



## BOARD OF HEALTH

The Thurston County Board of Health has responsibility  
and authority for public health in both incorporated  
and unincorporated areas of the County.

### Minutes of December 6, 2011

#### 1) CALL MEETING TO ORDER

**Attendance:** Chair Wolfe, Vice Chair Romero, Commissioner Valenzuela, County Manager Don Krupp, Department Director Sherri McDonald and Clerk of the Board of Health Lydia Hodgkinson.

**Excused absence:** Health Officer Dr. Diana Yu

Chair Wolfe called the meeting to order. Chair Wolfe requested a Regional Health Collaboration update be given at this meeting and placed on all future Board of Health agendas.

- a) **Approval of Board of Health Agenda** – Vice Chair Romero moved to approve the agenda of December 6, 2011. Commissioner Valenzuela seconded the motion. The motion carried.
- b) **Approval of minutes** – Vice Chair Romero moved to approve the Board of Health meeting minutes of June 30, 2011 joint meeting with Mason County, September 13, 2011, September 27, 2011 Public Hearing, October 11, 2011, October 13, 2011 Public Hearing, November 8, 2011 and November 8, 2011 Public Hearing. Commissioner Valenzuela seconded the motion. The motion carried.

#### 2) UPDATE ON CITIZEN ISSUES - none

#### 3) OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD - none

#### 4) ADVERSE CHILDHOOD EXPERIENCES

Deborah Allen, Personal Health Division Program Manager gave a presentation on Adverse Childhood Experiences (ACEs) explaining what ACEs are and how they affect health. The Centers for Disease Control and Prevention (CDC) and Kaiser Health Plan's Department of Preventive Medicine have been studying ACEs for more than a decade. Ms. Allen explained ACEs are stressful childhood experiences such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home. ACEs are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability and premature mortality. They find that ACEs are common, interrelated, and have cumulative impact on childhood development and a variety of health and social problems. These findings call for an integrated approach to intervene early on for children growing up being abused, neglected, witnessing domestic violence, or with substance abusing, mentally ill, or criminal household members. All of these childhood stressors are interrelated and usually co-occur in these homes. Prevention and treatment are needed for multiple persons in affected families. Ms. Allen's presentation provided statistics for the State of Washington and specifically for Thurston County. Thurston County's statistics are based on the Behavioral Risk Factor Surveillance Survey conducted in 2010. Vice Chair Romero questioned if any of the violence noted was related to

watching violence on television or via video games. Ms. Allen stated the information was based on youths experiencing violence between adults in their home. She discussed Thurston County 2010 adults' ACEs scores as compared to other counties' scores in the State. At the request of the Board she will research and provide the Board with additional comparison information. Ms. Allen discussed two local treatment options for individuals with high ACEs scores which are intensive, lengthy and expensive. She also discussed local prevention work such as the Nurse Family Partnership program which promotes healthy parenting and the Girls Circle program which works to improve resilience in adolescent girls. Chair Wolfe noted ACEs have come up in discussion at the Regional Health Collaboration meetings and expressed her appreciation for the informative presentation. The Board Members and Ms. Allen discussed in more detail the nine stressful childhood experiences that ACEs scores are based on. The Board thanked Ms. Allen for the presentation.

## **5) COMMUNITY TRANSFORMATION GRANT UPDATE**

Sherri McDonald gave an update and presentation on the Community Transformation Grant (CTG). The Washington State Department of Health (DOH) has been awarded \$3.2 million (applied for \$5.7 million) from the Department of Health and Human Services (HHS) to implement projects to reduce chronic diseases in 11 Washington Counties: Clark, Cowlitz, Grant, Grays Harbor, Kitsap, Lewis, Skagit, Spokane, Thurston, Whatcom, and Yakima. The grant is designed to support state and community projects proven to reduce chronic diseases in three priority areas: tobacco-free living; active living and healthy eating; and preventive screenings, primarily those that help prevent or control high blood pressure and high cholesterol. The grant is for a 5 year project period but due to budget uncertainty is funded for only one year. There will be five regional "hubs" in Washington State: Thurston (Grays Harbor, Lewis, Mason, Pacific, and Thurston counties), Clark (Clark, Cowlitz, Skamania, and Wahkiakum counties), Whatcom (Clallam, Island, Jefferson, Kitsap, San Juan, Skagit, and Whatcom counties), Grant (Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, Okanogan, Walla Walla, and Yakima counties) and Spokane (Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Stevens, Spokane, and Whitman counties). Ms. McDonald explained Grays Harbor County is the Lead for the Thurston hub. She also stated Tacoma-Pierce County Health Department, Chehalis Tribe, and Sophie Trettevick Indian Health Center (Makah Tribe) were also awarded a Community Transformation Implementation grant. Ms. McDonald discussed and answered the Board Members' questions regarding grant application criteria and awards. Commissioner Valenzuela requested clarification of distribution of funds to all 5 counties in our regional hub. Ms. McDonald will research the dollar amounts and provide information to the Board.

Ms. McDonald described the four CTG strategic directions and requirements: Tobacco-Free Living, Active Living and Healthy Eating, Healthy and Safe Physical Environments and Quality Clinical Preventive Services. She described the CTG Leadership and Regional Coalition structure. The CTG long term objectives area-wide, with a 5 year target, are to improve the following by 5%: changes in weight, proper nutrition, physical activity, tobacco use and emotional well-being. Vice Chair Romero requested clarification of what the 4 priorities are and how they are established within hubs. Ms. McDonald explained the priorities come from DOH and HHS and discussed priority specifics. The pros and cons were discussed regarding all 5 counties in regional hub choosing the same priorities to

work on. Ms. McDonald discussed the development of recruitment tools to promote involvement of the community and other counties in the project.

Chair Wolfe noted the Regional Health Collaboration group will meet again on December 16th at which time she will discuss with the group the priorities of the grant. She also requested a briefing to bring Vice Chair Romero and Commissioner Valenzuela up to speed on the topic.

6) **DIRECTOR'S REPORT** - none

7) **HEALTH OFFICER'S REPORT**

Vice Chair Romero requested information about Google's "Flu Watch". Ms. McDonald stated Google is working directly with the Center for Disease Control and Prevention (CDC) to provide influenza occurrences in the United States. Commissioner Valenzuela requested a brief explanation of what flu actually is. Ms. McDonald explained that influenza (flu) is a respiratory illness and usually does not cause symptoms in the stomach or intestines such as diarrhea. She stated on average in Thurston County 30 people die every year from the flu. She highly recommended everyone in the community get vaccinated.


8) **ADJOURNMENT**

Chair Wolfe adjourned the meeting

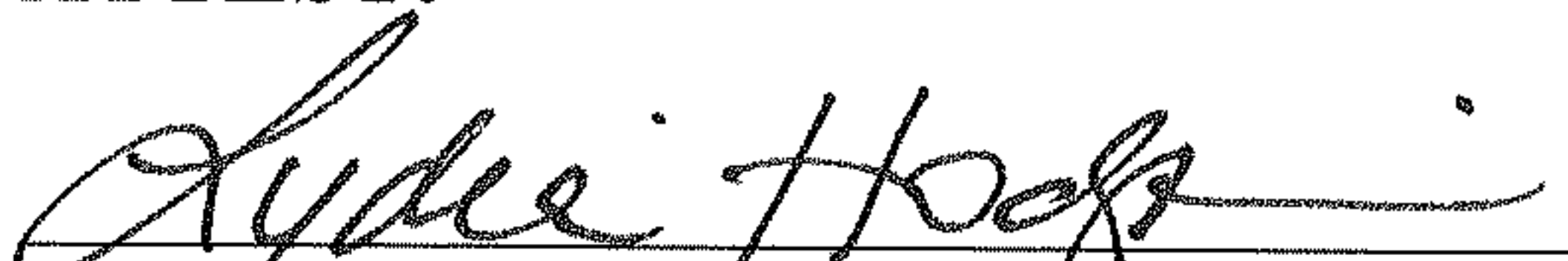
**BOARD OF HEALTH**  
**Thurston County, Washington**

  
CATHY WOLFE, Chair

  
SANDRA ROMERO, Vice Chair

  
KAREN VALENZUELA, Commissioner

ATTEST:

  
Lydia Hodgkinson, Clerk of the Board

Date: January 10, 2012