

**Calhoun County Board of Health  
Meeting Minutes**

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**Friday, September 9, 2005**

**ATTENDANCE**

**Board of Health**

Larry Anderson  
Jean Cook-Hughes  
Byron McDonald  
Ben Miller  
George Perrett  
Ken Ponds

**Health Department**

Ginger Hentz  
Brigette Reichenbaugh

**Calhoun County**

Greg Purcell  
Nancy Mullett

**Absent**

Jeff Mitchell (excused)

**Guests**

Dottie-Kay Bowersox  
Richard Thoune

Anderson called the meeting called to order at 7:50 a.m.

Anderson reviewed the questions, materials, and process. He stated that we focus on public health issues and determine which candidate will be best to serve the public's needs. Anderson commended Ginger and the Health Department (HD) for the great work during the disaster drill on September 7, 2005 and in processing and serving the Hurricane Katrina evacuees over the Labor Day weekend.

Mullett reviewed the questions for legality.

**Interview Candidate #1: Richard Thoune**

Interview began with introductions at 8:06 a.m.

Richard informed the Board of Health (BOH) of other opportunities he is currently pursuing and but stated that he appreciates this opportunity to meet with the full Board.

Q: Cook-Hughes asked his expectations of the BOH. Are you open and receptive to receiving suggestions from the BOH and moving the HD toward serving the public?

A: This is a community position and the Board should be open to new ideas and moving the HD in a forward direction.

Q: In one word, how would you describe yourself?

A: Persistent. Very involved in community and collaborations.

Q: McDonald followed up on Cook-Hughes's partnership question and asked for further clarification of current relationships.

A: Very good working relationship with the Veterans Administration Medical Center in Iron and Dickinson Counties.

Q: How many mandated and non-mandated services do you currently operate?

A: 12 non-mandated programs operating including CSHCS, radon, septage, smaller Environmental Health (EH) programs. The largest is MSS/ISS, CSHCS, and mortgage evaluation. Several of these programs cover their expenses and several generate enough income to supplement other programs.

Q: How do you feel about primary care for the homeless and indigent residents?

A: Does not feel this is necessarily the HD responsibility but certainly a community decision.

Q: Any similarities between Iron/Dickinson and Calhoun County (CC) that you have noticed/researched/etc.

A: The Iron/Dickinson health disparities are similar to those in CC.

Q: Ponds: As a Health Officer what is your experience in working with communities of color?

A: Currently not much due to location in the UP. During time served in the military he worked with all people of all colors, race, and nationality.

Q: What would you accomplish in your first 100 days as HO?

A: Spend time getting to know the department, employees, and programs. Asking why are we doing "this" and establish individual working relationships with community partners. Finances need to be squared away and make sure the budget is solid.

Q: Miller: Based on what you know, please explain the role of the HD Clinics.

A: He personally visited the Albion, WIC, and the Nursing Clinic of Battle Creek (NCBC), but did not visit Marshall due to day of tour. The NCBC needs to continue some way or another (whether in current form or another).

Q: Again based on what you know, does the NCBC assist or duplicate the roles of a Federally Qualified Health Center (FQHC)?

A: Based on what he knows, evidence suggests that it is not a duplication of service. The FQHC primarily provides services on a sliding fee scale, whereas the NCBC will not. Establish a strong working relationship with the other FQHC in CC.

Q: What is your opinion on the CC health infrastructure (computers, hardware, etc?)

A: Appears to be in good shape and that we have the resources.

Q: Would you agree that we could continue as is?

A: If you have a solid IT Department, you have the foundation and infrastructure to continue and must have people to "go along". Need to determine cost fit and outcomes to measure.

Q: Have you ever run a committee and then have the committee ultimately not agree with you.

A: Generally no. Tries to reach a win-win situation.

Q: Based on what you know, do you believe the CCPHD is moving in the right direction or requires changes?

A: Moving in right direction. Other areas could be improved. Teen pregnancy rates for example.

Q: In the first round of interviews, the Search Committee, which was comprised of community leader volunteers, recommended another candidate. If selected as Health Officer, how would you address this when you start working in the community?

A: He would like to know who and why then would seek out and question these individuals. Find a way to obtain their support.

Q: Anderson: He has had the opportunity to work under two HD structures (single county v/s district HD) what are the differences.

A: Issues like receiving support from County infrastructure, labor relations, etc. are not issues case in a district HD. District's (MIS needs, human resources, etc.) budgets are burdened with these issues and provided by district. District has more autonomy. Less direct control.

Q: What is your current working relationship with the Board of Commissioners (BOC)?

A: There are three BOC members from each county in Iron/Dickinson that compose the BOH/governing board.

Q: Is there a Regional Health Alliance (RHA) type collaborative in Iron/Dickinson County?

A: Excellent model in addressing a community issue (like access to primary care). Health Plan 501(c)3. Volunteer donated medical services model.

Q: Ginger: There is quite the public health and emergency preparedness event happening right now in Calhoun County. We are speaking about the airlift and relocation of 300 persons evacuated from the area hit by hurricane Katrina. The relocation site, Ft. Custer Army Base, is right on the Kalamazoo-Calhoun County line. As Public Health Officer, how would you approach this situation if a planeload of 500 new displaced citizens were to arrive today?

A: Community effort. Determine needs of the evacuees, provide them with a list of services available in Calhoun County, etc.

Q: McDonald: Can you amplify the "model" for the NCBC.

A: Not a decision the HD would make if to operate the NCBC. Look at community partners too. He would not come in here the first 100 days and determine if we will continue operating the NCBC.

Q: Referring to services at the Albion Health Department, how is Iron/County currently situated in the two counties.

A: Full presence in both counties. Important to residents that there is a HD they can go to without driving 47 miles. Administration recommends that one of the two should operate approximately three days per month (cost effective). The people and County do not want to do that -- not most efficient, but community has spoken.

Q: How many employees in Iron/Dickinson HD.

A: Was 60 now 39 (eliminated Home Health operations by the HD).

Q: In Military service, what is the highest number supervised.

A: 10 direct reports.

Q: Ponds: How would you handle difficulties with one employee's productivity.

A: Meet with employee and discuss why less productive and explain expectations could be healthcare issue, family, etc. Give people benefit of the doubt and work with them to develop a plan.

Q: Health disparities how address between majority and minority.

A: The HD needs to be a partner in Health Partnership (HP). Key component and data collection. Risk and rates. Build HP connection with RHA.

Q: Albion professors publish various articles and publications. Have you published any articles?

A: Haven't done additional research recently to lend itself well to publications but has done various writing and reports relating to specific HD. Lessons learned can often be more useful than education. Presented at a National conference? Federal Interagency coordinating council.

Q: Miller: Is the Iron/Dickinson HD unionized?

A: Yes (2 groups).

Q: Anderson: The HD role is typically not a 40 hour week position and can you assure the ability to spend 50-60% of time in the community is needed.

A: Can't build relationships sitting in office.

Q: How do you seek out additional resources to support programs?

A: Community formed work group that he chaired. Sometimes the money is available but sometimes it is not accessed until a program is threatened.

Richard: Who communicate with if offered. Purcell answered he is.

## **Interview Candidate #2: Dottie-Kay Bowersox**

Interview began at 9:15 with introductions.

Q: Miller: Based what you know about the HD, explain the role of the Clinics and the role they play in public health.

A: Has not had much time at each clinic to speak on the CC specific clinics. NCBC seems to have direction. Met briefly with WIC. Computers and concerns about size. Moral, sense and coordination within framework.

Q: Does it appear that we assist or duplicate FQHC services?

A: Related to Jackson County. Did not have opportunity to meet with other FQHC.

Q: Based on what you know and have seen what is your opinion of our current infrastructure.

A: Personal printers. Integration between computer and copiers. Software packages have no support.

Q: Do you believe we can continue as is.

- A: Yes, you currently are. Improvements can be made such as determining a single source for ordering machines.
- Q: Have you worked with a group as a leader and had the group not move forward accepting your opinion?
- A: Yes. Emergency plan, specifically immunizations and vaccinations. Has problem with anyone in community could not do as free. EH are piled on top of each other. Staff waiting for grant to come in.
- Q: If selected as Health Officer, how would you address the split recommendations?
- A: Determine what caused the split and sit down and find out exactly where you want HD to go. Determine budget. Just HD or County as a whole?
- Q: Ponds: Relationship with minorities. 2) Issues facing communities of color.
- A: Very similar to Jackson Counties. FIMR, diet, regular check ups. Interaction with faith-based community.
- Q: If employee is not performing up to expected level how would you address the issue:
- A: First talk to department head, review previous performance evaluation, determines if person really suited for the position. Determine some way we had help with rotation of response. Never given the opportunity or training.
- Q: Do you consider yourself a Micromanager.
- A: Depends on circumstances. Values department heads, but has no problem getting in and getting hands dirty.
- Q: McDonald: Feeling or views on primary care (PC) for the homeless and indigent.
- A: Not sure of county capacities. Jackson County does not offer primary care. Would not be cost effective for Jackson County.
- Q: Homeless: Does the HD work with the homeless?
- A: Jackson County does not provide PC services.
- Q: What are the nonmandated programs that Jackson offers.
- A: EH (pools, watershed, etc.), infant mortality, community assessment.
- Q: Have you ever had a nursing clinic that was dropped?
- A: Yes, have eliminated several clinics due to priority first and duplication of services.
- Q: Why did you eliminate the school nursing program in Jackson County.
- A: She eliminated school nurse program due to cost. County and funders did not receive funding. Some went with home health and several funded themselves.
- Q: What does your HO do?
- A: President of Environmental Health Association and is allowed by BOC.
- Q: Perrett: If this Board were to establish as a priority a certain service/function with which you found personal disagreement with, how would you approach and would that in your estimation be a continuing source of conflict between you and the BOH?
- A: Family planning would be the best it could absolutely be.
- Q: With respect to long standing programs, you felt were not in the best interest of the HD, how would you approach the BOH on those matters to reach consensus.
- A: Present options. Determine what level, meet with staff, what we can enhance. What are you willing to sacrifice or give up maintaining?

- Q: In the past there was a very active health improvement project with high community involvement effecting minority issues, obesity issues, etc. Given that, if you were to evaluate your political skill, how would you evaluate.
- A: Don't have any concerns with being at a table with a diverse group to bring together an idea.
- Q: If Battle Creek Health System (BCHS), etc. determined health priorities what role and how do you value yourself to collaborate.
- A: Partners must know you, where you stand, and get to know who they are playing with
- Q: If there was an endeavor/activity/service that is supported by the committee, that you do not feel is our role to be involved, yet getting up from the table would do great harm to relationship, can you adjust without sacrificing principal but preserving can you be flexible to preserve relationship.
- A: Yes. Still need each other.
- Q: Two doctors at the NCBC. If the BOH determined to continue operating as is, are you a position that you can be flexible to provide PC.
- A: Look at staffing level, facility adequate, services provided. There are 1,000 questions to be answered.
- Q: What is your view on cost reimbursement by public at large for our services as a Public Health Officer. We are afraid to charge people actual cost. How would you develop a cost structure to charge the public.
- A: She feels that we should have a fee schedule. Hodge podge no comprehensive look at fee schedule. Those who can pay should. No quams.
- Q: Miller: Many people would see that the NCBC is a duplication of services. However, it is supported with real financial dollars and community-wide funding. Putting aside the cost are you willing to step away from on paper what appears to be redundant for the sake of community interest.
- A: Size, parking, etc as related from personnel. Funding from BCHS and long-term financial support. They utilizing because it's convenient or what do they perceive as importance.
- Q: Cook-Hughes: You tell me what your relationship should be with the BOH.
- A: Give and take. Does expect BOH to be policy setting.
- Q: Assume you would continue policies as they are.
- A: Yes.
- Q: How do you facilitate grant writing and grant funding.
- A: Coordinators and spread among all. The Deputy Health Officer, Financial Manager, and Department Heads determine needs and facilitate grant writing.
- Q: How much is Jackson County receiving in local grant funding (excluding State and Federal)?
- A: No ball park figure.
- Q: School nursing program in schools. How long did it exist.
- A: Excess of 10 years. Could not get funding for.
- Q: Describe yourself in one word.
- A: Intelligent.

Q: Ginger: There is quite the public health and emergency preparedness event happening right now in Calhoun County. We are speaking about the airlift and relocation of 300 persons evacuated from the area hit by hurricane Katrina. The relocation site, Ft. Custer Army Base, is right on the Kalamazoo-Calhoun County line. As Public Health Officer, how would you approach this situation if a planeload of 500 new displaced citizens were to arrive today?

A: You've got things under control. Very articulate. Work with the Mayor to determine what services are needed.

Q: What were your perceptions of interactions with staff?

A: Knowledgeable, quite astute, articulate, good moral, friendly, kind, provided a lot of information. Very confident and proud of what they are doing here.

Q: How do you build relationship with staff.

A: Walk the hallways a lot.

Q: Staff had concerns – micromanagement, delegation, process of management style. Speak some more about appreciation, empowerment, perceptions, and your philosophy on how to operate with staff.

A: Tell everyone's name, background, know staff. Condemn house example. Not authority in these areas. Not administrative and clerical heavy. Give and take.

Q: Anderson: The HD thought they were the primary health planners in the county. Over the last few years has shifted and HO role has been much more involved in community planning through the RHA. A large amount of time would be involved in community interactions. How do you feel about spending a large amount of time in the outside arena?

A: Depends on other responsibilities. To be out would be unacceptable as things are now in Jackson County. Depends on how things are here. Find out if other individuals that can assist with the 70% of time out.

Q: This position is typically not a 40 hour week and involvement with community. Are you flexible to meet those requirements.

A: Yes, as long as you are flexible too.

Q: McDonald: What are the total employees in Jackson County?

A: 70 – 75.

Q: Have you applied for Jackson County Health Officer position?

A: Yes, first time not the second.

Q: Miller: Do you have an outside job?

A: Yes, consulting; most of the time it's volunteering. No formal consulting.

Thanked for opportunity.

Dottie exited at 10:35.

Anderson: Next steps?

Miller: Would like to hear other's thoughts since it's their first time.

Cook-Hughes: Either one will make a good HO. I think at this point still going with Dottie-Kay Bowersox.

Anderson: Both are qualified. Know where he is with Richard. Does not know where he wants to go with Dottie.

Miller: Both are qualified. Neither is a perfect fit. More is one more perfect than other. Support Richard.

Cook-Hughes asked where he is standing. Vote or not?

Miller: Commented on her statement that she finds it unacceptable that she is out 70% but that she stated she is currently out 90% of the time. She is very cost beneficial. Comparison: Serious/flippant. Reactive/contemplative. Engaging/dull. Lack of color experience/experienced. She has assumptive (IT) determinations applied to lack of color can be touchy. Runs the risk with someone who comes off as lecturing

McDonald: More comfortable with Richard.

Ponds: Richard was much stronger this time. Dottie impressed me more around this time. High energy level. Not afraid to tackle problems. Can do political stuff. Felt she could do the collaborator stuff. People would listen to what she has to say. She has political saviness.

Perrett: Eastern tier of the county is good. Did not answer Ginger's question...defensive, answered it four times the same way. Did not end strongly. Sensed that Dottie has the political saviness quality that Joe Carver had. Sensed she is highly intelligent. Health indicators for people of color health disparities are huge issue and need a dynamic thought-provoking engaging character. That makes Perrett's decision.

Perrett votes in favor of Committee. Ponds votes for Dottie; feels this has been a waste of time. Cook-Hughes supports committee. Anderson supports Committee recommendation. McDonald against. Miller will not stand in the way. Quietly gives no vote. Will not influence other BOC. Perrett respects Miller's decision.

Purcell: prepare the recommendation from Anderson as Board Chair and will put on addendum

Reviewed selection committee's recommendation and a majority support Dottie-Kay Bowersox.

Perrett moved that Dottie-Kay Bowersox be recommended to the BOC as the Health Officer of Calhoun County.

Clerk performed role call: Miller: No; Ponds: Yes; McDonald: No; Cook-Hughes: Yes;  
Perrett: Yes; Anderson: Yes

Meeting adjourned.