



# Advisory Council

## February 18, 2014

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- Council:** Gregory Noelck, Joan Caley, Rhonda Turner, Laurie Lebowsky, Stephanie Roise-Kamashita, Mark Collier, Alden Roberts, Adriana Linares, David Scott, Roy Butler, Betsy Brownfield, Paul Childers, Joanne Huffman
- Staff:** Alan Melnick, Julie Grimm, Tricia Mortell, Janis Koch, Don Strick, Cyndie Meyer, Jeff Harbison, Melanie Payne, Adiba Ali, Pat Shaw
- Guests:** Dr. Clay Mosher, Washington State University; University of Portland nursing students.
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**1. WELCOME/INTRODUCTIONS/APPROVAL OF MEETING NOTES (Laurie)**

The council reviewed the meeting notes from January 21, 2014. Joan moved and Mark seconded motion to accept meeting notes as submitted. No further discussion. The motion passed.

Council members and guests introduced themselves.

**2. DEPARTMENT UPDATE (Alan)**

- **Update on shooting incident:** The incident occurred on February 4 around 4 pm at the Center for Community Health. A woman came up to the fourth floor and shot a VA employee twice in the chest. While it was occurring, no one knew whether it was random or how many shooters were involved. The law enforcement response was incredible, and staff responded appropriately, taking shelter in rooms, shutting doors, turning off lights, and silencing cell phones. There were no other serious injuries other than the one casualty.

The Employee Assistance Program staff was on site the following morning to communicate with employees. The county safety committee is gathering information and working to determine the best ways to improve safety in the building. It's remarkable there were no other injuries with so many tenants and services provided in this building. Law enforcement had many great things to say about staff response, as did staff about the police response.

Tricia added that there is a lot of work to be done down the road, including improved inter-building communication. People were really reaching out to get communication to workers in the field.

*Discussion:*

- At the City of Vancouver, you can't speak to anyone without stopping at the reception desk. Is that a possibility here? (Laurie)
  - The difference is that people are coming here for services. (Alan)

- **Comprehensive Plan Update (Tricia):** Alan and Tricia met with Oliver Orijako a month ago. There is a chapter on countywide land use policies that the county is working on with all jurisdictions. Community Planning makes recommendations to the BOCC, and right now it is in the planning stage.

Tricia added that she hopes Jacqui Kamp and Colete Anderson can come to next month's meeting to provide specifics as well as how the PHAC can have input.

### 3. EXECUTIVE COMMITTEE/MEMBER UPDATE

- With all the bad weather in the country, have there been more deaths occurring (related to climate change)? (Joan)
  - He hasn't been part of those discussions, but getting data this quickly is problematic. There is no specific data available at this time. (Alan)

### 4. OVERARCHING THEME: HOW THE PHAC CAN SUPPORT PUBLIC HEALTH AND COMMUNITY-BASED PROGRAMS TO PREVENT THE NEGATIVE IMPACT OF ACES

- **ACES 101 (Tricia):** The ACE (Adverse Childhood Experiences) study is an ongoing collaborative research project between the Centers for Disease Control and Prevention in Atlanta, Georgia, and Kaiser Permanente in San Diego, California. Over 17,000 Kaiser patients participating in routine health screening volunteered to participate in the study. Data resulting from their participation continues to be analyzed; it reveals staggering proof of the health, social, and economic risks that result from childhood trauma. People participated in the study when they came in for an annual exam which provided the baseline data. At least half the population had at least one ACE score. The ACES survey has focused on growing up with families with domestic violence, substance abuse, mental illness, parental discord, and crime.

In the *Raising of America* video previewed, the council saw a little bit about brain architecture. As a child begins to understand the world, some of the synapses expand and others recede. And, if you are constantly concerned about stress, healthy brain development can be derailed. In a nurturing environment, the child begins to understand the world. In stressed environments, they become less connected to humans and learn to use 'brawn over brains.' What we are trying to figure out is how to tap into some of that in a useful way.

ACES can predict disease. High ACE scores are associated with higher rates of high risk behaviors, which can lead to early death. However, it's been realized that those experiences can be mitigated through systems that promote resilience: capabilities, attachment and belonging, and community, culture and spirituality. A child has attachment not only to a parent, but from others such as a coach, a teacher, a lunch buddy, and others in mentoring programs.

Around the state, communities are seeing changes through leadership, learning, coming together, and focus on the future. Some examples of the public health role(s) include prevention by promotion of healthy pregnancy and birth, investing in and supporting early intervention programs like home visiting that can alter the conditions under which ACEs occur, mitigating impacts, and promoting resilience.

- **Research about the relationship between ACES and youth involvement in the juvenile justice system (Dr. Clay Mosher):**  
Dr. Mosher presented information about the juvenile justice system and how youth are assessed when they find themselves in the courts. In Clark County, they go through an assessment (a positive achievement change tool). The first assessment that was done included about 800 truant kids, and of those, about two-thirds of them had a parent who was incarcerated.

Some of the points he made included:

- We need to think about culturally sensitive programs. In Clark County, we have a growing Latino community on the ACEs radar. Surveys are distributed to people who access the Food Bank. They ask people what ‘amenities’ they have. Only 1/3 of Spanish-speaking people have an automobile, 13% has access to a personal computer, and only 8% have a bank account.
- In comparing ACE scores by category and range,
  - 29% of the kids’ mothers were incarcerated.
  - Almost half of them had four or more ACEs.
  - Women had higher ACE scores in the CDC/Kaiser study as well as the Clark County truant youth study.
  - Almost a third of the girls experienced sexual abuse. About 8% experienced sexual abuse both inside and outside the family.
  - There is more prevalence of ACEs in lower income households.
  - The greater the number of ACEs, the greater the likelihood the kids will be involved in a gang, have lower grades, a higher school dropout rate, and a higher drug use rate.
  - There are ripple effects of the great wave of incarceration.

*Discussion:*

- We need to reframe the statement that these kids are bad. They aren’t, but they need help. (*Joan*)
  - The Juvenile Court has worked to not demonize the kids, but to figure out how to help them. (*Clay*)
  - The start of SELF came out of a discussion from the book by Robin Carr Morse on early brain development. (*Tricia*)
- **Healthy Youth Survey and BRFSS (*Adiba and Melanie*)**
    - The Healthy Youth Survey is a statewide survey administered to 6<sup>th</sup>, 8<sup>th</sup>, 10, and 12<sup>th</sup> graders. In Washington, multiple state agencies have been organizing statewide surveys of youth health behavior since 1988.
    - There are questions that are asked about abuse, but they show up at the end of the survey and can be torn off; some schools choose to automatically do this.
    - The results of the survey are used by schools to:
      - Learn the prevalence of health-related behaviors among students.
      - Understand the school climate.
      - Contribute to the school improvement planning process.
      - Help inform other needs assessments.
      - Help justify new school programs or projects.
      - Assist with evaluating or improving existing school programs or projects.
    - These data have been tracked over 10 years.
    - An example of data: Among 10<sup>th</sup> graders in Washington State, 17% reported they had been physically abused by an adult.
    - The next survey is scheduled for this fall.
  - **ACEs and Resilience (*Melanie*):**
    - There are five categories of household functioning and three categories of abuse.
    - They tend to occur in clusters rather than single experiences.
    - The populations with high ACEs scores have greater odds of having outcomes associated with ACEs?
    - What can be done to break the cycle?
      - Individual resilience question (getting social/emotional needs met).
      - People who you can count on (two or more people for help)

- Community resilience: Do people watch out for children? Do people do favors for one another? Do people reach outside of their social circle to get help for one another? (reflecting community resilience; lower in Clark County).

*Discussion:*

- The people who prepared these data are very excited that our council is taking up this conversation. *(Melanie)*
- We need the community inventory of resources. *(Joan)*
- He would like to see how this all pans out in a graphical representation – is there proof in the resilience efforts in comparison to the high risk behaviors? *(Greg)*
- Does that bring up any questions for additional data you want us to bring back to this group?
  - With ecologic data, we do need to be careful about cause and effect. As we look at these data, we need to look at where we can intervene. *(Alan)*
- One thing that fits into this is hunger. It is something this community is working on – looking at the percentage of schools that provide free and reduced cost meals for kids. *(Joan)*  
(Tricia asked to send out information about how the backpack programs have worked out in schools and what teachers are seeing in their classroom; what parents are seeing with more food added into households.)
- We can start with these maps and dig deeper; good starting point. *(Alan)*
- She likes the language – “looking for bright spots for change”; you’re not casting evil on anyone, but looking for areas to raise questions. *(Joan)*
- Joan (and Public Health staff) will be attending a conference on ACES in Longview (Dr. Anda will be presenting).
- While PHAC is chewing on this over the next few months, we are planning to get this on the Board of Health’s radar screen. Bob Richardson may be able to go to the Board and invite them. *(Alan)*
- Three times as many people who are mentally ill are in jail as are getting mental health services. *(Joan)*

## 5. PUBLIC COMMENT

- Tricia and she are involved in the “Children Can’t Wait” campaign with an upcoming workshop on March 26-27, the purpose of which is to get buy-in on focusing on readiness for kindergarten. This runs parallel to our discussion of ACEs. Tricia is hoping Debbie Ham will have information to share by our May meeting. *(Joan)*
- How are community health surveys organized?
  - The one Adiba spoke about is administered in school. The one Mel talked about is administered to adults. For many years, it was landline administered. That has changed. *(Melanie)*
  - If you google BRFSS and also CDC.gov, you can learn a lot about the different surveillance systems they use. *(Alan)*
  - You can also go to the Census web site which describes how many surveys are taken. *(Adriana)*
- Last month Greg mentioned the FDCARES (creating a non-emergent care system within the first responder system). The system gets people connected to resources without calling 911. He thinks it will be a really positive program for our county.

## 6. MEETING ADJOURNMENT:

The meeting adjourned at 7:55 pm.