

NORTHEAST TRI COUNTY HEALTH DISTRICT
REGULAR MEETING
BOARD OF HEALTH MINUTES
Wednesday, April 17, 2013

Board of Health

Present

Dorothy Bergin	Steve Parker
Mike Manus	Shirley Sands
Wes McCart	Karen Skoog
Brad Miller	

Absent

Mike Blankenship	Leo Jenkins
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Staff

Sam Artzis, M.D.	Jim Sayre
Andy Braff	Matt Schanz
Joanie Christian	Dave Windom
Kelly LeCaire	

CALL MEETING TO ORDER	Chairman Shirley Sands called the meeting to order at 10:10 A.M. A quorum was present.
INTRODUCTIONS	Introductions were made by all.
CONSIDERATION OF MINUTES	Wes McCart moved and Brad Miller seconded the motion to approve the minutes of January 16, 2013, Annual Board of Health meeting. Motion carried.
CORRESPONDENCE AND INFORMATION	There was no correspondence to the Board.
PUBLIC APPEARANCES	No public appearances were pre-registered.
ADDITIONS OR CHANGES TO AGENDA	The presentation will be after New Business #5 (action items) as some Board members have to leave the meeting early.
MEDICAID ADMINISTRATIVE MATCH	Dave Windom talked about the Medicaid Administrative Match (MAM) program. There continues to be a battle with the federal agency Centers for Medicare & Medicaid Services (CMS), the State, and the Health Care Authority (HCA). Brad Banks continues to work on the issue. The payments to the Health District are about one year behind. At the advisement of the Washington State Association of Local Public Health Officials (WSALPHO), we have withheld payment that is due until we are sure of what will happen and what strings may be attached. MAM brings in over \$100,000 annually to the agency. The program could be cut by 50% or discontinued all together. We are still tracking our random moment time study. Joanie Christian emphasized that no new services are being provided in order to participate in MAM, but rather the program allows us to receive reimbursement for services we are already providing but can't bill for. Brad Miller said this seems like a bizarre way of doing things.

BUDGET UPDATE

Dave Windom said the budget is currently looking good. Dave provided the Board with financial information showing revenues from 2010 to first quarter of 2013. Wes McCart and Brad Miller both said it would be much more helpful to compare quarter to quarter instead of a quarter to a full year. Dave said he would make those changes. Mike Manus asked that the revised figures be emailed to the Board. Dave talked about flexible funding dollars over the past few years; undesignated fund balance; disbursements made so far in 2013; and environmental health revenue from 2010 to present. Dave said he is pleased that funding has remained the same. We are aggressively going after accounts receivable. Brad asked about changes to the environmental health fee for food permits. Matt Schanz said the revision includes a 50% reduction to non-profit food establishments.

COUNTY HEALTH RANKINGS

Dave talked about the 2013 County Health Rankings & Roadmaps produced by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The rankings are not very accurate due to the high margin of error in smaller counties but are a good way to track against previous years. Out of thirty-nine (39) counties, Ferry County ranked 39, Pend Oreille 32 and Stevens 31.

RESOLUTION 04-2013:
GRANTING AUTHORIZATION
FOR SURPLUS OF
NORTHEAST TRI COUNTY
HEALTH DISTRICT
PERSONAL PROPERTY

The following equipment has reached full depreciation and should be surplused:

2005 Ford Escape VIN# 1FMYU93135KD39942

Brad Miller moved and Steve Parker seconded the motion to approve Resolution 04-2013: Granting Authorization for Surplus of Northeast Tri County Health District Personal Property listed above. Motion carried.

RESOLUTION 05-2013:
ADOPTING PERSONNEL
POLICY CHANGE

Dave said a Health District employee must keep the vacation leave at or below the cap (225 hours) each month or lose any amount over the cap. The proposed policy change would allow the vacation leave amount to exceed the cap to the end of the calendar year which would give employees more flexibility.

Northeast Tri County Health District – Personnel Policy – Chapter 8 – 8.1
Vacation Leave:

Vacation leave may exceed the maximum number of two hundred twenty-five (225) hours throughout the current year, provided, however, any amount of unused vacation hours over the maximum (225) will be lost if not used by the end of the calendar year.

Upon severance of employment, employees will be paid for unused earned vacation leave of no more than two hundred twenty-five (225) hours regardless of actual balance.

Wes McCart moved and Dorothy Bergin seconded the motion to approve Resolution 05-2013: Adopting Personnel Policy Change as described above. Motion carried.

RESOLUTION 06-2013:
ADOPTING REGULATION
NO. 01-2013 FOOD SERVICE
REGULATION

Matt Schanz stated that in December, 2012 the State Board of Health (SBOH) adopted changes to the rules that govern retail sale of food products. The rules are used by local health jurisdictions to ensure safe food is provided to the public and had been in effect since 2005. The Department of Health (DOH), under the direction of the SBOH, updated the rules based on the 2009 Food and Drug Administration (FDA) Food Code and will take effect May 1, 2013.

Matt talked about modifications to the regulations including changes in the hot holding temperature; adding cut leafy greens and cut tomatoes to the potentially hazardous food list; egg pooling; clarification of properly washing produce; service animals; adding/incorporating the Cottage Food Law; employee health; serving or selling wild mushrooms; changes to children's menus; requirements for cook-chill and sous vide; rules pertaining to partially cooked meat; and grill marked meat. Wes McCart asked if the changes will affect farmers markets and if displaying cut lettuce at the market would be considered cut leafy greens? Matt said it only applies when it is processed and the WAC and guidance describe further exactly what leafy greens are. Steve Parker asked about concession booths at the fair with cut lettuce and tomato as condiments. Matt said it has to be kept on ice and is being done already. Matt noted that he hasn't received any negative feedback. Wes asked about the development and approval process of policies and procedures already in place. Matt said we have existing policies and procedures in place currently and slight modifications are done as necessary. If substantial policy development is needed, it is typically taken to the Board for approval and discussion.

Mike Manus said he used to work in the food service business and talked about his experiences with the inspection process. His experience was that it depended on the inspector you got and what mood they were in that day. He asked about the level of education and training that is provided to food establishments. Alice Robison is the primary Health District employee that does food inspections. Matt noted that Alice tries to provide a lot of education and training and does a really good job in the food program. Shirley Sands works in the food service business and said the last inspections they have had were complaint or concern based and it went very well. Matt said we try really hard to be a resource more than anything else and provide education. Mike Manus said it sounds like you are headed in the right direction. Steve asked if the Inspection Report Form of the Food Service Regulation was going to be used. Matt said its completion is a requirement. The report is divided into critical violations and non-critical violations. We mostly try to focus on important things during an inspection. This is just a modification to the existing report. Wes talked about the approval of the new DOH policies that usually move towards regulatory. Matt said the food program is more locally driven. The SBOH is still the entity that adopts the regulations. DOH gives support to local health jurisdictions by providing educational information published online and assisting with recalls at the federal level. They also provide us with training opportunities and workshops and support during outbreaks.

Wes McCart asked what happens if this Board doesn't adopt this? Matt said regardless of whether this is passed or not, it will become effective on May 1, 2013. The only reason for passing it at the local level is to assist with implementation and clarify how we will implement the rule. Dr. Artzis asked why you wouldn't pass it? Wes said he is hesitant when given new rules from anywhere as it can drive businesses out of business. As it relates to this rule, we want to make sure people aren't getting sick. Andy Braff said we need to put it in perspective. The Health District is required to enforce rules and regulations since we are a jurisdiction that they are answering to. Steve Parker said we are in favor of local regulations and want to make sure we are doing the right thing. Steve asked if this is generally more restrictive and comes with more fees. Matt said any change in fees must be passed in the form of a separate resolution. These changes haven't done anything to increase the fiscal burden on food establishments. The food code that was adopted in 2005 went from the Washington food code to a model food code that most states utilized. Washington had different requirements that made it difficult and created confusion with food chains around the United States when there were different regulations. The drive came from the private industry to make comprehensive codes for all to follow. The new regulations contain clarifications and more adjustments than actual changes. Wes asked if this is being driven from the state level or nationally. Matt indicated it was driven from both. An example of a change at the state level is with cottage foods. Matt said a change came two (2) years ago that allowed cottage foods to be sold out of a home kitchen. Other than bake sales or certain foods to be donated, the current rule has no allowance for producing food for the public in private home kitchens. The recent Cottage Food Law is incorporated in the new rule to allow small producers to use their home kitchen. The Washington State Department of Agriculture (WSDA) provides that service to cottage foods and the fees from WSDA are quite expensive. In the new food rule, specific foods will be permitted and inspected by the WSDA for small-scale retailers to produce in their home kitchen. Steve asked if that is relaxed. Matt said yes and noted that you can look at the WSDA process and fees on their website. He added that there needs to be a balance with how much you can produce in a home kitchen. Wes said we will have a WAC whether we like it or not and we will have to enforce it. Wes asked if our policies under old the resolution would still apply. Matt said yes with some minor modifications. Wes asked if the Board adopts this, would we have the ability to allow greater flexibility. Dave Windom said with the new rule we now will be able to hear appeals if someone did not agree with a provision of the rule.

Wes McCart moved and Steve Parker seconded the motion to approve Resolution 06-2013: Adopting Regulation No. 01-2013 Food Service Regulation. Motion Carried. Wes noted that the comment from Dave about the option for an appeal was what changed his mind.

EXECUTIVE SESSION

The Board adjourned into executive session for thirty (30) minutes at 11:40 A.M. per RCW 42.30.110 (i), (f). At 12:10 P.M., an additional ten (10) minutes was requested. The executive session concluded at 12:20 P.M. Chairman Shirley Sands stated that no action was taken.

RECESS

There was a break at 12:20 P.M.

Wes McCart and Karen Skoog left the meeting at 12:25 P.M.

RECONVENE

The meeting reconvened at 12:30 P.M.

COMMUNITY HEALTH
PRESENTATION

Joanie Christian highlighted the core functions of public health. Community health staff serves over 5,700 clients per year with 11% from Ferry County, 25% from Pend Oreille County and 64% from Stevens County.

Communicable disease activities includes: investigation of individual cases and outbreaks; collection, analysis, and dissemination of information to identify disease trends, including emerging infections; education and support for health care providers and the public; and planning and response for public health emergencies. Joanie reported that community health staff had a total of 417 communicable disease investigations in 2012 including: 157 chronic hepatitis C, 150 chlamydia and 91 pertussis investigations.

The family planning program is funded through the Title X program, which is administered by the Department of Health & Human Services (DHHS) and is the only federal program solely dedicated to family planning and reproductive health. Title X supports 4,400 clinics nationally and provides services to approximately five (5) million people each year. Through Title X services, an estimated 1.3 million unintended pregnancies overall are avoided. By law, priority is given to persons from low income families. Title X funds may not be used in programs where abortion is a method of family planning. Nationally, every \$1 invested in helping avoid unintended pregnancies saved \$4.02 in Medicaid expenditures alone. The program must guarantee voluntary participation of clients using family planning services. Staff working in family planning must sign a non-coercion policy stating that clients are not to be coerced toward any particular method of family planning, abortion or sterilization procedures, and services partaken by the client are solely their choice on a volunteer basis. Joanie gave each Board member a copy the non-coercion policy and the Board of Health Title X Orientation for Family Planning.

The family planning program provides patient counseling and education; breast and pelvic examinations; breast and cervical cancer screenings; sexually transmitted disease counseling, testing and treatment, including partner treatment; HIV prevention counseling, testing and referral; and pregnancy testing, diagnosis and counseling. Title X requires that pregnant women be offered information and counseling regarding each of the following options in a neutral, factual and nondirective way: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. By law and Title X requirements, confidential contraceptive services must be provided to minors seeking them. A large number of our clients come with a parent or the appointment is made by the parent. The clinician strongly encourages the client to talk about the appointment with their parents.

Take Charge is a state and federally funded program providing free family planning services to eligible men and women who do not have insurance or whose coverage doesn't include contraception. In 2012, 41.8% of our family planning clients were on the Take Charge program.

According to the Centers for Disease Control (CDC), the latest estimates show there are about 20 million new cases of sexually transmitted infections (STI's) in the United States each year that cost the health care system nearly 16 billion dollars in direct medical costs. Chlamydia is the most frequently reported bacterial STI. Early detection and treatment are crucial as it can cause damage to a woman's reproductive organs, leading to serious conditions including infertility and complications later in life.

Human papillomavirus (HPV) has been linked to cervical, genital and oropharyngeal cancers. HPV screening and vaccination can minimize the long term health effects of HPV. Approximately 21,000 HPV related cancers could be prevented each year by HPV vaccination.

Immunization has proven to be the most effective way to control the spread of diseases than can be prevented. According to the American Public Health Association, every dollar invested in immunizations saves 9.9 million dollars in direct health care costs; 33,000 lives and prevents 14 million cases of disease. Morbidity rates have dramatically decreased after the introduction of vaccines. Vaccination rates in the three (3) counties are amongst the lowest in the state, leaving our communities vulnerable to vaccine preventable diseases. In 2012, the tri-counties experienced outbreaks in varicella (chickenpox) and pertussis. In the fall of 2012, for budgetary reasons, the Board of Health voted to reduce immunization services to be budget neutral. The Health District will only provide immunizations for an outbreak, travel, guarantor (employer accounts), and influenza vaccination for Public Health Emergency Planning exercises. Due to lack of access, immunization services will remain the same as before in Ferry County. We continue to do the mandated regulatory work in immunizations. We are faced with the challenge of how to best utilize remaining immunization resources in an effort to increase immunization rates in the tri-county area. An immunization summit is planned for April 29, 2013 to strategize how to streamline our immunization work and utilize our remaining resources most effectively to make the biggest impact.

For over seventy-five (75) years, the Title V Maternal and Child Health program has provided a foundation for ensuring the health of the nation's mothers, women, children and youth, including children with special health care needs and their families. States and jurisdictions must match ever \$4 of federal Title V money received by at least \$3 of state and/or local money. At least 30% are earmarked for preventative and primary care services for children and for children with special health care needs.

The Women, Infants and Children (WIC) nutrition program is funded by the United States Department of Agriculture and in Washington is operated by the Department of Health to provide breastfeeding promotion and support, supplemental foods and referral services, education and counseling to low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five (5) who are at a nutritional risk and qualify financially. In 2012, WIC food checks brought \$874,628 into the tri-county economy to grocery and farmers market retailers.

The community health staff would like the Board to know that they are very passionate about what they do and how important their work is to the communities.

CHAIRMAN REPORT

Chairman Shirley Sands had no report.

BOARD OF HEALTH MEMBERS

Mike Manus said the change to online food worker classes makes it so much easier for the person and the employer. Matt Schanz said a kiosk station is available in each Health District office for those that don't have internet access.

ENVIRONMENTAL HEALTH REPORT

Matt said there are new Group B water system rules that will become effective January 1, 2014. These water systems serve less than fifteen (15) connections or fewer than twenty-five (25) people per day (and more than 25 people for less than 60 days per year). Matt attended an implementation workshop earlier this month about the implications of the rule. Because of budgetary reasons, the State had to discontinue that program. It may make sense for us locally to consider adopting our own version of this rule as doing so would allow for us to work with non-engineers to submit designs for these systems. If we chose not to adopt our own rule/program, only engineers could submit plans for these systems and new or expanded water supplies that require treatment because of an exceedance could not be approved. With a local rule, we could approve such systems and require monitoring. The State rule does not require any on-going monitoring bacteriological standards or nitrates. It may make sense for us to consider some basic monitoring in the interest of public health. Matt said there are 283 Group B systems out there right now and we see about seven (7) per year. He named off a list of stakeholders and individuals in the communities that may be interested in forming an advisory committee. He also extended the offer to any interested Board member. Steve Parker said this sounds like a good group of members to work on a good plan. Matt added that churches do not require any monitoring or evaluating since people are only in attendance once a week. Matt feels there should be follow-up and will be a topic of discussion.

Matt Schanz discussed the current fee schedule and the current \$900 violation fee for not having a sewage permit. He talked about giving people the option to meet certain conditions within a specific time period. Matt is proposing that we adjust the violation fee and offer an option to work with people in the compliance process. He explained the violation process beginning with notification letters and if not resolved, then we are forced to refer to the prosecuting attorney or issue a title notice. This method is effective in Pend Oreille County. Stevens County may not pursue those. Matt said occasionally the violation fee is paid and helps us recover costs. Brad Miller said the title notice has come up on a new owner attached to a title. Matt said the violation fee is not charged to the new owner. The fee is waived which happens a fair amount of the time. Steve Parker said the Stevens County Prosecuting Attorney has said that he won't go after cases when there are violations of public health code. Brad said even if you can convince the prosecutor, you have to convince the judge to impose a fine. Andy Braff said that in the past, we impose a hefty fine that will be waived if the conditions are met in a specific amount of time. Steve wants to see written documentation for authority to issue. Brad said more research needs to be done to line out where our authority lies. Brad said Matt is going in the right direction. Dave Windom said he would like to present fee increases at the July, 2013 Board meeting, but not pass until the October, 2013 meeting with an effective date of January, 2014. Matt asked for guidance from the Board regarding setting fees and recouping costs. Shirley Sands said we are looking for more compliance than fines. Matt asked if he should move forward with Group B systems and fee revisions. The Board concurred that Matt can move forward.

HEALTH OFFICER REPORT Dr. Artzis had no report.

COMMUNITY HEALTH Joanie Christian reported that influenza season is officially over. Some area hospitals have policies requiring non-vaccinated employees to wear masks during flu season, and rely upon the NETCHD Health Officer to declare flu season over so that masking requirements for employees can be lifted. The Health District ordered extra vaccine so we were able to accommodate all who wanted it.

Due to program reductions, the community and staff are making transitions. Because of staff reductions, Joanie said she is constantly trying to move staff around and is often times short-handed.

There is a potential chickenpox outbreak in the Curlew School District. Dr. Artzis noted that the Curlew School District has a high immunization exemption rate and it could be a difficult process. The chickenpox outbreak in Colville created a huge push-back and could be worse in Curlew. Joanie Christian said an outbreak is defined by five (5) children in a three (3) week period. When an outbreak occurs it is up to the health officer to determine the best course of action to prevent further spread of the disease. There are three (3) students with chickenpox currently. There was discussion about the dangers of chickenpox to immune compromised people that can be devastating and even fatal. Dr. Artzis talked about the dangers to pregnant women. Brad Miller asked if it is possible to protect those that are at the most risk. Dr. Artzis said that is a very good idea and the most effective way to protect them is to prevent spread of the disease in the community. Pregnant women can have a titer drawn to see if they are immune to chickenpox.

ADMINISTRATION REPORT

Dave Windom said we will be adding a part-time hourly position to the Colville community health office. Brad asked if that is the most cost effective way. Joanie said having a supervisor fill in for a WIC clinic or clerical functions such as data entry is not cost effective. Dave said an auditor told us that WIC costs us too much money which is partly due to having a supervisor/R.N. in Ferry and Pend Oreille Counties working in WIC.

Dave said he would like a Board resolution regarding the issue of gun violence being a public health issue. Mike Manus asked Dave if this would be similar to the letter he had sent to the Board stating that we don't agree that gun violence is a public health issue. Dave said that it is basically the key point of the letter. Mike Manus and Brad said they would support the resolution. Mike Manus suggests moving forward with a resolution.

Dave Windom talked about NEW Health Programs based out of Chewelah. They have seven (7) medical clinics and three (3) dental clinics and serve primarily Medicaid clients. Dave said he is considering renting a family practitioner a clinic/treatment room. He said it would be a way for us to rent some available space especially in the expensive Newport office. Mike Manus asked if we would want to rent space to a physician to be in competition with other practitioners. He said we would have to have agreement and cooperation from them. Shirley Sands asked what type of services would be offered. Dave said urgent care. Matt Schanz asked if that would apply to all three (3) offices. Dr. Artzis said he doesn't think that the doctors would allow that in Colville. Joanie Christian stated that she has concerns about moving this direction, as the agency currently has a very narrow scope of practice. The current policies, procedures and protocols, equipment and supplies are specific to the narrow scope. Though another 'provider' would be renting the space for an urgent care clinic, it would greatly change the scope of practice within the building, and we would really need to consider the new rules and regulations that we would need to operate under, and the implications it has for the agency before proceeding. Dave suggested counseling services in the Newport office where the push there is to improve mental health. He is working on a needs assessment in our three (3) counties. Brad said he would be in favor of reducing costs in Newport as long as we are mindful of the competition. Shirley said bringing in revenue can also end up costing more money with training of staff, etc. Dave said he is just exploring the idea at this point.

Dave said medical insurance premiums could increase by 14% – 19%. He is again urging staff to complete the incentive program to help decrease premiums paid by the Health District.

The spring all staff meeting will be held on April 30, 2013. Dave invited Board members to attend.

Dave is attending a business meeting with administrators tomorrow in Othello to discuss the reorganization of the Washington State Association of Local Public Health Officials (WSALPHO) that is currently under Washington State Association of Counties (WSAC). Currently the Board is completely powerless and we are looking to empower the Board by changing to one (1) vote per jurisdiction to make the system more equitable.

PAYROLL & VOUCHERS

Attached to these minutes are benefits amounts from February 5, 2013 through April 5, 2013; payroll amounts from February 5, 2013 through April 5, 2013; and voucher amounts from January 16, 2013 through April 10, 2013.

ADJOURNMENT

Chairman Shirley Sands adjourned the meeting at 2:15 P.M. The next regular meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, July 17, 2013 in Ferry County.

Respectfully submitted,



Samuel A. Artzis, M.D., Health Officer

By  
Kelly D. LeCaire Shirley Sands, Chairman

Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2013

General Fund:

			Total	Date	
Voucher #	<u>1300001</u>	through	<u>1300023</u>	\$ 15,652.84	1/23/2013
Voucher #	<u>1300024</u>	through	<u>1300033</u>	\$ 5,762.74	1/30/2013
Voucher #	<u>1300034</u>	through	<u>1300048</u>	\$ 5,748.65	2/6/2013
Voucher #	<u>1300049</u>	through	<u>1300052</u>	\$ 28,651.46	2/5/2013 Benefits
Voucher #	<u>1300053</u>	through	<u>1300080</u>	\$ 9,819.48	2/13/2013
Voucher #	<u>1300081</u>	through	<u>1300091</u>	\$ 4,974.17	2/20/2013
Voucher #	<u>1300092</u>	through	<u>1300109</u>	\$ 14,073.54	2/27/2013
Voucher #	<u>1300110</u>	through	<u>1300130</u>	\$ 11,389.78	3/6/2013
Voucher #	<u>1300131</u>	through	<u>1300134</u>	\$ 28,112.01	3/5/2013 Benefits
Voucher #	<u>1300135</u>	through	<u>1300161</u>	\$ 12,380.95	3/13/2013
Voucher #	<u>1300162</u>	through	<u>1300171</u>	\$ 5,635.91	3/20/2013
Voucher #	<u>1300172</u>	through	<u>1300191</u>	\$ 20,239.50	3/27/2013
Voucher #	<u>1300192</u>	through	<u>1300207</u>	\$ 5,908.42	4/3/2013
Voucher #	<u>1300208</u>	through	<u>1300212</u>	\$ 29,412.85	4/5/2013 Benefits
Voucher #	<u>1300213</u>	through	<u>1300242</u>	\$ 13,614.32	4/10/2013
Payroll			\$ 93,113.92	2/5/2013	
Payroll			\$ 93,408.81	3/5/2013	
Payroll			\$ 93,445.35	4/5/2013	
Total:			\$ 491,344.70		

Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2012

General Fund:

Voucher #		through		Total	Date
<u>1201029</u>			<u>1201044</u>	\$ 9,635.10	1/16/2013
<u>1201045</u>			<u>1201046</u>	\$ 3,720.12	1/30/2013