June 21, 2016  meeting notes

Council:  Steve Becker, Joan Caley, Paul Childers, Mark Collier, Remy Eussen, Adrianne Fairbanks, Bob Richardson, Alden Roberts, Stephanie Roise-Yamashita, Tracy Rude

Staff:  Lydia Gherman, Jeff Harbison, Janis Koch, Alan Melnick, Roxanne Wolfe

Guest:  Chris Goodwin

(1)  WELCOME/INTRODUCTIONS/APPROVAL OF MEETING NOTES (Mark)
Mark opened the meeting and introductions. The council reviewed the meeting notes from May 2016. Joan moved, Paul and Remy seconded motion to approve the meeting notes as submitted.

NOTE: The July meeting has been cancelled and approved by members.

(2)  DEPARTMENT UPDATE (Roxanne & Alan)

  - Status of DES:
    Department of Environmental Service official transition date to Public Health was July 1 however the timeline has been updated and they are now officially part of CCPH. Most of the staff will be moved to CCPH by November.

  - New Positions:
    CCPH has a few new positions; STD Program Coordinator II, Records Program Coordinator I, and Accountant. The STD Program Coordinator II and the Records Program Coordinator I will be project positions through the end of the year.

  - Update on Comprehensive Plan:
    The Comprehensive Plan went through several days of hearings with public testimony. Thereafter, went to the planning commission and finally to the BOCC for a decision. Joan, Paul, Tracy and Mark testified at the public hearing and did a great job.

  - Cowlitz Casino:
    The Cowlitz Tribe engineering company Parametrix presented their plan to the Board. CCPH recommended local data monitoring for the well injection system and the tribe is open to that. A Memorandum of Understanding will be created by staff and presented to the Cowlitz Tribe for agreement on local monitoring data in real time.
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) (Chris)

Clark County Public Health Strategic Plan:
- The purpose of CCPH is your good health. Together, we prevent disease and injury; promote healthier choices; protect food, water and air; and prepare for emergencies. We’re always working for a safer and healthier community. CCPH values prevention and promotion, collaboration, data-driven, science-based services, social justice and diversity, customer service and accountability, skilled, innovative, diverse workforce.
- CCPH Vision: Active, healthy families and people of all ages, abilities, and cultures living, learning, working, and playing in thriving communities.

Initial Planning Phase:
- Chris Goodwin, Community Engagement Coordinator, presented background information on the Community Health Improvement Plan (CHIP).
  - Evidence Based
  - Community Driven
  - Builds on Existing Resources
  - Strengthens Community Partnerships
  - Evaluated Over Time and Adjusted as Needed

- PHAC members collaborated on the initial planning phase.
  - The PHAC, in their capacity as steering committee for the CHIP, has agreed on working definitions for “Health” and “Healthy Community” for the purposes of the CHIP.
  - The list of Priority Health Issues have been reviewed and narrowed down.
  - A list of community stakeholders has been generated.

- Next step:
  - CCPH will contact the community stakeholders for feedback on the specific health issues.
  - After the data is collected and presented, PHAC will help further narrow down 2-3 Priority Health Issues.
    - The CHIP will be structured and implemented around 2-3 Priority Health Issues with involvement from community organizations.

- The Community Health Improvement Plan (CHIP) will help CCPH fulfill the requirements for nationally recognized Public Health Accreditation. This process will help us obtain better funding for solving health issues in our communities.

Discussion:
- How were the Priority Health Issues selected and created? The initial issues were identified in the Healthy Columbia Willamette Collaborative (HCWC), Community Health Needs Assessment (CHNA) AND Healthy People 2020 Health Topics.
- Poverty calculations may be different, how exactly is this data collected? (Tracy Rude)
A: Poverty was not included specifically as a variable for the demographics, but is reflected in other areas, generally manifested by those people who do not have insurance, cannot afford insurance, or who are on Medicaid.

(4) **PUBLIC COMMENT**
No comments.

(5) **ADJOURN**
The meeting adjourned at 7:40pm.