



Public Health Delta & Menominee Counties

Board of Health AGENDA



May 27, 2015
4:30p.m. (CDT), 5:30p.m. (EDT)
Pinecrest Medical Care Facility
Powers, MI

Board Members:

Bob Burie

Jan Hafeman

Larry Schei

Patrick Johnson

Mary Harrington

Tom Trudgeon

Public Health Staff:

Mike Snyder, Health Officer/Administrator

Kim Gustafson, Executive Assistant

Dr. Terry Frankovich, Medical Director

Tiffany Olsick, Health Educator

- 1) Call to Order/Roll Call**
- 2) Approval of Agenda**
- 3) Approval of April 15, 2015 Board of Health Meeting Minutes**
- 4) Public Comment on Agenda Items (five minutes maximum)**
- 5) Presentation: Building Healthy Communities – Tiffany Olsick**
- 6) Accreditation Report**
- 7) PHDM FOIA Changes**
- 8) Review and Approval of April Check Register**
- 9) MERS Quarterly Statement (January 1, 2015 – March 31, 2015)**
- 10) Medical Director's Report**
- 11) Health Officer's Report**
- 12) Public Comment (three minutes maximum)**
- 13) Board Member Comments**
- 14) Adjournment**



Public Health Delta & Menominee Counties



Board of Health Meeting

Pinecrest Medical Care Facility
Powers, MI

Meeting Minutes

Wednesday, May 27, 2015

Board Members Present

Bob Burie
Patrick Johnson

Jan Hafeman
Larry Schei

Mary Harrington
Tom Trudgeon

Public Health Staff

Mike Snyder, Health Officer/ Administrator
Dr. Terry Frankovich, Medical Director
Kim Gustafson, Executive Assistant
Tiffany Olsick, Health Educator

1. Call to Order/Roll Call

The regular monthly meeting of the Delta-Menominee District Board of Health (BOH) was held on May 27, 2015. The meeting was called to order at 4:30 p.m. CDT by Chairman Trudgeon. Roll call was taken by the Executive Assistant, and is recorded above.

2. Approval of Agenda

Mr. Burie moved to approve the May 27, 2015 agenda. Motion was supported by Ms. Hafeman and carried.

3. Approval of Minutes

Ms. Hafeman moved the minutes from April 15, 2015, be approved. Motion was supported by Mr. Schei and carried.

4. Public Comment

Ms. Harrington introduced the new Delta County Administrator, Ryan Bergman. Mr. Bergman plans to attend each type of county meeting at least once.

5. Presentation: Building Healthy Communities – Tiffany Olsick, Health Educator

PHDM's Community Health Promotion (CHP) office received a grant from the Michigan Department of Community Health to create a plan to improve health and wellness in one town in Delta County. Escanaba has been selected to participate. The grant will focus on better healthy food access and increasing physical activity. CHP is currently working with a coalition on Healthy Food Access Goals and Physical Fitness Goals. (i.e., more bike racks at area businesses and Farmer's Market, along with fresh food vans) They are hoping to have implementation money at the start of the next fiscal year.

Dr. Frankovich discussed the on-line website where local growers can post their produce and larger companies like schools and such can purchase locally. Chairman Trudgeon asked about the insurance needs with kayaks and paddle boats as part of the increasing physical activity goal. Mr. Johnson suggested possibly working with the kayak program in the Escanaba Boat Arena, with CHP handing out vouchers. Tiffany will discuss this with the coalition and see if it is an option.

6. Accreditation Report

Mr. Snyder gave a review of PHDM's Accreditation that took place the week of April 20-24, 2015. Eleven programs were evaluated on 90 requirements and 168 indicators. Only one requirement and two indicators were not met and a Corrective Action Plan is being created for submission. PHDM did receive several Special Recognitions. Comments that were given to Mr. Snyder during the exit interviews:

"The amount of work done by a small department is impressive. It would be a joy to come here as a consumer."

"You have an excellent Family Planning team."

"You have wonderful staff."

"Your staff was very well prepared."

Mr. Snyder made sure staff knew what a wonderful job they did. A report will be created and will be forwarded to the Michigan Local Health Public Health Accreditation Commission for final approval.

Board members thanked Mr. Snyder and the employees for doing such a good job.

7. **PHDM FOIA (Freedom of Information Act) Changes**

a. PHDM FOIA Policies & Guidelines

The BOH members reviewed the proposed PHDM FOIA Policies and Guidelines. Mr. Snyder explained the new changes need to be in effect by July 1, 2015.

b. PHDM FOIA Public Summary of Procedures & Guidelines

A copy of this summary will be provided to the public on the PHDM website and will be handed out to those who request a paper copy or do not have internet access. Mr. Snyder explained the BOH needs to decide what an "unreasonable amount of time" for gathering the data for the FOIA request is, as requestors will be billed for costs above and beyond that specified time.

Ms. Hafeman moved staff costs over .5 hours and \$1 copying fees can be charged when gathering information for a FOIA request, be approved. Motion was supported by Ms. Harrington and carried.

c. PHDM FOIA Resolution

Mr. Snyder explained a resolution is needed indicating the BOH's approval of the FOIA policies, guidelines, and summary.

RESOLUTION 15-1

RESOLUTION ESTABLISHING A FREEDOM OF INFORMATION ACT (FOIA) POLICIES AND GUIDELINES, PUBLIC SUMMARY OF PROCEDURES AND GUIDELINES FOR PUBLIC HEALTH DELTA & MENOMINEE COUNTIES

WHEREAS, the Michigan legislature adopted 2014 Public Act 563 enacting numerous amendments to the Michigan Freedom of Information Act (FOIA), being MCL 15.231 *et seq*, that require revision of the current FOIA Policy; and

WHEREAS, from time to time Public Health Delta & Menominee Counties will receive Freedom of Information Act (FOIA) requests; and

WHEREAS, it is necessary to adopt, and to post online, "FOIA Policies and Guidelines" and a "FOIA Policy Summary" to ensure that the FOIA requests are addressed in an efficient and consistent manner, and to comply with these FOIA statutory amendments; and

THEREFORE BE IT RESOLVED, the Public Health Delta & Menominee Counties Board of Health hereby adopts, effective from and after July 1, 2015, the attached:

1. "Public Health Delta & Menominee Counties FOIA Policies and Guidelines," including the FOIA Forms attached to these Policies and Guidelines; and
2. "Public Health Delta & Menominee Counties FOIA Public Summary of Procedures and Guidelines";

BE IT FURTHER RESOLVED that copies of the "Public Health Delta & Menominee Counties FOIA Policies and Guidelines," including the attached FOIA forms, and the "Public Health Delta & Menominee Counties FOIA Public Summary of Procedures and Guidelines" shall be posted on the Public Health Delta & Menominee Counties' website.

BE IT FURTHER RESOLVED that Kim Gustafson, Executive Assistant, is the Public Health Delta & Menominee Counties FOIA Coordinator per the designation by the Public Health Delta & Menominee Counties' Health Officer.

BE IT FURTHER RESOLVED that the attached Public Health Delta & Menominee Counties FOIA Policies and Guidelines, including the attached FOIA Forms, and the Public Health Delta & Menominee Counties FOIA Public Summary of Procedures and Guidelines will be effective July 1, 2015, and will supersede any previous resolutions setting FOIA policies or establishing formulas for the cost of FOIA requests.

Mr. Burie moved FOIA Resolution 15-1 be approved. Motion was supported by Mr. Schei and carried with a 6-0 vote.

8. Review and Approval of April Check Register

The Board of Health reviewed the April check register. Questions were answered by Mr. Snyder.

Chairman Trudgeon moved the April check register be approved. Motion was supported by Ms. Hafeman and carried.

9. MERS Quarterly Statement (January 1, 2015 – March 31, 2015)

The BOH reviewed the MERS Quarterly Statement. Mr. Snyder answered questions by BOH members.

Ms. Hafeman moved the MERS Quarterly Statement be acknowledged and filed. Motion was supported by Mr. Burie and carried.

10. Medical Director's Report

Dr. Frankovich explained the Michigan Tobacco 21 Initiative which proposes to raise the legal access age for tobacco products and e-cigarettes to 21. The rationale for doing so is supported by a recent report from the national Institute of Medicine (IOM). Some of the key findings are as follows:

- Studies have shown that 95% of adult smokers began smoking before the age of 21 and that if you do not start smoking before that age, it is unlikely that a person will ever become a smoker.
- The adolescent brain is still developing and is more susceptible to nicotine addiction than the adult brain.
- Delaying initiation of tobacco use is predicted to substantially decrease the number of adult smokers which will substantially decrease mortality and morbidity and healthcare costs for Michigan residents.

The resolution is being brought to the Governor in August. The Tobacco 21 is looking for support from local communities, including boards of health. The American Cancer Society, American Heart Association, the Michigan Association of Public Health Professionals and various other groups have already signed on. This summer, the issue is being brought before UP BOH members. LMAS has already approved and MCHD has it on their agenda tonight. DIDHD will vote on it in June as well as WUPHD. Dr. Frankovich will provide the IOM report to board members via email.

RESOLUTION 15-2

RAISING THE MINIMUM AGE OF LEGAL ACCESS TO TOBACCO PRODUCTS IN MICHIGAN TO AGE 21 RESOLUTION

"Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70% market share." Phillip Morris report, 1/21/86

WHEREAS: Each year over 16,200 Michiganders die from tobacco use and 10,300 Michigan children become new regular, daily smokers, of whom a third will die prematurely because of this addiction;

WHEREAS: 95% of adults began smoking before age 21, and 4 out of 5 become regular, daily smokers before age 21. Young people are sensitive to nicotine and can

feel dependent earlier than adults, and the brain continues to develop until about age 25. The younger youth are when they start using tobacco, the more likely they will be addicted. Increasing the age at which young people first experiment with tobacco reduces the risk of nicotine addiction;

"If a man has never smoked by age 18, the odds are three-to-one he never will. By age 24, the odds are twenty-to-one." RJ Reynolds researcher, 1982

WHEREAS: Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation. Raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources;

WHEREAS: Nearly 60 jurisdictions in 7 states have already raised the minimum age of legal access to tobacco products, and several states are currently considering statewide legislation to do so;

WHEREAS: Smoking-caused health costs in Michigan total more than \$4.5 billion per year, including more than \$1.3 billion in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs;

WHEREAS: In 2011 tobacco companies spent an estimated \$276 million to market their products in Michigan, and 90.7 percent of middle school students and 92.9 percent of high school students were exposed to pro-tobacco ads in stores, in magazines or on the internet. According to the U.S. Surgeon General, the more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. Nearly 9 out of 10 smokers start smoking by age 18, and more than 80% of underage smokers choose brands from among the top three most heavily advertised;

WHEREAS: The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, immediately improve the health of adolescents and young adults, improve maternal, fetal, and infant health outcomes, and substantially reduce smoking prevalence and smoking-related mortality over time, and predicted that raising the age now to 21 nationwide would result in approximately 249,000 fewer premature deaths, 45,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019;

BE IT RESOLVED: That the undersigned endorses raising the minimum age of legal access to tobacco products to 21 years of age.

The Public Health Delta & Menominee Counties Board of Health confirms its support for each and all the above statements. The undersigned authorizes and encourages Tobacco-Free Michigan to use this signed Resolution to promote the above-stated objective.

Mr. Johnson moved the Michigan Tobacco Smoking Resolution 15-2 be approved. Motion was supported by Chairman Trudgeon and carried with a 5-1 vote.

11. Health Officer's Report

- Mr. Snyder reported Ruth Botbyl will be retiring at the end of May. Ruth has worked in the Prevention program for 14 years. The BOH wishes Ruth well. **Ms. Harrington moved a certificate, frame, and Chairman Trudgeon's signature on the certificate, be approved. Motion was supported by Mr. Johnson and carried.**
- The vehicles have been ordered. The GMC Sierra trucks should be ready in June. The cars should be ready in July and are 2016 model years.
- Mr. Snyder, Dr. Frankovich, and the U.P. Health Officers met with Tom Casperson and John Kivela to discuss Public Health and the services they provide. They also discussed legislation that affects public health.

12. Public Comment (three minutes maximum)

No public comment.

13. Board Member Comments

- Chairman Trudgeon thanked Ryan Bergman for attending the BOH meeting.
- Chairman Trudgeon informed the BOH on the noise study that was done on the Garden Wind Turbines. He encourages the BOH members to read the report.

14. Adjournment

There being no further business, Mr. Burie made a motion the meeting be adjourned at 5:53 p.m. CDT. Motion was supported by Ms. Harrington and carried.


Chairperson 7-15-15