



**November 7, 2018 Board of Health Meeting
County Courthouse, Room G-302**

The Board of Health convened in open session at 5:15 pm

The meeting was called to order by Mery Price

**Board Members Present
Quorum is reached**

Mery Price
Liz Spencer
Martha Nieman
Jennifer Eddy
Donald Bodeau
Blair Johnson
Kari Stroede

**Board Members
Absent:**

Emily Berge

**Staff Members
Present:**

Lieske Giese
Matt Steinback
Marisa Stanley
Gina Holt (recorder)

Public:

Andrew Werthman- Eau Claire
City Council

Order of Agenda Request to pull items from Consent Agenda

- None Made

Public Comment:

- None Made

Board of Health Photo

Business Item

- a. Approval of minutes from October 24, 2018

Motion to approve October 24, 2018 minutes: Jennifer Eddy

2nd Motion: Martha Nieman

Motion Carried: Yes (unanimous vote)

- b. Recommend adoption of Chapter 6.15 of City Code by the City Council-Keeping of Poultry
 - The board of health's focus is if the health and safety of the draft ordinance.
 - The team from the Health Department worked with stakeholders and provided input on the draft ordinance that was brought forth by City Council member.
 - There are examples of salmonella and campylobacter with backyard chickens. The department wants to minimize risk of exposure by supporting health and safety measures being included in code language.
 - This ordinance would be coming back to the board for fee's associated with inspections once the ordinance is adopted. There would be a City fee to license the site and Health Department fee for inspection.
 - Draft Ordinance Question and answer:
 - Question-Do we have staff to cover inspections, and potential disease impact? Answer-The team feels confident that we can make this work with the current workload. If there would a large number of applicants that would be a different story, and the need for additional staff would be reevaluated.
 - Question-Would there be any education or educational materials distributed to those who are going to be raising chickens.? Answer-Materials and verbal information will be provided

to licensee holders as well as community partners like we do with other programs. Health Department goal is to assure health and safety with operating coops.

- Question-Do the neighbors of the chickens need education? Answer-Most of the communicable disease outbreaks are related to directly handling the chickens. Educating the license holder so that they are promoting healthy handling will be key.
- Question-Is there any concern regarding disease transmission from animals that attack the chickens? Answer-An influx of predators trying to reach the chickens is a concern.
- Question-In section 6.15.030 Number 4: The city shall provide written notification to all owners of real estate within 100 feet of the applicant's property. Owners of abutting property to that of the applicant may object in writing to the issuance of the renewal of a license within fourteen (14) days of notification issuance. If an objection is received, the license shall be presented to the city council for consideration. Why would it only be the renewal of a licenses, what about the initial license? Answer-The Health Department team will take that back to the legal department and stakeholders to see if the language can be changed to read "to the issuance of the license within" instead of renewal. This was done in the draft that went to council.
- Question-In section 6.15.050 Number 3: Poultry that become ill shall be brought in for veterinary care. Poultry ill with an infectious disease capable of being transmitted from bird to bird or from birds to humans, including but not limited to, salmonella, avian influenza, are prohibited and shall be immediately euthanized at a veterinarian's office or immediately removed from the city and humanely killed outside of the city. Any person keeping poultry shall immediately report any unusual illness or death of poultry to the Health Department. Can it be changed to allow the veterinary care to take place on the premise (house calls)? Often veterinarians will do house calls and then take the euthanized animal with them to be disposed of properly. Answer-The Health Department team will take that suggestion back to the legal department and stakeholders to see if the language can be changed to include Veterinary house calls. This was done in the draft that went to council.

Motion to recommend adoption of Chapter 6/15 of City Code by the City Council with suggested changes as presented by Health Department Staff and Board members: Liz Spencer

2nd Motion: Martha Nieman

Motion Carried: Yes (unanimous vote)

Intro and overview of Board of Health Work Session-Focus on annual work session included:

- Board of Health strategic plan priorities
- Health department strategic plan priorities
- Health Department Fund Balance review
- BOH roles and responsibilities in Capital Improvement Budget
- BOH roles and responsibilities in Operational Budget
- Long term planning

BOH-facilitated discussion

Board of Health Strategic Plan: members agree to focus on Goal 1: Focus on longer term fiscal planning. There are two areas in this goal that were further broken down as discussion points. The first is Capital Improvement and the second is Operational. Board members decide to focus on Capital Improvement for most of the discussion and move to operational discussion if time allows.

- Capital Improvement: How we deal with capital purchases in the department? There has been deliberate work to have a line item built into the budget for capital improvement purchases. An example for a capital purchase being built into the 2019 budget would be the \$50,000 WIC remodeling. What we haven't done, is a capital improvement plan and annual budget that is approved by the board. The City and the County both have a Capital Improvement Plan (CIP) budget that is distinct from operational budget, but the Health Department is not included. If we did this, it would approve a plan laying out what we are anticipating needs replacing or purchasing. This would be a distinct conversation in addition to the budget discussion.

Board of Health Brainstorm/Discussion:

- **Funding**-Part of the challenge is not knowing what funding will look like each year. Will there be funding from the City/County and what will grants look like and if grants will cover large purchases.
- **Current Inventory**- A good starting point would be looking at what the half-life is so that we can plan out before the end life happens. The department has the "big" items that we know the cost, general life and next replacement dates of these items. Some of fees have this built into it. A step beyond that is what new services will we be offering- How do we look at planning out three to five years? The department currently tracks all equipment and replacement dates both larger capital items and smaller technology related items (computers, etc.) This was a PHAB requirement as well.
- **Risk associated with large fund balance** -We are lucky that the department starts in the hole and end up looking good at the end of the year. We are fiscally frugal with spending. If it looks like we have this huge balance does that mean that some other entity can take advantage of that when they are running short? Does it put it us at risk? There is more criticism when the use of fund balance is more operational expense not planned and strategic. There are specific fund balance goals for the different accounts including a working capital account that has a 3-month budget goal.
- **When to use fund balance** -What is the boards opinion on what is feasible to be using fund balance money on? What kind of assistance would be appropriate to add to the department's efforts? Is it ok to have situations like "this much is coming from grants, this much is coming from partners, what we really need is a one-time funding to push a project forward that could come from fund balance?" An example is the BARHI -when we didn't get grant approval does the board feel as if it is appropriate to ask the board fund balance for funding. The board states that they would be supportive of bringing these types of items forward for discussion and possible approval. There is current fund balance account called special projects that could be used
- **Strategic Plan Priorities and Fund Balance** – Board had lengthy discussion about the use of fund balance to support Health Department strategic plan priorities including items related to data. How to get the best data and utilize it in real time. Is that something that is purchasable as far as data sets? Is it something that could be part of the capital purchase.? Data is core to the departments' work and funding is needed in order to get quality data. Is it appropriate use of fund balance? Will it get us to a spot for improvement? Historically things like that have not been brought to the board for approval in the past. If there is a way to move the process along to free up resources to

look at outcomes closer rather than further, it makes financial sense to consider fund balance.

The relative lack of key data sets really hampers our ability to function strategically. Board members express they would like more conversations on where we can go with options. It is hard to think about spending fund balance for operations but when there may be initial costs, board members expressed that it may be reasonable to look at startup funding. There is a significant hump to get over initial programs and projects. How new projects get prioritized given current workload is also an issue.

- **Innovative ideas-** Should there be a line in the budget for innovation-designated money? Fund balance for special projects has historically been for things like salary survey. We have not previously brought to the board “here is an innovate thing that we would like to explore and would like to use fund balance for.” It is a different way of thinking. When fund balance was first developed it was not for development type projects. The board feels like it is appropriate to look at their role and responsibility supporting resource options for the department. We are not saying that ideas need to fall within a certain definition it would be evaluated more on a bigger picture. This is in our strategic best interest. We don’t want to micromanage, but board members are open to new and innovative ideas being brought forward. Board members express that they aren’t sure exactly what that looks like. Who decides what is brought forward and what are the parameters?
- **Relationships with Partners-**It seems like Lieske and staff have moved community connections and relationships to a new level. As a board to we want to continue to promote and encourage partnerships and innovation. Especially if that may mean using fund balance for some portions. We must stay relevant. We have great relationships with clinical partners usually a lot of emergency preparedness, infectious disease meetings, but there are a lot of gaps. Reimbursement from insurance, the use of EMR, and getting together with other partners are worth exploring.
- **Operational: What is the amount of risk that the board would want to take?**
Brainstorm/Discussion:
 - What is the best way to capture the risk factor with new programs to see if it will work? Where is the boards interest as using fund balance as a resource while nurturing new programs or services?
 - Programs such as housing and Nurse Family Partnership have strong cost/ benefit ratio when looking at outcomes of the community. What happens when a programs funding ends, like Drug Free Communities? Can/ should we fund the operational costs during transition ourselves through fund balance? Reaching beyond our monitory grasp is scary and at times worth taking the risk. Is there a way to document outcomes and realize the savings-calculating cost-benefit?

The Health department hasn’t in the past as a business item or a discussion item brought forward for possible programing or opportunities that would be worth investing in that didn’t have funding from grant or other sources. What this work session has brought forward is that we are at a point now to

start having these conversations. Further conversation is appropriate and opening discussion on these topics is something that the board is okay with moving forward.

The board suggests separating out the capital improvement plan and having ongoing discussion on future possibilities of operational funding. The board is responsible for fiscal components of the health department-the whole picture.

The board also suggests the department develops long term facility planning for space and growth.

Requests from Board members for future agenda items to be given consideration

- a. None made

Next scheduled BOH meeting is December 12, 2018 at 5:15 p.m.
Merrey Price adjourned the meeting at 6:50 p.m.