

**SOUTH CENTRAL PUBLIC HEALTH DISTRICT  
Board of Health Meeting  
January 23, 2008**

**Board Members Present:**

Everett "Buck" Ward  
Marvin Hempleman  
Linda Montgomery  
Don Clark  
Tom Faulkner  
Peter Curran

**District Staff Present:**

Rene LeBlanc, Director  
Bonnie Spencer, Operations Director  
Merl Egbert, Environmental Health Director  
Tom Machala, Communicable Disease and Prevention Director  
Maggi Machala, Community Health Director  
Bruce Fox, Public Information Officer  
Karyn Goodale, Public Health Preparedness Manager  
Kathlyn Egbert, Management Assistant

**Board Members Excused:**

Marypat Fields  
Don Billings

**Guests:**

Jeff Hepworth, Attorney  
Nate Poppino, Times News

**Board of Health Minutes**

The Board of Health meeting was convened by Mr. Ward at 1:40 P.M. Mr. Billings and Ms. Fields were excused.

**MOTION (made by Mr. Hempleman, second by Mr. Clark): "I move that we approve the minutes of the November 28, 2007, Board Meeting as mailed." Motion passed unanimously.**

**Legislative/Trustee Report**

Mr. LeBlanc previewed the Health District's presentation for JFAC. Our original funding request for a maintenance budget for all Health Districts was \$11,747,800; the Governor's recommendation is for \$11,040,500 that includes \$380,500 (20%) for the mandated 5% salary increase. Using last year's funding formula, our District will have a shortfall of \$270,000 for FY 2009 personnel. The trend for funding shows a decrease in contracts and state and county contributions with an increase in fees assessed to our clients. We cannot continue to push the costs on to the clients because we run the risk of costs being a barrier to services.

Mr. Hempleman reported on the recent Trustees' conference call. One topic discussed was a ruling in Ada County that could prevent Health Districts from borrowing from the Idaho Health Facilities Authority for multi-year projects. We would need to pay for all projects within the same year. A proposed word change to the code (Article 8, Section 3) was suggested so the public health districts could borrow and finance payments over multiple years. This will be discussed further during the next Trustees' conference call.

The Idaho Association of Counties is monitoring the legislative activities and will report on items of interest to us.

After last year's IAB Conference, it was decided to form a committee to address food program fees and develop a funding formula. The set dollar amount for an inspection was removed from the legislation last year. The Trustees discussed whether to go for a state-wide fee or individual district fees based on cost and how much of the cost should be passed on to the vendor. Mr. Hempleman preferred going by individual districts and splitting the costs 50/50 with the vendor. Some of the other Boards would like to pass the full inspection fee on to the vendor. Another option is a 70/30 split which credits back what the districts receive from state and county funding. Other ideas discussed for funding formulas could be high risk/low risk, square footage, type of establishment (restaurant, convenience store, supermarket), and annual revenue. It was suggested that fees be based on the amount of time an individual inspection takes so that small establishments with low risk would not be subsidizing the "big guys." Russ Duke will convene the committee.

The Conference of District Directors (CODD) submitted a letter in support of Idaho's participation in the Multi-State Learning Collaborate for Performance Assessment and Accreditation of Public Health Departments. The Idaho Public Health Association will write the grant to request funding for this accreditation process.

Another item discussed by CODD was a conflict of interest policy and whether Board Members signed a statement saying they have read Idaho Statute 18-1351 et seq., Bribery and Corrupt Influence Act and Idaho Statute 59-704, Ethics in Government. Our Policy .015 Employee Conduct and Conflict of Interest policy has been edited to include an acknowledgement form. Mr. Faulkner recommended adding lines for Board Members and employees to note any potential conflicts.

**MOTION (made by Ms. Montgomery, second by Mr. Faulkner): "I move that we authorize Mr. Ward to sign Policy .015 to include an acknowledgement form with recommended change." Motion carried.**

## **Operations Report**

Ms. Spencer reviewed the Comparison to Budget report for the first half of FY 2008. Revenues remain strong coming in a little over budget. Fees for clinical and preventative services are well over budget. With the extra revenues there was no need to draw upon the budgeted reserve amounts yet. Personnel expenditures are unusually close to the budgeted amount. Operating expenditures are over budget but should taper off to the budgeted amount by the end of the fiscal year. The pass-through account balance is \$435,979 (the lowest it has been in four years). Most of the carry over expenditures this year have been made more quickly than in years past.

A comparison report for the Diversified Bond Fund and the JEPA account returns was reviewed. Interest returns in FY 2006 show the Bond fund performing better, but FY2007 and half of FY 2008 show that JEPA has performed better. Ms Spencer solicited input from the Board whether to keep funds in the Diversified Bond Fund or move them to the JEPA account. It was decided to leave the accounts as is unless a large change is made.

Ms. Spencer reviewed the personnel report as of December 2007. The total number of employees and total FTEs went down with the deletion of three positions that have been on the books but not filled for some time. Employee years of service remained stable. There were 11 expired appointments that have been filled; and currently, there are no vacant positions.

Ms. Spencer gave an update on our business process assessment and software replacement plan. We are continuing work with PHFE that will help us develop an overall software replacement plan that touches every employee and everything we do. They will also develop a list of all the business and technical requirements for our clinical, environmental health, and fiscal software systems. They will develop the request for information documents which will include all the identified requirements and will assist us in reviewing responses we receive and develop a summary report. Finally, they will assist us in selecting the vendor solutions that will work best for us. Hopefully this process will be completed by June with costs prepared for the budget revision in August or September.

### **Community Health Report**

Ms. Machala presented information on two excellent examples of public health collaborative process. Overall, our Health District has a shortage of oral health providers and a high percentage of residents without dental insurance. An Oral Health Initiative was developed to address access to oral health care for low income, pregnant women because providers do not accept Medicaid. There is a direct correlation between pregnant women with periodontal disease and an increased likelihood of them delivering a preterm infant. Our initiative asked dentists to see women with periodontal disease who are referred by their prenatal provider resulting in responses from dentists in all counties but Blaine. With support from Dr. Curran, Blaine County Board Member, contact was made with the president of the Blaine County Dental Health Association who invited Ms. Machala to present to their group. Every dentist agreed to participate in the initiative at some level. Letters will be sent to the prenatal providers letting them know where they can send their clients for oral health care.

The second example is our Diabetes Head-to-Toe Clinic that travels to rural areas within the District and is supported by over 20 collaborative partners. It has been institutionalized with volunteers providing complicated prevention screenings at clinics scheduled in the spring and fall. Ms. Machala took a poster presentation of this project to the National Prevention Summit in Washington, D.C., put on by CDC and Health and Human Services. Currently only 3% of healthcare spending is for public health. There needs to be a health care system that rewards wellness whereas our current system provides more reimbursement for complications. Healthy People 20/20 focuses on well-being (defined as a direction of movement more than a state), what assets and strengths do communities have rather than what is wrong. The primary focus of Healthy People 20/20 will be risk factors and social determinants of health (like housing, education); secondary will be diseases and disease conditions. Public Health will be moving in a more socio-ecological approach with a future in genomics and environmental redesign. Healthy environments make healthy people.

**Public Health Preparedness Report**

Karyn Goodale invited Board Members to attend the upcoming Pandemic Influenza Tabletop Exercise on January 31. This year’s focus is mass fatalities plans with ethical and legal factors and obligations discussion.

**MOTION (made by Mr. Faulkner, second by Ms. Montgomery): “I move that we go into Executive Session as authorized by Idaho Law 67-2345 for the purpose of discussing employee or real property issues.” Motion carried.**

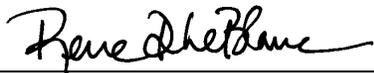
The Board returned to regular session at 4:35 p.m.

**MOTION (made by Mr. Falkner, second by Ms. Montgomery): “I move that we authorize Mr. Hepworth to draft a letter of intent (for Mr. Ward’s signature) to enter into negotiations to purchase property from The Walker Center with an offer of \$50,000.”**

**MOTION (made by Mr. Faulkner, second by Mr. Hempleman): “I move that we adjourn.” Motion carried.**

Meeting adjourned at 4:40 p.m.

  
\_\_\_\_\_  
Everett “Buck” Ward  
Board Chairman

Attest:   
\_\_\_\_\_  
Rene R. LeBlanc, Director  
Secretary to the Board

Board Minutes approved on February 27, 2008