

**Agenda**  
**Health & Human Services Committee**  
**West Olive Administration Building – Board Room**  
**12220 Fillmore Street, West Olive, Michigan 49460**  
**Wednesday, February 9, 2011**  
**8:30 a.m.**

**Consent Items:**

1. Approval of the Agenda.
2. Approval of the Minutes from the January 12, 2011 meeting.

**Action Items:**

None

**Discussion Items:**

3. Community Health Assessment Needs, Marcia Knol, Health Educator
4. TB (Tuberculosis) Test Used, T-Spot TB Test, Dr. Heidel, Medical Director
5. Department Updates

**Adjournment**

**Comments on the day's business are to be limited to three (3) minutes.**

## **HEALTH AND HUMAN SERVICES COMMITTEE**

### **Proposed Minutes**

DATE: January 12, 2011  
TIME: 8:30 a.m.  
PLACE: Fillmore Street Complex  
PRESENT: James Holtrop, James Holtvluwer, Robert Karsten, Greg DeJong, Stu Visser

STAFF & GUESTS: Lisa Stefanovsky, Health Officer; Dr. Paul Heidel, Medical Director; Donna Cornwell, Human Services Coordinating Council; Bill Raymond, MI Works!/CAA Director; Addie Hambley, Health Dept.; Sandy Boven, Health Dept.; Beth DeWyn, Love, Inc.; Lynne Doyle, CMH; Alan Vanderberg, Administrator; Keith VanBeek, Assistant Administrator; Sherri Sayles, Deputy Clerk; Michelle Martin, Interim DHS Director

#### **SUBJECT: CONSENT ITEMS**

HHS 11-001 Motion: To approve the agenda of today as presented and to approve the minutes of the November 10, 2010, meeting as presented.  
Moved by: Karsten UNANIMOUS

#### **SUBJECT: ELECTION OF COMMITTEE VICE CHAIR**

HHS 11-002 Motion: To elect James Holtvluwer as Vice Chairperson of the Health and Human Services Committee for 2011.  
Moved by: Karsten UNANIMOUS

#### **SUBJECT: DISCUSSION ITEMS**

1. 2011 Meeting Schedule – The committee agreed to meet the second Wednesday of every month at 8:30 a.m.
2. Free Health Clinic Update – Sandy Boven, Health Promotion Manager, and Beth DeWyn, Love, Inc. Program Coordinator, presented an update on the Grand Haven Free Health Clinic. Care is provided Thursday evenings by volunteer medical staff. 318 total clients have been seen this far. North Ottawa County Hospital has been very supportive. They have donated 600 flu vaccines as well as free lab and basic x-rays.

## 3. Department Updates:

Health Department – Dr. Heidel gave a brief update on Unity Christian School and that most likely they are experiencing a Norovirus outbreak.

Lisa Stefanovsky reported a decline in flu vaccinations being given by the Health Department as more people are going to pharmacies to receive them. Adam London, Environmental Health Manager, has resigned. The position is currently posted. Lisa also reported on December 22<sup>nd</sup> a revision to the Body Art Bill was signed and significant changes will be taking place.

Mental Health – Lynne Doyle is working with the Health Department to better use data collected for strategic planning. Dr. Brashears is currently working on the CMH strategic plan.

Human Services Coordinating Council – Donna Cornwell presented an update on Access to Health, Food Policy Counsel, Clothing for Men, and Host Homes for Homeless Youths.

Michigan Works!/CAA – Bill Raymond reported the CAA “Walk for Warmth” is scheduled for February 12<sup>th</sup> in Zeeland. He invited the Committee to the Michigan Works! orientation for the new Workforce Board. He thanked the Board members for their support with the Ottawa County Housing Commission.

Dept. of Human Services – Michelle Martin introduced herself as the Interim Director. She reported on the DHS Emergency Services funds.

Mr. Karsten stated if any department has anything they would like to get out to the public, please let him know and he will schedule it to be a discussion item on WHTC.

The Administrator reported the Board of Commissioners Strategic Planning Meeting is scheduled for Friday, February 25<sup>th</sup>.

## SUBJECT: ADJOURNMENT

HHS 11-003 Motion: To adjourn at 9:50 a.m.  
Moved by: Karsten

UNANIMOUS

# Ottawa County Health Department



## Powers and Duties:

*Michigan Public Health Code*

*Public Act 368 of 1978, Section 2433*

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health

# Ottawa County Health Department



Vision:

Healthy People

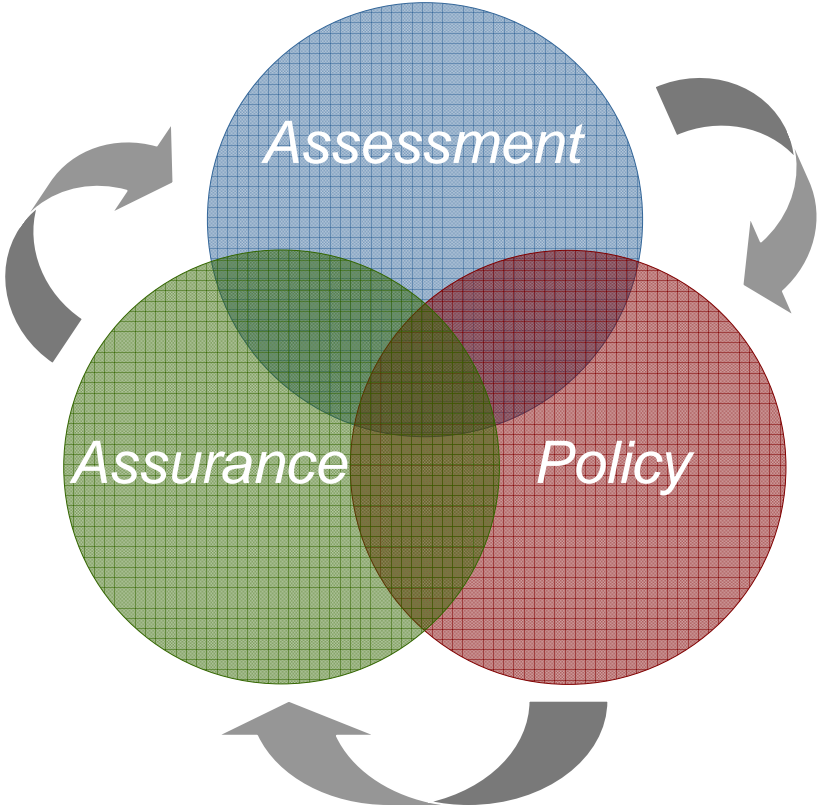
# Ottawa County Health Department



## Mission:

The Ottawa County Health Department will assure conditions in which all people can achieve optimal health.

# Public Health: Core Functions



# Public Health: Core Functions



## *Assessment*

Collection, classification, analysis and interpretation of numbers and facts to help *inform decision-making*.



# Public Health: 10 Essential Services



CORE FUNCTION:

*Assessment*

## Essential Services:

1. Monitor Health Status  
to Identify  
Community Health  
Problems

2. Diagnose & Investigate  
Health Problems &  
Health Hazards in the  
Community

# Community Health Assessment



Why? Transparency & accountability

- *Evidence-based decision making*
- *Evaluate what we do*

# Community Health Assessment



Why? Meet accreditation standards

# Community Health Assessment



Why? Identify geographic or  
population health inequities

# Community Health Assessment



Why? Regular re-assessment

- *Monitor changes in community health*
- *Adjust organizational emphasis*

# Community Health Assessment



Why? Limited resources

- *Align priorities for greatest impact on health*

# Community Health Assessment



Why? A resource for community use

- *Grant making*
- *Agency-specific program planning & evaluation*
- *Resource allocation*

# PPAC Act of 2010



## Patient Protection & Affordable Care Act March 23, 2010

### COMMUNITY HEALTH NEEDS ASSESSMENT



# P.P. & A.C.A. of 2010



## Requirement:

To qualify as a Section 501(C)(3) Charitable Hospital, the organization must meet the Community Health Needs Assessment Requirements described in PPAC Act.

# P.P. & A.C.A. of 2010



An assessment meets the requirements if:

- It takes into account input from persons who represent the broad interests of the community served by the hospital facility.
- It takes into account input from those with special knowledge of, or expertise in, public health.
- It is made widely available to the public.

# P.P. & A.C.A. of 2010



## Outcomes:

Organization has adopted an implementation strategy to meet the community needs identified through such assessment.

## Fines:

Taxes imposed on the organization for failures in any taxable year: \$50,000

# Community Health Needs Assessment - 2011



## *Establish a collaborative Community Health Needs Assessment system for Ottawa County*

- Incorporate existing county-wide assessments
- Improve sustainability
- Minimize duplication; maximize availability
- Ensures a consistent

# Community Health Needs Assessment - 2011



## *Establish a Community Health Needs Assessment committee*

- Hospitals
- Health Department
- Community Mental Health
- United Way
- Community Foundations and other partners

# Community Health Needs Assessment - 2011



## *Next Steps:*

- Adult Behavioral Risk Factor Survey: Summer 2011
- Youth Assessment Survey: Fall 2011
- United Way Community Survey: Fall 2011

# Community Health Needs Assessment - 2012



## *Next Steps:*

Ottawa County Community Report: Summer/Fall 2012

- Incorporate OCHD, hospital, Census Bureau and other data
- Comprehensive report highlighting key gaps and resources

Identify Priority Needs & Outcomes

- Facilitate increase community collaboration and investment

# Ottawa County Health Department



## *Additional 2011 Assessment Projects:*

- Youth Suicide Surveillance - New
- Third Grade BMI Surveillance
- Annual Community Health Profile
- Revise & update data content of OCHD website



# Ottawa County Health Department



*Questions?*

Contact information:

Marcia Knol

Community Health Planner/Analyst

Ph: 494-5598

Email: [mknol@miottawa.org](mailto:mknol@miottawa.org)



# T-Spot TB Test

OTTAWA COUNTY  
HEALTH DEPARTMENT

# Testing for TB



# TB Skin Test



# Reading the TB Skin Test





# Positive for TB at $\geq 5\text{mm}$

- People who are:
  - HIV-positive
  - Recent contacts of an active TB case
  - Chest x-rays consistent with old TB
  - Organ transplants
  - Immunosuppressed

## Positive for TB at $\geq 10$ mm

- Persons who are:
  - Recent arrival from high prevalence country
  - IV drug users
  - Residents/employees of high risk settings
  - Microbiology lab personnel
  - Persons with certain clinical conditions
  - Children <4 years or adolescents exposed to adults in high risk categories

Positive for TB at  $\geq 15$  mm

- People with no risk factors for TB



# False Readings

- Incorrect antigen False +/-
- Incorrect administration False +/-
- Incorrect reading False +/-
- Bias False +/-
- Incorrect history False +/-
- Prior BCG vaccination (?) False + (?)

# Two Forms of TB

- *Active TB*
  - Also called “TB disease”
  - Patient is actively infected (“sick”) and contagious
  - Treated with at least 4 drugs for at least 4 months
- *Latent TB*
  - Also called “TB infection” (LTBI)
  - Patient is harboring the TB bacteria but is neither symptomatic nor contagious
  - Treated with one drug for 9 months!

# T Spot TB Test

- Blood test approved by the FDA in July, 2008
- Several advantages over the skin test:
  - Single visit to medical provider
  - Results available in 24 hours
  - Highly accurate
    - Sensitivity: 96%
    - Specificity: 99%
  - Not affected by prior BCG
- Cost: \$50 (T-Spot) vs. \$20 (Skin test)

# Free T Spot trial: Oct – Nov 2010

- 20 free tests from T Spot company
- OCHD criteria for testing:
  - Positive TB test
  - 15 years of age or older
  - Have a history of BCG vaccine and/or
  - Foreign born and/or
  - No known risk factors of exposure to TB

# Initial T Spot Trial

- 19 people tested who were prior skin test +
- Results:
  - 9 positive
  - 10 negative



## Dec 2010-Jan 2011

- 9 people tested who were prior skin test +
- Results:
  - 7 negative
  - 2 positive

# Cost of positive TB tests to Ottawa County

- Chest x-rays
  - Possible CT scans
- Laboratory tests (liver tests, HIV)
- TB clinic
  - Personnel time
  - “Interpretation phone line”
- TB medication for 9 months
- Follow-up costs
  - Personnel time

# Benefit of T Spot to the Patient

- No return visit to read skin test
- Accuracy for people with prior BCG
- Better acceptance of positive results
- If T Spot is negative:
  - No TB medications
  - No potential for medication side effects
  - No monthly visits to the Health Department



# What Next?

- 6 month trial
- Review clinical outcomes
- Review cost effectiveness
- Consider using T Spot exclusively for TB testing