

**WEBER-MORGAN BOARD OF HEALTH
MINUTES OF MEETING
October 22, 2012**

The Weber-Morgan Board of Health held their regular meeting on October 22, 2012 in the Health Department library at 477 23rd Street. The meeting was called to order at 4:00 p.m. with Jay Jenkins presiding.

BOARD MEMBERS PRESENT:

Jay Jenkins, Chair	Tina Kelley, Vice-Chair
Craig Dearden	Dave Holmstrom
Neil Garner	Rich Harris
Ken Johnson	Jan Zogmaister
Jamie Grandpre	Kerry Gibson

BOARD MEMBERS EXCUSED:

Frank Brown

STAFF MEMBERS PRESENT:

Gary House	Louis Cooper
Colleen Jenson	Gwen Hadley
Cindy Pitcher	Lori Buttars
Brian Cowan	George Chino
Sondra Mitchell	

Welcome – Jay Jenkins

Jay Jenkins calls the meeting to order at 4:00 p.m.

Tour of Building Remodeling – Gary House

Information Only

Gary House invites board members to join him for a tour of the remodeled areas of the health department.

Approval of Minutes of August 27, 2012 – Jay Jenkins

Motion Passes

A **MOTION** is made by **Craig Dearden** and **SECONDED** to accept the minutes as written. The **MOTION** passes unanimously.

Monthly Management Reports-August and September – Gary House

Information Only

Gary House asks for questions or comments. There are none.

Building Remodeling – Gary House

Information Only

Gary House reviews the purpose of the remodeling project which was to improve customer service by giving more space to environmental health and vital statistics. The vestibules have drainage problems which have been corrected. The initial budget was for \$300,000, but the original contract for Wadman (\$255,000) plus two change orders for the chevron beam and the vestibules bring it up to \$314,842. Savings in the operational budget have absorbed 90% leaving only \$50,000 coming from the fund balance.

Food Handler Rule – Gary House

Information Only

Gary House references a packet with the food handler rule and position statement from the Utah Association of Local Health Officers. In January 2012, legislation was introduced that removes responsibility from local health departments to train and test food handlers. The bill was pulled and health departments, state Department of Health, Utah food industry, Utah Restaurant Association, and the food safety industry met during the summer with the author of the bill to determine what is in the best interest of the public. Weber-Morgan trains and tests nearly 8,200 people each year. Dr. Patton, Executive Director of the Utah Department of Health, asked local health officers to create a document that spells out what is best for public health which is training so people can pass a test and get a card issued. The card will be accepted statewide and the test is 30 random questions from a pool of 200-300 questions covering 3-5 categories. The drafted rule includes these elements. Trainers have to be registered and certified by the state. Currently there are no other trainers in Weber and Morgan counties, though other counties allow on-line training. If passed, multiple sites will be available for testing, but people will still have to come into the health department to get their card. The card is standardized statewide, good anywhere in Utah for three years, and costs \$15. On-line training/testing may cost up to \$25; we now charge \$10. There is discussion about pictures on the card, Utah Restaurant Association proposal, proof of identity, and trainer identifiers.

Pertussis Plan – Gary House

Information Only

Gary House tells board members that the state developed a plan to eliminate inconsistencies in response to pertussis outbreaks. He refers to a handout saying that the objective is to minimize the exposure and spread of the disease and decrease morbidity and mortality. Vaccination is recommended but some parents ask for exemptions for their children. If an outbreak occurs of a vaccine preventable disease, unvaccinated children may be excluded from school during the incubation period. Pertussis incubation is 4 to 21 days; five day antibiotic treatment is available. The packet includes form letters used to communicate with parents and schools. Mr. House walks through the flow chart on page 6 of the handout “Vaccine Exempt Exclusion Algorithm”. Exemption percentages in the school and number of classrooms affected are considered. Exclusions are considered and action is taken at the discretion of the Health Officer. There is discussion about wording in the plan (“should” vs. “shall” vs. “will”) and the number of exemptions in Weber and Morgan counties.

Accreditation Presentation – Gary House

Information Only

Gary House provides history of accreditation of local health departments which was introduced in late 2008. The concept has no legal basis which is normally why the 2,500 local health departments in America make changes. Handouts are referenced, one from www.publichealthaccreditation.org. The Public Health Accreditation Board (PHAB) started accepting formal applications in 2011; no health departments have yet been accredited. Initial private funding will expire and the process will be funded in the future through application fees; Weber-Morgan’s fee would be \$31,500. In Utah, three of twelve local health departments are pursuing this: Salt Valley, Davis, and Tooele. The idea is to be more accountable, increase performance, become more involved in the community, and help solve problems that are not just health related. The estimate is that

it takes 2 to 3 years if prepared and 3 to 4 years if not to be accredited. Initial review says we are not that well prepared though we are focusing on performance and customer service. There are multiple steps; pre-requisites include a community health assessment, health improvement plan, and a strategic plan. Davis County has been working on the community health assessment alone for 1 to 1 ½ years. The money (time) spent so far is between \$100,000 and \$125,000. Lewis Garrent, Director of Davis County Health, says his staff is burned out; they're spending money and not getting normal business done. This is a tremendous commitment and many health departments hire an accreditation coordinator. There is a seven step process as outlined on two of the handouts. Board members have a discussion about the Weber County Sheriff's office accreditation and the possibility of being sued. Mr. House suggests this is a significant process that requires an annual report and reaccreditation every five years. While there is merit to the concept, we must prove our business model is exactly what they want; every process and procedure is reviewed, and the capability and capacity of the health department measured. There are twelve domains: the first ten are the essential public health services, eleven looks at administration, and twelve is governance. Each domain has multiple standards or required performance, and each standard has multiple measures that evaluates if the standard is met. Measures require documents to prove you're performing at the level you say. Guidance is available but the structural framework is massive. There is a performance assessment tool for the Board to evaluate how they think the department is performing. He is committed to completing the four readiness checklists and asks everyone to read the article about the Board of Health in Kentucky and their assessment. **Ken Johnson** says that Kentucky did the field test and CDC was going to evaluate and make recommendations. January 2013 is the soonest Weber-Morgan could do the assessment. Regarding accreditation, he shares the process the Masters in Health Administration program at Weber State University just completed to gain accreditation. There was a cost and a lot of work but they finished with good ideas and quality improvement suggestions to work on. He says there are other organizations out there that support accreditation and if we want grants in the future, we should be thinking about it. It's not something to be afraid of and the difficulty has been over exaggerated. We shouldn't be afraid to be better. **Tina Kelley** shares two stories of NALBOH and PHAB representatives expressing the need to reduce government officials in public health. **Craig Dearden** sees no benefit to the Sheriff's office after accreditation and improvements can be done without it. **Neil Garner** suggests there are parts of accreditation that we should embrace and quality improvement projects be done now to make things better. **Rich Harris** questions the need for accreditation if staff is already licensed. Several board members express the desire to complete the assessment and to have the department complete the check list. It will take time. **Gary House** shares his view about public health funding, the need to continually review what we do, and timing of accreditation. He says health officers tried to get the state to establish a customized state accreditation program but they are not interested.

Budget/Financial Issues – Gary House

Information Only

Gary House tells board members that the department met with the Weber County Commissioners over the 2013 budget. It is about \$8,000,000 with zero net change between 2012 to 2013. Revenue and expenditures are about the same. Once adopted, it will be presented to the Board of Health. The sequestration issue relates to the last time

Congress raised the debt ceiling and a super committee was appointed to identify cuts which failed. Sequestration kicks in January 2013 where 8% to 10% across the board cut is mandated. NACCHO's newsletter (handout) is referenced which says that about \$525 million will be cut from CDC's budget. An issue under Obamacare is states' ability to expand Medicaid. The Governor, at a presentation last week, said the state can't afford it. \$90 million a year is the estimated cost.

Accountable Care Organizations – Gary House

Information Only

Gary House says expansion of the Medicaid caseload will happen largely across the Wasatch Front. 75% of Medicaid recipients live within the four health departments. Funds will be distributed through block grants to major health insurance companies who will then contract for Medicaid services. The four health departments are identified to supply smoking cessation, immunizations, and case management to high risk pregnant women through home visitations. If contracts come to be, we get a lump sum and Medicaid beneficiaries will have to come to our department for services. Primary care providers don't provide these services so we are not in competition with the private sector.

Public Comment

There is none.

The meeting adjourns at 5:37 pm. Next meeting is scheduled for November 26, 2012 at 4:00 p.m.