

MINUTES of Monona County Board of Health

Call to order: A regular meeting of the Monona County Board of Health was held in the Monona County Court House, Onawa, IA on **April 24, 2012**. The meeting convened at 6:30 p.m., Board Chair, Kathleen Bonnes presiding.

Members in attendance: Kathleen Bonnes, V. Eugene Hamman, Teresa Butler, Dr. Mary Groda-Lewis, Benita Davis

Members not in attendance: N/A

Others in attendance: Diane K. Anderson, IDPH Regional Community Health Consultant

Approval of minutes: Motion was made by Teresa Butler, seconded by Eugene Hamman to approve the minutes of the March 13, 2012 meeting. **Motion carried.**

Adoption of Revised Agenda: Kathleen Bonnes noted reason for Revised Agenda.

Annual Election of Board of Health Chair and Vice-Chair: Dr. Mary Groda-Lewis nominated Kathleen Bonnes for position of Chair. Kathleen Bonnes nominated Eugene Hamman for position of Vice-Chair. Motion was made by Teresa Butler, seconded by Benita Davis to approve Kathleen Bonnes as Chair and Eugene Hamman as Vice-Chair. **Motion carried.**

Board, committee and administration reports:

1. **Environmental Health Policies:** Environmental Health policies adopted by the Board of Health in 2008 have been reviewed and modified to better support process and enforcement. The board requested that enforcement of said policies remain with the county supervisors, zoning board, etc. Members also asked that the policies be revised to provide clear accountability of process and enforcement. Sandy Bubke & Ken will meet with Mike Jensen, County Attorney on May 2, 2012 to provide the recommendations of the Board of Health.
2. **Strategic Planning – MCCA:** Eighteen community leaders were recently nominated by MCCA members to serve on a new MCCA Steering Committee (5-7 is the ideal number for a steering

committee). Ten accepted the nomination. Next steps will include a vote for seven members, orientation / education meetings for steering committee members sometime before June 30, 2012...identifying health improvement priorities for FY12-13. Formalizing the MCCA organizational framework will allow greater focus on:

- **Health Issue 1: How can we create a *sustainable* network of partnerships that effectively contributes to improved community health?**

The collected data indicated deficiencies in communication and resource coordination between agencies and parts of the public health system in Monona County. In our 2010 Community Health Needs Assessment (CHNA) process more than 70 local leaders and representatives with a stake in health gathered to assess the local public health system (schools, businesses, government, medical system, social service organizations, etc.) and gave Monona County low scores in linking people to health services, evaluating those services, and mobilizing the partnerships necessary for effective health services.

- **Health Issue 2: How can we achieve equitable health outcomes for all our community members?**

This strategic issue has implications in all areas of public and private health in Monona County. For example, many of our residents, and particularly those “tweeners” (parents who are working, or trying to work, struggling with child care and trying to do “the right thing”), report being under-insured or uninsured. Access to fresh foods is another factor in Monona County’s unequal health outcomes: Monona County is ranked at 22% in access to healthy foods and is a designated “*food desert*” - those counties with: 1) low levels of incomes, and 2) physical distance from food stores

- **Health Issue 3: How can we position health as a consideration in community policy and planning decisions?**

During the 2010 assessment, Monona County received low scores in the development and review of public health policies. When asked what forces will shape Monona County’s health most significantly in the near future, respondents indicated that an increased understanding and recognition of connections between health outcomes and environment, policy and systems change will be very important.

Teresa Butler asked, if current MCCA core group doesn’t vote to evolve into a community coalition overseeing all health improvement activities, would we move on and start new coalition letting the current group keep the name? Members agreed that if MCCA did not wish to evolve, a new coalition would be formed to comprehensively address Monona County health improvement activities. Dr. Mary Groda-Lewis asked what components are under the medical

home model? Discussion followed with an emphasis on creating physician leadership to help plan county health improvement activities on a prioritized basis.

3. **Program Updates:**

Learning For Life (LFL) Ken gave each board member a copy of the Early Childhood Iowa FY13 Funding application so they would better understand the specifics of program components.

Healthy Homes Childhood Lead Poisoning Prevention (HHCLPP): Public Health will experience a 25% budget reduction for IPDH FY12-13 funding. A community coalition is a required component of this grant. Ken is working with sub-contracting counties to find better ways to do required activities and community education and coalition building.

Public Health Emergency Preparedness Hospitals have been federally mandated to develop community coalitions, Public Health will be mandated in next year or two. FY12-13 Public Health & Hospital preparedness funding is intended to create a coordinated county plan. Claudia Boss, Burgess Health Center, Randy Ross, Monona County EMA and Ken are completing the ESF-8 (comprehensive preparedness plan). The regional hospital planner, regional educator, regional public health planner positions will be eliminated effective June 30, 2012. Region 3 county partners will discuss and/or vote on May 1, 2012 to use some local funds for retention of a level of regional support.

4. **Performance Evaluation of Administrator by BOH:** Ken handed out forms and information. He will complete self evaluation and return to board members by May 4, 2012.

5. **Monthly/Year to Date Financial Reports:** March 2012 Expense & Revenue:

Expense – YTD Expenditures are \$346,743.13 this means that at 75% of FY12 we have spent 65.04% of the budgeted funds for this department.

Revenue – YTD Revenues are \$211,994.05, this means that at 75% of FY12 we have collected 60.43% of the estimated revenues for this department.

Board members requested to be provided a monthly financial report for all future meetings.

Adjournment: Motion was made by Dr. Mary Groda-Lewis and seconded by Eugene Hamman to adjourn meeting. **Motion carried.** The meeting was adjourned at 7:55 P.M.

Next BOH Meeting: Tuesday, June 26, 2012

New business: Members sign annual BOH Conflict of Interest & Confidentiality Agreement

Danelle Riley, Secretary
Monona County Public Health

Date of approval