

BOARD OF HEALTH BENTON COUNTY

MINUTES

Friday, February 10, 2023

The Benton County Board of Health special meeting was called to order at 10:03 AM by Chairperson Mangold. The meeting was held in the Virginia Gay Hospital Conference Room, 502 N 9th Ave, Vinton, Iowa.

ROLL CALL

PRESENT: Dr. Margaret Mangold, Braxton Morrison, Lisa Staab

ABSENT: Mindy Fisher, Wendy Michels

STAFF: Katie Cox, Barbara Greenlee, Matt Even

PUBLIC GUEST: Becky Nowachek, Jean Ohlen, Rick Primmer, Tracy Seeman, Gary Bierschenk, Hayley Rippel, Michele Schoonover, Ronald Tippett

APPROVAL OF AGENDA

Motion by Morrison to approve the agenda for the February 10, 2023 meeting as submitted. Second by Staab. All in favor. Motion carried.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Overview of essential public health services in Benton County and various county public health structure with Becky Nowachek, Iowa Region 6 Public Health Consultant

Becky Nowachek, Region 6 Community Health Consultant with the Division of Public Health, Iowa Health & Human Services (IHHS), presented on public health in Iowa (see attached).

Nowachek reviewed what public health is and what public health does. Nowachek described the roles and responsibilities of local boards of health and the public health services they are required to provide. Nowachek stated that prioritization of public health services is necessary as a local board of health to fulfill their roles and provide resource stewardship and oversight.

Nowachek reviewed the organization of local public health agencies in Iowa and funding sources for public health. Nowachek shared a map of local public health agencies in Iowa that are

county based versus health-system based. Nowachek noted that Carroll County switched to a county based agency this fiscal year. Nowachek explained that local boards of health hire staff and are the governing bodies when the local public health agency is county based and the local boards of health subcontract to provide the required services and act in an advisory role when the local public health agency is health-system based. Nowachek explained the local public health services (LPHS) grant from the state. In the past, local public health agencies could bill 19 activities ranging from home health services to population-based health services. Starting this current fiscal year, the contracts were changed to look at population based and personal health services. Currently 25% of the total allocation must be spent on population-based health services with this amount increasing to 100% of the total allocation by FY27. Nowachek stated that Virginia Gay Hospital (VGH) opted to “flip the checkbook” this year by utilizing all of the LPHS funds for population-based health services and utilizing the county tax allocation for personal health services. Nowachek also stated that VGH receives funds from the public health emergency preparedness grant and an emergency response multi-year program. Nowachek reviewed Virginia Gay Hospital’s utilization for LPHS funds from FY18 to FY22 (see attached).

Tracy Seeman asked for clarification that IHHS is going away from home healthcare and Nowachek responded that they are not telling agencies that they must stop home healthcare, but they are asking them to utilize other sources of funding. Nowachek explained that over the years a very small portion of Iowa’s population was being served by the LPHS funds and IHHS wants to see these funds used to protect and improve the health of the entire community. Mangold emphasized that home healthcare is not an essential focus of public health. Seeman inquired how many home health clients VGH was serving with these funds and Michele Schoonover responded that they currently have nine clients. Katie Cox stated that it costs about \$2,500 a month to serve these nine clients.

Review past public health budgets and proposed FY23 budget

Cox reviewed the proposal that she submitted to Hayley Rippel. VGH was requesting a three percent increase in funding for a total amount of \$93,641.40. They were requesting \$31,188 for facility cost including overhead expenses. \$20,040 for 24/7 coverage so they are always available to the public. Greenlee inquired if being on call was part of Cox’s duties as a salaried employee and she said it fell under both Amanda’s and her duties. \$40,000 for non-population health services which covers those nine clients. Morrison questioned why \$40,000 was budgeted for when Cox has stated that they are only spending \$2,500 per month or \$30,000 per year. Cox replied that this amount can vary if additional people require services so they didn’t want to be short. \$2,413.40 is used for supplies like paper and gloves.

Mangold stated that this is the first time that she has seen a proposed budget for the county tax allocation and asked if budgets existed for previous years. Cox stated that they have a report for spending from previous years and she believes that these historically have been presented to the

Board of Health (BOH). Mangold stated that she has never seen any before. Mangold inquired if VGH has previously provided a proposed budget to the Board of Supervisors (BOS) when requesting funds and Schoonover replied that they have not done this before. Schoonover stated that most of the time the county tax allocation does not cover all of the services they provide. Mangold replied that it is the BOH's responsibility to advocate for additional funding to support public health measures if there is a need. Mangold added that she does not ever remember the Board being asked what their goals or priorities are to see how they can meet their budget and inquired if VGH had ever considered asking the BOH. Schoonover replied that VGH has not done so.

Schoonover stated that she had been trying to get someone to look at the contract for the last four years and Mangold replied that she had also been trying to get the contract looked at for about the last six years. Mangold stated that revising this contract has been a goal of this board for a long time. Schoonover stated that VGH is willing to modify the contract and asked if the BOH would like to recommend changes.

Review and discuss public health services in Benton County and subcontract with Virginia Gay Hospital

Morrison stated that the contract under subsection five states that VGH shall make available the space necessary to accommodate the department, but VGH is requesting \$31,188 for rent for space they agreed to provide. Schoonover replied that those are indirect costs like phones, HR, etc. Greenlee clarified that Cox and Amanda spend half of their time on public health and that the money from the state grants can be used to cover part of their salary. Cox replied that they could bill their time spent on specific tasks as allowed by each grant. Mangold added that at least 75% of Cox's time during the peak of COVID-19 was billed to COVID response funds.

Mangold stated that the contract is really old and everyone has wanted this contract reviewed for a long time. Mangold added that at the last meeting Ray Lough stated that this contract was made to save home health, but the concept of public health has changed since that time. Mangold stated that she believes that the BOH was appointed to advocate for and advise on public health matters and she does not feel like they have been able to serve this role as she would like to see it happen. Her goal for the new contract would be for the BOH to have some say in setting spending priorities. Morrison feels like the great underlying issue is that the BOH does not feel like they are able to direct Cox's time as they should be able to like any other board would. Schoonover responded that she completely understood but the way the contract is wrote right now, VGH is a subcontractor so a new contract would need to be drafted if that is what the BOH desires.

Nowachek stated that in Jones County, the hospital no longer wanted to provide public health services so their BOH decided to provide those services themselves. They started with a part-

Benton County Board of Health

time coordinator and now have two full-time staff after COVID-19. This resulted in a slight increase in county tax allocation, but a lot of that was due to the increased task with COVID-19. Mangold inquired if they were able to apply for more funding opportunities and Nowachek replied that they were able to secure private foundation grants because of what they were implementing. One lesson learned from Jones County is that they regret not considering creating a unified public health department as they are currently experiencing issues with having separate public health and environmental health departments. Nowachek also stated that Carrol County went from a health-system based agency to a county based agency just this year and can share their contact information. Nowachek shared that a pro to having a county based agency is that they have more visibility and partners. Nowachek stated that some of the challenges with county-based agencies is that you do not always have the same resources available to you like a health-system would have, more will be required of the BOH, and the BOH does not have direct governance over staff.

Mangold asked Lough if there are any compliance issues with county tax allocation being utilized by VGH for home health without the county allowing other home health agencies to apply for those funds. Lough responded that his initial thought without doing more research was that they probably should not be doing that.

Morrison asked Nowachek what trends she has observed with changes in the organizational structure of public health agencies. Nowachek replied that it ebbs and flows. There have been a couple of counties (Jones and Carrol) that have gone from health-system based to county based and one that went from county based to health-system based right before COVID-19. Nowachek stated that one BOH has recently reached out to her because their BOS wanted them to consider moving to a health-system based agency. Nowachek emphasized that a lot of it depends on local politics. Mangold stated that she does not have a strong preference whether Benton County has a health-system based agency or a county based agency, but she would like to see a contract that gives the BOH a more significant role in setting priorities and budgets so they can do more to improve public health in Benton County.

Primmer stated that this meeting has been very educational. Primmer inquired how much space would be needed for a public health office. Cox replied that they have an office, exam room, and a room for their clinics, refrigerators, and supplies. Primmer inquired how the size of this area would compare to the BOS meeting room and Cox replied that it would be about the same. Nowachek added that it is extremely hard to hire so if you are possibly considering a county based agency, it is going to be awhile to hire someone.

Morrison inquired how much it costs to hire a new employee. Hayley Rippel responded that a family medical plan costs about \$22,000 so if you had a \$60,000 salary, the total cost would be about \$95,000 for salary, benefits, and withholding. Primmer stated that he did not think they

would be jumping into any changes right away, but that the contract should be updated and then we can always explore other possibilities going forth. Nowachek stated that she could always hold another facilitated conversation with the BOH and other partners to evaluate future directions. Rippel stated that the county will be receiving funds from the opioid settlements and that they will continue to receive funds for many years to come. Lough stated that guidance will be provided soon for how these funds can be spent.

Seeman stressed that it is going to cost a lot more than just the wages and the benefits to have a county based agency as transportation would need to be provided and there is no more space for additional employees. Primmer stated that the county is very fortunate to have VGH be willing to provide public health services, but they need to do their due diligence by evaluating both structures; though he thinks this is the way to go. Lough stated that it should not be forgotten that VGH bailed us out on this in the 1990s and have operated at a loss pretty much from the start. Mangold stated that if VGH is operating public health at a loss, as a taxpayer she would want to know what it costs to run a public health department incase anything would ever change and the county would be required to provide these services in the future.

Nowachek stated that with the LPHS contract, the BOH will be required to submit a CHA-HIP in FY24, evidence of strategic planning in FY25, evidence of workforce development in FY26, and evidence of quality improvement and performance management in FY27. The purpose of these changes is to get the BOH and public health agency to have a business plan.

Schoonover stated that she agrees the contract is outdated with changes in priorities and state requirements. Primmer stated that VGH's request for a three percent increase in funding is very modest and that he agrees it is nice to know for sure where the money is going. Mangold stated that she would like to see some aspects of the budget tweaked and if this is done, do all three parties still want to be involved, e.g., if the funding for home health decreases, will VGH still want to participate. Schoonover stated that it would be a board decision and she could talk to her board at the next meeting. Primmer stated that he thinks the BOS would want to be involved as they are providing the funds and Seeman reiterated that it's the taxpayers' money and that's who they answer to.

Seeman inquired how many meetings the BOH has had like this. Mangold stated that they have never been presented a budget for the tax allocation, but they have at least six meetings a year. Greenlee stated that it was her understanding that the BOS has never received a budget either to which Rippel confirmed. Rippel stated that that there are quite a few allocations that they do provide out where they do not see the dime spent similar to Benton Development Group and Fair Board. Mangold inquired if that is best practice? Rippel replied no, not always, but code dictates funding for certain groups like the Fair Board. Rippel added that the public health allocation has always been based off the original contract. Rippel stated that she also brought up

revising the contract with David Thompson, but it just died. Mangold shared a draft that was created in about 2017 (see attached).

Schoonover inquired if the BOH would work on a contract revision and Mangold replied that she thought Schoonover was going to take it to her board. Schoonover replied that she was going to take the consensus of this meeting to her board as she didn't think there would be a contract by then. Lough asked if Schoonover could find out how much money would be required to cover all of the public health expenses and Schoonover replied she would have to have her staff complete a budget. Mangold inquired if they could have that by their next meeting and Schoonover said yes. Rippel stated that for the current budget year they are probably going to have to go forward as is because she has to have the budget done soon.

Nowachek inquired if the county kept track of those spending line items closely and Rippel stated that this is different because it is more of a pass through unlike other departments that submit invoices for her to pay directly directly from a line item. Mangold inquired if other BOHs receive money from their BOS and then disburse them to the subcontractor and Nowachek replied that most receive the money directly form the BOS and have a contract with a hospital.

Seeman inquired what Mangold thought about the previous draft of the revised contract. She replied that she was not involved with its writing and has not reviewed it enough at this time to comment. She thinks the contract needs to discuss how the funds are disbursed to VGH. Mangold inquired if the BOS like disbursing the funds directly to VGH or if they would like to disburse the funds to the BOH so the BOH can have more control and set priorities as they were the ones appointed to this board to assess the health of this community. Nowachek stated that even in counties where the BOH receives the funds from the supervisors, the public health agency still reports to the BOS so as to be transparent with the use of county tax allocation. Seeman stated that if the BOH would like to oversee the funds going to VGH, he would like to see the BOH report to them and Mangold stated she would like that. She thinks that would also allow the BOH to ask the BOS for more money if a need that the BOH saw as important would rise. Seeman stated that he would prefer that the county still pay VGH directly, but would like to see the contract worded such that the BOH can review the use of the funds and request additional money. Primmer stated that he liked the idea of the BOH presenting quarterly reports. [Morrison left at 11:42 AM] Seeman stated that if the BOS was going to fund the BOH, then they would have to be having more than six meetings a year to which Mangold responded that they would be fine with that. Seeman stated that he would not be against funding them directly at this point.

Mangold inquired if Lough needed anything from the BOH at this time. He inquired what protects the hospital in this situation where it would go through a board that could redirect the funds because he knows that is what there question is going to be. Mangold replied that if they

are not making money providing these services, then she does not see it being an issue. Lough stated they may want more money if the contract is being renegotiated. Schoonover replied that they cannot do anything this year. Mangold stated that she did not see why this would be risky for VGH would if they would still be completing a yearly subcontract, the BOH would just be stipulating deliverables and funding priorities. *[Morrison returned at 11:45 AM]*

Lough inquired where the hospital is in all of this and asked if VGH would like to be presented with a contract or have input on the front end. Schoonover replied that she would really have to discuss it with her board and see which direction they would like to go. Lough stated it may be better to have their input on the front end. Schoonover stated that she did not know and that public health is outside of VGH's realm so maybe they just go with home health and focus on that. Lough stated that it would probably be prudent for him to wait on drafting the contract until after Schoonover meets with her board.

PUBLIC COMMENTS

None

ADJOURNMENT

Motion by Staab to adjourn. Second by Morrison. All in favor. Motion carried.

The meeting adjourned at 11:48 AM.

Respectfully submitted,

Matt Even