

**AITKIN-ITASCA-KOOCHICHING  
COMMUNITY HEALTH BOARD**

**MEETING MINUTES  
August 14, 2014**

GRAND RAPIDS, MINNESOTA  
ITASCA RESOURCE CENTER

MEMBERS PRESENT

Betsy Johnson  
Phyllis Karsnia (connected  
by phone)  
Leo Trunt  
Laurie Westerlund  
Ihleen Williams

OTHERS PRESENT

Tom Burke  
Terry Murray  
Janelle Schroeder  
Eric Villeneuve

STAFF PRESENT

Karen Benson

MEMBERS ABSENT

Brian McBride  
Shara Pehl

CALL TO ORDER

The meeting was called to order at 9:05 a.m. by CHS Board Vice-Chair Leo Trunt. Self-Introductions were provided by those present. Board member Phyllis Karsnia was linked to the meeting by telephone. It was noted that CHS Board Chair Brian McBride, and Board Member Shara Pehl were excused from today's meeting. It was also noted that the Public Health Division Manager/Supervisors were unable to attend this meeting because they were participating in training for new leaders provided by MDH.

REVIEW AND APPROVAL OF THE AGENDA

The agenda was presented and L. Trunt said today's meeting would be a brief Business Meeting with routine reports provided in written format to allow for a shortened meeting. This meeting will be followed by a Strategic Planning Work Group, meeting from 10 a.m. to 3 p.m., which will begin work on the future organizational structure for our Community Health Board. Written reports will be attached to the minutes section to which they pertain. A report of the Work Group will be provided at a later time.

I. Williams made a motion to approve the agenda; P. Karsnia seconded the motion; motion carried.

MINUTES OF THE JUNE 12, 2014 MEETING

L. Westerlund made a motion to approve the minutes as mailed; B. Johnson seconded the motion; motion carried.

FINANCIAL REPORTS

K. Benson emailed a printed Financial Report to the Board, attached below:

**FINANCIAL REPORT SUMMARY**

**August 14, 2014**

CHS Administration June, 2014– Expenditures in June, 2014 amounted to \$10,921.34, bringing year-to-date expenditures to \$58,671.60 or 37.0% of the annual budget, with 50% of the year completed.

Women, Infant, Children (WIC) Peer Breastfeeding Support Project Expenditure Report, 3rd Quarter, April - June, 2014 – Presented By County: Aitkin - \$1,159, bringing year-to-date expenditures to \$3,175 or 55.5% of the budget; Itasca - \$1,481 bringing year-to-date expenditures to \$3,777 or 66.1% of the budget; Koochiching - \$1,400 bringing year-to-date expenditures to \$ 4,200 or 73.4% of the budget. **With 75% of the grant year completed, Aitkin and Itasca are underexpended.**

Women, Infant, Children (WIC) Program June, 2014 - expenses for the month of June amounted to \$20,970 bringing year-to-date expenditures to \$211,120 or 87.2% of the \$242,190 planning level for the period Oct. 2013 - Sept. 2014. **With 75% of the program year completed we expect to fully expend these dollars.**

TANF Home Visiting /Title V/Local Public Health Grant – 2nd Quarter, 2014

TANF claimed expenditures of \$26,855.13 in the second quarter, bringing year-to-date expenditures claimed to \$60,963 or 50% of the budget; Title V reported expenditures of \$30,264.54 in the second quarter, bringing year to date expenditures to \$65,287.17 or 62.8% of the budget; LPHG reported expenditures of \$92,692.80 in the second quarter, bringing year-to-date expenditures to \$195,996.61 or 54.1% of the budget.

Statewide Health Improvement Grant (SHIP III), June, 2014 - expenses for the month of June amounted to \$10,962.51 bringing expenditures to \$102,768.22 or 56.4% of the \$182,230 budget for November, 2013 to October, 2014 grant period.

Child Care Health Consultation Grant (Itasca), April -June, 2014 - expenses for the quarter amounted to \$4,153.23 bringing to date expenditures to \$18,361.76 or 30.6% of the \$60,000 grant for the 30 month grant period.

Preparedness January - March, 2014 – expenditures submitted for the April – June, 2014 amounted to \$0.00, bringing year- to- date expenditures to \$60,000.00 or 100% of the \$60,000 July 2013-June 2014 budget amount. **As we noted at the June Board meeting,**

**grant funds were fully expended by the 3<sup>rd</sup> Quarter reporting period. We have now begun a new funding cycle for this grant.**

Healthy Families America Training and Implementation Grant (Itasca) July, 2014 - expenditures submitted for July, 2014 amounted to \$576.44, bringing year- to- date expenditures to \$576.44 or 4.1% of the \$14,034 grant amount. **This is a new grant in Itasca County to training and implementation of a home visiting model.**

L. Westerlund made a motion to approve the Financial Report; I. Williams seconded the motion; motion carried.

#### ADMINISTRATION UPDATE

Kelly Chandler was not at today's meeting so Karen Benson, Tom Burke, Eric Villeneuve and Terry Murray presented the Administration Update, which included information about:

- **Triad Update** – H&HS Directors, PH supervisors /managers, CHS Grants Manager and the MDH Public Health Nurse Consultant make up the Triad Group. The group met in International Falls July 25<sup>th</sup>. Karen Benson and Janelle Schroeder were unable to attend this meeting, but Eric Villeneuve reported that it was a good opportunity for Health and Human Services Directors and Public Health Manager/Supervisors to meet and review how we all work together.
- **Community Health Conference – vote needed** – The Board had emailed approval for compensation of Board member costs for attendance at the annual Community Health Conference, September 17-19. A motion to ratify that approval is required. At this time, Laurie Westerlund, Ihleen Williams, Betsy Johnson, Shara Pehl and Brian McBride will be attending the conference. L. Westerlund made a motion to approve compensation for Board Member costs to attend the Community Health Conference; I. Williams seconded the motion; motion carried.
- **Approval of attendance at Community Health Conference for CHS Grants Manager, Karen Benson** – Laurie Westerlund made a motion to approve payment of Community Health Conference Costs for CHS Grants Manager, Karen Benson; B. Johnson seconded the motion; motion carried.

#### LOCAL PUBLIC HEALTH ASSOCIATION (LPHA) REPORT

Kelly Chandler, Itasca County Public Health Division Manager, is the tri-county CHS Local Public Health Association representative. She submitted the following written report:

##### **LPHA Update**

Because we are between sessions, LPHA subcommittees are working to review legislative priorities for upcoming session.

Priorities to be reviewed include the following:

- Public Health Infrastructure
- Chronic Disease Prevention and Promotion and Healthy Lifestyle Behaviors

## LOCAL PUBLIC HEALTH ASSOCIATION (LPHA) REPORT (CONTINUED)

- Communicable Disease Prevention and Control
- Correctional Health
- Insuring Health Equity
- Environmental Health
- Health Care Systems Improvement
- Healthy Children and Families
- Long Term Care
- Mental Health
- Public Health Emergency Preparedness and Response

If anyone has something to input or would like more information, please let Kelly know and she will relay to LPHA or get further information to you.

These will be finalized at the August 20 legislative committee meeting and August 21 LPHA general membership meeting.

L. Westerlund asked if we have received any statewide information regarding the Ebola concern? J. Schroeder said the CDC is keeping an eye on developments and notifying states and our statewide medical community is hyper vigilant regarding this situation. T. Burke asked if this will be a concern with college students arriving on state campuses from many nations? J. Schroeder said that there is screening in place for international arrivals, which determines if there is any illness or reason for quarantine.

Following the discussion, B. Johnson made a motion to acknowledge receipt of the LPHA report; I. Williams seconded the motion; motion carried.

## SCHSAC REPORT

Betsy Johnson, Itasca County Board Representative is the Tri-County CHS State CHS Advisory Committee Representative. She said there had been no meeting of SCHSAC since our June meeting and the next meeting of SCHSAC will be held at the Community Health Conference, September 17, 2014.

## PUBLIC HEALTH REPORTS

Written reports were submitted by each county Public Health Supervisor / Manager and are attached below:

### Koochiching County

Attached as pdf

## PUBLIC HEALTH REPORTS (CONTINUED)

Written reports were submitted by each county Public Health Supervisor / Manager and are attached below:

### Itasca County

#### Itasca County Public Health Update

- PH Supervisor resigned
- Working on refilling positions
  - Hired 2 temps in the interim
  - 5 vacancies currently
- Sheltering Training provided by Itasca County Emergency Manager for decision makers
  - Training will be offered again and will include volunteer groups on August 18 from 9-12
  - Contact Kelly if interested in attending
- Tri-county participating in Emergency Preparedness exercise on August 12 with NE Region
  - Kelly and Itasca County Emergency Manager will travel to Carlton to be in EOC
  - Koochiching, Aitkin and Itasca County staff will participate from their home offices
- Looking to take over the Toward Zero Death grant coordination in the fall pending board approval. Itasca County is already fiscal agent for the grant.
  - Goal is to provide education and awareness to prevent deaths on Itasca County roadways
  - Work in conjunction with law enforcement (PD and State Patrol), Department of Public Service, County Attorney, Department of Transportation, etc.
- Itasca County Get Fit/SHIP is hiring a communications/wellness coordinator for 1 year to facilitate worksite wellness initiatives for businesses in the area. Businesses will need a champion in their organization, but some tools will be offered to them to utilize for worksite wellness with their employees.
- Planning for MN Choices roll-out in September with the rest of the NE Region

### Aitkin County

#### August Update for Aitkin County Public Health

\*Aitkin County Community Health Summit—June 9, 2014—85 attendees

\*\*6 areas of most concern identified were:

- \*Access, outreach and education for Early Childhood
- \*Obesity in children

## Aitkin County

### August Update for Aitkin County Public Health (Continued)

- \*Access, outreach and education for Seniors
- \*Increasing access to fresh fruits and vegetables
- \*Alcohol, tobacco and other drug use among adolescents and young adults
- \*Opportunity for physical activity across the lifespan

\*Aitkin County Fair—July 9-12, 2014—Aitkin County Health & Human Services put a booth together for the fair this year, after several years not having a booth. We had an excellent attendance with positive feedback. Some of the activities and promotions:

- \*500 printed re-usable shopping bags were given away
- \*UCare and Healthy Northland provided giveaways
- \*Carrots and dip and go-gurts were given away to the kids for playing Nutriman Trivia
- \*We partnered with environmental services to secure a temporary food permit to do taste-testing on Wednesday, Thursday and Friday between 4-6 p.m. Our hotdish recipe was 4 ingredients, healthy, inexpensive and used all foods that could be purchased with SNAP or WIC benefits.
- \*195 fairgoers registered for our 2 door prizes
- \*Fresh fruits and vegetables were on display for kids to touch, feel, smell, etc.
- \*A partnership was developed between our agency and a local RV dealer to provide a “Mother Infant Rest Area” at this year’s fair. The camper was available as a cool, clean, quiet place for mothers to breastfeed and change their infants. An infant changing area was created and several breastfeeding and other Public Health program informational handouts were available inside the camper.

\*Home Visiting—

- \*A Public Health Nurse and Social Worker will be attending the Infant and Early Childhood Mental Health (IECMH) Program at the University of Minnesota, starting in September. Classes will meet one Thursday/Friday per month for 8 months and then there will be consultation/discussions 2 times per month for 3-4 months. Through this curriculum, staff will develop expertise in infant and early childhood development and relate it to improving child and family outcomes.
- \*Our newest family home visiting staff will be attending PIPE curriculum training in September.
- \*Both family home visiting nurses are implementing charting in NgN

\*WIC—

- \*All WIC staff are registered for Participant Centered Services Training on August 12-13<sup>th</sup>. One staff (WIC Coordinator) will also be attending the PCS mentor training.

\*Emergency Preparedness—

- \*Jan participated in work plan completion.
- \*Youth and Adult Mental Health Trainings will take place at Long Lake Conservation

## Aitkin County

### August Update for Aitkin County Public Health (Continued)

Center on August 12 and 13<sup>th</sup>. Lee Berlinquette from the University of MN will be conducting the training. The training will be free of charge to attendees and can accommodate up to 35 attendees each day.

\*4 ACH&HS staff attended the free Red Cross Sheltering conference held in Brainerd on July 23, 2014.

#### \*SHIP—

\*Nutrیمان Garden at Rippleside will be the first “Farm to School” garden in the state of MN!!

\*Continue to overcome obstacles and hurdles

\*The summer garden/produce plan has been going well...so far 299 cups of produce processed

\*CTG money being utilized by Amy for Health School Foods and Active Living through September 29, 2014.

\*Farmer’s Market has been successful in Aitkin this year, every Saturday from 8-noon

\*Having booths at both Aitkin and McGregor back-to-school events

#### \*Home and Community Based Services—

\*Preparing to go live with MNChoices mid-September—

\*2 mentors assisting staff with navigating training and preparation

\*Will have 6 certified assessors

\*Received resignation for ½ time nurse

### NEXT MEETING

The next meeting of the Community Health Board will be October 9, 2014 in International Falls .

### OTHER

Janelle Schroeder, the MDH NE Region Public Health Nurse Consultant, said that the MDH Office of Performance Improvement has put together a proposal to reinstate Local Public Health funding to its full level. These funds were decreased in 2003, and have never been returned to full funding. This is in the discussion stage right now and there is discussion of a need for increased funding for infrastructure costs or perhaps grants to increase funding for workforce development. The Board discussed concerns with difficulty in hiring nurses and the different wage scales of social workers and nurses. It was also discussed that nurses in clinic or hospital settings are receiving higher salaries than public health nurses so it is increasingly difficult to hire county public health nurses. There has been much discussion of this issue statewide and some areas are looking at hiring a nurse as a lead worker with perhaps a social worker doing some of the community based services. There also is a major concern statewide that we are facing many retirements in the coming years and MDH

is saying it is important to do leadership training as we hire a new workforce. Janelle Schroeder noted that she is currently doing a leadership cohort with all 3 county Public Health Supervisors/Manager as each county has a new person in those positions.

ADJOURNMENT I. Williams made a motion to adjourn the meeting at 9:30 a.m.; L. Westerlund seconded the motion; motion carried.

Note: The Strategic Planning Workgroup was convened at 10:00 a.m. and met until 3:00 p.m.. Notes from that meeting will be available at a later time.

Respectfully Submitted,

Karen Benson  
Staff Secretary

Phyllis Karsnia  
CHS Board Secretary



**Human Services**  
218.283.7000  
Fax 218.283.7013

**KOOCHICHING COUNTY  
PUBLIC HEALTH AND HUMAN SERVICES**

1000 Fifth Street  
International Falls, MN 56649  
800.950.4630



**Public Health**  
Prevent. Promote. Protect.  
218.283.7070  
Fax 218.283.7050

August 6, 2014

**Koochiching County Public Health Update:**

- Have been working with the City of International Falls water testing at public beaches due to flood water issues
- Interviewed candidates for nursing positions—had two excellent candidates and we are working on the hiring process
- Car seat training in process for staff—we do UCare’s car seat program
- Have had booth for education materials at both the Northern Koochiching District Fair in Littlefork and the Koochiching County fair in Northome
- SHIP will have the third Active Streets event Wednesday August 13<sup>th</sup>—these have been quite successful and we are encouraged by all the activity related opportunities there are in International Falls
- Training happening for MnCHOICES assessment process which goes “live” in Koochiching County on September 17
- Enjoying the work at our new agency structure as well as getting to know the Aitkin and Itasca PH&HS staff—thanks for traveling to I Falls for our July meeting!
- And of course looking forward to the CHB strategic planning sessions

Respectfully submitted,  
Nancy Lee

# Aitkin-Itaska-Koochiching County Public Health Strategic Planning Meeting Notes

Date: August 14, 2014

**Facilitators:** Janelle Schroeder and Megan Drake-Pereyra, Office of Performance Improvement, MDH

**Introductions and orientation:**

- Tom Burke, Aitkin County PHS Director
- Erin Melz, Aitkin County PH Supervisor
- Ihleen Williams, Aitkin County CHB member
- Laurie Westerlund, Aitkin County CHB member
- Eric Villeneuve, Itasca County PHS Director
- Kelly Chandler, Itasca County PH Manager, AIK CHS Administrator
- Betsy Johnson, Itasca County CHB member
- Leo Trunt, Itasca County CHB member
- Terry Murray, Koochiching County PHS Director
- Nancy Lee, Koochiching County PH Supervisor
- Karen Benson, AIK CHS Grants Manager

**Assessment**

<u>Strengths/Accomplishments (Most Internal)</u>	<u>Weaknesses and Challenges (Most External)</u>
New energy and leadership, ideas, methods and opportunities	Uncertainty of CH structure Loss of history, knowledge, and familiarity due to loss of long-standing public health leaders
<u>Opportunities:</u> determine future infrastructure and CHS leadership style, collaborative work efforts	
<u>Significant Changes:</u> 3 new PH leaders and 2 new PHS leaders, new supervisors and staff	

## Mission

The group discussed the current mission statement:

**“The mission of Aitkin-Itasca-Koochiching Community Health Services system is to lead efforts to promote and protect the health of people and communities in the tri-county area.”**

The facilitator led the group on a discussion regarding the current mission, asking questions such as **“Does the mission reflect what you do and who you serve?”**

- Like seeing system in mission – comprehensive and inclusive
- No other comments

## Values

Along with the mission, values describe how the organization operates; they are the underlying assumptions of the work. The following description of values was shared with the group: “beliefs and principles which guide the work you do”. With that in mind, participants brainstormed words which describe the beliefs/principles of the organization. The words selected include:

**Quality** - *We do our work well by sharing knowledge and expertise while delivering a high level of value and excellence;*

**Collaboration** - *We work together to achieve our mission by capitalizing on our similarities, acknowledging our differences, and balancing our efforts across our counties;*

**Community** - *We engage with the people of our counties to identify their needs for optimal health and well-being;*

**Service** - *We thoughtfully use resources to better the health of our county populations by offering initiatives and supports based in evidence and knowledge of best practice.*

## Vision

The participants drafted a vision for public health, first responding individually to the question, “Keeping in mind the assessment conclusions and mission, what does the Aitkin-Itasca-Koochiching CHB envision within the community and/or organization as a result of the work in the next 3 – 5 years?” They then identified and named the major elements of the vision. The lists below include the vision element name (in bold type), summary phrases offered by the group to describe the overall intent of each vision element, and a table of brainstormed ideas, which represent individuals’ original ideas that were offered for discussion.

### A. Vision Element 1: Healthy People & Communities

**Summary phrases:** Stable family structure, Strong Senior citizen support systems, senior population concerns; safe, secure children; active health communities, engaged proactive citizens, community awareness; babies-health, babies-brains, babies-weight; strong mental health leadership, protected citizenry; people=healthy choices – eating, moving, no tobacco; fresh walleye

### B. Vision Element 2: Collaborative Community Partnerships

**Summary phrases:** engaged, proactive citizens; collaborative agencies; balanced collaboration; increased coordination with community resources; strong partnerships; shared resources; new and positive partners in communities; partnering with our environmental leaders; trusted collaborative partners; collaboration with tribes; cross-sector cooperation/collaboration (PH – healthcare – business – public works – DOT – edu – etc.);

### C. Vision Element 3: Strong, effective leadership and governance

**Summary phrases:** strong, creative leadership; consistent, stable leadership; knowledgeable leadership; stable leadership; proactive visionary leadership; motivated involved administrator; strong leadership; energized participants/participation; proactive promotion of organization; increased community awareness; engaged proactive citizens; positive community vision; strong voice in region; true partnership; strong partnership; Strong state-local partnership; rural perspective with MDH

### D. Vision Element 4: Secure, Flexible Funding

**Summary phrases:** sustainable funding; funding stability; secure funding; adequate funding; sustainable adequate (full) funding; fair funding streaming; strong sustainable infrastructure (\$); ongoing financing

### E. Vision Element 5: Adequate, quality staffing

**Summary phrases:** caring, helpful servants; knowledgeable public health resource; adequate (enough) PH staff; trusted service delivery; qualified and stability in staffing; full/complete qualified staff; competent quality staff (PH staff)

**F. Vision Element 6: Efficient, proactive, creative programming**

**Summary phrases:** proactive not reactive; proactive ability(ies); hopefully eliminating lousy programs; innovative programs; strong health promotion; streamlined processes; flexible options; equality of county services; creative, unique ideas; creative mind changing on eating healthy; sustainable goals; long-term planning; eye toward future trends; knowledge of community health needs

**Strategies**

In the afternoon on the day of Strategic Planning, participants were asked to brainstorm the following question: "What steps/actions need to take place in order to make the visions become realities. The brainstormed ideas are on the following page. A common theme across all strategies was to

**BE A PART OF THE SOLUTION**

**Strategy 1: Seek and encourage funding**

Summary phrases: lobby legislation leaders for full LPHG funding, apply for grants write grant applications, educate elected officials on benefits of programming, promote (legislatively) more block grants (streamlining reporting) for services, be aggressive – take no prisoners, regular contact with funding sources – local legislators, county commissioners, apply for grants (for proactive programming) lobby for increased LPHG/State general funding, communication with county boards and communities, support and positivity at all levels, state and federal funding supports well person care thru public health

**Strategy 2: Develop leadership structure**

Summary phrases: appoint an administrator, hire a CHB Administrator, hire an administrator, decide on CHS administration leadership structure, empower leaders to speak on behalf of the organization (region and state), seek/hold common leadership trainings, participate in workgroups/committees when able, offering a thorough and complete information about department, programs, requirements, etc .

**Strategy 3: implement effective programming**

Summary phrases: create new prevention and health promotion programs, research best practices, compare communities' health and look into reasons for any differences, intensive home visiting, design and build for health, incentivize healthy behavior, work with tri-county local public health to assess program needs, obtain waiver (if needed) to deliver programs to meet community needs, subsidize and incentivize healthy food and physical activity, look at outcomes or results of programs

**Strategy 4: Invest in employees**

Summary phrases: invest in employees, empower staff, allowance for student loans, encourage staff to pursue additional training/education, more competitive wages and benefits, support your staff, discuss increase in PHN salary for recruitment purposes, target potential candidates to hire i.e. colleges, create student loan retirement program to entice new staff, creative in filling vacant staff with available applicant pools

**Strategy 5: Partnership development**

Summary phrases: partner with community agencies to achieve program goals, examine which partnership work well, working toward common goals and objectives, seek shared goals, information sharing...what works, what has not, invite partners to develop programs together with public health, be open and be a positive collaborator in your agency, community, CHB, region and state, collaborate/form partnerships with tribes, educate leadership (existing) at local governing bodies of importance of public health efforts, collaborate/form partnerships with tribes, regular communication with community non-profit organizations

**Strategy 6: Community engagement**

Summary phrases, community outreach to educate regarding programs and services, hold community forums, engage community members, community planning input for community needs, create local consumer workgroups for focused program development, publicize public health activities to increase community awareness, community input/involvement during program initiative development.

## **PRIORITIZED STRATEGIES**

The group participated in 2 priority exercises in order to determine which strategy(s) would be the best to move forward on initially.

Using dots as the 1<sup>st</sup> round, the strategies with the most votes were:

Seek and encourage funding – 10

Develop leadership structure – 9

Invest in employees – 8

Community engagement - 3

Implement effective programming – 2

Partnership development - 1

The facilitator then led the group through another round of prioritization using the Impact/Effort grid. The strategies were rated the following:

Implement effective programming – high impact, high effort

Develop leadership structure – high impact, low effort

Invest in employees – high impact, high effort

Seek and encourage funding – high impact, high effort

Partnership development – high impact, low effort

Community engagement – low impact, high effort

After completing these two prioritization activities, a common theme was noted in that “Develop leadership structure” was voted as a high priority in both activities. It was subsequently chosen as the first strategy for which to develop an action plan. The group also noted that all other strategies would be dependent on this one in order to proceed.

## **ACTION PLANNING**

Facilitator shared the Action Planning worksheet and had them break into three groups of four to start drafting objectives for the strategy: Develop leadership structure. Each group brainstormed first steps in developing action plans and they were shared with the group as a whole. The end result being that the action plan would need to begin by answering many questions related to CHS Administration and structure.

The group as a whole decided that a small workgroup of Nancy, Kelly, and Erin would convene to begin the process of gathering information. The group is charged with determining and gathering the information needed to proceed. The small group committed to meet via conference call and determine data/information to collect by CHS Conference. The small group will present the information available to all of the AIK CHB participants in attendance at CHS Conference to discuss what to present to CHB on October 9<sup>th</sup>.