



Public Health
Prevent. Promote. Protect.

Advisory Council

July 21, 2015 meeting notes

- Council:** Bryce Hackett, Bob Richardson, Anna Pendergrass, Stephanie Roise-Yamashita, Alden Roberts, Rhonda Turner, Mark Collier, Paul Childers, Joanne Huffman, Joan Caley, and Greg Noelck.
- Staff:** Janis Koch, Jeff Harbison, Julie Grimm, Roxanne Wolfe, Melanie Payne, Alan Melnick, and Cyndie Meyer.
- Guests:** Erin Mowlds, Washington County Health and Human Services.
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(1) WELCOME/INTRODUCTIONS/APPROVAL OF MEETING NOTES *(Mark)*

Mark opened the meeting in Trevor's absence. It was moved and seconded motion to accept the notes as for the June 2015 meeting as submitted. Motion passed.

(2) COMMUNITY HEALTH IMPROVEMENT PLAN *(Janis)*

PHAB 101:

- The Public Health Accreditation Board's (PHAB) public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders.
- Public health department accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The consultant from Washington The continual development, revision, and distribution of public health standards.
- The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.
- PHAB accreditation will likely impact local public health departments' ability to secure funding.
- CCPH has applied to become accredited by June of 2017, so the work is beginning now.
- In order to apply, we have to have three documents in place:
 1. CHA (Community Needs Assessment): Participate or lead in collaborative process resulting in a comprehensive community health assessment.
 2. Strategic Plan: Although we have a current strategic plan, we anticipate it will be updated for the PHAB application.
 3. CHIP (Community Health Improvement Plan): conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan.

CHIP 101:

Erin Mowlds, coordinator of the Washington County (Oregon) CHIP process, presented for the Council. Their public health advisory council was formed only a year ago – before the CHIP process was conducted.

- They were involved in regional process to develop a health needs assessment, and three committees focused on developing and implementing their work based on the assessment.
- The Healthy Columbia Willamette Community Health Needs Assessment involved four local health departments, two coordinated care organization, and 15 hospitals.
- The process involved:
 1. Identifying and prioritizing community health needs:
 - Community themes & strengths assessment
 - Health status assessment
 - Local community health system & forces of change assessment
 - Community listening sessions
 2. Needs that rose to the top:
 - Access to affordable health care
 - Chronic disease: cancer
 - Chronic disease: nutrition and physical activity
 - Culturally competent data/services
 - Injury
 - Mental health
 - Sexual health
 - Substance abuse
 3. Focus areas prioritized for CHIP areas:
 - Access to affordable health care
 - Chronic disease
 - Nutrition
 - Physical activity
 - Behavioral/mental health
 - Suicide
- *Washington County's CHIP became Live Well Washington County:* their strategic, community-wide, measureable plan to address issues.
- Community partners were identified to work with each priority area.
- The collective impact approach was used to be more effective and strategic in planning and process.
- Access to Integrated Health Care (hospitals and health care systems, CCOs, specific community provider orgs, behavioral health, oral health, county public health and behavioral health partners, and culturally specific CBOs).
- Assure health insurance coverage
 - Connection and utilization of health home
 - Capacity and utilization of integrated behavioral health services
 - Capacity and utilization of integrated oral health services
 - Coordination of mutually reinforcing strategies
- Chronic Disease Prevention: focus on access to healthy food and opportunities for physical activity
 - Nutrition
 - Physical activity
 - Housing
 - Land use and planning
 - Culturally specific CBOs
 - Health care partners
 - CCOs
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- Goals
 - Access to educational programs and resources
 - Incorporating health into community design and policy
 - Promote responsible media reporting and communications
 - Integrate suicide prevention into broad range of programs
 - Support best practice
- Foundational Goals:
 - Health equity
 - Partnerships and collaboration
- PHAC Role:
 - Ongoing monitoring and tracking progress on goals and objectives
 - Provide input on Live Well work plan and new partners to involve
 - Advisory role to the Live Well WC leadership team.
- The driver for this plan is really that funding will be performance focused; not silo funding.
 - Partners are involved in carrying out work plans (their work plans).
 - Erin provides the background support and coordination.

Discussion:

- Are you seeing countywide any economies of alignment? There is a lot of collaboration and alignment going on in the work we're doing here with ACES, Healthy Living Collaborative, etc. *(Joan)*
 - After every meeting there is so much networking people do (e.g., grant funding) They see new partnerships being formed all the time. *(Erin)*
- Maybe we can have Erin back sometime if we get stuck on something. *(Mark)*
- Janis added that Melanie Payne has been very involved in the Healthy Columbia Willamette Collaborative. Currently, Melanie is in the process of updating the 2013 community needs assessment. As we approach this work, Melanie will be coming to this group updating with information.
- When you look through this report, there is a similarity to the Growing Healthier Report. *(Joan)*
 - You may recall, with each area, the PHAC members championed individual areas.
- How do you feel about this work fitting into the council's work over the next year? *(Janis)*
 - Comments were favorable.
- Any conflict with work with ACES? *(Greg)*
 - We need that coordination – especially around ACES *(Janis)*
 - There is some sense in the community that ACES, early learning, etc. is really important work and will be in the top three to four focus areas. *(Joan)*
 - Cyndie is the Chronic Disease Prevention Coordinator who is driving a lot of the health department's work around ACES. *(Janis)*
 - In the next year, we see the focus on the development of the plan/process. *(Janis)*
 - There is so much going on in this community and we should see where the Health Living Collaborative aligns with everything. There is so much overlap. *(Joan)*
 - Council members should think about their role in developing the *Growing Healthier Report* in relation to the CHIP process. *(Alan)*

(3) DEPARTMENT UPDATE *(Alan)*

- **Legislative Update:** The Washington State Legislature concluded their business by June 30 (passing the budget). At the last meeting we mentioned the Coordinated Prevention Grant funding, which supports our solid waste activities. Although the CPG grant was funded at 50%, the allocation strategy was modified so that Clark County faced only a 10% cut which will allow us to continue program activities at virtually the same level.
- **Vaping legislation:** House Bill 2211 did not pass. However, our Board of Health did pass a good ordinance here locally; we're looked as a leader in the state in that regard. Thanks to County members who testified on behalf of the PHAC in favor of the ordinance.
- **Marijuana tax:** The Department of Health will receive about \$9 million in taxes, and local public health is working to receive some of that money for local public health prevention.

(4) EXECUTIVE COMMITTEE *(Mark)*

▪ **Committee Appointments – reminder:**

- Positions with terms ending September 30 include are:
- Consumer of public health services (Joanne Huffman)
- Doctor of veterinary medicine practicing in Clark County (Betsy Brownfield)
- Representative from the Clark County Youth Commission, Clark County Youth House, or a representative of local area high schools or a local area college (Bryce Hackett)
- A representative of Clark County septic designers, contractors, pumpers and operations and maintenance specialists.

If you want to reapply for the position, please send a letter of interest and resume to Julie no later than August 13, 2015.

▪ **Bryce – Recognition:**

- Bryce Hackett became the youth representative on the PHAC just as he was beginning his senior year at Columbia River High School in 2014.
- In his senior year, Bryce took International Baccalaureate courses and other advanced courses at Clark College.
- Bryce is headed to Rice University in Texas to pursue his goal of obtaining a Bachelor of Science in Bioengineering with a minor in global Health Technologies.
- A few examples of Bryce's leadership include: serving as a Commissioner Designate on the Clark County Youth Commission; taking proactive positions by testifying to our local Board of Health and to the state legislature on the harmful effects of e-cigarettes and other electronic vaping devices; mentoring students in the fundamentals of academic success and Olympiad students in preparation for competitive events; and founding the "I Like Pi" tutoring service that supports elementary through high school students.

▪ **Rhonda – Recognition:**

- Rhonda is retiring August 3 after more than 40 years in nursing, 10 of which have been at Salmon Creek hospital.
- She was appointed to the Public Health Advisory Council in June of 2012 as the representative from Legacy Salmon Creek Medical Center.

- Rhonda began her nursing career at Sacred Heart General Hospital in Eugene, Oregon, and just five years later she was asked to be a charge nurse. That offer launched her on a path that eventually led her to her current role as director of surgical and interventional services at Legacy Salmon Creek Medical Center.
- Rhonda is leaving Legacy with a plan in place to build out the hospital's ninth and tenth operating rooms. When the hospital opened in August 2005, staff performed just nine surgical and interventional procedures the first month. During Rhonda's first month on the job in December 2005, surgical teams performed 173 procedures. The medical center now has about 500 surgical and interventional cases per month. In the next year, the two additional operating rooms will be equipped and opened to meet the increasing demand.

(5) PUBLIC COMMENT

No comments.

(6) ADJOURN

The meeting adjourned at 7:40 pm.