

CALHOUN COUNTY BOARD OF HEALTH MEETING
190 East Michigan Avenue, Suite A-100, Battle Creek, MI 49014
July 19, 2004

MEETING MINUTES

ATTENDEES

Board of Health

Larry Anderson
Jean Cook-Hughes
Ben Miller
Jeff Mitchell
George Perrett
Ken Ponds

Health Department

Heidi Oberlin
William Burton
Kathy Ferguson
Brigette Reichenbaugh
Michele Thomas
Dr. Harrington

Calhoun County

Greg Purcell
Jim Latham
Nancy Mullett

Larry called the meeting was called to order at 8:02 a.m. beginning with approval of the agenda. All in favor, passed.

Larry asked for approval of the June 2004 meeting minutes. All in favor. Passed

RESOLUTIONS

- Resolution 19-2004 Approval of Agreement with Joyce Brown, Ph.D. (Organizational Development Solutions) to Conduct an Ongoing Evaluation of CareSource; George moved. Jeff supported. Jean asked William about the focus group stipends. William clarified that small stipends could be meals or small fees, for example. Resolution passed, 6-0.
- Resolution 20-2004 Approve Vaccine Fees for PPV23 (pneumonia) and Meningococcal Vaccines; Ben moved. Jeff seconded. Jean asked how often the vaccines should be given. Michele answered that the pneumonia vaccine is issued to individuals over 65 once in a lifetime. If the individual is younger than 65 when they receive their first vaccine, they will get it then and again at age 65. The majority of individuals who receive this vaccine are age 50 and over with chronic conditions. George asked about the minimal impact on the budget, specifically the \$10 administrative fee. Kathy answered that it covers the staff and administration costs. Nancy answered that according to the law, the \$10 fee must be equal or less than cost + labor. Therefore, we can't provide vaccine for a profit. George suggested that anytime we administer these vaccines, we need to do a great job of analyzing our labor costs. He feels that in the past we have undercharged our labor costs. We can't afford to do this any longer. Let's look closely at whether or not we are covering our costs. Kathy indicated that we are not the only organization offering this vaccine in the county. George stated if Lifespan is also offering the vaccine, and are costs are lower than ours, we need to be careful to not make a profit but at the same time, cover our costs and charge a competitive price. Larry asked if this vaccine covers all forms. Michele answered that it does not cover all forms of pneumonia, but the majority. Resolution passed, 6-0.
- Resolution 21-2004 Approve Vaccine Fees for the Student Health Center at Battle Creek Central High School. Heidi stated that this resolution is related to the need to provide these vaccines to all families if they are willing and able to pay for it. Typically we provided to only lower income students at no charge for the vaccine through the Vaccine for Children (VFC) program. George asked if we have a demand for this. Does our data suggest that the product we purchase is all going to be used? Is anyone else providing this besides the HD?

Yes, in the private sector and Family Health Center. George is concerned about the demand for this service. Although we are ensuring that our marginal costs are covered, he is concerned that if we don't sell all the vaccine we will lose money. Heidi stated that previously we referred students who could pay to private providers; however, the funder stated that this is a required service during the recent SHC audit. In order to provide primary care, as required by the funding, we can't parcel out specific services. Michele stated that varicella vaccine will only be ordered one at a time when in need. For the PPV23 there is no threat of going over. Resolution passed, 6-0.

- Resolution 22-2004 Approve TB Test Fee Increase. Kathy stated that, again, our administrative fee is \$10, and as we compared fees with surrounding counties, they also charge \$10. Jeff stated that if we are testing individuals for private corporations (profit), can we charge those individuals what our actual costs are? George stated that we have a public health concern to provide services for those who can't afford it, however, for those who can afford to pay, profit corporations, they should pay. The HD should not make a profit, however, we should not lose money on our services. We should not be charging substantially below our costs when those individuals can afford it, e.g., for profit companies. When calculating administrative fees, we include all direct and indirect costs. Heidi stated that when a person is a contact to the disease, the tests are free, through the Communicable Disease program. Resolution passed, 6-0.

MEDICAL DIRECTOR'S REPORT

Dr. Harrington reported on the jail. It was determined that things are in order as to Health Department procedures, summarizing that the jail's physician is more conservative in the approach to TB treatment, but that it's within acceptable limits.

The West Nile Virus (WNV) remains a health concern. EH is doing a wonderful job monitoring for WNV. There are no active cases at this time.

George asked about those individuals that are testing positive for TB. The majority of those cases are expatriates. When an active case is found, if the person can't afford the medication, we intervene. If they have insurance, they will seek care from their individual physician. The Health Department monitors cases that are not seen directly here. If the INS patients are at the jail, costs are recovered. The jail bed and CMS contracts do cover the majority of our costs for positive TB cases and their treatment.

FINANCE REPORT

Kathy updated and reviewed the Board on the June financial statements. There may be additional small adjustments (e.g., dental and health insurance); however, everything is as expected. Ben asked about the revenues, such as water tests, and influenza, how are we bringing in so many dollars? In terms of influenza, is there a net increase in revenue, when considering the increase in the expense line? Kathy responded that as far as water tests re concerned, when we changed how we charge EH fees this also changed where we account for fees. In other words, we did not have any history on how these amounts were going to show up in the books, so some accounts now appear to be over and some under-budget but EH is overall coming out as expected. As far as influenza is concerned, we have not yet received all the revenue so we can't tell, but we set our prices so as to break even. George asked about our overtime costs. Heidi answered that yes, overtime has stopped. Brigitte provides updates by staff as to Compensatory Time accruals, which were the root cause of overtime when the limits were exceeded.

OTHER BUSINESS

Health Officer's Report:

- Minority Health Partnership (MHP) – We received a notice from the State of Michigan that the State is not renewing our funds for MHP. They notified us that they are not automatically renewing the current Minority Health grants. The letter stated that a state level Health Disparities Workgroup will be developing a strategic plan over the next several months. Once that plan is complete, an RFP will be developed and distributed. If the State doesn't use the Federal MHP monies, they lose it. According to Brenda Hunt, the Battle Creek Community Foundation (BCCF) plans to move forward to their commitment to move MHP here and not financially impact the County. Jeff asked if at this point we know how long the delay will be. Heidi's concern is talking about the health disparities group; the track record of the state developing a workgroup of only state employees, the plan could be the same for all counties. This could cause difficulties because of each county's individual needs. Jeff stated that BCCF excess funds for MHP would last how long? Heidi answered that we will meet with BCCF again, but that their commitment was for 4 years. Greg asked if there is any timeframe. Heidi answered that the indication was very vague. There are about 10 other counties in a similar situation. George asked when the funds are ultimately distributed, will these funds be directed specifically to STD/HIV/teen pregnancy? If so, we may have to direct our MHP focus to specific causes rather than the overall mission. Nancy stated that it appears that they are placing a focus on specific issues rather than overall Minority Health, as they did several years ago. George asked if this changes our views at all on MHP. Ben stated that the question would be to the BCCF, would this impact the future commitment? Would it make more sense to commit with the BCCF not only for our costs in the near future and protecting them to any unnecessary costs long-term? This process is implemented statewide, affecting the 10 counties that receive funding. Heidi will look into specifically which 10 counties are impacted and provide the county names to the Board. George suggested that we contact Sen. Mark Schauer to become directly involved. Make a call to Mark Schauer to tell him what we are facing and that we need help. This program is critical. Have the representatives obtain some temporary resolution to this issue.

BOARD BUSINESS

- Update on Nursing Clinic of Battle Creek (NCBC) Advisory Council (NCAC) – Larry updated the Board on the NCAC meeting. We are moving in the right direction. The NCAC recognizes itself an advisory council as opposed to a governing board. The NCAC will provide advice to this board in terms of policy and to the Health Officer in terms of operations. The BOH's bylaws will be revised to reflect the Board's relationship to both the NCBC and the Minority Health Partnership. John Harper is the chair of the NCAC that is moving forward positively. There is active fundraising for the NCBC and donations would be greatly appreciated. Jean stated that grantees often look at how much a Board gives is reflective on their giving.
- BOH Governance Update – Next month you will be receiving a calendar with a schedule of review of our policies related to the governance process.

Reminder to all Board members that the budget committee meeting follows this meeting at 10:00.

Meeting adjourned at 9:20 a.m.