

Board of Health Meeting Minutes

May 17, 2004

ATTENDANCE

Board of Health

Larry Anderson
Jean Cook-Hughes
Byron McDonald
Ben Miller
Jeffrey Mitchell
George Perrett

Health Department

Kathy Ferguson
Greg Harrington
Heidi Oberlin
Brigette Reichenbaugh

Calhoun County

Greg Purcell

Other

Harry Bonner, Minority Program Services
Brenda Hunt, President, Battle Creek Community Foundation

The meeting was called to order at 8:00 a.m. by Larry Anderson. The following three items were added to the agenda:

- Medical Director's Report
- Leave of absence for nutritionist
- Agreement for interim nurse practitioner

Motion to approve the agenda: Jean moved. Jeff supported.

Larry motioned for approval of the April 19, 2004 meeting minutes. Jean moved. George supported.

FINANCIAL REPORT

Kathy summarized the financial report. Currently, the reports indicate a net loss of approximately \$115,000. We are expecting funds from FIA of approximately \$87,000. Funds from Baldwin Schools were received the first week in May of approximately \$67,000. We requested \$31,000 from the State WIC program and approximately \$1,200 for the Breast and Cervical Cancer Control Program (BCCCP). The BCCCP funds require approval by the State and will require a budget adjustment/amendment to the contract. Budget adjustments will be presented at the June Board of Health meeting. At that time, we will present the adjusted budget to the Board of Commissioners. A Board member inquired about the overtime figure. Heidi stated that the

overtime is related primarily to two employees, due to the inability to fill nurse positions. All school nurse positions were filled since mid-March and the vacant part-time nurse position in the Nursing Clinic will be filled within a week or 2.

MEDICAL DIRECTOR REPORT

Dr. Greg Harrington updated the Board on several medical issues:

- 1) A communication will be sent to the jail physician regarding follow-up of positive Tuberculosis skin tests to ensure that there is appropriate follow up.
- 2) The Student Health Center State Review. The State of Michigan audited the Student Health Center. The program was received very positively. Other than a few suggestions, we passed with flying colors.
- 3) Chicken Pox within grade schools in Calhoun County. We saw a lot of chicken pox rash issues in the grade schools. It seems to be partially due to the vaccine-induced virus.

In regards to the TB, Greg Purcell will follow-up on the jail's response as needed. The problem is that for those inmates who do not stay in the jail, we have no control of the patient taking their medication. Greg P. asked for a copy of the letter sent to the Sheriff.

ENVIRONMENTAL HEALTH REPORT

Ted sent out notices of the Public Hearing for the revisions to the sanitation code. The public hearings will occur on May 19, 20, and 26, 2004. The formal hearing will be held on Monday, June 21, 2004 at the Board of Health meeting.

MINORITY HEALTH PARTNERSHIP REPORT

Larry introduced Brenda Hunt, President of the Battle Creek Community Foundation (BCCF). Per Greg Purcell's suggestion, Heidi invited Harry Bonner and Brenda Hunt to discuss the Minority Health Partnership (MHP) transition from the BCCF to the Health Department.

Brenda stated that the Health Department (HD) is one of the BCCF's top three partners. The BCCF is trying to locate the best place to transition the MHP within Calhoun County. The transition, along with the program itself, includes two employees. If, once the transition occurs, the HD does not have a full-time position available for one of the two employees, the BCCF offered her a full-time position. Due to a 20% markup in salaries for those two individuals (Employment Group employees), program ups and downs, and a change in two BCCF officers, including the finance officer, Brenda stated that obtaining staff figures is quite difficult. Brenda stated that the HD currently is very organized with their budget numbers, however, in the past, the HD was not completely trusted with budget numbers and operations. That is one reason the MHP was placed within the BCCF.

Mac stated that previously the HD obtained \$50,000 to start the program.

Brenda stated that the BCCF did not start the program, but they did take it over. Last time they discussed the merger, the previous Health Officer could not account for \$13,000 of BCCF funds, evidently used elsewhere.

Harry stated that the MHP was created from the Healthy People 2000 initiative. Harry feels that the reason the MHP should be put back into the Health arena is because of the MHP's mission, that's essentially a public health mission. The reason why it wasn't originally operated through the HD was due to leadership having challenges in how to institutionalize it in the HD. The

bottom line was the leadership at that time was unable to make recommendations to the BOH and the BOC. The HD didn't want to have ownership with it. Because of the dedication of the BCCF and the W.K. Kellogg Foundation (WKKF), the MHP was kept alive. Numerous meetings were conducted to discuss how to run it. There is no issue of resources but the HD leadership was previously not capable of operating the MHP.

Larry stated that going back to those days of the RHA, the HD was insular in terms of public health planning. We didn't get that involved in the community and the communitywide/countywide planning that has significantly changed within the most recent years.

Harry: Even though the HD was present, they were never considered the leader of the discussion. They didn't want that role, but it was still a public health initiative as it is now. The Healthy People 2000 issue was out there, but the HD never pursued the issue. What is the HD's role in the MHP? It isn't the role of the BCCF; the BCCF is to fund programs and donate to other organizations. The HD is directly involved in communitywide health and public health issues.

George: When we allotted the \$50,000 we felt the MHP was a public health issue. \$50,000 was viewed as seed money, not operational money. There was a great amount of thought put into the MHP as a public health concern and should receive top priority. Have other organizations expressed an interest in running the MHP?

Brenda stated that yes, at one time, other organizations outside Calhoun County have. At one time, Legacy Enterprises expressed an interest. Brenda stated that they spent about eight months in negotiations with Legacy and turned the offer down.

George: Because it is a public health priority, we cannot isolate those health issues to people of color (e.g., diabetes, heart, etc.). George feels that it is part of our commitment to assume and mantle the transition of this program. He feels the BOH has not identified with the health priorities related to people of color and feels that it's time the BOH assumes the mantle of leadership with this program.

Mac asked about the BCCF's relationship with the MHP. Brenda stated that the BCCF tries to make it look like it's the MHP, not a program within the BCCF. Also, the concept was that the BCCF and HD were sharing an employee with RHA that provided a link with the MHP.

Ben: Certainly appreciates the historical background on the MHP. Ben is considering the potential costs into the future and frankly the timeline is far too quick.

Heidi: What we are proposing to do is to present a contract in June to redefine the relationship with the BCCF in regards to the MHP.

Brenda asked Ben if it would help if the BCCF wrote a letter, after the numbers are presented, that the BCCF will provide support to the HD for the MHP.

Ben: Appreciates that we are easing into it, but there is no guarantee that in four years the County will be able to support the program.

George: In terms of policy issue, concern and review is strictly limited to budget. Policy concern is by your exercise of this discretion related to this Board. If the BCCF is helping us fund the program, he feels the funding is not going to change. In that case, we are forced to look at other means of funding the program, in part by a commitment by the BCCF, reorganization of funds here so there are dollars committed to they MHP. It is a public health issue and it ranks high, or at least should, with this Health Department. If we have a community partner that will help bank roll this program, then we should do it.

Mac: Very supportive of George's comments and that the MHP should be within the HD.

Jean: Glad to hear the history. Agree with George entirely that this is where the program should be. She also agrees with Ben that we should see all the commitment we can get. Things do change, but let's at least get it where it should be and face the rest of it when the time comes. You can't make anything forever, there is nothing for sure. Let's get as much commitment from the Foundation and other organizations.

Harry stated that he left the Board to work with minority health issues and policy at the State, where there was little effort in these areas. The Minority Health has been set as a priority for the year. Agrees with Jean also, but as a Board the responsibility of figuring it out is why the Board members are on the Health Board. All health issues are the responsibility of the BOH. If money and funding is not the issue, then what is the issue?

Ben: There is no argument with the issue and a focus or portion of the HD/public health within the county. The fundamental problem is that there is a lot of talk that money is not a problem. He sees no long-term cost in the information presented.

Brenda asked how long he would like funds projected.

Greg P. answered: four years.

Brenda stated that if it will become a problem or large political issue, they will pull it because of staff issues and commitments. Brenda stated that we need to get the discussion/transition in progress. They are holding up staff members, advisory Board structure, etc.

Greg P. stated that there are four issues:

1. Government Structure – who's the government body (Brenda answered that it will be restructured once it gets to the HD, currently on hold). Greg stated that we need the structure set before it comes to the HD.
2. Timing issue.
3. Budget.
4. Need to deal with the Union issue in terms of these positions.

Jeff would also like to see how it fits into the strategic plan of the health department.

Jean: Is the four years negotiable.

Brenda: The BCCF has a \$500,000 commitment from the hospital. There is no way the BCCF can let a program that deals with health disparities go. Health disparities will not go away in four years, we would be hard-pressed not support this program.

Mac moved and Jean supported the concept that the MHP be moved under the HD.

Brenda stated that when she writes the letter it will be a commitment from the BCCF not her personally.

Kathy: There is \$50,500 that we will be receiving, passing through to the BCCF for this FY.

All in favor. Passed unanimously.

RESOLUTIONS

Resolution 11-2004: Leave of absence from a nutritionist, Barbara Clute, WIC. This is a win win situation. Greg moved. Ben supported. Currently is a part-time position, but once she returns and with the state increase, it will become a fulltime position.

Resolution 12-2004: Family Planning/BCCCP physician agreement. Staff member has requested to take leave to take care of terminally ill family member. Ben moved and George supported pending Nancy Mullet's review.

OTHER

A Nursing Clinic of Battle Creek meeting is scheduled for tomorrow to clarify the role between the BOH, the advisory group, and the fundraising committee. Larry, Heidi, Dr. Phil Ptacin, Dr. John Collins, John Harper, and Betty and Chris Christ will attend.

We will be working very closely with Nancy Mullett on BOH bylaws, NCBC advisory council, and MHP. Fortunately we didn't rush into the formation of a NCBC advisory council too quickly because of NCBC federal recommendations.

George asked if Nancy Mullett is still looking at bylaws and is she to develop a draft for BOH review? If we could also set these policy statements for review, discuss and review one policy review per meeting.

Larry: we will develop a calendar to address the schedule and are working with Erv to bring back policies to the Board.

George suggested that at least two Board members review a policy each month and report suggestion at the next meeting.

Greg P. updated the BOH on the County building in Albion. The FIA will be presenting at the next BOC meeting on the decision to relocate FIA staff to the Toeller Building. They are expected to save approx \$100,000 in building and security. The county will have a building that will be significantly underutilized and needs to evaluate its use.

The meeting was adjourned at 9:35 a.m.