

Monona County Board of Health

MINUTES

___ Regular Meeting X Special Meeting

August 4, 2014, 6:00 p.m. – 7:30 p.m.

Monona County Courthouse, 610 Iowa Ave., Onawa, IA 51040

I. Call to order, Roll Call, Introductions – Kathleen Bonnes, Chair

BOH Members Present: Kathleen Bonnes, Chair; Eugene Hamman, Vice-Chair; Connie King; Tim Jessen; Anne Livermore; Sheri Joyner

BOH Members Absent: Dr. Tracy Kahl

Public Health Staff Present: Laura Oliver, Projects Coordinator/IZ Director/PIO; Jessica Stangel, RN; Sandy Bubke, Environmental Health; Danelle Riley, Administrative Assistant

Others in Attendance: Diane K. Anderson, IDPH, RCHC

II. Approval of Agenda: Tim Jessen made a motion to approve the agenda, Sheri Joyner seconded. All in favor. Motion passed.

III. Approval of July 22, 2014 Minutes: Anne Livermore stated that Sheri Joyner was not listed as absent. Tim Jessen pointed out that under Old Business - Revised Conflict of Interest Statements, the motion should read “Tim Jessen made a motion to defer until the next *regular* meeting.” **Tim Jessen made a motion to approve the minutes with the above corrections, Connie King seconded. All in favor. Motion passed.**

IV. Acceptance of Ken Johnson, Monona County Public Health Administrator resignation. Connie King made a motion to accept the resignation of Ken Johnson effective August 29, 2014, Kathleen Bonnes seconded. All in favor. Motion passed.

Direction of Board of Health:

Kathleen stated that this is a special meeting to determine the direction of the agency in light of the resignation of the administrator, Ken Johnson, as of August 29, 2014. Kathleen reviewed the options that Diane Anderson had given them at the last meeting and stated that Dr. Kahl is out of town right now, but Kathleen has spoken to her and she is very well informed on the option of transitioning public health to the hospital. Kathleen would like Dr. Kahl to speak to the board members about that possibility at the next regular board meeting.

Kathleen asked the members how they felt about hiring another administrator. Anne Livermore stated that now the board is very well informed about the health and safety needs of the residents of our county and if we don't hire another administrator it is her understanding that regardless of what other avenue we take we would lose control. Diane Anderson answered that the BOH would not be the governing board, but would only serve in an advisory capacity. You can't say yes we're going to do these programs or no we're not going to. You

will still get reports on the activities if they are funding by a BOH contract or by the county, but the board would lose some control if they contracted with the hospital.

Question from the board: Is it the administrator's role to write for grants and secure funding for the agency programs? Diane Anderson said yes and explained that there are some grants that Iowa Department of Public Health (IDPH) award directly to board of health. The Local Public Health Services Contract (LPHSC) comes directly to the board of health. She said it is up to the board to decide if they employ employees, like we do now, or if they sub-contract that grant to someone else to provide those services on your behalf. If you have employees then that grant money stays with your agency to provide public health services.

Question from the board: How long does it take to hire an administrator? Diane said a minimum of two weeks advertising, review applications, conduct interviews, offer the position, wait for that person to accept and resign their current position with two to four weeks resignation notice. So two to three months minimum. If you want to go another route such as transitioning to the hospital or sharing administrator with another county it will take much planning with their boards and our boards so probably a minimum of 6 months. You are going to have to assign an interim administrator, someone to take over the day to day operations of the agency after Ken leaves, probably someone who is currently employed by the agency. If you want to leave that person as interim while you explore another option you can do that, if you want to hire a new administrator and look at a other options in the future you can do that too.

Kathleen stated that she feels each option should be looked at before making any commitments to anything. If there is a staff person assigned to take the interim position she feels it should be Laura Oliver as she has been prepared by Ken take over in his absence. Laura stated that there is a policy stating that she is in charge when Ken is gone. Tim Jessen asked if she would be opposed to being the permanent administrator. Diane Anderson stated that the administrator position has to meet the qualifications of Chapter 80 which states the person must have a Bachelor's Degree or an RN license and take a required course through IDPH.

Question from the board: What are the requirements of the BOH again? Diane answered that you must provide immunizations for all children who don't have access anywhere else, communicable disease follow-up, and immunization audits in the school. Everything else that you do for the residents of your county is over and above the minimum requirement.

Sandy Bubke stated her concerns about what would happen to Environmental Health if the BOH sub-contracts with another entity. She said that under Chapter 137 and 135 of the code it states that the BOH will supply environmental health for well plugging and septic. Diane said that the codes states the BOH must assure those things are done by someone, they do not have to employ that person.

Question from the board: How would this affect the zoning part of Sandy's job? Sandy explained that her job is part Environmental Health under IDPH and the public health Administrator, but the Zoning part of her job has nothing to do with public health. Diane stated

that the board could sub-contract the environmental health work to another entity if they choose or they could decide to continue to employ Environmental Health staff themselves. A brief discussion followed regarding the fact that, in this county, the Zoning and Environmental Health budget is completely separate from the Public Health Department budget and that there is currently no grant that reimburses the county for the salary and fringe of the Zoning and Environmental Health Officer.

Kathleen stated that the public health employees would like a chance to speak to the board about our roles and programs. Danelle added that the staff had hoped that the board would ask questions and we would answer to the best of our abilities.

Question from the board: What services does the county board of health provide that the hospital does not? Danelle Riley stated that actually most of the services we provide are not currently provided by the hospital. A very brief description of the services and programs was provided by Danelle and the rest of the public health staff.

- **The Learning For Life program (LFL)** is an Early Childhood Home Visiting that provides education to the families and children on the service through ongoing visitation. The hospital does not have this program.
- **The Harrison, Cass, Crawford, Monona, Shelby (HCCMS) Family Health Services programs include Maternal Health, Child Health, and Family Planning.** At this time the agency only has a contract with HCCMS to provide Family Planning services. The hospital does not have a sliding fee scale family planning program.
- **Immunizations** are provided by the physicians' clinics. Laura Oliver stated that there are only a few children in Monona County who do not have a place to go to get immunizations that are paid by their health insurance. Most of the families currently on our Immunization Program have Medicaid coverage but go to Dr. Hesse in Mapleton or a physician in Sioux City who does not give immunizations to Medicaid children. She stated that we only had 5 babies and 13-15 adolescent age children on our program last year. Laura told the board that public health has promoted the idea of a medical home for years and when the physicians at Family Medicine Clinic began giving immunizations to Medicaid children a few years ago most of the public health caseload was transferred to them. This is actually a good thing because now when the families go to the physician for well child checks can also get their immunizations there as well.
- **Healthy Homes and Lead Poisoning Prevention Program (HHLPPP)** - Danelle stated that the hospital does not do this program but the physician clinics do provide blood lead testing for children and then she gave a quick overview of the health intervention elements of this program which include:
 - a) Blood lead testing of children who come to public health in need of free testing. The physician clinics and WIC also provide blood lead testing.
 - b) Medical case management interventions by the public health nurses to families with children with lab results higher than the normal range. This case management is provided to any child with high results whether the lab was drawn by public health or another provider.

- c) Elevated Blood Lead Inspections (EBL) by a Certified EBL Inspector/Risk Assessor to the homes of children who have lab results in the very high ranges. A machine is used to check for lead based paint hazards on the property.
- d) The lead inspector cannot close the case until all lead hazards found on the property are repaired even if it takes many years.

Question from the board: How many cases do we have at this time? Danelle responded that there are about 25 open addresses in the 5 counties covered and only about 5 or 6 open in Monona County. The newest Monona County case is about 4 years old. There have been no new address cases in any of the five counties covered in over a year.

- **Communicable Disease Follow-up (Epidemiology or EPI)** – Jessica said that the hospital does do communicable disease follow-up for their staff and if a patient comes through their facility, but not for the whole county like public health does.

Question from the board: Do you only have about 9 Medicare patients? We do not have any Medicare patients since we ended Home Care in 2012 and at that time we only had about 5 Medicare patients. The agency has decertified from Medicare and Medicaid so even though we have a few Medicaid children that we give immunizations to we are not able to bill for them. The only thing we are still certified to bill Medicaid for is the EBL Inspections that the EBL Inspector, Danelle, provides for lead poisoned children.

- **Public Health Emergency Preparedness (PHEP)** – The hospital does this from a hospital perspective, but not from a county-wide perspective. They look at things like, where are we going to move patients to if we had to or where can we sent patients if we have too many to handle in an emergency. They are not making plans for how to get food, medicine, and supplies to a Quarantined family out in the country somewhere. Sandy told the board that the hospital, public health including Environmental Health, and the Emergency Manager work together as a Monona County Health Care Coalition to plan for emergencies.
- **Health Promotion Activities** – we do a few activities that don't fall into any other category. This last year Laura and Jessica were trained as Certified Application Counselors (CAC) so they could assist people to get insurance through the Insurance Marketplace. The hospital also had trained staff that assisted many people and quite a few people came to public health for assistance. They are still helping a few people because they can apply for Medicaid anytime. Some of the board members expressed their feelings that this was a tremendous additional service to our county residents.
- **Collaborative Relationships** – This refers to coalition building activities. We have formed coalitions with the following:
 - a) **Early Childhood work group** which is working on care coordination for children's services;
 - b) **Healthy Weight and Physical Activity work group** that has developed into the trails grants that were submitted (*by the cities of Onawa and Mapleton*), Mapleton was awarded their grant;
 - c) **Alcohol and Tobacco Abuse work group is named ERASE**, Laura and Ken have worked very closely with that group to help decrease the rate of youth and binge drinking in our county;

- d) **Dental Coalition** – worked with local dental coalition which included Crawford County, the other HCCMS counties, and most of our local dentists. We received a \$15,000 grant from Delta Dental Corporation to conduct this study project. It didn't work out like we had hoped at this time, but we tried and maybe something more will come of it in the future.
- e) **Chronic Care Coordination Coalition** – Ken and Laura have worked with the local physician clinics and the hospital on how an clinic would do care coordination for all patients, not just early childhood. In the next few years the doctors and hospitals are not going to be paid from Medicare and Medicaid the same as they are now. If we don't have lower obesity rates in this county and get our residents to doing things that keep people out of the hospitals they won't get paid as much.

Connie stated that all of those things sound important and if we were to contract with the hospital we would have to specify that we want to continue the services we feel are most important. She feels that if we lose track of those things then we really aren't providing public health.

Tim asked if the hospital would track what the Environmental Health officer does. All agreed that the hospital would probably not be interested in taking over the environmental health services.

Anne said that it is her understanding that public health is not a money maker so hospitals often eliminate as many of the programs as they can when they take it over. Diane Anderson stated that it depends on what the hospital's mission and vision is, but most hospitals contribute in-kind above and beyond what they receive to run the public health programs.

Anne asked if we do not hire an administrator is there any way to get it back if we see that things are going haywire? Diane said, absolutely, you just don't renew the contract and you rehire your own employees.

Connie asked how long a contract normally is. Diane said that about 3 years is normal. Cherokee County was the last one to do that about 7 or 8 years ago or so. The hospital and the BOH signed a contract to do the public health services specified in the contract. The county agreed to pay "X" amount of money which included the grants that come to the BOH plus some county tax support. If the board feels it is not going well the BOH can go back to hiring their own employees and do it themselves again.

Anne asked what would happen to our current employees. Diane said they would lose their jobs unless the hospital chooses to hire them to continue this work. Tim commented that he would be concerned that there would be a lot of experienced personnel lost and if it doesn't work out we would have to find new employees to train.

Danelle told the board that that all of the public health staff complete continuous daily time studies on which we document our activities for the day and categorize the time into the various programs that we do. The board was given a summary of Ken's time spent of each program during FY14. The annual salary that was paid to the administrator in FY14 was

\$48,337 which is \$23.15 per hour. This is a salaried position and he worked approximately 200 hours more than he was paid for. Danelle stated that every administrator she has worked with (5 now) has worked at least 50 to 60 hours a week because this is such a big job.

Eugene asked Diane how competitive a salary of \$48,000 was in the real world. Diane stated that about 3 years ago she did a survey of wages in the region and \$48,000 to \$50,000 is probably better than average for a starting administrator in a county this size.

Kathleen commented that she saw on the Public Health Organizational Chart that Laura Oliver is called the Project Coordinator. Kathleen said she had thought that Laura was the Assistant Administrator. Laura explained that it was written into a policy that she would be in charge when the administrator is not available but she was never given the title of Assistant Administrator. Tim asked if she could become the permanent administrator. Laura said that the Iowa code states the public health administrator must have a bachelor's degree and she does not have that. There was a discussion of the time and dedication required to do the job. Laura told the board that over the last couple of years she has been a part of the Monona County Community Alliance meetings, the ERASE meetings, and most other coalition meetings. She was required to be at night meetings even though she had a second job that she does at night.

Laura told the board that approximately 10-15 years ago the hospital administrator was interested in combining the hospital home care with public health because he thought we had many Medicare patients that would bring in more money for the hospital. When he found out that we only had about 9 Medicare patients and that public health operates at an overall deficit he was no longer interested in pursuing that venture. For those reasons she is concerned that if the hospital took on the public health activities they would only do the minimum required activities, not the additional programs that have kept our residents healthy and safe for years. Connie commented that if the board of supervisors did not fund the additional activities the hospital would choose not to do them. Diane stated that most hospitals who have public health within them do run at a deficit and that is considered their in-kind support, however, there are a few that will not allow any deficit at all.

Anne said that she sees it as a benefit to the tax payers to fund public health activities because it keeps our people healthier. If there is an outbreak public health is the place people go to for information and help. If we keep our people healthy then we have more people working in the county, we have a broader tax-base. So in the end it seems like we would want to keep our current employees.

Connie stated that when she looked at the job description for a new administrator she thought it was a monstrosity big list. Do you really find someone to do all of these things? Diane said, yes we attempt to, that is why we talked about administrator burn out.

Kathleen asked how many counties in the state have transitioned the public health to the local hospital. Diane said Environmental Health not so much, that usually stays with the county. For hospital based public health agencies a little over half. In the area that Diane covers there are about 4 or 5 that are hospital based but most of them are county based.

Kathleen commented that no one has mentioned the option of sharing an administrator with another county. A shared administrator would function as a supervisor for the Monona County staff. Connie stated that if Ida County is hospital based then we probably wouldn't want to share with them. A point was brought out that the neighboring county agencies are all set up very differently at this time, with some still doing home care which takes a huge amount of administration just for that. Diane said that some counties (in eastern Iowa) have had trouble even hiring an administrator so they have gone to a shared model. Harrison County had a hard time finding an administrator about a year ago when they were hiring. Tim commented that in the shared model then the burden of writing grants, working with local coalitions, and most day-to-day operations would fall to the current staff.

Kathleen asked if the board thought we should bring in the hospital for a discussion. Diane stated that the board doesn't have to decide tonight. You can wait and see what Dr. Kahl has to say. A couple of members could go talk to the hospital administrator and show him some figures. You could move forward tonight by assigning an interim administrator so you have a plan in place for when Ken is done on August 29th.

Tim suggested that we could take time to see what the members are thinking. He stated that he likes the local people that we have in place and would like to place an ad for an administrator to see what we get for applicants. He is afraid that if we transfer to the hospital, the board will lose local control of the health and safety of the county. There was more discussion about appointing Laura as the interim administrator and whether she should get a raise in pay for the added responsibilities. Tim said it doesn't seem fair to ask Laura to do her current job and take the additional responsibilities of the interim administrator for no extra pay. Diane stated that there would be some extra funds in the budget because we will not be paying Ken's salary for a couple months.

Anne stated she believes we should stay an independently functioning organization, hire an administrator, and in the interim have Laura function as administrator. She said she thinks we need to maintain control, we are an individual county unlike any other county with our own unique needs and that is not going to go away. We have all taken on jobs that we didn't get adequate compensation for because you care and I can't imagine anyone who would care more than our current staff. I just can't understand how we would think that we would just throw them away. So I vote for hiring a new administrator.

Connie said, I could make it simple and just say ditto. She said she thinks we would give up too much control if we joined with the hospital and it sounds likely that the hospital wouldn't want us anyway. She said she would like to hear what Dr. Kahl has to say, but at this time her gut feeling is to hire a new admin and have Laura be the interim administrator.

Kathleen stated that she feels the same.

Sheri stated she agrees and that even before this meeting she felt that we should hire a new administrator. It is more than just that people don't like change, but we would lose local control and it just wouldn't be the same, we wouldn't be able to decide on new programs we want to do, and yes, I think Laura would do a wonderful job if she would agree to be the interim administrator.

Eugene stated that at this stage of the game he agrees with everything that has been said about keeping the staff we have and hiring a new administrator. However he prefaced that by saying that he and Kathleen have been through this before and it was an arduous process, we didn't get many applicants and we had to re-advertise. We had about 12 applicants and when the previous administrator called the six we had screened for possible interviews three of them dropped out because of the salary. I think it is going to be very difficult to hire someone and keep any continuity with our programs when we are hiring a new administrator every two to three years. We may have to go to plan B if we find we can't fund the things that we want to do in this county.

Kathleen asked if everyone wanted to go home and think about it. Eugene asked if we still wanted to hear what Dr. Kahl has to say. There was general agreement that we want to hear from Dr. Kahl at the regular board meeting on August 26th.

There was a discussion of the qualifications and salary of the administrator. The point was brought out that the board of health sets the public health staff salaries, the board of supervisors approves the total expense amount, but the board of health controls how it is spent.

Laura told the board that if she agrees to do this then someone still needs to back her up and she thinks it should be Danelle who does that and she should get a pay increase also. She said that Danelle has been here longer than she has and we are a team, we have been here for each other through thick and thin. Laura stated that all of the staff is getting pulled into a lot of things we haven't done before. Sandy stated that Danelle is subbing into the disaster preparedness and is going to a regional meeting tomorrow that she has never gone to before.

Diane suggested that the board could go ahead and advertise for an administrator and maybe by the time of the next meeting we would have some applicants.

Tim Jessen made a motion to appoint Laura Oliver as the interim administrator, Anne seconded. All in favor. Motion passed.

Kathleen made a motion to advertise for a new administrator, seconded by Eugene Hamman. All in favor. Motion passed.

V. Next Meeting Date: It was decided to discuss salaries at the next meeting which will be Tuesday, August 26, 2014 at 5:30 pm.

VI. Adjournment: Before the meeting adjourned Danelle presented the board with copies of the Draft Monona County Strategic Plan, each of the six Monona County Community Alliance (MCCA) Newsletters that have been printed and distributed to the residents of Monona County in the local newspapers, and she suggested that they go to the MCPH website (mononacountypublichealth.org) and review the minutes of the previous board of health meetings. Danelle also told the board that most of the things that it says the MCCA has done are because public health has pushed to make it happen, but we don't take credit for it because we want the MCCA to be our community coalition that works closely with the board of health to help improve the health of our county residents. Laura told the board that the website has lots of information about the various programs that we provide including the Board of Health toolkit.

**Eugene Hamman made a motion to adjourn, Kathleen Bonnes seconded. All in favor.
Motion carried. Meeting adjourned at 7:35.**

Respectfully submitted:

Danelle Riley

8/26/14

Signature

Date

Title:

Administrative Assistant