



# Advisory Council

## May 19, 2015

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**Council:** Bryce Hackett, Lt. Roy Butler, Adrienne Linares, Mark Collier, Paul Childers, Joan Caley, David Scott, Greg Noelck, Trevor Evers, Remy Eussen, Stephanie Roise-Yamashita, and Betsy Brownfield

**Staff:** Alan Melnick, Janis Koch, Jeff Harbison, Julie Grimm, Roxanne Wolfe, Don Strick, Chuck Harman, Diane Welch, and Cyndie Meyer

**Guests:** CVTV

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**(1) WELCOME/INTRODUCTIONS/APPROVAL OF MEETING NOTES** (*Trevor*)

Trevor opened the meeting and guests introduced themselves. Members reviewed the March 17, 2015 meeting notes. Joan Caley moved and Paul Childers seconded a motion to accept the March meeting notes as submitted. The motion passed.

**(2) EXECUTIVE COMMITTEE**

There was no report.

**(3) DEPARTMENT UPDATE** (*Alan*)

▪ **Results of BOH hearings on Inhalant Delivery Systems:**

On April 29, the Board of Health passed an ordinance that would require prohibit the use of inhalant delivery systems in the same places where conventional cigarettes are prohibited. The ordinance applies to the incorporated cities as well as the unincorporated areas.

There were two hearings as the vaping community turned out in full force. It was a really good process as the vaping community had the opportunity to be heard. The BOH addressed their concerns by allowing the use of inhalant delivery systems in stores that sell them, which seemed like a reasonable compromise.

There was great testimony at the hearing, including the Healthy Living Collaborative, as well as Bryce Hackett and Paul Childers from the Council.

Bryce commented on his testimony, thanked Paul for his support as well. Paul commented on a well-organized and orderly process by the vaping community in particular.

Joan added that the vaping community made compelling arguments.

Alan added that we are now one of four jurisdictions in Washington State who have extended the SIPP law to inhalant delivery systems. As far as we know, there has been no outcry from the vaping community.

- **ACES update: Community Foundation/Kaiser Permanente grants** (*Roxanne*)
  - Public Health should have an answer back this week from the Community Foundation on whether we were successful to partner around the AWARE grant that ESD 112 was able to secure and it is to do trauma-informed training for teachers and law enforcement officers.
  - The HEAL (Healthy Eating Active Living) grant with Kaiser Permanente: Public Health has made it to the second round of competition for that grant. We'll be working together with community partners on May 26 to develop together a strategy, and Kaiser is providing assistance to all second round candidates. Kaiser's focus is really on dose, so what they are looking at from the individual level up to the policy level. The presentation is due by the end of June.

**(4) PUBLIC HEALTH IN ACTION** (*Diane Welch*)

Diane is a public health nurse working in the Public Health Communicable Disease Unit. One of the major focuses of public health is protection from communicable diseases. The local labs, clinics, and hospitals are responsible to report communicable diseases to the local health jurisdiction when they have a communicable disease. CCPH received a call from an Infection Control unit of the VA Transplant Lodge the morning of January 5. CCPH was notified by the VA Infection Control team of a potential influenza outbreak at the VA Transplant Lodge here on the Vancouver campus. The Transplant Lodge is a community living facility where caregivers are able to reside in the same room as the patient during their pre- and post-transplant surgeries. As the Portland is one of the VA's national liver and kidney transplant centers, many patients come from out of state for transplant care.

Despite emphasis on prevention, including standard precautions including cough etiquette and influenza vaccination), a resident of the lodge acquired influenza, which was confirmed by the lab. This patient's family member/caregiver was also showing influenza-like symptoms. According to the WA DOH influenza guidelines, this situation fit the definition of an influenza outbreak in a long term care facility.

Given the transplant patient's vulnerability to an influenza infection, CCPH and the VA teams quickly worked together to establish a plan of action for implementing recommended measures for mitigating further spread of this outbreak.

Another intervention designed to prevent the spread of influenza in a facility such as the Transplant Lodge is the provision of influenza anti-viral medication to the populations at risk. Since the transplant lodgers were already VA patients, the VA was able to quickly treat ill patients and provide preventative anti-viral medication to all patients who were potentially exposed.

However, since the caregivers were not VA patients, this posed as a significant challenge in quickly being able to also provide preventative anti-viral medication to the folks within the recommended timeframe of 48 hours following exposure.

Less than 30 hours after CCPH was notified of the potential outbreak, our Public Health Nurses initiated distribution of a 10-day supply of influenza anti-viral reaching 17 of the 20 (85%) caregivers. By January 15, CCPH confirmed with the VA Infection Control Team that no other influenza cases or respiratory illnesses had been identified at the VA Transplant Lodge – indicating this outbreak was over and had been successfully contained.

**(5) GROWING HEALTHIER REPORT/COMP GROWTH MANAGEMENT PLAN (GMP) UPDATE** *(Oliver Orjiako)*

▪ **Current status of the four GMP alternatives before Board of County Councilors**

Alan introduced Oliver Orjiako, the Director of Community Planning for Clark County. Oliver provided the latest update on the Comprehensive Growth Management Plan (COMP). The Growing Healthier Report is still currently part of the Growth Management Plan, and Oliver will provide an update on that as well.

The board before the current Board of County Councilors endorsed the Growing Healthier Report and asked that it become part of the latest comp plan. The Community Development department made a presentation to the Commissioners pushed to make the “health element” a standalone health element of the CGMP. They did not welcome that, but the county can adopt a health element as an optional element.

There is a new proposed policy included as part of Chapter 1: Community Vision (1.1.20) which states: “Communities should be designed in a way that promotes and protects aging-in-place for all age groups, especially by providing opportunities for physical activity and access to healthy food.” This has been introduced to and endorsed by all of the county’s seven cities (and this council). However, the current board is concerned and pushing back on including it as a countywide policy since it is not required by the Growth Management Plan. Their fear is that if it is adopted as a countywide policy, it will force the county to develop a program that addresses this policy. Oliver will be making an effort one more time to see if he can soften their fear.

*Question:*

Would it help if the council gave testimony supporting this letter via a letter to the councilors?  
*(Joan)*

- His strategy is not to put them in a bad spot, but to have a hearing and offering testimony might be the best strategy. *(Oliver)*

▪ **2016 COMP Plan Update:**

They are at a point where they are currently reviewing four alternatives for land use for the next 20 years (from 2015 to 2035). All of the seven cities are going through their own processes to submit a plan to their councils and then to the councilors. The GMA gives the county the authority to adopt the urban boundaries, and the statute requires that the cities and Clark County have a plan that is internally consistent. They will be doing an environmental assessment of any impacts of the scenarios.

*Alternative #1:* The current plan that was adopted in 2007 and it translates to no action. Even though this is a 20-year plan, it is a ‘rolling’ plan, with a 10-year review. If the plan were to be adopted as is it would mean that boundaries would not move and the land use would accommodate 584,000 people. If all of the rural land were to develop under the current plan, there is potential for about 9,390 additional lots.

It was forecast in 2007 that the county would grow 2% per year. However, the recession hit. Now the population growth did not materialize and has barely been 1% per year in the last six years.

*Alternative #2:* This proposal is the same as Alternative #1 with the exception of providing some relief to the rural areas by reducing the minimum parcel size for agricultural designation from 20 to

10 acres and for forest designation from 40 to 20 acres. This proposal would add an additional 1,800 lots to the rural area for a total of 11,016 potential rural lots.

*Alternative #3:* The seven cities are requesting this alternative, four of which are requesting additional acreages to their city boundaries (La Center – 56 acres for school district; Ridgefield, 107 acres to add additional housing; Battle Ground, 80 acres for jobs; and, Washougal, 40 acres for residential use. The cities of Vancouver and Camas are saying that the boundaries adopted in 2007 are sufficient for growth for the next 20 years.

*Alternative #4: (Clark County Citizen United group)*

- In the rural areas – (areas planned for 5, 10 and 20 acres that are not for resources): alternative allows for 1 and 2.5 acre lot minimums. Some areas would be 5-acre minimum.
- In the agriculture zone, it would eliminate the agriculture minimum of 20 and move it down to 10 and 5-acre lot minimums.
- In the forest zones, it would adjust lot minimums down significantly.

These changes would potentially add an additional 8,000 lots, bringing the total rural lots to 17,321.

This would be significant. Concern would be with this many lots in the rural area there is implication for impacting septic systems, groundwater, habitat, etc.

A consultant has been hired out of Seattle (ESA (Environmental Science Associates) to do an environmental review. A draft EIS (supplemental) will come out in September of this year. Once the draft is issued, it will go to a public process for input. He will be happy to return to the PHAC for comment once the draft is issued.

They will do their best to incorporate and address the issues of the Growing Healthier Report in the COMP.

Oliver provided a link to the alternatives – along with the materials being shared at open houses. <http://www.clark.wa.gov/planning/2016update/alternatives.html>

**Comments:**

- Alternative #4 shouldn't even be up for consideration – not feasible. (Paul)
  - Some would disagree. There is concern. The cities aren't in support of it. Public Works is not in support because of the growth and the resulting traffic concerns. Traffic concerns would likely be substantial (72<sup>nd</sup> Avenue; only one major road coming into La Center; implications for the Public Transportation Trust Fund.) (*Oliver*)
- Mark commented on septic systems. Inadvertently, septic systems in the past became a planning tool. Septic systems generally get very fine treatment (through O&M). In many ways, they treat septic just as good as sewer systems. They recharge the water system. Community septic systems were outlawed in the 70s. He's not a fan, unless they are managed by a public utility. However, individual septic systems can be effective on one-acre lots.

- I'm in favor of septic systems because that they recharge the aquifers. In Yacolt, Public Health has had issues because of increased nitrate levels due to density. Some problems but The EIA will take a look at what the potential is in terms of groundwater. *(Alan)*
- Some folks are proposing group B septic systems for one-acre lots. On a 20-acre property divided into one acre lots you wouldn't want to put in 20 systems; instead, a community system would make sense. Then you would have Public Health monitoring those systems. That's something we don't want to have happen. *(Oliver)*
- Is there a component in the alternatives for measuring the impact on law enforcement and fire for services? The city of Battle Ground is about 1.3 officers per 1,000. Vancouver would probably be around 1.5 or 1.6. There is real concern about the number of deputies that would be needed for public safety. *(Roy)*
  - From the public safety aspect, Alternative #1 (no action) would be serve public safety needs. His conversation with the Sheriff is they are aware of Alternative #4, and right now they aren't going to speculate until the council makes their final decision. *(Oliver)*

**(6) COORDINATED PREVENTION GRANT (CPG) BUDGET SUPPORT** *(Alan/Jeff/Chuck Harman)*

- **Information on solid waste enforcement**

Jeff Harbison stated that Public Health receives a grant from the Department of Ecology for solid waste enforcement activities. The grant amounts to \$77,000 per year, and it has about a 25% match, so we add about \$100,000 match from Public Health.

Chuck Harman added that the fund allows Public Health to support of one full-time person to do solid waste enforcement in the county. That includes oversight of 7 active solid waste facilities, 3 post-closure landfill sites, and about 11 other sites that handle other types of waste, which translates to 40 to 50 inspections per year. If we lost that money, we would lose capacity to do the inspections. There is also a lot of complaint responsibilities (illegal dumps, poor waste handling, biomedical waste, etc.). Right now we can respond quickly, but that would definitely change once we lost that capacity.

*Discussion:*

- Where is Public Health in the budget cycle - what is the worst case scenario? *(Joan)*
  - Right now we are in month five of the current biennial budget. Currently we are asking for a letter to the state to preserve these funds at the state level. If there is a slowdown in building that impacts other program revenues, this situation could be impacted sooner. *(Jeff)*
- We are going to prepare a letter for the councilors (BOH) asking them to prepare a letter to the state to preserve the funds, but it would be good to have a support letter from the PHAC asking the Board of Health to write a letter to the state delegation. *(Alan)*
- I think we should take this action – it's a public health issue. *(Joan)*
- It would be very challenging just to keep the facilities operating efficiently and without problems that this position oversees. *(Chuck)*
- Advocating for prevention is hard to sell. *(Joan)*

- Solid waste is an environmental concern that just doesn't generate dollars, but it has to be done. *(Mark)*
- If the council approves a letter, we'll work with Trevor to draft a letter to the BOH.
  - *The Council's consensus is that a letter should be prepared from the Council.*
- We need to make sure the public understands the correlation between investment and value of public health. She would like the PHAC to make this a future part of our work plan. We need to work on a strategic campaign to support prevention efforts. People don't really understand the nominal amount of money contributed toward public health to do basic functions. *(Joan)*
- Right now we are in the midst of a pertussis outbreak. The amount of time, energy, and money is so much greater following through on the disease, and locating and interviewing contacts, and getting prophylaxis to them is huge compared to the cost of vaccinating everybody. *(Alan)*
- What we are talking about here in Clark County is happening at the national level. We need to start a campaign at the grass roots level. *(Adriana)*
- Instead of writing letters to get more money, we're writing just to keep the money we have. *(Jeff)*
- He serves on a statewide work group on foundational public health. We've had flat revenues for the last decade. We're never sure how long the funding we receive will continue. *(Jeff)*
- Do we have data on the cost of treating pertussis? *(Don)*
  - We can put together information on staff activities/cost. *(Alan)*

**(7) PUBLIC COMMENT**

No comments.

**(8) ADJOURN**

The meeting adjourned at 7:50 p.m.