

Ingham County Board of Health (BOH)
Ingham County Health Department (ICHHD) – Conference Room C
Tuesday, June 5, 2018

Minutes

ACTION ITEMS FOR APRIL: None.

In attendance for meeting: Martha Adams, Jan Bidwell, Lisa Bonotto, Sarah Bryant, Sally Meyer, Molly Polverento, Jennifer Race, Nino Rodriguez, Ruby Rodgers, Anne Scott, Derrell Slaughter, Lynne Stauff, Linda Vail

The meeting was called to order at 12:01 by Chairperson Derrell Slaughter. The April 2018 minutes were moved for approval by Lynne Stauff and supported by Garry Rowe; the motion carried and the minutes were approved.

Additions to Agenda: Strategic Planning updates were added as agenda item # 3.

Limited Public Comment: None.

Announcements: Garry Rowe provided an update about the Williamston High School Micro-plastics study, stating that the study had been completed and that the students had done a fantastic job. Garry offered a copy of the report to anyone who might be interested. Jennifer Race mentioned that the report could be emailed to all of the Board of Health (BOH) Members and it was decided that an email would be sent. Garry further mentioned that when the students began their project, he told them they needed a blank sample. The students decided to use Williamston High Schools drinking fountain for the sample. When they were analyzing their samples they found Micro-plastics in the school's drinking fountain water. Garry passed the information on to the Ingham Conservation District. Lynne Stauff asked if the preliminary report was available, Garry said that he had a copy of the report with him if anyone would like to see it.

Garry reported that there was a healthy checkout initiative, where instead of candy the checkout isle offers a healthier variety of snack options. He stated that the program began with Aldi and a big sign that says Healthy Checkout to alert parents. They would like to expand the program into Meijer. Martha noted that she had seen Kroger offering bananas for children in the produce isle.

Derrell inquired where the micro-plastics in the drinking water are coming from. Garry informed the group that the source for micro-plastics in the drinking water is unknown, but it is probably an issue with plastic piping and fixtures in the plumbing, not the groundwater. The students started out sampling in the Red Cedar River and the micro-plastics are probably not filtered at the Williamston Waste Water Treatment Facility. Garry mentioned that he is hoping to continue the study next year with a new group of students.

Derrell reminded the group of the upcoming Orientation which is to take place July 19, 2018 at 6:00m-7:30pm. The orientation will focus on Michigan health codes. Derrell went on to say that it would be a good opportunity for the group to learn about Michigan Health Codes.

1. Ingham County Community Health Center Update – Anne Scott

Derrell thanked Anne Scott for being willing to offer a presentation informing members about the Community Health Centers (CHCs). Anne opened by introducing herself as the Executive Director for Ingham County Health Centers and Deputy Health Officer for the Ingham County Health Department (ICHHD). The power point presentation Anne provided will be emailed to all BOH members. Anne has been in her current role since November 2017. Anne reported that last October, ICHC's added a new Health Center bringing the total number of ICHCs up to 8. Ingham County partnered with Sparrow and the VOA to make this possible. Anne relayed that the new clinic is located in at 430 Larch. That was an existing clinic that Sparrow and the VOA partnered to develop in 2013. ICHHD joined that partnership to create a more stable health center under our Federally Qualified Health Centers (FQHC). Anne explained that there are benefits we receive as an FQHC that will help the facility to be more financially stable. Anne further explained that Ingham County has been in a transition process with the facility and they are updating their electronic health record program. Anne invited the BOH to take a tour of the newly renovated waiting area. She explained that they received a grant to complete the work to create a more open, shared, and central check in area. This shared waiting area allows consumers to have access to all of the services and gives the patients a more seamless check-in process. It also enables ICHHD to add team spaces for a collaborative-based medical approach. Anne stated that there will be a grand opening once the signage arrives. Anne assured the BOH that they would receive invites for the event.

Anne spoke about payment reform and how it has transformed the way we receive payment from Medicaid and Medicare Programs. Anne further explained that there are additional changes being made with Medicaid and Medicare and that the programs are heading towards a more quality based as opposed to quantity based care system. Anne relayed that ICHCs have worked to improve the support systems and resources provided to ICHC staff, in order to create interdisciplinary teams in the health centers which can advance outcomes for ICHC patients. Care coordination (care management) is an essential cornerstone of this. Anne explained that ICHHD is looking to identify where CHC patients who need additional coordination of care are located. She explained that there was a major reorganization in 2017 which instated a model in that allows us to achieve those goals. This newly placed model allows nurses to oversee the care of more patients by organizing the coordination of care.

Derrell Slaughter inquired if this directive came from DHHS. Anne explained that it is more systemic and structural. Anne stated that there is a requirement to ensure that people really are in care and that their cases are being managed. Ingham County's CHCs have engaged in an incentive network where we as health centers are working with the health plans to ensure that patient's cases are being managed correctly. We get an additional incentive to manage patients in a more efficient way.

Lynne asked if the centers are using the electronic health record. Anne explained that we are using EPIC and that the CHCs are working to provide more primary care and increase communication across primary care facilities while still maintaining communication with the ER. Anne relayed that she believes this shift is a positive thing and that the new center will be up to speed and a great addition to the existing health centers.

Linda Vail explained that Sparrow is encouraging all clinics to use EPIC. Sparrow paid for Cristo Rey and Carefree to use EPIC, additionally Sparrow requested that the VOA clinic continue to use EPIC. Linda reminded

the BOH that the reality is that as a community, we are not on one health record and we will do the best we can. Linda explained that it is Sparrow's goal for all health centers to use one system.

Lynne inquired if Anne could provide numbers for the amount of patients ICHD's CHCs serve. Anne explained that the CHCs are seeing an increase in the number of patients each year. Anne reported that in 2017 we saw 24,209 patients, which was an increase from 2016. That number has been growing for the past 3 years. Anne believes that this push for quality care keeps people in care longer. She reported that we now have much more sophisticated add on systems that make managing patients more efficient. It helps the CHCs keep track of patients who are lost to care and allows for the opportunity to bring them back in. In terms of turn-over, Anne committed to locate that number. Anne went on to say that the CHCs are not losing patients, but gaining new patients with time. Derrell inquired if the 24,000 number of patients seen in 2017 were individual patients. Anne confirmed that the number represents individual patients.

Lynne asked what percentage of the people aren't in the private pay. Of the denominator of in this area of folks who are on Medicaid, what percentage are served by the community health centers? Linda Vail explained that the ICHCs had about 17-18000 on healthy Michigan plan a few years ago, that might have changed, but a certain number of them will also be on full Medicaid as well. The uninsured population has went down considerably. We are looking at the high 28,000-30,000 between uninsured, healthy Michigan and Medicaid.

Anne explained that there is a tool that we use to measure people that are 200% federal poverty level and medically underserved. She relayed that this tool tracks this data and our penetration into that target population. Of our patient population, Anne reported that the CHCs are approximately 75% Medicaid. Most of the patients we serve are in Medicaid or on Ingham Health Plan. She further explained that the CHCs have a robust program in our clinics to enroll patients and that there are we outreach and enrollment dollars available to hire public health workers who focus on getting people enrolled in eligible programs.

Derrell asked Anne if she could discuss the structure in place in Ingham County regarding the CHCs and the CHC board. Anne said that ICHD's CHCs are considered a co-applicant and as a FQHC we have to have a board that is comprised of 51% users/patients of the center. This CHC board and the Board of Commissioners (BOC) are acting as co-applicants for the health center funding. To be a FQHC, those two boards work as co-applicants. When the CHC board approves items, it also must be approved by the BOC. They work together to drive what we are doing in the health centers. The directive of the CHC board is to have a voice representative of the patient population and the strategic plan also outlines our objectives with patient care and patient services. Derrell inquired about funding for the CHCs. Anne explained that the CHC program grant is about \$2,000,000 and the general fund contributes another \$2,000,000 which covers the health center primary care functions. Anne reported that the CHCs also receive funding from Health Care for the Homeless, from the State and Federal Government for Ryan White (HIV care) and that both are large programs available in our CHCs. The Ryan White services about 500 patients and is the second largest Ryan White program in the state. In terms of quality, Anne reported that ICHD is well recognized in this program and looked to as a model. ICHD's CHCs also receive funding for Title 10 which is Family planning service and is based out of Women's Health. This program has been promoted in the media lately due to potential upcoming changes. Anne stated that ICHD and Planned Parenthood are the two largest recipients of Title 10 in our community.

Derrell inquired about which schools currently have clinics in them. Anne replied with the list of schools including Sexton, Eastern and Willow. (Anne noted that the Willow clinic was not on school grounds and is located near Willow Elementary) Anne sees school clinics as a huge area that ICHD can grow in. Anne went on to explain that there has been dialog between ICHD and the schools to determine how the clinics can be the most effective.

Nino mentioned that there will be a new building for one of Ingham County's high schools and wanted to know if there will be a new clinic in the new school. Anne explained that the school district has made a significant investment for a new clinic in what will be the new Eastern High School. There is an expectation from the school district on how the clinic will service district families. Anne reported discussion within Eastern's school district on how the school health center practices could be adapted to meet the need of the patients and families. Nino inquired if the school clinics will be overseen by the CHC Board. Anne explained that they are under the same board. Nino asked if anyone from Eastern High School is represented on the board. Anne said that there was not any one from the school currently serving, but acknowledged that having a representative on the board would be a good idea.

Nino went on to explain that he was on the original board for the first school clinic in 1997. 11:30pm they had to call the media so that they could tell the community why they needed to have a school based clinic, and then the Board of Commissioners approved it. There was then volunteer work to open the clinic. The only thing Lansing school district did was donate the space. We cannot forget that the Kids are number one. Sexton was different. The teachers were on the board, the principle was on the board.

Linda explained that was before we received FQHC status. The composition of that board became 51% consumers. Recruiting consumers to the board can be difficult so adding other people to the board can also be difficult because we have to maintain that 51% balance.

Nino stated that there are problems with how we communicate and how we provide the services to the schools. Nino offered to help as much as he can on both side and recommended keeping record of everything needed. Nino expressed interest in visiting the new clinics in the fall and requested a follow up presentation from Anne in 6-7 months. Derell inquired if there was anything that the BOH can do to help. Anne explained that the clinic boards are in a recruitment and building phase at the moment. The board is currently very small, and that each time a member is added that is not a patient, another patient must be added as a member to keep the balance and goal of diversity.

Nino asked if Anne sees differences in the services that are provided in the schools and the other non-school clinics. Anne stated that we offer primary health care in the schools. This school-based service allows high schoolers to be seen conveniently in their own school and working parents aren't required to take time off to take them for health care. Anne reported that school-based health care brings health care into the school setting by gaining consent from parents to treat their children while they are at school. These school-based clinics really enabling health care access to students who may not otherwise have access. Anne stated that the centers also offer confidential services and screenings for mental and behavioral health. These type of services are desperately needed by our adolescent population and we provide access. Anne explained that part of what we need to do is work as a team and consider how to be supportive without overstepping our boundaries. Derrell thanked Anne for her presentation and the work they are doing.

2. Public Health Update – Linda Vail

Linda Vail reported that ICHD is busy as always, and that it is budget season. She shared that the hepatitis A outbreak continues and ICHD has received extra funding to assist with this. Linda reported attending the National Rx Abuse & Heroin Summit and that this continues to be a pressing issue for all of us. Linda invited the BOH to walk through the renovated space to see the changes.

Lynne inquired about the budget outlook. Linda explained that it is a status quo budget. She reported that ICHD asked for an additional \$300,000 that is related to personnel costs. Lynne asked about positions that were left open last year. Linda explained that any positions left open were done so that ICHD wouldn't have to eliminate them this year. She explained that there are a few capital

improvements that ICHD is considering. The building as a whole was originally intended to be renovated 4 or 5 years ago, but was not due to budget limitations. Now ICHD is looking to renovate one area at a time. ICHD is currently looking at a card reader system to add to additional security and eliminating the coded doors.

3. Strategic Plan Workgroups - Derrell Slaughter

Group #1 (Advocate for Policies/Programs to Reduce Preventable Perinatal Deaths) met briefly with Regina and Tracie and have a follow-up plan to the letter that was submitted to county facility employees reminding them about the counties resolution regarding breast feeding. Molly reported that a fair standard law exists that requires facilities to provide space for women to breast feed. Group #1 will schedule a follow-up meeting with Regina to discuss ICHD's 3 point plan. Group #2 (Advocate for Changes in Policies Which Create Barriers to STI & HIV/AIDS Screening & Treatment) Martha Adams reported that Ruby updated the group regarding bills in the House changing current HIV laws; especially changing failure to disclose from a felony to a misdemeanor and talking to Ruby about what kind of outreach they should be implementing with legislators. Ruby is preparing persuasive talking points for the board to ensure the correct facts are being communicated. Molly stated that will continue to report updates the HIV bill status. Ruby supplied group #2 with an update on the Hep A outbreak. Derrell mentioned that he has seen ads on Facebook and on billboards regarding the Hep A outbreak On behalf of ICHD. Group #3 (Promote ICHD Adolescent & Adult Vaccination Activities), Created a list of questions and will follow up with Ruby.

Derrell encouraged everyone to meet with their staff member during the off months.

Meeting adjourned at 12:59 pm.

Board of Health Orientation- July 19, 2018 at 6:00pm-7:30pm in Conference room B

Next Board of Health Meeting: 12:00 pm on Tuesday, August 7, 2018 in Conference Room B at the Ingham County Health Department, located at 5303 S Cedar Street in Lansing.