



Public Health
Prevent. Promote. Protect.

Advisory Council

February 16, 2016 meeting notes

Council: Amy Bishop-Smith, Joan Caley, Paul Childers, Mark Collier, Remy Eussen, Adrienne Fairbanks, Sandy Mathewson, Greg Noelck, John Roth, Tracy Rude
Staff: Adiba Ali, Lydia Gherman, Jeff Harbison, Janis Koch, Alan Melnick, Don Strick, Roxanne Wolfe

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

Mark opened the meeting and everyone introduced themselves. The council reviewed the meeting notes from January 2016. Joan moved and Sandy seconded motion to approve the meeting notes as submitted.

▪ **John Roth – Intro**

John is a Water Quality Specialist at Clark Public Utilities and has been there since November 2015. Prior to working for Clark Public Utilities, he worked for the City of Washougal for 14 years. John is currently licensed through the State of Washington as a Water Distribution Manager 4, Cross Connection Control Specialist, Basic Treatment Operator and a Level 2 Wastewater Treatment Plant Operator. In addition, John also has a national certification as a Water Distribution Class 3 Professional Operator.

The Flint water crisis was discussed. Flint, Michigan had an older plumbing system with corrosive pipes that leached lead out of the pipes. Consumer pipes coming from the river caused major health issues. Lead stays in the system for a long time and levels of 5 or above severe delays can develop.

(2) **EXECUTIVE COMMITTEE** *(Mark)*

▪ **BOH-PHAC joint meeting in April**

Planning Committee Members will prepare a brief document of our history and the topics that describe what we have accomplished for the April BOH-PHAC Joint meeting. A timeline will be prepared with topics assigned to specific people who will be discussing pieces of what we have done in the past. Sandy, Joan, Paul and Mark have kindly volunteered to be on the Planning Committee.

(3) **DEPARTMENT UPDATE** *(Janis, Jeff, Alan)*

▪ **New accreditation timeline update:**

Chris Goodwin is our new Partnerships Coordinator. Everyone will have a chance to meet him at the March PHAC meeting where he will be introduced. He will be coordinating the CHIP process.

▪ **Budget update:**

Members reviewed the budget for 2017-2018 and discussed revenue along with expenditures. The Administrative services have indirect costs associated with the program. Environmental Public Health also has its own indirect costs. Their last fee increase was in 2012 and although the cost has gone up

adjustments have not been set in place. Public Health is looking at potential EPH fee adjustment to cover the budget needs. In addition, Public Health is looking at replacement fees towards the FMS system.

- Mandated programs include Vital Records, EPH and Communicable Disease.
- Community partner discussions for support of the NFP program. The program saves the community money and is a critical program. Communications include sustainable resources and keeping it in the community. It is an ACEs prevention program aimed at providing services to high risk teenage first time moms.
- Budget review will take place in March to with the Councilors.

▪ **Zika Virus:**

Clark County does not have the mosquito vector that transmits the Zika virus. There have not been any reported cases in the continental United States. It exists in the southeastern part from Mexico south such as Puerto Rico and Brazil. The virus is primarily found in South America. The symptoms in adults are very mild. Four out of five people who get infected are not aware that they are infected with mild symptoms such as fever, rash, pink eye and some joint pain. The primary issue with this virus is for pregnant women who give birth to babies with small heads and neurological problems. There have been some cases that documented the virus was passed through sexual transmission. The recommendation is for women who may potentially be getting pregnant to not travel in those areas or use extra precaution there and when returning home for several days.

▪ **Flu Update:**

Influenza season is here and starting in January we reached the 10% threshold with lab results reflecting that. Hospitals use our surveillance system to decide when they will institute the masking policy. They are requiring those who decline the flu shot to use a mask. It's not too late to get a flu shot if you haven't had one yet. It takes two weeks to build up immunity. The match seems better this year to the one that is circulating.

▪ **Canine Influenza (Adrienne)**

It's very similar to the human influenza where canine get very ill with upper respiratory issues and high fever. The virus mutates and changes from species to species. Florida and Chicago had an outbreak of the H3N2 virus which was mutated by horses and spread to other species. The H2N8 virus is not huge but there is still evidence of it circulating. Neither virus has been detected in Clark County although there are vaccines available for both types of viruses.

(4) BULLYING DATA / NEUROEPIGENETICS OF ACEs (Adiba, Joan)

▪ **Bullying Data:**

Analysis of the report was taken from the Healthy Youth Survey data from 2014. The data reported are taken from 8th and 10th graders from Clark County and are representative of students in these grades. Participation is voluntary, administered by the state and about 6000 students participated in this survey

Statistical Analysis:

▪ **Bullied in Past Month**

- 32% of 8th graders reported being bullied within a month and this is higher than the statewide average.
- 24% of 10th graders reported being bullied within a month and this is similar to the statewide average.

- The Washington State is reporting a higher rate than the national rate is.
- **Bullying & Harassment Trends**
 - The rates for 8th graders have gone up by 4% since 2004.
 - The rates for 10th graders seem to be slightly coming down.
- **Additional Harassment & Bullying Measures**
 - The rates for Harassment due to Perceived Sexual Identity and Harassment due to Race/Ethnicity have declined over the past eight years.
 - Most students are saying that they know how to report bullying and that about half of the school staff tries to stop bullying.
- **Relationship between gender and being bullied at school**
 - Females have higher reports of bullying than males which is consistent with national data with rate being about 4-5% higher.
- **Bullying by Race/Ethnicity**
 - Students of American Indian/Alaska Natives, Blacks, Hispanics, and Native Hawaiian/Pacific Islanders) report significantly lower rates of bullying.
 - Students of Asian/Asian American racial background report rates of bullying similar to students of White racial background.
- **Socioeconomic Factors & Bullying**
 - Students with low maternal education or experiencing food insecurity were more likely to report being bullied at school compared to those with regular education or those who were not experiencing food insecurity.
- **Bullying, Lower Grades, & Depression**
 - Students who were bullied in school were more likely to report lower grades in school and depressive feelings compared to those who were not bullied with significant differences.
 - There are not a lot of researches or evaluated bullying programs although there are policies in place to prevent bullying in school.

Discussion (Sandy)

- Bullying conversations and topics increased the reported bullying. School resources are made available towards prevention of bullying. The survey responses are based on the students' perception of bullying. Furthermore the teachers are not always aware of bullying taking place however there are more security staff monitoring bullying and signs of it.
- Five hand score describe the process of talking to a child who has a high ACEs score. (Fight, Flight or Freeze)
- **Neuroepigenetics of ACEs:**

ACEs is about trauma and what happens to a child with the long term impact on a community. It is a population health issue since that also affects chronic disease. Important to understand the chronic disease link that is associated to ACEs which includes the social determinants such as where we live, how much money our family has, our education status, the kind of care we have during those first few years of life. We stay healthy due to our genetic makeup along with what happens where we live, work and play. A lot of money is spent on acute care along with hospital stay however ACEs is about preventative care. The healthy behavior to our lives is what makes us healthy, how well educated we are, exercise, how much we feel cared for in our lives impacts the overall health. This contributes to half of the reason for being healthy.

YouTube video: The epidemic of chronic disease and understanding epigenetics | Kent Thornburg
<https://www.youtube.com/watch?v=ReCvreRPdeY>

Basic of ACEs

- ACEs is about population health and prevention strategies. It is becoming aware of unhealthy behaviors that attributes to ACEs.
- There are 10 ACEs: **Childhood Abuse** - emotional, physical or sexual, **Childhood Neglect** - emotional or physical, **Growing up with** - domestic violence, substance abuse (alcohol or drugs), mental illness, parental discord and crime.
- Some long term consequences for people who have ACEs are: alcoholism, chronic obstructive pulmonary disease, depression, suicide, intimate partner violence, early initiation of smoking, adolescent pregnancy.
- Resilience is the ability for someone to overcome the adverse experiences and get to a place where they are healthy. Understanding what creates resilience and how that looks is the focal point of ACEs

Everyone is invited to the ACEs meetings that take place every other month. If you are interested in any of the workgroups contact Joan Caley.

(5) PUBLIC COMMENT

No comments.

(6) ADJOURN

The meeting adjourned at 8:05pm.