



**Public Health**  
Prevent. Promote. Protect.

# Advisory Council

## June 9<sup>th</sup>, 2020 meeting notes

**Attendees:** John Brooks, Sandy Brown, Joan Caley, Paul Childers, Mark Collier, Remy Eussen, Adrienne Fairbanks, Dave Fuller, Charbonneau Gourde, Katie Huynh, Lawrence Neville, Stephanie Roise-Yamashita, Marla Sanger, Cassandra Sellards-Reck, Aru Undurti

**Absent:** John Roth

**Staff:** Doreen Gunderson, Jeff Harbison, Janis Koch, Michael Kubler, Alan Melnick, Roxanne Wolfe

**Guest:** None

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### (1) WELCOME/APPROVAL OF MEETING NOTES *(Marla Sanger)*

Marla opened with introductions and Dr. Melnick addressed the current horrors taking place in our country by sharing with PHAC the message he had shared with the Department:

The recent unconscionable, senseless, violent death of another black man, George Floyd, at the hands and knees of several police officers unfortunately reminds us that systemic racism and implicit bias continue to threaten the lives and health of individuals and communities of color. It should also remind us that in addition to homicide, systemic racism and implicit bias cause short and long term adverse effects by reducing access to education, employment, safe and affordable housing and healthy food. As a result, communities of color experience completely preventable health disparities, including poorer birth outcomes, a greater burden of chronic disease and shortened life expectancy, and as we are currently witnessing, an increased likelihood of morbidity and mortality from COVID-19. COVID-19 has affected Hispanic/Latinx and African American populations out of proportion to their demographic distribution nationally, statewide and in Clark County.

Our mission, as a public health department, is to protect and improve the health of our communities. If we are to achieve our mission, we must acknowledge racism is a public health threat that we cannot ignore. We must continue to fight injustice and racism in solidarity with communities of color. As we continue to respond to COVID-19, I'm hoping we can have some discussions about how we can recognize, acknowledge and address our own implicit biases, while moving our department forward in addressing the systemic factors that lead to inequities and adverse health outcomes for communities of color in Clark County. In the meantime, I understand that many of us are experiencing a range of overwhelming emotions as we try to process yet another horrific and senseless killing. Please take care of yourselves, and certainly reach out to others if you are struggling while offering help to those around you who might need your help. Continue to practice compassion for yourself and others.

The council reviewed the meeting notes from February 11, 2020. Remy Eussen moved and Joan Caley seconded motion to approve the meeting notes as submitted. All were in favor.

### (2) COMMENTS FROM THE PUBLIC

None

### (3) DEPARTMENT UPDATE

#### ▪ Budget update (*Jeff Harbison*)

○ **2020 County Budget:** Due to the COVID-19 impact on the economy, the County expected a 35% decline in sales tax revenue for March and a 50% decline for April, May and June. The actual decline for March was 16%. The County is awaiting data from April and May before taking action on 2020 budgets or requiring reductions to 2021 budgets.

This expected decline caused the County to ask departments to submit one-time 2%, 3% and 5% reduction packages for 2020. The reduction is only of General Fund support received. For Public Health that is roughly 13.5% of the total budget or \$1,808,386 in County General Fund support. We also have the Solid Waste fund, which is an enterprise fund that does not receive General Fund support.

Public Health's proposal was to utilize Department fund balance to offset any 2020 budget directives around reducing our General Fund support. This proposal appears to have been accepted by the County Manager, budget office and finance team.

The Medical Examiner's Office is almost completely funded by the General Fund; however, our recommendation was to not reduce their budget at all. Their budget needs more support, not less. This proposal appears to have been accepted.

○ **COVID-19 Funding:** Public Health initially received \$1.05M in Federal/State (in almost equal share) revenue awarded by the Department of Health. We also have numerous funding sources in existing Federal grants. Federal granting agencies have given permission for local health jurisdictions to bill COVID-19 response costs against several existing grants that were in place before the pandemic. The state of Washington recently expanded State Foundational Public Health Services (FPHS) revenue to local health jurisdictions to enhance Hepatitis C services; CCPH share is \$116,072 per year. Washington State is allowing utilization of these grant funds for COVID-19 response costs as well.

Clark County's share of Federal CARES Act funding is approximately \$26.8M. Local jurisdictions have until October 31, 2020 to spend this. Public Health's current request of these funds is \$8,492,394; \$5,260,632 of which is the contract with Public Health Institute.

Public Health Finance staff are closely tracking expenditures and accessing all possible funding sources. A comprehensive audit of our usage of all funding sources is expected.

○ **2021 Department Budget:** We are currently in the process of developing the 2021 operating budget. Managers allocate their staffing needs, supplies, services, travel, etc. and then we plug in the revenue. We began with an approximate deficit of \$1.3 million. We have some longer-term COVID-19 grant revenue that should be about \$250,000 per year. The proposed adjustment to our Environmental Public Health fee schedule, if approved by the council, will result in \$484,892 of additional revenue. Enhanced FPHS funding will provide an additional \$116,072 per year. These funds won't fully cover the deficit, so we will be working with the County Manager and County Council on strategies for addressing whatever deficit remains.

○ **EPH Fee Schedule:** Adjustment has not yet been approved by the County Manager and County Council. We will have meetings with the councilors over the next few weeks, conduct a work session with them and then bring forward a resolution later in the year to adopt whatever changes to that schedule they decide.

#### (4) PRESENTATION/COVID-19 UPDATE

- **COVID-19 Response Update** (*Dr. Melnick*)

Clark County is up to 605 positive cases and 28 deaths. Cases peaked in mid-March and began to decrease until two recent outbreaks – Firestone Pacific Foods and Pacific Crest Building Supply. The concern is that as we continue to open up we are likely to see an increase in cases.

- **Recent Outbreaks:**

- **Firestone Pacific Foods:** Public Health was notified of the first case on Saturday, May 16. Firestone agreed to stop production, at Public Health request, on Tuesday, May 19. Public Health worked with Firestone and Labor & Industries to address risk conditions to ensure employees are protected. Public Health worked with Firestone and The Vancouver Clinic to facilitate universal testing of all employees and close contacts, beginning Friday, May 22. 173 people were tested and 132 cases were identified (79 in employees; approximately 40% of employees). Case interviews of employees found 20 people did not have symptoms at the time of their interview with Public Health. Similar data is not yet available for close contacts. These cases may have gone undetected and potentially exposed others without the facility-wide testing. Public Health provided wraparound services (groceries and rental assistance) for individuals in isolation and quarantine.
- **Pacific Crest Building Supply:** Public Health was notified of the first case on Thursday, June 4. Pacific Crest stopped production, at the request of Public Health, on June 4. Public Health worked with Kaiser and The Vancouver Clinic to facilitate testing of all employees. Testing started Friday and continued through the weekend. Public Health is working with Pacific Crest and Labor & Industries to look at their practices to ensure employees are protected. 19 cases have been identified and 44 people have tested negative. Cases have been isolated and close contacts quarantined.

- **Long Term Care Facility Testing:** State Department of Health issued an order requiring testing of all residents and staff at nursing homes by June 12 and assisted living facilities with memory care units by June 26. State health department is providing testing supplies and personal protective equipment directly to the facilities. Facilities send specimens to labs at no cost to the facility as the cost will be covered by: Medicaid, Medicare, and State health department.

- **Public Health Institute (PHI) and Staffing** (*Roxanne Wolfe*)

Public Health signed a contract with nonprofit Public Health Institute (PHI) to fill several positions that will focus primarily on contact notification and interviewing. This will allow current Public Health employees, who have been participating in those roles, to return their focus to their regular job functions. Job postings exist for: contact notifiers, data analysts, epidemiologist, and supervisor positions. 20 PHI staff came onboard last week to help with active monitoring of Firestone cases and contacts. Additional PHI staff should be in place later this week. Public Health posted several supervisory positions including program coordinator and infection prevention practitioner. Interviewing is in progress and they're working with temp agencies to fill case interview positions with nurses. They are committed to hire locally and with bilingual staff when possible. 5 temp nurses were added last week (total of 9 now). Additional nurses are being trained this week. By the end of the month, we should have close to 40 additional staff through PHI to help with COVID-19 response. This structure will be managed under our Communicable Disease department.

▪ **Washington Phased Re-Opening Requirements** (*Dr. Melnick*)

Gov. Inslee announced on Tuesday, May 19 the criteria to allow larger counties to apply for a Phase 2 variance. This requires fewer than 10 cases per 100,000 people in the county over the last 14 days, among other metrics. Public Health completed the variance request application and submitted to state Secretary of Health on Friday, May 22. Secretary Wiesman placed Clark County's variance request on pause, due to the outbreak, on Saturday, May 23. At Secretary Wiesman's request, Public Health provided additional information and data about Firestone outbreak response on Thursday, May 28. Public Health also requested a timeline for moving to Phase 2. On Monday, June 1, Secretary Wiesman requested Public Health submit a new application, using new criteria: fewer than 25 cases per 100,000 people in the county over the last 14 days, hospitalizations that are flat or decreasing, hospital bed capacity (less than 80% of bed occupied and less than 10% occupied by COVID cases), testing capacity and positivity rate (50 times number of cases, positivity less than 2%), how quickly public health follows up with cases and contacts (cases within 24 hours, contacts within 48 hours), staffing for case interviews and contact notification (15 per 100,000 population), number of outbreaks (less than three). Public Health submitted a new application on Tuesday, June 2. Secretary of Health approved the application Friday, June 5. Clark County will remain in Phase 2 for at least three weeks. After three weeks in a phase, counties can apply to move to the next phase.

- **Phase 2:** All businesses must follow industry-specific guidance issued by the governor's office in order to reopen. Phase 2 allows: gatherings of no more than 5 people outside household per week, outdoor recreation with five or fewer people from outside the household (camping, beaches, etc.), religious services indoors at a place of worship with up to 25% capacity or 50 people, whichever is less; provide in-home services or counseling with up to 5 people, strongly encourage high-risk populations to stay home unless participating in permissible Phase 1 or Phase 2 activities, dine-in restaurant service (less than 50% capacity; table size no more than 5; no bar seating), hair and nail salons, barbershops, tattoo shops, remaining manufacturing, additional construction, in-home/domestic services (nannies, housecleaning, etc.), retail (in-store, with restrictions), real estate, professional services/office-based businesses (telecommuting still strongly encouraged), pet grooming, limited small group fitness, drive-in movie theaters, libraries (curbside pick-up).
- **Phase 3:** Gatherings of no more than 50 people, outdoor group recreational sports (fewer than 50 people), recreational facilities - gyms, public pools (less than 50% capacity), restaurants/taverns (less than 75% capacity; table size no more than 10), bar areas in restaurants/taverns (less than 25% capacity), theaters (less than 50% capacity), customer-facing government services (telework strongly encouraged), libraries, museums, all other business activities (except nightclubs and events of more than 50 people), strongly encourage high-risk populations to stay home unless participating in permissible Phase 1, 2 or 3 activities.
- **Phase 4:** Gatherings of more than 50 people, resume all recreational activities, nightclubs, concert venues, large sporting events, high-risk populations can resume public interactions with physical distancing.

**(5) EXECUTIVE COMMITTEE**

- **NEXT MEETING** (*Marla Sanger*)  
**August 11<sup>th</sup>, 2020** (format to be determined)

**(6) ADJOURN**

The meeting adjourned at 7:15pm.