

BLACK HAWK COUNTY BOARD OF HEALTH MEETING

July 24, 2019

The meeting of the Black Hawk County Board of Health was called to order at 7:31 a.m. by Chair, Rev. Dr. Mary Robinson, in Room 420 of the Pinecrest Building, 1407 Independence Avenue, Waterloo, Iowa. Members present: Dr. Adam Roise, Dr. Catherine Zeman, and Attorney Mike Treinen. Absent: Dr. Wesley Pilkington and Vice-Chair Bonnie Sadler. A quorum was met.

Others present: Dr. Nafissa Cisse Egbuonye, Eileen Daley, Salem Fauser, Terry Helinski, Ashley Hulbert, Patti Humpal, Maddie Kemp, Linda Laylin, Megan Olmstead, Jared Parmater, Joshua Pikora, Greg Powers, Lori Rottinghaus, Toki Selby, Lisa Sesterhenn, Ameera Tahir, Herb Weber, Justin Weber, and Robin Speicher Windolf.

Unless otherwise noted, all actions were approved unanimously.

I. Approval of Agenda – For Vote

Discussion: Removing item B from section IX, delaying to another month per Deputy Director Eileen Daley.

Action: Dr. Roise moved, and Dr. Zeman seconded, to approve the amended agenda as discussed. Motion carried.

II. Approval of Minutes – For Vote

Discussion: none

Action: Dr. Roise moved, and Dr. Zeman seconded, to approve the June 26, 2019 Regular Meeting minutes. Motion carried.

III. Public Comments – No public comments

IV. Introductions

Manager Joshua Pikora welcomed new hire Salem Fauser, Public Health Nurse (Tuberculosis Case Management).

Program Manager Jared Parmater welcomed new hire Ameera Tahir, Environmental Health Officer (Food Safety Inspections), who previously interned for Black Hawk County Health Department last summer.

Dr. Roise introduced the medical students visiting the Health Department, Ashley Hulbert and Greg Powers.

V. Presentation: Amanda Kirchhoff, Director of WIC from Operation Threshold, presented on WIC program updates. Ms. Kirchhoff provided a handout to the board with a summary of program updates.

Summary of Updates:

- Serving Benton, Black Hawk, Bremer, Buchanan, Chickasaw, and Grundy counties.
- Breastfeeding Action Plan – Promote breastfeeding as the norm
- Heart Button Counseling – New approach to traditional WIC teaching by using emotion rather than logic to drive behavior change.
- Quality Improvement – Confidentiality
- Outreach – Close the gap between enrollment and participation

Discussion:

Rev. Dr. Robinson inquired how moms are being introduced to services and whether it is at the hospital when the baby is born. Ms. Kirchhoff stated that the Moms are eligible for benefits as soon as they become pregnant; they are eligible for milk and food items as well as after the baby is born. Rev. Dr. Robinson asked if they see demographic changes year to year. Ms. Kirchhoff said there was a recent push to serve women (breastfeeding, etc.) of color to reduce mortality rates in infants in this population.

Dr. Zeman asked if participants could use this benefit at farmers market. Ms. Kirchhoff responded that yes, a benefit is available for farmers market, which will receive vouchers for each qualified participant for each season.

VI. Health Department Update presented by Dr. Cisse Egbuonye:

- The department is continuing to fill vacancies, including Joshua Pikora's previous position (Epidemiologist).
- Laurie Walkner from University of Iowa Public Health is assisting in advertising for MPH positions.
- Gale Mote Workplace Culture training continues, and the Health Department is working on internal communication strategies and an overall better understanding of roles involved with the bigger initiatives that are happening.
- Eileen Daley and Dr. Cisse Egbuonye presented at the NACCHO Annual Conference earlier this summer: Improving the Community's Health: Inclusive of All People.
 - Black Hawk County Immigrant and Refugee population (5% are foreign born)
 - Black Hawk County Health Department Vision and Mission statements
 - 24/7 Wall St. Article Referenced Study: 15 Worst Cities for Black Americans Today-USA Today
 - Public Health Role: Health Equity Strategist
 - The Health Department will function to serve as a resource to partners who are:
 - Advocating for equity where we play, work, learn, and worship
 - Advancing unique and culturally sensitive strategies that promote human development and optimal health
 - Promoting a system of shared community assets to guide the work of local partners to reduce health disparities
 - Engaging Inquiry "Hosted Conversation"
 - Pre-engagement of stakeholders
 - Eighty-eight percent (44 of 50) stakeholders participation, representing approximately 30 academic, non-profit, health care, governmental, and community-based organizations
 - Sustained engagement of stakeholders
 - What has been discovered locally:
 - Identified 13 driving forces in response to the question "What accounts for the current level of equity experienced by our community?"
 - Completed an upstream-downstream analysis of each driving force
 - Created 50 dynamic feedback loops that show different forces and factors are connected into key patterns that explain how the broader system works (map development)
 - Created a deep structure with our core team members on Friday, June 28, 2019 to depict and narrate this structure to gain clarity, after listening to 50 dynamic feedback loops. The deep structure is the beginning of our story, while the goal of the map is to illustrate the complexity of the system and to capture the patterns underneath the problems.
 - Next Steps
 - Working with consultants Human Impact Partners and Engaging Inquiry to

develop and implement the MAPP process.

- Continue the work of engagement with the community and stakeholders
 - Kresge Foundation – this grant has allowed Black Hawk County to implement this level of engagement in the community and to develop our role as Health Equity Strategist.
- Dr. Cisse Egbuonye was invited to participate in a panel at NACCHO on how global health models are being used at a local level. As for an example of how that would look in Black Hawk County: there could be a global model of a community health worker that would work for the Community Health Worker within the Congolese community in Black Hawk County.
- On July 30, 2019, there will be an all staff training on Health Equity, and on July 31, 2019, there will be a stakeholder's group workshop to continue the engagement process. This process has been well received by the community, and everyone is very excited for these workshops next week.

Discussion:

Dr. Roise thanked Dr. Cisse Egbuonye for the updates on what has been going on in his absence. Dr. Roise is very impressed with all of the community members involved and excited to see where this will take our community.

Dr. Zeman added that this is an excellent presentation and likes that systems theory is being utilized.

Rev. Dr. Robinson is very impressed that Black Hawk County is being represented at a local and national level thanks to Dr. Cisse Egbuonye.

Rev. Dr. Robinson added that she is also impressed with the systems mapping process because it allows everyone to see the big picture and vision. This demonstrated how each negative action could be connected to another negative outcome in the community. Rev. Dr. Robinson commended Dr. Cisse Egbuonye and the staff for all of the good work being done.

Dr. Roise commented that there were quite a few different groups represented at the events, but are there other groups that still need to be engaged. Dr. Cisse Egbuonye stated that yes, there are other groups that need to be engaged, and the consultant partners will be helping the department identify those groups.

VII. Well Variance Request – For Vote - Jared Parmater

Discussion: Dr. Zeman and Dr. Roise inquired if FEMA maps were reviewed by Department of Natural Resources. Mr. Parmater stated that yes they were reviewed by Russ at Department of Natural Resources and were approved with recommendations attached. Dr. Roise inquired if the road ditch language in the code is that rainwater is the biggest concern. Mr. Parmater confirmed that that is correct.

Action: Dr. Roise moved, and Dr. Zeman seconded, to approve a well variance to reduce the setback from 25 feet to no less than 18 feet between a proposed new private well and a road ditch at 244 S. Nesbit Rd., Waterloo, IA 50703. Motion carried.

VIII. Financials

A. Disbursements* – For Vote

Discussion: Patti Humpal provided an overview of the disbursements and explained some of the costs.

Rev. Dr. Robinson inquired about the US Bank disbursement. Ms. Humpal stated this is the credit card and multiple items are purchased with the credit card.

Action: Dr. Zeman moved, and Dr. Roise seconded, to approve to pay the bills as presented. Motion carried.

B. Patti Humpal presented the Financial Report as of 07/18/2019 to the Board.

Discussion: No discussion.

IX. Grants and Contracts Memo-Consent Agenda* – *For Vote*

The following items will be acted upon by vote on a single MOTION, without separate discussion, unless someone from the board or the public requests that a specific item be considered separately.

- A. Grant Application (Renewal) FY20 – Leveraging Strength in the African Immigrant Community, Otto Schoitz Foundation
- ~~B. Sub-Contract Agreement (New) FY20 – Dietician Services, Operation Threshold – WIC~~
- C. Sub-Contract Agreement (Renewal) FY20 – Skilled Nursing Services, MercyOne Waterloo Home Health Care
- D. Sub-Contract Agreement (Renewal) FY20 – Laboratory Oversight Services, University of Iowa (State Hygienic Lab)
- E. Contract (Renewal) FY20 – 1st Five Healthy Mental Development, IDPH
- F. Contract (Renewal) FY20 – Immunization Services, IDPH
- G. Contract (Renewal) FY20 – Child Care Nurse Consultant Services, Child Care Resource & Referral of Exceptional Persons, Inc.
- H. Contract (Renewal) FY20 – Intervention Implementation in Target Populations, IDPH

Discussion: Item B removed per amended agenda.

Rev. Dr. Robinson inquired on what the 1st Five activities are in item E.

Ms. Daley answered that activities include work with primary care providers to screen for developmental issues (mental or social) and to link services for families in need of those services. Ms. Daley stated that provider engagement is a big part of the activities, and that two thirds of the work is with the providers and community partners. Engagement begins with the providers performing the medical model screening then referring for services through the 1st Five Program. Ms. Daley added that there is a current profile of screening being used, but program staff is working on ensuring that all children from all races, social and economic levels are screened so that it is a more systematic approach and providers are not pre-selecting children for those screenings. Black Hawk County Health Department is responsible for the following counties: Black Hawk, Bremer, Buchanan, and Grundy counties.

Rev. Dr. Robinson asked if the providers are engaged and participate in this screening process.

Dr. Cisse Egbuonye stated that the model is really to engage providers, but at a certain point, there will be a plateau, so the question is what we can do to get the health systems leaders involved and to emphasize the importance of this program and have a greater reach. Dr. Cisse Egbuonye visited with the chief bureau from the state at a recent site visit, discussing the leadership levels and reducing barriers for all populations and how to do this strategically from the state level. Momentum at both the top and the bottom is important to make sure that all providers of a bigger entity are involved in this referral process.

Dr. Roise stated that it is hard to implement processes like this at the local level because of the big systems already in place and that the electronic record controlled at the big level.

Dr. Zeman asked if the interactions are shifting to include environmental and social determinants of health. Dr. Roise said that yes those things are included in the initial screening process for everyone, no matter the age group, but this may be completed by the rooming staff and may very well bypass the doctor and will go straight to the social worker for referral to appropriate agencies to link for services.

Ms. Daley informed the board that the screening has shifted to use other assessment tools during well-child exams specifically to target this age group. The focus is on working with community partners and primary care providers (pediatricians and family practices).

Action: Dr. Roise moved, and Dr. Zeman seconded, to approve items A-J as presented on the grants and contracts memo with the removal of item B. Motion carried.

X. For Information Only

A. June 2019 Clinical Laboratory Improvement Amendments (CLIA) Site Survey Report – Eileen Daley

Ms. Daley stated the lab visit went very well. Ms. Daley thanked Brenda Hostetler for the day-to-day operations and excellent record keeping and for keeping the lab running smoothly.

B. Communicable Disease Update: Ebola emergency declaration and Cyclospora cases – Joshua Pikora

Mr. Pikora provided a handout to the board summarizing the updates.

Mr. Pikora reported on the ongoing Ebola outbreak in the Congo – the WHO committee declared the outbreak as a public health emergency after a traveler was identified with Ebola at an airport. There were no changes in recommendations, and the declaration is to help the Congo with resources.

Discussion: Rev. Dr. Robinson inquired if the rebel activity has continued to hamper the severity of this emergency. Mr. Pikora confirmed that it has.

Dr. Zeman inquired on how many new cases are being identified. Mr. Pikora stated about 80 cases per week overall.

Dr. Zeman asked if there are plans to use experimental vaccines. Mr. Pikora stated that WHO and the Congolese Ministry of Health are looking into that, but they may not be able to supply enough of the vaccination and work is being done with manufacturers on that issue. They may be using another strain of the vaccine as well. Dr. Zeman expressed concern that if there is not enough then it is like not having a vaccine at all.

Dr. Rev. Robinson added that all the countries surrounding the Congo are concerned due to international travel. Mr. Pikora advised that there are exit screenings but no entry screenings due to time and resource intensity of the practice. There are different guidelines for the affected countries.

Dr. Zeman asked about the exit protocols. Mr. Pikora stated he has not had a chance to look into the protocols being used for this specific outbreak.

Mr. Pikora stated the Cyclospora cases are increasing in Iowa and across the country. A few outbreaks were identified last year in the state. We are working with IDPH to identify the source of the reported cases so far.

Rev. Dr. Robinson asked what advice the state is providing the public about this outbreak. Mr. Pikora stated that advice could not be given out since the source has not been identified.

IDPH sent out a Health Alert, but sometimes that does not get sent out to the local providers. Mr. Pikora stated that he would check into this and see if can be sent out locally.

C. Legislative Update – Terry Helinski

Ms. Helinski provided handouts to the board on federal funding of local health departments and federal budgets for public health programs.

Rev. Dr. Robinson stated that the handouts are really appreciated and that she was not aware of the injury and violence prevention programs that are funded.

Rev. Dr. Robinson inquired on Medicaid funding and reimbursement rates. Ms. Helinski stated that she and intern Maddie Kemp conducted some research on Medicaid budgets. Last year there was an 8.4% increase, and this year there is an 8.6%, which amounts to \$115 million. Overhead for state-run Medicaid for administrative costs was about a little under 7%; costs for profit managed care tend to be 14% or higher. A document prepared at Harvard University about University of Iowa hospital indicates just at this hospital system alone the difference between pre- and post-MCO shift, the administrative overhead has increased \$2 million dollars (for things like pre-authorization, rejecting claims. Smaller providers would struggle with managing those denials. The initial denial rate was a lot higher than it is now. The state information has been difficult to obtain because data is not clear in terms of timelines and conflicting information.

Rev. Dr. Robinson wanted to know if stories could be told about situations on how patients have been the ones to suffer due to the privatization of Medicaid and then these could be presented to the legislature. The stories will be a great tool to use to encourage change.

Dr. Zeman echoed the need for these stories to be told. Dr. Roise asked if there are other groups trying to do research on this topic to document the figures and tell the stories. Ms. Helinski stated that yes, but it has been challenging because information available is not consistent, and the data change from one month to the next. The data on the doubling administrative overhead costs at the state level has been reported but does not seem to be having an impact. The personalized stories are sometimes very impactful.

D. Board of Supervisors – Linda Laylin

Ms. Laylin reported that discussion is continuing on the utilization of the vacated space at Pinecrest, and a meeting is scheduled for next week with the Board of Supervisors. Ms. Laylin added that the recruiting and hiring for the Finance Director position is in process.

- XI. Date of Next Regular Board of Health Meeting: August 28, 2019 at 7:30 a.m. – Room 420, Pinecrest Building, 1407 Independence Ave., Waterloo, Iowa.
- XII. Adjournment – Dr. Roise moved, and Dr. Zeman seconded, to adjourn the meeting. Motion carried. The meeting adjourned at 8:41 a.m.

Respectfully Submitted,


Megan Olmstead, Secretary


Rev. Dr. Mary Robinson, Chair