

AITKIN-ITASCA-KOOCHICHING
COMMUNITY HEALTH BOARD
MEETING MINUTES
June 22, 2012

MEMBERS PRESENT

Brian McBride
Shara Pehl
Leo Trunt
Laurie Westerlund
Ihleen Williams

OTHERS PRESENT

Tom Burke
Susan Congrave
Lester Kachinske
Marie Margitan

STAFF PRESENT

Karen Benson
Sue Erzar

OTHERS ABSENT

Cynthia Bennett

MEMBER ABSENT

Phyllis Karsnia
Heather Schjenken

CALL TO ORDER

The meeting was called to order at 10:00 a.m. by CHS Board Chairman Brian McBride. Self-introductions were made by those present.

REVIEW AND APPROVAL OF THE AGENDA

I. Williams made a motion to approve the agenda as presented; L. Trunt seconded the motion; motion carried.

MINUTES OF THE APRIL, 2012 MEETING

L. Trunt made a motion to approve the minutes as mailed; I. Williams seconded the motion; motion carried.

(L. Kachinske arrived at this time.)

FINANCIAL REPORTS

K. Benson presented the Financial Report which included:

CHS Administration May, 2012 – Expenditures in May, 2012 amounted to \$14,441.48, bringing year-to-date expenditures to 47,637.60 or 34.4% of the annual budget. With 41.7% of the year completed, expenditures are on track.

Women, Infant, Children (WIC) Program Monthly Report, May, 2012 - expenses for the month of May amounted to \$29,119 bringing year-to-date expenditures to \$216,215.00 or 76.1% of the \$284,054 planning level for the period Oct. 2011 - Sept. 2012. With 75% of the fiscal year completed, we are slightly ahead of the planning level.

Preparedness May, 2012 –. This grant is awarded for the period August 10, 2011 – August 9, 2012. Expenditures for the period September, 2011 –April, 2012 amounted to \$53,237.31 or 85.1% of the budget. With 75% of the budget cycle completed this is somewhat overexpended.

Statewide Health Improvement Grant (SHIP) - expenses for the month of April amounted to \$8,261.93 bringing year-to-date expenditures to \$30,063.93 or 17.6% of the \$171,000 allocated to our three counties through the CHB. With 33.3% of the year completed, this is underexpended, but expenditures are catching up in May and June.

TANF Home Visiting First Quarter, 2012 - expenditures in the first quarter of 2012 amounted to \$37,945.65 or 31.1% of the \$121,926 budget. With 25% of the year completed, this is slightly overexpended.

Women, Infant, Children (WIC) Peer Breastfeeding Support Project Expenditure Report, 2nd Quarter Jan 1 – March 31, 2012 – Presented By County: Aitkin - \$1,076 bringing year-to-date to \$2,152 or 42.7% of the grant amount; Itasca - \$1,260 bringing year-to-date to \$2,520 or 50% of the grant amount; Koochiching - \$2,520 or 50% of the grant amount. With 50% of the grant year completed, these counties are all on track.

Following the report, I. Williams made a motion to approve the Financial Report; L. Trunt seconded the motion; motion carried.

ADMINISTRATION UPDATE

Sue Erzar presented the Administration Update, which included information about:

Triad Update – The Triad had met and conducted a review of the past five and a half years of the administration system adopted in 2006, following the retirement of the previous administrator. Sue distributed a document (attached) detailing the Gap Analysis and Environmental Scan conducted, as well as a second sheet detailing the cost savings of the current system. Sue discussed the process which led to the system of a rotation of the three public health directors/supervisors taking leadership as CHS administrator. This review was brought to the Board for discussion and our

ADMINISTRATION UPDATE (CONTINUED)

Triad Update (Continued)

review continues to be an ongoing process. Board members are invited to share comments or questions at any time regarding their thoughts on this process. L. Trunt asked what is the rotation cycle? Sue explained that we began with a two year cycle, and went to a four year period most recently. It was decided to continue with Sue Erzar as Administrator through 2012 and continue the rotation of Administrator between the 3 county Public Health Directors/ Supervisors, beginning in 2013, at which time Cynthia Bennett, from Aitkin County, will serve as CHS Administrator. L. Trunt asked what is the analysis of cost savings? K. Benson said the attached sheet details the cost savings we will realize in the time period from 2006-2012. The analysis took into account costs of a full time administrator, versus our current compensation for part time CHS administrator duties. T. Burke stated that the reason this process has worked so well is that we have some very knowledgeable long term employees in the three counties and CHS staff. A lot of the success is because of the knowledge these people have and he expressed concern with what might happen as future retirements occur. S. Erzar said the group is very aware of the fact that we need to do succession planning, and this has been part of the Triad discussions. The group also discussed one of the weaknesses of our current system has been in Assessment and Planning. T. Burke asked if we should consider working with ARDC for planning or can we do more with the 4 county CHS area as we have in some of our recent grants? I. Williams said we need to be confident that the people we are hiring in our counties will have experience to take on some of these roles. S. Congrave said that one of the positives of the system for Public Health directors has been learning more about the CHS system. B. McBride observed that he has only been involved with CHS for 3 and ½ years, and this system has worked very well. S. Congrave said she hopes county boards are sensitive to how much we have saved and that we were ahead of the curve on this situation. This plan was developed trying to protect county boards because we had retirement costs which weren't vested.

Statewide Health Improvement Project (SHIP) Update – We have now entered SHIP.2, continuation funding has been provided for the next year, and we are working on healthy school food choices, safe routes to school, and transportation. Each county is currently looking at how policies impact these areas.

Electronic Medical Records (EMR) – All 3 counties are required to have EMR capabilities by 2015. S. Congrave and S. Erzar have been talking with the coordinator of the CHAMPS system. We plan to arrange a demonstration of the system in Aitkin County. Itasca and Koochiching have already had a demonstration. There is some possibility of a discount in cost if we purchase a system as a 3 county agency but each county would hold their own licenses. We hope to apply some of the CHS funds to match with contributions from each of the 3 counties. We hope to have more information at the August Board meeting. The group discussed the system and how it might interface with other electronic records systems. T. Burke asked if we should have an ongoing line item in the CHS budget for EMR? K. Benson explained that we have a set aside line item designating carryover funds for this purpose but we could certainly explore adding that line item.

ADMINISTRATION UPDATE (CONTINUED)

Transformation Grant – The 7-county region has received this 5-year grant from CDC. We had anticipated receiving \$600,000 and have received \$650,000. S. Erzar shared a handout describing the project. Projects are still being constructed in the 7 county area. One of the new areas explored in this grant is clinical services. This grant has some similarities to focus areas in the SHIP program. There will be a tobacco prevention effort handled in our region by American Lung Association. Sustainable Futures program in Duluth will coordinate food programs. L. Kachinske asked if this program will be the same in all three of our counties? S. Erzar said it will be similar but may have a different approach in different counties. Some efforts may start earlier in counties which are ready and may have a later start in counties which need to develop the initiatives.

(L. Kachinske and T. Burke left the meeting at this time.)

County Rankings - The Robert Wood Johnson Foundation and the University of Wisconsin have again done the County Health Rankings for Minnesota counties. Sue Erzar said that this is the second year this ranking system has been done, and it again provides a snapshot of our counties which can be used for planning. S. Erzar distributed copies of the Rankings for Board members. She noted that this ranking is designed to compare counties within a state, not state to state rankings. Our counties primarily use these rankings to spur discussion. M. Margitan said she felt it was useful to look at the quartile rankings versus individual rankings. Some of the factors measured can be controlled, others such as access to health care, we have very little control. Dr. Pehl noted that this information is from 2008-09. It doesn't reflect all of the work in public health in the last three years. S. Erzar said there is a website notation on the booklet if Board members wish to look at more detail on this study.

Joint Powers Agreement - The review and revision of the Community Health Board Joint Powers Agreement is now ready for review by County Attorneys. Public Health Directors will bring the agreement to their respective county attorney for review.

Community Health Conference - The annual conference is scheduled for October 3-5, 2012. Registration will open after July 16. If Board members are interested in attending, let Karen Benson know and she will coordinate your registration. She will also send out conference information when it is available.

Community Assessment, Prioritization and Planning – We are currently looking at a data framework and developing Assessment items which can be populated with local statistics. We hope to have a framework for this by the end of June. We will look at these data from each county's perspective. MDH has looked at health indicators and given us links to the data. Our regional Epidemiologist, Amy Westbrook, has taken the lead in developing a database which we can add to each year. S. Erzar said that once the data set is developed we will prioritize and set goals and objectives. She also noted that hospitals are also in an assessment process and we are working with them to compare data.

Environmental Services - The agency has changed its name to Food, Pools, and Lodging Services. S. Erzar distributed a chart showing linkages and structure of the agency.

LOCAL PUBLIC HEALTH ASSOCIATION (LPHA)

S. Erzar presented a report which included information about:

Tickborne Diseases - The group heard from a speaker that there is an increase in diseases, beyond Lyme disease, which are caused by ticks. He stressed the importance of using repellants and checking for ticks.

CHB Grant Invoicing Changes - We have been notified by MDH that federal grant reporting changes have led to the state requiring monthly invoicing rather than quarterly invoicing as has been done with many of our grants. This may lead to some delays in payment since we will be paid on a reimbursement basis rather than advance payments. This may be implemented as early as July. There will be greater use of Excel in reporting.

2012 Legislative Summary – Sue shared a copy of the summary which is also available on the LPHA website. She noted the highlights include there was no permanent reduction in the Local Public Health Grant, and that 15 million dollars was earmarked for SHIP. She encouraged the group to read the summary.

STATE CHS ADVISORY COMMITTEE (SCHSAC) REPORT

SCHSAC Representative, Cynthia Bennett was not at today's meeting but sent a written report to the Board.

PUBLIC HEALTH REPORTS

Itasca County

Sue Erzar provided information including:

Preparedness – With our flooding situation, all of our work in Preparedness is impacting how we have been able to mobilize and deal with the flood issues, especially in Aitkin County and also some areas of Itasca County.

Koochiching County

Susan Congrave presented a report for Koochiching County with information including:

Preparedness - S. Congrave noted that phone conferences for Preparedness have been helpful in the current situation. Our regional coordinator was able to quickly get information out to the areas impacted with weather related damage.

NEXT MEETING

The next meeting of the Board is scheduled for August 9, 2012, at 10:00 a.m. in Grand Rapids.

ADJOURNMENT

I. Williams made a motion to adjourn the meeting at 11:30 a.m.; L. Trunt seconded the motion; motion carried.

Respectfully Submitted,

Karen Benson
Staff Secretary

Brian McBride
CHS Board Chair

(SEE ATTACHMENTS)

ATTACHMENTS

AIK Tri-Ad: Evaluation of the CHS Administrator's Role

Situation: going from a full time CHS Administrator to one in which the responsibilities are shared among three PH lead staff, one from each county

<p>Background</p> <p>When did the change occur?</p>	<p>September 30, 2006, when long standing CHS Administrator retired</p>
<p>Why was the change made?</p>	<p>Needed to fund financial obligations of the Board Acquire funds to fund unsecured future liabilities (retirement benefits for employees) Realize efficiencies in administration Allow time to identify needs, assess and make recommendations for the CHBs future To be able to evaluate the roles and responsibilities of the CHS administrator's position Assess the productivity of previous CHS Adm</p>
<p>In re: to covering the CHS Administrator responsibilities, who does what?</p>	<p>Assignments/Responsibilities were broken down into: LPHAP planning, Fiscal management & state reporting requirements, Grant development, Legislation, SCHSAC, LPHA and General duties</p>
<p>Outcomes of making the Change:</p> <p>What have been the positives of this change?</p>	<p>Tri-Ad more familiar with CHS administration role and responsibilities Cost savings (Total=\$445,812; see attached) Administration and operations are more transparent Board has embraced change and supported necessary changes Board has supported tri-ad 100% Strengthening of Tri-Ad group and relationships between counties Increase communication and problem solving using both face-to-face, conference calling and webinar meetings More involved with policy at the state, local and regional levels Efficient and streamlined operation Cross training of duties and expectations Counties in CHS joint powers agreement support the CHS partnership Able to acknowledge personal strengths and interests</p>

What have been the frustrations?	<p>Additional responsibility and time required of the 3 Directors/Supervisors</p> <p>Grants manager has to be more flexible due to the structure, additional responsibilities and time required</p> <p>No lead planning person</p> <p>More meetings and time of the Supervisor/Directors, Grants Manager to complete duties to assure responsibilities are met</p> <p>Less ability to secure grants to meet local needs</p> <p>Can only meet basic requirements</p> <p>No one person to integrate public health activities and responsibilities at the Tri-County level</p> <p>Challenged by the responsibilities of the work; one person takes on a lot of the work</p>
Have you heard any comments from others re: how the organization is currently functioning?	<p>Less visibility as a community health board</p> <p>Difficult to coordinate the 7-county regional initiatives</p>
<p>Environmental Scan</p> <p>What are the present day circumstances within which the organization functions?</p>	<p>Push to increase transparency in government</p> <p>Restructuring due to several reductions in dollars coming down—very Timely</p> <p>Requirements to meet the LPHA law have changed (strategic planning, QI, planning process)</p> <p>Redesign efforts – health and human services</p> <p>Decreased funding for government at the local level</p> <p>Fragmentation of traditional public health responsibilities</p> <p>On-going succession planning (i.e. retirements)</p> <p>Accreditation on the horizon</p>

<p>Gap Analysis:</p> <p>In general, what do you see as the primary responsibilities and functions of a CHS Administrator? Your ideas might include other than what is currently happening)</p> <p>Are there gaps between the current role and what you think should be happening?</p>	<p>We cover the basic CHS responsibilities</p> <p>Do we need to hire a data collector, etc. for planning?</p> <p>A lead person to take responsibility for planning and coordinating the process/work</p>
<p>Recommendations:</p> <p>What are your recommendations regarding the sharing of the CHS Administrators responsibilities?</p>	<p>January 2013 transfer CHS Administrator designee to Aitkin, and continue to rotate.</p> <p>To be considered in the Future: Potential Funding to contract for planning and data analysis.</p>

AIK Tri-Ad: Evaluation of the CHS Administration Cost Savings

- Cost Savings Realized September, 2006 – September, 2012: \$445,812 (\$74,302/year)
 - Based on cost differential of .8 FTE CHS Administrator: Salary, Fringe, Travel and Home Office Costs vs. Costs of Triad Administration
- Vested Retirement and Account Established to fully fund future staff retirement.
- Retirement Costs in first 5 years = \$144,193
 - Board could not have paid these costs and hired a full-time CHS Administrator
- Additional \$ provided to counties = \$116,540
- Carryover Funds Available for special projects = \$30,405