation, as well as the ACES tool. (*Tricia*)

▪ **PROPOSAL FOR NATIONAL PUBLIC HEALTH WEEK (Don):**

National Public Health Week is the first week of April. The following represents a proposal to partner with the PHAC on an April 10 event:

Overview

Clark County Public Health’s Outreach Team is proposing to tailor the national theme of National Public Health Week (NPHW) to the theme of Adverse Childhood Experiences (ACES). By simplifying the theme (NPHW has a different theme every day), we felt we could better call attention to ACES, which is a theme the Public Health Advisory Council (PHAC) has identified as a priority and expressed an interest in addressing in greater depth.

Proposal

Have an ACES event at the library, Columbia Room, on Thursday April 10, 6 to 8pm, hosted by PHAC and possibly co-hosted by the Board of Health (BOH). The event will replace the April PHAC meeting and possibly that month’s BOH meeting as well.

Goals

- Raise awareness of ACES
- Raise awareness of the work of Public Health
- Increase BOH support for our programs that prevent ACES such as P4HN, NFP, CSHCN

Audiences

BOH, stakeholders and community partners, media, general public

Key Messages

- Health impacts of ACES
- Return on investment of preventing ACES
- Work that Public Health and community partners are already doing using proven methods
- Working upstream to improve health

Activities

- Special event on 4/10 at library
 - Discussions among panel of experts
 - Screening of segments from “The Raising of America”

- Tables sponsored by community partners
- Public Health Community Award – to take place same week, or possibly at the same event, with a theme tied to ACES, i.e., award might be awarded on the basis of ACES work

Promotional tools

- Social media
- News release (see about enlisting Marissa Harshman, Columbian, as a media partner)
- Posters, flyers, postcards
- Get community partners to promote
- CTV

Work Plan/Timeline

- Present preliminary communications plan to PHAC and Outreach Team for feedback (January)
- Invite representation from PHAC and community partners on event planning committee
- Identify activities for event, which community partners should be involved, format (e.g., panel discussion, presentations, Q & A, etc.)
- Identify community partners, e.g., schools (Family Resource Centers), Faith Based Coffee, YWCA, etc.

If the council agrees to this proposed, we would have to go into action quickly to initiate the core work and planning to get things going.

Discussion:

- Is there a key public health goal for the council? (*Tricia*)
 - She thinks it is crucial to understand the changing paradigm of health care. (*Joan*)
 - We need to have a public health programs inventory (*Greg*)
- One of the roles of PHAC is to provide input directly to the BOH; giving a perspective as community members that is synergistic that we as employees cannot do. (*Alan*)
- Are we going to decide on the National PH Week? (*Adriana*)
- We need to have a planning group to develop the forum. (*Joan*)
- Adriana is suggesting we vote on developing a plan for National Public Health Week. Joan is suggesting a planning group also be selected. (*Laurie*)
- Maybe another potential goal is to hear from the community (in addition to raising awareness). (*Tricia*)
 - She thinks it is too much to do in one forum and the forum should only be for education and raising awareness. (*Joan*)
- It would be good to get public participation; not lecturing at them. (*Don*)
- For me, I like one issue and establishing a baseline. What is the greatest need? (*Laurie*)
- Last year Marni shared the work in Walla Walla – “Resilience Trumps ACES” - which demonstrates what individuals and providers can do. That is one community strategy to educate their community. (*Joan*)
 - That would certainly take something like a task force – a larger community group coming together. (*Tricia*)
- Adriana moved to approve the National Public Health Week proposal. Joan seconded the motion. ***The motion passed unanimously.***

- Joan, Greg, Mark, Karen, and Adriana volunteered to work on a planning committee for the April 10 event.
- Is there any more discussion about the forum? (*Laurie*)
 - Having a way to connect people with resources at the forum. (*Greg*)
 - We could invite organizations to the event, asking for resource tables and information about support systems in the community. (*Tricia*)
 - 211 info has all the information. (*Karen*)
 - Clay Mosher has great ACES data and she'd like to have him come and talk to us. (*Joan*)
 - The ACES test really defined what it means; suggests we take the test again. (*Mark*)
 - What is the ultimate purpose – to educate and inform? (*Janis*)
 - That's really where you need to start with education. When the Council was brought up to speed and took that test, we were like 'wow'! What is the awareness with providers? (*Joan*)
 - There's a whole other generation growing up who are children of veterans who may be experiencing PTSD and its effects. (*Karen*)
 - We could also have an online survey like we did following the meth town hall. We've come a long way since then. (*Joan*)
 - We have social media as well. (*Alan*)
 - Articles in the Columbian are important as well. (*Mark*)
 - If you have ideas about the form (e.g., speakers, etc.), please send those to Julie. (*Janis*)
 - She will try to get Laura Porter to come down to speak to the Council; she hears she is a wonderful speaker. (*Tricia*)
 - If there is a strong keynote speaker, maybe only have one. (*Don*)
 - Maybe have the audience take the ACES test. (*Joan*)
 - Maybe we could invite someone from Walla Walla. (*Anna*)
 - She likes the theme of "building resilience." (*Laurie*)

5. PUBLIC COMMENTS

- **Mental Health Care for Children (*Stephanie*):** She has been thinking about mental health care for our children. In Clark County we have in-patient mental health care for adults, but there is no easy way to secure mental health care for children.
 - One of the things we can do is get some information from Community Services and the Regional Health Network. He hasn't looked at the data recently to see if there is a problem with access. (*Alan*)
 - What is needed is an easier access path (*Stephanie*)
 - The Regional Healthcare Alliance is trying to create a system to not silo mental health and health care. (*Alan*)
- **FDCARES:** On Feb. 4, the newly formed FDCARES (started through Kent Fire Authority) will be meeting. The program will look at everything that comes through the ENS system, with a goal to help people who are chronic users of 911 to get them out of that system.

6. MEETING ADJOURNMENT: The meeting adjourned at 8:00 pm.