



# Public Health Delta & Menominee Counties



## Board of Health Meeting

Pinecrest Medical Care Facility, Powers

### Meeting Minutes

Wednesday, May 20, 2009

#### Board Members Present

Gary Eichhorn  
Thomas Elegeert

Bernie Lang  
David Schultz

#### Board Member Absent

Venetia Bryers

#### Public Health Staff

Barb Chenier, Health Officer/ Administrator  
Dr. Terry Frankovich, Medical Director  
Lynn Woelffer, Director of Finance and Budget  
Kim Harris, Health Educator/ Tobacco Coordinator  
Sharon Engelsjerd, Executive Secretary

#### 1. Call to Order/Roll Call

The May 20, 2009, meeting of the Delta Menominee District Board of Health was called to order at 4:36 p.m. CST by Chairperson Schultz. Roll call was taken and is recorded above.

#### 2. Approval of Agenda

Ms. Chenier asked that an item be added as 5.3, Personnel Committee Report.

**Mr. Eichhorn moved to approve the agenda with that addition. Motion was supported by Mr. Elegeert and carried.**

#### 3. Approval of Minutes

**Mr. Elegeert moved that the April 15<sup>th</sup> minutes be approved as presented. Mr. Eichhorn seconded and motion was carried.**

#### 4. **Education Session**

##### 4.1—**The Health Consequences of Involuntary Exposure to Tobacco Smoke**

Kim Harris, Tobacco Prevention Program Coordinator, introduced Dr. Francie Myrick, a physician with OSF Family Practice and a member of the Delta County Committee for Tobacco Reduction Coalition. Dr. Myrick stated that, according to the Surgeon General, secondhand smoke is not just an annoyance but a serious health hazard for children and adults. The Surgeon General's 2006 report on health consequences of involuntary exposure to tobacco smoke concluded:

- Millions of Americans are still exposed to secondhand smoke in their homes and workplaces.
- Exposure causes disease and premature death.
- Children exposed to secondhand smoke have increased risks for sudden infant death syndrome, respiratory infections, ear problems, and severe asthma.
- Adults have increased risk for immediate cardiovascular problems such as heart attacks and increased risk for long-term effects like coronary artery disease and lung cancer.
- There is no risk-free level, that is, any amount of secondhand smoke carries health risks.
- Eliminating smoke in confined spaces is the only way to reduce risk. Separating smoking and non-smoking or improving ventilation in a building does not provide a significant advantage. The smoke smell may not be present but the toxic gases remain.

Unlike some health risks, health problems due to secondhand smoke are preventable: Prevention measures being considered include:

- Encouraging worksites, including restaurants and bars, to be smoke-free. OSF St Francis Hospital is now completely smoke-free.
- Encouraging schools to be smoke-free on the entire school grounds and at all times, including during after-school activities. Rapid River School District became completely smoke-free last year.
- Educating the public, especially parents, about the harmful effects of secondhand smoke.

In Michigan, 21 counties and several cities are smoke-free. As a result, about one-third of Michigan citizens are currently protected from exposure to secondhand smoke. The economic impact of smoke-free conditions is positive. Smokers in smoke-free workplaces smoke less and are more productive with improved health and no smoking breaks. Businesses have lower health care costs and reduced costs for cleaning and ventilation. In addition, businesses that have become smoke-free have had little change in customers and perhaps an increase because the environment is more pleasant.

## 5. **New Business**

### 5.1— **Quarterly Finance Report**

Lynn Woelffer presented the finance report for the quarter ending March 31, 2009. She then reviewed the effects the recent Michigan Executive Order will have on local Public Health operational funds:

- In the fourth quarter we will receive \$12,458 less for required programs, which are the programs for food, water, and sewage; immunizations; communicable diseases; sexually transmitted diseases; and hearing & vision. We expect this reduction to continue in the next fiscal year resulting in about \$50,000 less funding for FY 2010.
- State funds for the Michigan Care Improvement Registry (MCIR) will be eliminated as of July 1<sup>st</sup>, but federal funds will carry the program to September 30<sup>th</sup>. How this program will be funded in FY 2010 is unknown at this time.
- We will receive a small cut in our Maternal Child Health funding which supports programs that affect children and adolescents, such as our lead program and prenatal care. The reduction is approximately \$350 per quarter.
- Medicaid reimbursement rates will be reduced by 4% effective July 1<sup>st</sup>. This is an estimated reduction of \$3,000 per year.
- The Tobacco Prevention program will be cut by 33% next year. This is a reduction of about \$11,550.

### 5.2— **Menominee Board of Health Appointment**

Mr. Eichhorn reported that the Menominee at-large board member will be appointed by the Menominee County Board at its May 26 meeting.

### 5.3— **Personnel Committee Report**

The Personnel Committee recommended the approval of the position of Nursing Program Coordinator. This position would be held by a staff nurse who, in addition to the usual nursing duties, coordinates a program such as the Breast & Cervical Cancer Control Program.

**Mr. Elegeert moved that the Nursing Program Coordinator position be established with the presented salary range. Mr. Eichhorn seconded and motion was carried.**

## 6. **Medical Director's Report**

Dr. Frankovich gave an update on the H1N1 flu outbreak:

- The first cases in the United States were identified April 17<sup>th</sup> in California. Within 10 days we had determined the genetic breakdown, identified a laboratory procedure to test for the virus, established surveillance down to the county level, and had a vaccine in development.
- The initial emergency response to this flu was strong because it had the potential for a pandemic. The conditions for a pandemic are 1) a new virus, 2) with the potential for serious illness, and 3) easily transferred from human to

human. Since initial data from Mexico showed a high rate of hospitalization, the H1N1 virus seemed to fit all three conditions. However, our experience in the United States has shown the virus is not causing the serious illness we expected, and so our response has relaxed somewhat.

- Questions now center on the activity of this virus in the summer and fall and whether it will change its genetic makeup and become more virulent or resistant to anti-viral medications.
- Local Public Health role includes:
  - Getting information into the communities and to clinicians. At last evening's County Medical Society, Dr. Frankovich received positive responses from physicians in regards to information received from local Public Health.
  - Providing guidance to schools about closures. Presently, closures would only be necessary if high absenteeism in students and/or staff prevented school operation.
  - Maintaining surveillance and sending lab tests to the State. We will continue to send lab tests until a positive case is identified in our area.
  - Providing prophylaxis. We have received anti-virals from the Strategic National Stockpile and are partnering with local pharmacies to dispense them free of charge with a physician's orders. A number of local pharmacies have agreed to participate in this effort.

7. **Health Officer's Report**

- Ms. Chenier recently reviewed the Health Department's annual report with both County Boards. Both meetings were during the beginning of the H1N1 flu outbreak so she had the opportunity to update them on various aspects of the flu and the Health Department's emergency response actions.
- During the week of April 20<sup>th</sup>, our Accreditation Site Review was conducted by fifteen reviewers from Michigan Department of Community Health. We received very positive feedback with few corrective actions. Program coordinators and supervisors did a great job!
- Since the flu outbreak our staff has been working closely with Dr. Frankovich and with emergency planners in both communities.

8. **Public Comment – None**

9. **Adjournment**

**There being no further business, a motion was made by Mr. Eichhorn with support by Mr. Elegeert to adjourn the meeting. Motion was carried and meeting adjourned at 6:02 p.m. CST.**

  
Chairperson