# BENZIE-LEELANAU DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH MEETING

Thursday, March 23, 2017 4:00 p.m.
Benzie Community Resource Center, Conference Room B
6051 Frankfort Highway
Benzonia, Mi 49616

Call to Order at 4:01 pm by Chairperson Lautner

### Roll Call

Melinda Lautner Chairperson, Leelanau County Board of Commissioners - present Roger Griner, Benzie Board of Commissioners - present Casey Noonan, Leelanau Board of Commissioners - present Carolyn Rentenbach, Leelanau County Member at Large - present Dr. George Ryckman, Benzie County Member at Large - present Gary Sauer, Benzie County Board of Commissioners - present

Public in attendance - Mr. Jim Lautner

# Pledge of Allegiance

## Approval of Minutes:

**Motion** by Rentenbach to approve the minutes of the regular Board Health Meeting of January 26, 2017 as presented. Seconded by Griner.

Voice vote. yea:

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nay: 0 Motion carried.

# Approval of the Agenda

Motion by Sauer to approve the agenda as presented, seconded by Griner.

Voice vote. yea:

nay: 0 Motion carried.

#### Public Comment Period

No comments.

## Audit Report Presentation:

Ken Talsma from Anderson, Tackman and Company presented the 2016 audit. Again, this year the Department received the best – "unmodified opinion" – everything has been done as it should be. Highlights included; second year pension liability; graphs on revenues and expenditures for the last five year (not showing the County appropriations, only showing operating source of revenues); fund

balance of the last five years; revenues comparison; expenditures comparison. Over all things look pretty good again this year. The pension liability increase is due to the market doing poorly. In order to stay compliant, he encouraged the Department to keep up with the rule changes for the Single Audit Act.

**Motion** to accept the audit as presented by Rentenbach, seconded by Sauer. Voice vote: yea 6 nay: 0 Motion carried.

# Health Officer Update - Lisa Peacock

Northern Michigan Public Health Alliance Update: *The Alliance is composed of six local health departments that work together across a 25-county region to increase public health capacity, maximize resources, reduce duplication, and improve health status. It focuses on uniform planning, legislative advocacy, workforce development, coordinated technology and marketing/communications.* 

## Engaging and Educating Policy-Makers Work Group

The Alliance received a cross jurisdictional sharing grant from Michigan Department of Health and Human Services that includes development of a Legislative Advocacy Plan (among other things). Its purpose is to align responses to proposed legislation and State budget planning and provide unified communications to enhance public health through collective and unified advocacy. Priorities for 2017 are:

- Public health infrastructure
- 50/50 cost sharing for mandated public health services
- Strong immunization requirements, including universal access
- Maternal and child health initiatives
- Chronic disease prevention initiatives
- Access to healthcare, especially by assuring residents are enrolled in health insurance
- Support for the Affordable Care Act's Public Health & Prevention Fund

Recently, a grant was submitted by the Health Department of Northwest Michigan on behalf of the Alliance partners for the purpose of increasing Family Planning/STD services outreach through further development of the beforeplay.org website, implementation of a condom distribution program, and coordination with the Medicaid Health Plans.

Hand out from the Northern Michigan Public Health Alliance Legislative Contacts (see attached)

#### Public Health & Prevention Fund Resolution & Letter - Action

Affordable Care Act (ACA)/Prevention and Public Health Fund: While repeal and replacement is being discussed and considered there are a number of facts that are relevant to our district and a number of advocacy efforts underway. The obvious concern is the number of residents of our district that have been enrolled in insurance plans that would lose their coverage if the Healthy Michigan Plan and/or the Marketplace plans were repealed. This high level of coverage has an important positive impact on the health of our community and has decreased the level of hospital uncompensated care costs by greater than 40%. Equally as concerning is that repeal would also include elimination of the Prevention and Public Health Fund which would result in the elimination of funding for many public health services including elimination of funding for over 49% of the vaccines provided in our country and would greatly decrease funding for other crucial activities such as cancer screening and lab testing for communicable diseases. These are basic functions of public health which have been funded since

the early 1980's. A series of education and advocacy efforts are happening to educate and inform legislators about this consequence which may not be clear to them. These efforts include letters, phone calls, and board resolutions passed in support of maintaining this funding. Please see the attached description of the public health programs that would be impacted by this change as well as a draft resolution you may choose to adopt (requesting action) and a draft letter to U.S. Congressman Bergman outlining these concerns should you choose to sign it (requesting action). Peacock stressed that this letter is not intended to define what a replacement should be, only to bring information, for the purpose of understanding that some of the monies for Public Health is tied up in the ACA. Further explaining unfunded Public Health mandated services.

Motion by Rentenbach to send letter to Senator Bergman, seconded by Sauer.

Discussion: motion only to send the letter; suggestions for changing the letter; if ACA were totally repealed and the funding totally gone, it would have a significant impact on local Public Health operations

Voice vote: yea 1

nay: 5 Motion failed

Motion by Sauer to bring up this letter again at the May meeting, seconded by Griner.

Voice vote: yea 6

nay: 0

Motion carried.

# State Innovation Model (SIM)

Northern Michigan Community Health Innovation Region

The NMCHIR is one of five community health innovation regions in the State Innovation Model (SIM) Project, funded with a major grant from the US Centers for Medicare and Medicaid to achieve the "Triple Aim": better care at reduced cost with greater patient satisfaction. The NMCHIR is governed by a cross-sector Steering Committee that embraces a collective impact approach across a 10-county region (Prosperity Region 2).

# NMCHIR Local Operations Plan

The primary activities within the NMCHIR are related to finalizing a Local Operations Plan focused on reducing hospital Emergency Department utilization, due to the SIM Team on April 3, 2017. In addition to detailing the governance structure and infrastructure support, it describes—

- Clinical-community linkages model that blends the best features from three models
- Community health needs assessment, including a thorough assessment of the reasons why residents use the Emergency Department inappropriately and resource database and asset maps
- Community health improvement plan that addresses the root causes of inappropriate Emergency Department visits with evidence-based interventions

April -Aug 1<sup>st</sup> is the planning period. August 1<sup>st</sup> is planned for being up and operational.

#### Benzie Resource Center:

Construction in the lower level and the dental area is complete. Dental services have become fully available. The EH and Admin staff are moved in and functioning in their new space. Lower level meeting rooms are back in active use. The front desk/reception/clinical space is complete, as well as the lobby. The integration team is also working hard on clinic flow improvements that reduce congestion at the front desk. Completely separate from the construction project is repair work that occurred in response to a leaking bathroom fixture in the upstairs men's restroom which is also now complete.

## Personnel and Finance Committee Report

#### Accounts Payable

**Motion** by Sauer to pay the bills in the amount of \$219,510.08, seconded by Rentenbach. Voice vote: yeas 6 nay: 0 Motion carried.

## February 2017 Financial Statements

**Motion** by Rentenbach to place the February 2017 Financial Statement on file, seconded by Sauer. Voice vote: yeas 6 nay: 0 Motion carried.

## Reduction of Temporary Food License Fee - Low Risk Foods

Tom Fountain reported that Michigan's Food Law is often updated which allows local health departments across the state to implement/ change certain procedures to conduct business. One recent update deals with temporary food service events serving low risk foods. Michigan's Food Law, Act No. 142 P.A. 2015, 1109(L), 3115 (3-4) (attached) defines low risk foods and allows temporary food service events serving low risk foods to receive a consultation instead of an on-site evaluation.

Consultation at the Health Department prior to the event allows the operator (person in charge) to be educated and the proposed operations reviewed in detail. A health risk assessment is conducted by the Sanitarian and allows the temporary food service license to be issued at that time. No field inspection would be mandated during the food service event but is optional at the discretion of the Health Department.

This policy is designed to save the Benzie-Leelanau District Health Department time, staff availability, financial resources, pass savings onto the food service license applicant and at no time increase risk to the public. A reduced food service license fee will be established and adjusted each year similar to the departments existing procedures. \*(For the remainder of FY 2017 a reduced fee of \$50.00 and \$30.00 (non-profit) is proposed.)

Following is a list of some low risk foods commonly licensed by the Department:

- Popcorn
- Pretzels
- Nuts
- Lemonade
- Cotton candy
- Deep fried vegetables
- Precooked hot dogs and brats

The applicant must allow a minimum of 5 working days in advance of the event to arrange the office consultation with the Sanitarian or be subject to a late fee. All fees shall be paid in full at the time off consultation and license issuance.

**Motion** by Griner to reduce the Temp Food License fee for low risk foods effective April 1<sup>st</sup>, 2017, seconded by Rentenbach.

Voice vote: yeas 6

nay: 0 Motion carried

# Increase in Water Test Lab Fees for EH Well & Evaluation Permits

Tom Fountain reported a recent fee increase from our water lab vendor, SOS Analytical will result in a loss of revenue for the remainder of Fiscal Year 2017. Coliform bacteria and Nitrate testing has risen from \$30.00 to \$40.00 and initial follow-up Coliform tests will no longer be at no charge but rather \$20.00.

This increase will affect revenue from our Point of Sale inspection program and Well Permit program as water sample analysis is mandated in each of these Health Department functions. Approximately 20% of samples fail the initial bacterial test and require additional samples. To offset the expected loss of revenue the following fee adjustments are proposed.

- Increase all well permit fees \$15.00.
- Increase Point of Sale fees (with wells) \$15.00.

**Motion** by Rentenbach to raise fees for EH well permits by \$15 and POS water sample fees \$15 effective April 1<sup>st</sup>, seconded by Noonan.

Voice vote: yea 6

nay: 0

Motion carried.

# 2017 Immunization Fees (see attached schedule)

Michelle Klein reviewed the purchase price/fee per dose/admin fee ratio. Some vaccine purchase prices did increase. Klein requests Board to adopt new fee schedule.

**Motion** by Rentenbach to adopt the new fee schedule effective April 1<sup>st</sup>, 2017, seconded by Noonan.

Voice vote: yea 6

nay: 0

Motion carried.

#### Approval for Out-of-State Travel

Klein requested Travel/Lodging/Food/Registration for one individual to attend the NACHO Emergency Preparedness Summit in Atlanta, Georgia at the end of April.

**Motion** by Sauer to approve out of state travel not to exceed \$2500. Seconded by Rentenbach. There was a request by Ryckman that the individual who attends the Summit return to the Board with one thought or idea they learned that we can implement or improve the process of the things we do here.

Voice vote: yea 6

nay: 0

Motion carried.

#### Staff Reports

#### Administrative - Dodie Putney

The new personnel policy draft has been given to the Employee Committee and the Board of Health Personnel and Finance Committee for review.

Perspective buyer for the Leelanau Building - There is a serious perspective buyer in the Building. It is very early in the process and it is not known if the Health Department would continue on as renter. There has been communication with the Northern Health Foundation and the realtor.

#### Environmental Health Director - Tom Fountain

Fountain updated the Board regarding Bahia Vista Site Condominiums. Due to the complexity of the situation the Department has retained out legal advisor James Young. The department wants to make sure the master deed requirements are met by the developer.

Fountain reported he attended a workshop at the Leelanau Conservancy with other regional stakeholders regarding water quality and water protection. We are in the water business and it is important to collaborate with other groups with the same goals. Fountain commented on the two water quality stories in the latest Leelanau Enterprise.

#### Personal Health - Michelle Klein

Vaccines are one of the greatest success stories in public health. Through the use of vaccines, we have eradicated smallpox and nearly eliminated wild polio virus. The number of people who experience devastating effects or preventable infectious diseases like measles, diphtheria, and whooping cough is at an all-time low.

Immunizations at the Health Department

Immunizations are integrated into all services provided at the Benzie-Leelanau District Health Department. The Michigan Care Improvement Registry (MCIR) is Michigan's statewide electronic immunization record. MCIR records are reviewed for every client, and vaccines provided as needed.

The health department participates in and coordinates the Michigan Vaccines For Children Program (VFC). Through federal and state funding, the VFC program provides vaccine at no charge for children under age 19 who are uninsured, Native American, or on Medicaid. This program also provides select vaccines for uninsured high risk adults. In 2016, the health department began billing private insurance and therefore is now able to provide all vaccines to both insured and uninsured children and adults.

Vaccines administered in 2016: 828 doses of VFC vaccines

306 doses of private pay/insured vaccine

1134 Total doses of vaccine

Michigan ranks 44<sup>th</sup> out of 50 states for immunization coverage, in part due to a large number of parents who opt out or "waive" immunizations. Within the state of Michigan, Leelanau County has a relatively high rate of immunization waivers, although this number is improving. A few years ago, Leelanau County had the highest percentage of immunization waivers in the state, currently this county is ranked 79 out of 84 counties.

The Michigan Department of Health and Human Services (MDHHS) provides a quarterly "Immunization Report Card" with detailed information about the immunization status of residents in each county.

Percent Vaccinated with all recommended vaccines (see attachment)

The Health Department, Immunizations, and the Community
Schools: The Health Department provides vaccine support services to schools and health
care providers. Schools are required to report the immunization status of students in
November and February, with an expectation that by February 95% of their students will

be fully vaccinated or have a valid immunization waiver on file. The health department assists all our schools to ensure compliance.

Private Providers: Through annual site visits, individualized training, monitoring of VFC vaccine program requirements, and sharing immunization rate information, the health department provides substantial support to local health care providers to ensure that vaccines are stored, administered, and documented correctly and that all VFC requirements are met.

Reminder/Recall: Every month the health department sends letters or makes phone calls to families of children who are overdue for receiving vaccines. A recall of 20 month olds is conducted monthly, and a recall of 24-36 month olds and adolescents is conducted quarterly.

#### Other Immunization Activities

Currently the health department is participating in a regional 31 county grant to work toward improving our immunization rates. There are several components to this grant:

- School Based Immunization Clinics: Immunization clinics were conducted at Glen
  Lake School and Benzie Central High School last fall. This coming summer, the
  health department will partner with NMHSI to offer immunizations in conjunction
  with sports physicals.
- Promotion of adolescent vaccines through a "Protect me with Three" campaign (Tdap, Meningococcal, and HPV) and an HPV Sweepstakes.
- Provider Support: Education and updates through webinars and newsletters
- Reminder-Recall: Partnering with physician's offices to send immunization reminders to patients through a centralized system.

Klein has contacted the Career Tech Center in Traverse City – The Art Class/Department is developing a new logo for the Health Department.

Medical Director - Dr. Joshua Meyerson – not in attendance (medical leave)

Peacock shared Dr. Meyerson has been nominated and received a prestigious award from the MDHHS, as part of the Hometown Hero Project, recognizing someone for excellence in Public Health leadership - the award will be presented on April 19, 2017 in Lansing.

Public comment - none

Board Comments - none

Adjourned

The meeting was adjourned by Chairperson Lautner at 5:46 p.m.

Melinda Lautner, Chair

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Kristine Malkowski, Recording Secretary