



**Public Health**  
Prevent. Promote. Protect.

---

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*"Caring For Our Communities"*

419 East Seventh Street  
The Dalles, OR 97058-2676  
541-508-2600  
[www.ncphd.org](http://www.ncphd.org)

**North Central Public Health District  
Board of Health  
Meeting Minutes  
October 17, 2017**

**In Attendance:** Commissioner Tom McCoy – Sherman County; Judge Steve Shaffer – Gilliam County; Commissioner Scott Hege – Wasco County;

**Staff Present:** Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD; John Zalaznik – EH Supervisor

**Guests Present:** Susan Awmiller

**Minutes taken by:** Gloria Perry

Meeting called to order at 10:00am by Chair Scott Hege

**SUMMARY OF ACTIONS TAKEN**

**MOTION** by Judge Steve Shaffer, second by Commissioner Tom McCoy to accept the 9/12/17 executive committee meeting minutes with correction.

**Vote:** 3-0  
**Yes:** Commissioner Tom McCoy, Judge Steve Shaffer, and Commissioner Scott Hege  
**Abstain:** 0  
**Motion Carried**

**MOTION** by Commissioner Tom McCoy, second by Judge Steve Shaffer to approve the Nationwide contact, acknowledging legal council's concerns.

**Vote:** 3-0  
**Yes:** Commissioner Tom McCoy, Judge Steve Shaffer, and Commissioner Scott Hege  
**Abstain:** 0  
**Motion Carried**

**MOTION** by Commissioner Tom McCoy, second by Judge Steve Shaffer to accept the A/P Checks Issued report for September 2017 as presented.

**Vote:** 3-0

Yes: Commissioner Tom McCoy, Judge Steve Shaffer, and Commissioner Scott Hege  
 Abstain: 0  
 Motion Carried

## WELCOME AND INTRODUCTIONS

### MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
  1. A motion was made to approve the 9/12/17 executive committee meeting minutes with correction to the link for ICS training.
  2. The link listed in the minutes for ICS training is incorrect. The correct link to on-line classes is: <http://training.fema.gov/is/crsllst.aspx>
2. Set next meeting date.
  1. Due to scheduling conflicts, there will not be a November executive committee meeting. Next scheduled meeting will be a full board meeting on Tuesday, December 12, 2017 at 3:00pm. Meeting location will be at the North Central Public Health District office located at 419 E. 7<sup>th</sup> St., The Dalles, OR.

### ADDITIONS TO THE AGENDA

1. None

### PUBLIC COMMENT

1. Sue Awmiller congratulated Teri Thalhofer and the entire NCPHD staff for their hard work and dedication in achieving accreditation status.

### UNFINISHED BUSINESS

1. Modernization Grant – Letter of Commitment
  1. As a review, Teri explained to the board that the legislature allocated five million dollars this biennium for public health modernization. These funds are going to go out in grants along in tracks of one for capacity building, one for implementation to address communicable diseases and health equity while building leadership capacity.
  2. Teri talked to our community partners about coming together for this grant opportunity. Partners consist of the following counties: Hood River, Wasco, Sherman, Gilliam, Union, Umatilla, Baker, Grant, Harney, Malheur, Wheeler, Wallowa, Morrow, and Lake. Our non-governmental partner is the EOCCO.
  3. With the population of all these counties combined we are eligible for \$700,000.00 of funding over an 18-month period.
  4. Part of the grant application is a letter of commitment from commissioners stating that they agree with the project and moving forward, and that NCPHD commits to serve as the lead agency in the project.
  5. After discussion there was a consensus among the executive board to sign the letter of commitment.

### NEW BUSINESS

1. Nationwide Roth Contribution Contract Amendment
  1. Legal council had some concerns regarding this contract amendment. Council wanted some changes made to the contract; however this is Nationwide's boilerplate contract that they use and are not willing to change the language.
  2. Teri asked the board for their approval to sign the contract as is.
  3. After discussion a motion was made to acknowledge legal council's recommendation and to approve Teri Thalhofer to sign the contract as presented from Nationwide.
2. Public Health Accreditation
  1. Teri advised the board that she has received notice that NCPHD has been officially accredited.
  2. Teri commented that she is very proud of the work that staff did in the process of becoming accredited
  3. We will need to file an annual report with the accreditation board. There are specific areas they want us to report on where they felt we had some challenges when they were here for the site review.
  4. Becoming accredited means that NCPHD is meeting best practice standards in our public health work.

5. Something to consider for next year's budget is the cost to become reaccredited. The cost is not insignificant and we should start planning for it over the next few years so we can be ready to pay those fees when the times comes for reaccreditation. The cost is around \$10,000.00.
3. SWAC Overview – Presented by John Zalaznik
    1. Teri explained that the reason she asked John to speak to the board regarding this is because this isn't the kind of work that is the regulatory environmental health, this is the stuff that comes with public health modernization and she wanted John to give an overview to the executive board.
    2. John discussed the following:
      - a. Big news is that there is no market for recycling.
      - b. In September, the information John received from Jim Winterbottom of The Dalles Disposal is that they were losing \$35.00 a ton and in October they were losing \$110.00 a ton to haul it.
      - c. Looking at the longevity, it's not good when you start losing that much money in hauling recyclables to Portland.
      - d. Contamination Rate
        1. China wants less than 1.5% contamination rates and the United States is not meeting those goals.
        2. A lot of the public doesn't understand recycling and they are using it for garbage.
        3. As of the first of January, the Chinese are going to reduce the contamination rate to .3% which is going to make it even stricter and it will be harder to meet those goals.
        4. There is a potential for 220 tons of recyclables going to a landfill in the near future until the market changes. There is really no domestic market for this either.
      - e. Licensing Agreement
        1. Our solid waste licensing agreement was written in 1996 and in the agreement it states that it needs to be rewritten every 10 years and that hasn't been happening. The committee's recommendation is to hire a consultant to rewrite this contract. If the contract hasn't been rewritten in 21 years there is potential for a lot of money to be missed. John is not sure if an audit has ever been done either.
        2. When the subject comes before Wasco County Commissioners, John encouraged Commissioner Hege to vote yes on rewriting this agreement. John would also like to be able to provide input from an environmental health point of view during the rewriting of the agreement.
        3. John commented that he asked Commissioner Kramer to look at different rates of like-size organizations when considering rates because Oregon residents can take their garbage across the river and pay half the cost of what they would pay going to The Dalles Garbage.
      - f. Longevity of the Landfill
        1. When there is no recycle capacity people are just going to throw it out and it will increase the garbage volume by quite a bit. The advisory committee always asks for a capacity report from the Wasco County landfill and last year it was 79 years and this year it is 48 years. If we are potentially adding another 220 tons a month just from Wasco County going to our landfill, the capacity and longevity is going to shrink quite a bit.
        2. Waste Connections really wants to bring more garbage in to the area from Metro and it is a potential income for Wasco County but when you take a look at that in the long term, trying to find another site for garbage disposal for a landfill is almost impossible.
        3. Commissioner Hege found that going from 79 years to 48 years capacity in just one year seems like quite a bit and wanted to know the reason for that. John wasn't sure if they had a different engineering group that did the assessment. Commissioner Hege would like to know if that is the case because 3 years ago it was at 99 years capacity. He also asked if the solid waste advisory committee was looking into this because this is the first that he has heard of this and it's pretty disturbing news. John replied that Commissioner Kramer is on the advisory committee and he asked Wasco County landfill for an explanation; however John's not sure if they can explain it. They have 210 acres under contract and they have a 360 acre piece so they are thinking that they can possible expand the landfill but a lot of the acreage is really steep and it falls into 3 Mile and it is John's opinion that a lot of the land is not usable.

4. Currently there are not enough members on the committee to provide the over-site needed.

#### 4. Addressing Childhood Obesity Case Study

1. Teri shared with the board a report by the Oregon Health Authority in connection with the Rede Group.
2. NCPHD was part of the cross-sector partners who worked together to:
  - a. Collect and track local data on childhood obesity
  - b. Create a broad-based coalition
  - c. Fund a Collective Impact Health Specialist to expand the coalition and secure funding for additional projects
  - d. Offset restaurant licensing fees for restaurants participating in the Drink Fit program to reduce the amount of sugary beverages sold
3. Some results achieved:
  - a. Drink Fit Program
  - b. Partners agreeing to increase awareness
  - c. Better data
  - d. Head Start changed their policies to support children growing up at a healthy weight
4. Moving forward:
  - a. The coalition continues to engage partners to achieve community goals for health food and active living. For example, the City of The Dalles recently updated its transportation plan to include Safe Routes to Schools.

#### 5. Grant Applications

1. Teri provided an update to the board regarding the status of grants that NCPHD has applied for:
  - a. We were not successful in a large federal grant that we had applied for which was to reduce childhood obesity in the Gorge region.
  - b. There are two grants pending with Columbia Gorge CCO.
    1. One is to have a reproductive health program coordinator to work with providers to build a system of reproductive health access points. This would be a 3-year grant funded position.
    2. The other is for funding for an obesity program manager that would do prevention and outreach around obesity as well as assist us in obtaining small grants to implement some projects such as community gardens & after school programming.
    3. The timeline for how the CCO plans to award these grants is not real clear. Award process can take up to 120 days.

#### 6. Staffing

1. With some QIM money that we did not anticipate receiving from the CCO we created a program secretary position and we filled that internally with Jessie Elias who was one of our Office Specialist working in the front office. We now have an Office Specialist position open and are currently in the process of recruitment.
2. We also reclassified a position from Community Health Specialist to a Community Engagement Specialist which is more of a program manager level. Position was posted in-house and Judy Bankman applied and was promoted to this position.
3. We are also waiting for CCO funding on a cessation specialist for tobacco.

#### 7. Approval of A/P Check Report (September 2017)

1. Report presented to the board.
2. A motion was made to approve the A/P Check Reports for September 2017 as presented.

#### 8. Director's Report – By Teri Thalhofer

1. Report presented to the board and feedback requested.

Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 10:55PM



Signature

12/12/17

Date

Scott C. Heje

Printed Name

- {Copy of 9/12/2017 Executive Committee Meeting Minutes, Modernization Grant Letter of Commitment, Nationwide Roth Contribution Amendment, OHA Childhood Obesity Case Study handout, A/P Check Report for September 2017 and Director's Report for September 2017 attached and made part of this record.}



**Public Health**  
Prevent. Promote. Protect.

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*"Caring For Our Communities"*

419 East Seventh Street  
The Dalles, OR 97058-2676  
541-506-2600  
[www.ncphd.org](http://www.ncphd.org)

**North Central Public Health District  
Board of Health  
Meeting Minutes  
September 12, 2017**

**In Attendance:** Commissioner Tom McCoy – Sherman County; Roger Whitley – Sherman County; Linda Thompson – Sherman County; Judge Steve Shaffer – Gilliam County; Michael Takagi – Gilliam County; Commissioner Scott Hege – Wasco County; Fred Schubert – Wasco County

**Staff Present:** Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD; Tanya Wray – PHEP Coordinator NCPHD

**Guests Present:** Susan Awmiller

Minutes taken by: Gloria Perry

Meeting called to order at 3:00pm by Chair Scott Hege

**SUMMARY OF ACTIONS TAKEN**

**MOTION by Commissioner Tom McCoy, second by Judge Steve Shaffer to accept the 7/18/17 executive committee meeting minutes as presented.**

Vote: 7-0  
Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Fred Schubert and Commissioner Scott Hege  
Abstain: 0  
Motion Carried

**MOTION by Judge Steve Shaffer, second by Commissioner Tom McCoy to accept the A/P Checks Issued report for July and August 2017 as presented.**

Vote: 7-0  
Yes: Commissioner Tom McCoy, Roger Whitley, Linda Thompson, Judge Steve Shaffer, Michael Takagi, and Fred Schubert and Commissioner Scott Hege.  
No: 0  
Abstain: 0  
Motion Carried

## WELCOME AND INTRODUCTIONS

### MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
  1. A motion was made to approve the 7/18/17 executive committee meeting minutes as presented.
2. Set next meeting date.
  1. Due to scheduling conflicts, the October 10<sup>th</sup> meeting date will not work. There is also a conflict with the November 14<sup>th</sup> board meeting date. Gloria will send out a meeting doodle to determine what date in October and November will work best for the board. Meeting location will be at the North Central Public Health District office located at 419 E. 7<sup>th</sup> St., The Dalles, OR.

### ADDITIONS TO THE AGENDA

1. Attorney Fees
2. Domestic Well Project Maps

### PUBLIC COMMENT

1. None

### UNFINISHED BUSINESS

1. None

### NEW BUSINESS

1. PHEP (Public Health Emergency Preparedness) Presentation by Tanya Wray
  1. Tanya shared a Power Point presentation that reviewed the following:
    - a. Program Element #12 of NCPHD's contract with OHA.
    - b. 15 Capabilities developed by CDC to serve as national public health preparedness standards.
    - c. PHEP Region 6 includes Wasco, Sherman, Gilliam, and Hood River Counties
    - d. NCPHD is a primary agency for ESF8 Public Health & Medical Services. NCPHD is also a supporting agency for other ESF's, such as ESF6 Mass Care.
    - e. Reviewed NCPHD's internal emergency response plans which include:
      - ✓ The All Hazards Base Plan
      - ✓ Communication Plan
      - ✓ Command & Control Plan
      - ✓ EH Response Plan
      - ✓ PH Surge Capacity & Volunteer Management Plan
      - ✓ Epidemiology Plan
      - ✓ Laboratory Data & Sample Testing
      - ✓ Mass Prophylaxis & Immunization Plan
      - ✓ Mass Patient Care Plan
      - ✓ Disaster Behavioral Health Plan – PH Personnel
      - ✓ Quarantine, Isolation & Social Distancing Plan
      - ✓ Mutual Aid & Resource Management Plan
    - f. Reviewed the Incident Command System (ICS). All NCPHD staff are required to take ICS100 and IS700 training. Some staff are required to take additional training based on their potential role in an emergency. Tanya encourages board members to at least take ICS100 & 700. The link to on-line classes is: <https://training.fema.gov/is/crslist.aspx>
    - g. Wildfires – PSA's (Public Service Announcements) are sent before and during wildfire incidents.
    - h. Shared information about PHEP's participation in the Solar Eclipse 2017 event.
    - i. Shared information about MRC (medical reserve corp) and the various projects PHEP is involved in. The MRC is a specialized component of Citizens Corps, a national network of volunteer organizations.
    - j. September is National Preparedness Month. PHEP will be participating at the Get Ready The Dalles event on September 23, 2017.

2. Outstanding Performers (1<sup>st</sup> half of 2017)
  1. Teri shared with the board a listing of outstanding restaurant performers for the first of half of 2017.
  2. Scores for all restaurants can be found on our website.
3. NCPHD Vehicles
  1. Because of the age and value of our vehicles NCPHD is trying to come up with a plan of action for replacing vehicles.
  2. Teri asked if there was a board member who would be interested in volunteering to participate on a vehicle committee. Committee would probably meet twice a year.
  3. We currently have \$20,000 in reserve from FY 2016-17. We did not add to that reserve in FY 2017-18.
  4. Teri will a follow-up email to the board with this request.
4. Grant Updates
  1. Teri updated the board on some possible grant opportunities NCPHD is currently working on.
  2. If these grants come in, it may result in increase staffing; it will depend on what combination of which comes in.
5. Approval of A/P Check Report (July and August 2017)
  1. Report presented to the board.
  2. A motion was made to approve the A/P Check Reports for July and August 2017 as presented.
6. Contract(s) Review
  1. The following agreements were reviewed with the board:
    - a. CIS Agreement
    - b. G4S Agreement
    - c. MCCC Agreement
    - d. OHA Agreement 154126-0
7. Director's Report – By Teri Thalhofer
  1. Report presented to the board and feedback requested.
8. Attorney Fees
  1. NCPHD is currently contracted with a law firm in Portland called Beery, Elsner & Hammond for legal services. Tom Sponslor, a semi-retired attorney (municipal expert) who has been working with NCPHD from the beginning of our contract has since retired. He did most of our work over email at a pretty fast response which allowed for low attorney fees. With his retirement, our legal representation was moved to a different partner at the agency who does not have Tom's experience in municipality and our legal costs have seen an increase. It appears the time he is spending on documents is significantly longer than what Tom was spending and the turnaround time is much longer as well.
    - a. In 2015: \$3,500.00 for the year.
    - b. In 2016: \$5,400.00 for the year
    - c. In 2017 (January through June): \$4,500.00 for six months.
  2. Teri and Kathi commented that NCPHD cannot sustain this cost. Teri asked the board for advice on how to move forward.
  3. The board asked Teri to start with a letter to the law firm about the significant increase and to inquire if this is a short-term learning curve for the attorney who is now assigned to us.
9. Domestic Well Project Maps
  1. Teri shared with the board a map generated from the domestic well project shows wells that tested high for nitrates, wells elevated and wells that are fine.
  2. The map is specific to wells tested through the project. Teri also shared a map that includes real estate transactions as well.
  3. NCPHD has been asked to present the domestic well project data at the American Public Health Association and the Oregon Public Health Association



Being no further business to be conducted at this time, Commissioner Hege adjourned the board of health meeting at 4:18PM

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

- {Copy of 7/18/2017 Executive Committee Meeting Minutes Outstanding Performers (1<sup>st</sup> half of 2017), Grant Opportunities Handout, Domestic Well Project Maps, A/P Checks Issued Report for July and August 2017, CIS Agreement, G4S Agreement, MCCC Agreement, OHA Agreement 154126-0, and Director's Report for September 2017 attached and made part of this record.}

DRAFT

S:\Meeting Minutes & Agendas\Board of Health Meetings\Minutes\2017\BOH Meeting Minutes 9-12-17 DRAFT.doc



**Public Health**  
Prevent. Promote. Protect.

---

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

*"Caring For Our Communities"*

419 East Seventh Street  
The Dalles, OR 97058-2676  
541-506-2600

October 17, 2017

Sent via Electronically

Oregon Health Authority

Re: Eastern Oregon-Public Health Modernization Implementation Project

Dear Review Committee:

North Central Public Health District is pleased to provide this letter of commitment to the Eastern Oregon –Modernization Implementation Project which aims to bring forth an innovative new model for the public health system in rural Oregon. This project will ensure that there are critical public health protections in place for Oregonians east of the I-5 Corridor by developing a regional approach to help reduce the communicable disease burden in Oregon and to improve the lives of our unique population. We are excited that these funds will be used to support the development of regional public health capacity and foster partnerships for meeting common goals and improving health for all.

North Central Pubic Health commits to serve as the lead agency in the project. We believe this project can serve to allow our agency to respond to communicable disease needs with more capacity and expertise. Efficiencies can be gained through shared services and use of electronic media to coordinate response.

Please contact me if you have questions or wish to discuss this project further.

Regards,

---

Commissioner Scott Hege  
Wasco County

---

Judge Steve Shaffer  
Gilliam County

---

Commissioner Tom McCoy  
Sherman County

**ROTH CONTRIBUTION AMENDMENT  
TO THE DEFERRED COMPENSATION PLAN FOR PUBLIC EMPLOYEES  
457 GOVERNMENTAL PLAN AND TRUST**

**PREAMBLE**

- 1.1 Adoption and effective date of amendment. The Employer adopts this Amendment to reflect Code Section 402A, as amended by the Small Business Jobs Act of 2010 ("SBJA"). This Amendment is intended as good faith compliance with the requirements of Code Section 402A and guidance issued thereunder, and this Amendment shall be interpreted in a manner consistent with such guidance. This Amendment shall be effective as of the date selected below.
- 1.2 Eligible governmental 457 plan. The Employer is an eligible employer as defined in Code §457(e)(1)(A).
- 1.3 Supersession of inconsistent provisions. This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

**ARTICLE II  
ADOPTION AGREEMENT ELECTIONS**

- 2.1 Effective Date. Designated Roth Contributions are permitted under the Plan as of the date this Amendment is executed below, which is no earlier than January 1, 2011.
- 2.2 Unforeseeable emergency. If the Plan permits distributions of Elective Deferrals on account of an unforeseeable emergency, Designated Roth Contributions may be withdrawn on account of an unforeseeable emergency subject to the same qualifications that apply to Pre-tax Elective Deferrals.

**ARTICLE III  
DESIGNATED ROTH CONTRIBUTIONS**

- 3.1 Designated Roth Contributions are permitted. The Plan's definitions and terms shall be amended as follows to allow for Designated Roth Contributions as of the Effective Date. Designated Roth Contributions shall be treated in the same manner as Deferral Contributions for all Plan purposes except as provided in Article II of this amendment. The Employer may, in operation, implement deferral election procedures provided such procedures are communicated to Participants and permit Participants to modify their elections at least once each Plan Year.
- 3.2 Deferral Contributions. The Plan's definition of Deferral Contributions at Section 1.08 is deleted and replaced as follows: "Deferral Contributions" means Salary Reduction Contributions, Nonelective Contributions, Matching Contributions and Designated Roth Contributions. The Employer or the Administrative Services Provider (if applicable) in applying the Code § 457(b) limit will take into account Deferral Contributions in the Taxable Year in which contributed. The Employer or Administrative Services Provider (if applicable) in determining the amount of a Participant's Deferral Contributions disregards the net income, gain and loss attributable to Deferral Contributions.
- 3.3 Salary Reduction Contributions. The Plan's definition of Salary Reduction Contributions at Section 1.27 is deleted and replaced as follows: "Salary Reduction Contributions " means a Participant's Elective Deferrals which are not includible in the Participant's gross income at the time deferred and have been irrevocably designated as Salary Reduction Contributions by the Participant in his or her

NRN-0377AO-0611

deferral election. A Participant's Salary Reduction Contributions will be separately accounted for, as will net income, gain or loss, attributable to those Salary Reduction Contributions. All Deferral Contributions prior to this amendment are Salary Reduction Contributions.

- 3.4 Designated Roth Contributions. "Designated Roth Contributions" means a Participant's Deferral Contributions that are includible in the Participant's gross income at the time deferred and have been irrevocably designated as Designated Roth Contributions by the Participant in his or her deferral election. A Participant's Designated Roth Contributions will be separately accounted for, as will gains and losses attributable to those Designated Roth Contributions. However, forfeitures may not be allocated to such account. The Plan must also maintain a record of a Participant's investment in the contract (i.e., designated Roth contributions that have not been distributed) and the year in which the Participant first made a Designated Roth Contribution.
- 3.5 Distribution Rule. Withdrawals (including, but not limited to, withdrawals on account of an unforeseeable emergency) from Participant's accounts may be directed by the Participant from either Salary Reduction Contributions, Designated Roth Contributions or pro rata from Salary Reduction Contributions and Designated Roth Contributions.
- 3.6 Corrective distributions attributable to Designated Roth Contributions. For any Plan Year in which a Participant may make both Designated Roth Contributions and Salary Reduction Contributions, the corrective distribution from the Participant's accounts will be taken pro rata from a Participant's Salary Reduction Contributions and Designated Roth Contributions. Furthermore, such procedure may permit the Participant to elect which type of Deferral Contributions shall be distributed first.
- 3.7 Loans. If Participant loans are permitted under the Plan, the loan policy or program is amended to provide the ability by a Participant to borrow from, or use as security, a Participant's Designated Roth Contribution account. Additionally, the loan policy or program is modified to provide that, with respect to the default of a loan which is attributable to Salary Reduction Contributions and Designated Roth Contributions, such default will be attributed to the Participant's Salary Reduction Contribution and Designated Roth Contribution accounts on a pro rata basis.
- 3.8 Rollovers. A direct rollover of a distribution from Designated Roth Contributions shall only be made to a Plan which includes Designated Roth Contributions as described in Code Section 402A(e)(1) or to a Roth IRA as described in Code Section 408A, and only to the extent the rollover is permitted under the rules of Code Section 402(c).

3.8.1 The Plan shall accept a rollover contribution of Designated Roth Contributions only if it is a direct rollover from another Plan which permits Designated Roth Contributions as described in Code Section 402A(e)(1) and only to the extent the rollover is permitted under the rules of Code Section 402(c). The Employer, operationally and on a uniform and nondiscriminatory basis, may decide whether to accept any such rollovers.

3.8.2 The Plan shall not provide for a direct rollover (including an automatic rollover) for distributions from a Participant's Designated Roth Contribution account if the amount of the distributions that are eligible rollover distributions are reasonably expected to total less than \$200 during a year. In addition, any distribution from a Participant's Designated Roth Contributions are not taken into account in determining whether distributions from a Participant's other accounts are reasonably expected to total less than \$200 during a year. Furthermore, the Plan will treat a Participant's Designated Roth Contribution account and the Participant's other accounts as held under two separate plans for purposes of applying the automatic rollover rules. However, eligible rollover distributions of a Participant's Designated Roth Contributions are taken into account in determining whether the total amount of the Participant's account balances under the Plan exceed the Plan's limits for purposes of mandatory distributions from the Plan.

3.9 Operational Compliance. The Plan and the Administrative Services Provider will administer Designated Roth Contributions in good faith with applicable regulations or other binding authority not reflected in this amendment. Any applicable regulations or other binding authority shall supersede any contrary provisions of this Amendment

This Amendment has been executed and effective this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_

Name of Plan: North Central Public Health District

Plan Number: 0049850-001

David Doughman <David@gov-law.com>

Aug 30

to Kristen, Alyssa, Kathi, me

Hi Alyssa:

A couple comments on the draft amendment.

- **Section 2.1.** The date January 1, 2011 is listed in this section. The district should confirm with its plan administrator that this date is correct. It could be correct (that is, no Roth contributions will be allowed before January 1, 2011) but it seems odd to me. Perhaps it is tied to the statute or rule that governs these types of amendments.
- **Section 3 definitions.** Section 3.2 and 3.3 delete existing definitions and replace them with new ones. Section 3.4 appears to add a new definition. First, I would confirm with the plan administrator that sections 3.5 – 3.9 are not new or revised definitions. Second, I would ask the plan administrator to be more precise as to where definitions begin and end in 3.2, 3.3 and 3.4.
  - For example, it is not clear to me in section 3.2 whether “Deferral Contributions” simply means “Salary Reduction Contributions, Nonelective Contributions, Matching Contributions and Designated Roth Contributions.”
    - Or, does it mean “Salary Reduction Contributions, Nonelective Contributions, Matching Contributions and Designated Roth Contributions. The Employer or the Administrative Services Provider (if applicable) in applying the Code § 457(b) limit will take into account Deferral Contributions in the Taxable Year in which contributed. The Employer or Administrative Services Provider (if applicable) in determining the amount of a Participant’s Deferral Contributions disregards the net income, gain and loss attributable to Deferral Contributions.” To these eyes, it is very unclear.

Other than those points, I have no issues with it.

I’ll get comments back to you soon on the Reliance agreement as well.

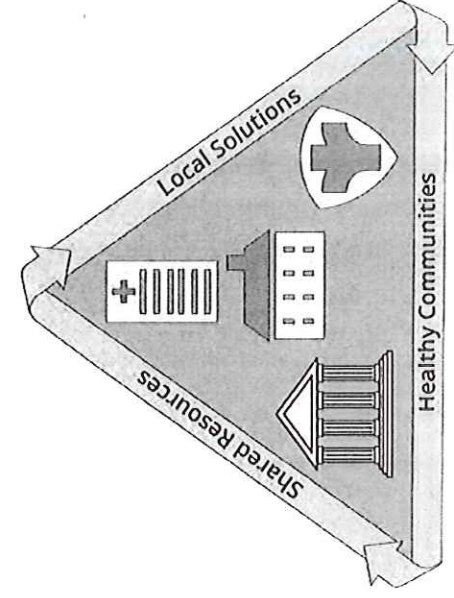
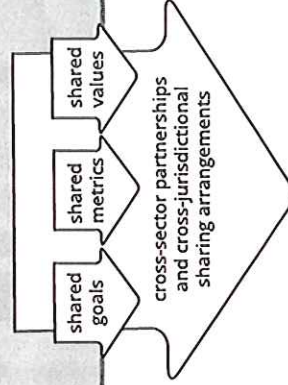
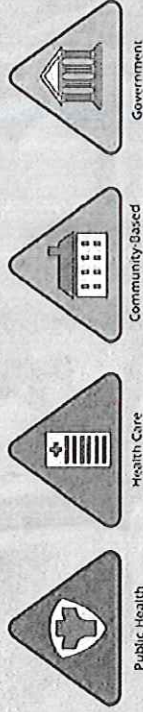
Thanks,

David

David F. Doughman  
BEERY ELSNER & HAMMOND LLP

## Improving Community Health Through Cross-Sector Partnerships:

### Addressing Childhood Obesity in the Columbia Gorge



Cross-sector partners worked together to:

- ▶ Collect and track local data on childhood obesity
- ▶ Create a broad-based coalition
- ▶ Fund a Collective Impact Health Specialist to expand the coalition and secure funding for additional projects
- ▶ Offset restaurant licensing fees for restaurants participating in the Drink Fit program to reduce the amount of sugary beverages sold

#### Background

Health starts—long before illness—in our homes, schools, neighborhoods, and jobs. Public health agencies in Oregon are collaborating with community partners to make communities healthier and ensure that people have access to critical prevention services. Community partnership development is a foundational capability for state and local public health agencies in Oregon and for many decades, local public health agencies throughout Oregon have demonstrated skill and dedication in forming cross-sector relationships with private,

public, and governmental organizations that share many of the same goals. **The purpose of this case study is to increase understanding of the effective formation and use of cross-sector partnerships to improve community health.**

**The Project:** Addressing Childhood Obesity Based on observations of an increased rate of diabetes in the students of North Wasco County School District, a project was launched to gather more data about obesity in school-aged children and design solutions for reversing unhealthy trends.

(continued from previous page)

In 2013, the North Central Public Health District, the North Wasco County School District, and the Mid-Columbia Medical Center collaborated on a project to collect height and weight data from students in one elementary school in the district. Initial results indicated that the rate of obesity for students at this elementary school was higher than the state average. Based on these initial findings, the health department secured funding from PacificSource Community Solutions CCO for additional data collection.

The health department convened more than 30 local organizations to develop a multifaceted approach for helping children grow up at a healthy weight. This group focused on identifying policy, systems and environmental change strategies to address childhood obesity.

#### Project Goals

The goal of this project was to reduce childhood obesity. The partnership identified various strategies, one of which was reducing the consumption of sugary beverages.

#### The Partnership

As partners came together, Oregon Solutions, a non-profit organization that provides grants and support for community-based projects, provided support to convene a local childhood obesity coalition. Oregon Solutions also provided intensive planning support as the coalition identified key issues and top priorities.

At the beginning of the planning process coalition members signed a "Declaration of Cooperation."

The declaration affirmed each organization's commitment to work together to prevent and reduce childhood obesity and laid out what each agency agreed to contribute to the collective effort.

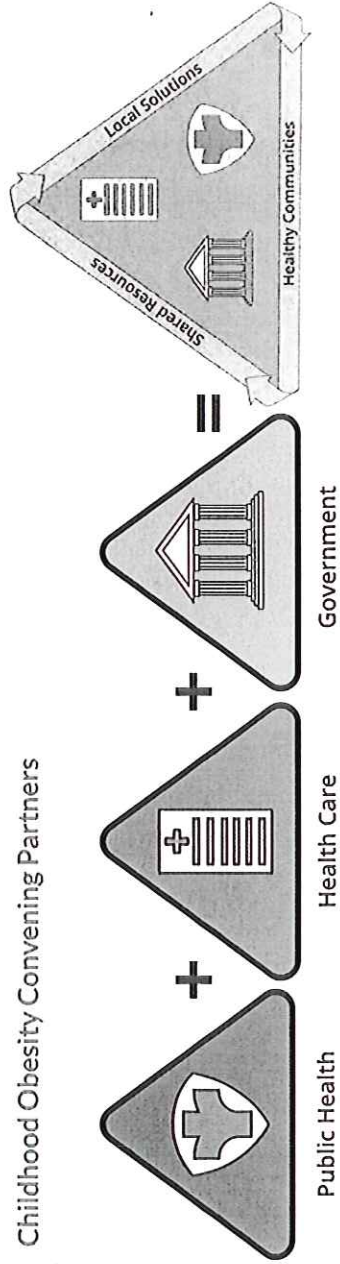
A Collective Impact Health Specialist, funded by Providence Hood River Memorial Hospital, recruited additional coalition members and secured funds for projects. The Collective Impact Health Specialist supports collaborative projects by convening partners to develop collaborative solutions for a community health problem.

The coalition included public health, coordinated care organizations (CCOs), hospitals and other groups within the health care sector, early learning and education, community-based organizations, and private businesses.

Multiple partners contributed resources and/or financial support, including staff time to take on activities within the Wasco County Community Action Plan for Reducing Childhood Obesity.

**“Identifying a community need, bringing the community together to identify different solutions to address that need, and then creating and implementing specific programs that fit into that bigger picture; that’s how we’ve been operating as a community for the last three years with great intentionality. It’s been quite successful.”**

**—Health Care Partner**



Childhood Obesity Convening Partners



### Accomplishments

The coalition initiated an innovative approach to reducing the consumption of sugary beverages called “Drink Fit.” This project offered a discount on restaurant inspection fees to restaurants that did not give free refills and had proportional prices for sugary drinks, including sports drinks. Many restaurants saw the value in the project and opted in. The reduction in inspection fees was offset by a donation from the Eastern Oregon Coordinated Care Organization.

In addition, key accomplishments included:

- ▶ Convening partners and stakeholders in a coalition increased awareness of the roles and programs of other stakeholders. It has allowed coalition members to find areas where duplication in services and programs could be eliminated.
- ▶ The coalition collected timely data to track progress; height and weight data are now collected for all the schools in the school district and in the early childhood education program, Head Start.
- ▶ The Head Start program changed their policies to support children growing up at a healthy weight, including a policy for dedicated physical activity time, limited screen time, and serving more fruits and vegetables.

### Barriers + Success Factors

Project partners found that securing funding for projects that focus on “upstream” approaches can be especially difficult to obtain because policy interventions are new to some funders who are used to funding instructional and direct service programs. Also, the benefit may be seen as long term with short term “results” being difficult to quantify.

### Lessons Learned

This project is rooted in community-level data and provides an example of a cross-sector partnership where each partner brought their unique expertise and contributed resources to the partnership

Having community data that clearly showed a serious problem was instrumental in energizing multiple sectors in the community to find and implement solutions.

The broad participation of many community groups added to the visibility of this coalition, which raised more community awareness about childhood obesity and effective solutions for reversing the trends.

“Our work is right at that junction of the medical services, social services, and social determinants of health. Our medical community has very strongly endorsed the idea that things can occur outside of a medical clinic that impact a person’s health including food, housing, transportation, jobs, mental health, and dental health. There’s a lot of things that happen outside of a doctor’s office that impact what happens inside, and our medical community has accepted that.”

—Public Health Partner

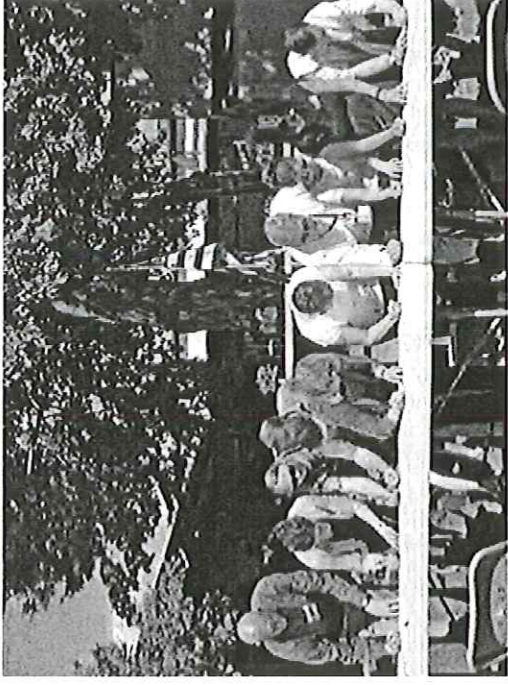
“The coalition really cemented our existing and future efforts as important and relevant.”

—Health Care Partner

---

## Moving Forward

The coalition continues to engage partners to achieve community goals for healthy food and active living. For example, the City of The Dalles recently updated its transportation plan to include Safe Routes to Schools.



This photo from *The Dalles Chronicle* depicts partners from public, nonprofit and private organizations signing the “Declaration of Cooperation” in an effort to reduce childhood obesity in Wasco County.

**“We learned a lot about what others were doing in the community and they learned what we were doing. Overall, that helped to reduce duplication of effort and does create more opportunities to collaborate in the future.”**

**—Public Health Partner**

Coalition members included: City of Mosier, North Wasco School District, Mid-Columbia Medical Center, Mid-Columbia Health Foundation, Mid-Columbia Children’s Council, City of The Dalles, Columbia Gorge Education Service District, North Central Public Health District, Oregon Child Development Coalition, Oregon Health Sciences University, Mid-Columbia Community Action Council, Acclaiming Christ Through Sports, Oregon Health Authority, Columbia Gorge Health Council, Community Harvest Cooperative Grocery, St. Mary’s Academy, Columbia Gorge Community College, Oregon State University Extension Service, The Next Door, Inc., Planetree Medical Library, PacificSource Community Solutions CCO, Providence Hood River Memorial Hospital, Community Connections, Oregon Solutions, Wasco County Youth Services, Hat Creek Consulting, Gorge Grown Food Network, Subway Sandwich, and the Oregon Department of Human Services.

**REDE  
GROUP**

RESEARCH | ENGAGEMENT | STRATEGY  
[www.RedeGroup.co](http://www.RedeGroup.co)

Rede Group would like to thank the North Central Public Health District, Oregon State University Extension in Hood River and Wasco County, the North Central Wasco County School District 21, and Mid-Columbia Children’s Council for their assistance with this case study.

**NCPHD**  
**Accounts Payable Checks**  
**Issued September 2017**

Check Date	Check Number	Vendor Name	Amount		
9/8/2017	393	IRS	\$11,277.40	PAYROLL A/P (EFT)	
9/8/2017	394	ASIFLEX	\$295.00		
9/8/2017	395	P E R S	\$11,685.63		
9/8/2017	396	OREGON STATE, DEPT OF REVENUE	\$2,573.25		
9/25/2017	397	IRS	\$11,005.41		
9/25/2017	398	ASIFLEX	\$295.00		
Reserved in Que	399	P E R S	\$11,441.86		
9/25/2017	400	OREGON STATE, DEPT OF REVENUE	\$2,572.37		
9/5/2017	12025	CIS TRUST	\$25,123.70		
9/6/2017	12026	BEERY ELSNER & HAMMOND LLP	\$352.50		
9/6/2017	12027	OFFICE DEPOT	\$51.16		
9/6/2017	12028	OPTIMIST PRINTERS	\$137.50		
9/6/2017	12029	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$600.00		
9/6/2017	12030	OREGON STATE, DEPT OF HUMAN SERVICES	\$10,000.00		
9/6/2017	12031	RICOH USA INC.	\$151.13		
9/6/2017	12032	SAFEGUARD BUSINESS SYSTEMS	\$65.58		
9/6/2017	12033	SPARKLE CAR WASH, LLC	\$47.10		
9/6/2017	12034	STAERNKE, DAVID	\$75.06		
9/6/2017	12035	THE DALLE NAPA AUTO PARTS INC	\$5.07		
9/6/2017	12036	US BANK	\$2,125.13		
9/6/2017	12037	WASCO COUNTY	\$161.08		
9/13/2017	12038	CA STATE DISPURSEMENT UNIT	\$231.50	PAYROLL A/P	
9/13/2017	12039	NATIONWIDE RETIREMENT SOLUTION	\$1,165.00		
9/18/2017	12040	ADVANCED TECH SERV	\$133.00		
9/18/2017	12041	AHLERS & ASSOCIATES	\$910.00		
9/18/2017	12042	COLUMBIA GORGE COMM. COLLEGE	\$172.45		
9/18/2017	12043	CYTOCHECK LABORATORY LLC	\$100.00		
9/18/2017	12044	H2OREGON BOTTLED WATER INC.	\$59.60		
9/18/2017	12045	INTERPATH LABORATORY INC.	\$23.10		
9/18/2017	12046	MID-COLUMBIA MEDICAL CENTER	\$337.50		
9/18/2017	12047	NATIONAL ASSOCIATION OF, SCHOOL NURSES	\$139.50		
9/18/2017	12048	OR STATE PUBLIC, HEALTH LABORATORY	\$188.15		
9/18/2017	12049	QWIK CHANGE LUBE CENTER INC.	\$209.65		
9/18/2017	12050	SAIF CORPORATION	\$503.19		
9/18/2017	12051	SHRED-IT USA	\$90.00		
9/18/2017	12052	U.S. CELLULAR	\$342.28		
9/18/2017	12053	WASCO COUNTY	\$563.11		
9/29/2017	12054	CA STATE DISPURSEMENT UNIT	\$231.50	PAYROLL A/P	
9/29/2017	12055	NATIONWIDE RETIREMENT SOLUTION	\$1,265.00		
<b>TOTAL:</b>			\$96,705.46		

NCPHD Board of Health authorizes check numbers 12025 - 12055 and payroll EFT numbers 393 - 400 totalling \$96,705.46.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name Scott Hege



**Public Health**  
Prevent. Promote. Protect.

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**  
*"Caring For Our Communities"*

**Directors Report for the Board of Health**  
**October 17, 2017**

It's exciting times at NCPHD! Here are a few of the highlights.

- On September 19th, I was notified by the Public Health Accreditation Board that the PHAB Accreditation Committee, on September 13, 2017, made its decision to confer accreditation to the North Central Public Health District. This exciting news culminates several years of hard work by NCPHD staff. We appreciate the Board of Health support we have received along the way. Next steps include annual reports to the PHAB including strengths, challenges and opportunities for improvement. The work started in this process including strategic planning and a quality management system continues. We work consistently to integrate this work into our day to day practice.
- The week of September 18th, I was able to attend the Conference of Local Health Officials Annual Retreat in Hood River. Shellie Campbell and Kathi Hall both attended Day 1 with me. Emphasis on Day 1 included discussion about how to share public health messaging, expanding health equity, and public health modernization innovations. At this meeting, we were able to meet in person with several of the counties interested in participating in the Eastern Oregon Modernization Collaborative.
- The next week I attended the Early Learning Council Retreat. This was also an exciting time with new leadership at the Early Learning Division, Miriam Calderon. Much discussion was held regarding the Early Learning HUBs as the drivers of change across Oregon.
- Administrative staff has been working hard with our auditors to complete our audit. On site work is complete and we expect a report soon.
- Our local WIC staff was chosen to participate in the Federal review of the Oregon program. We had both State and Federal WIC staff on site earlier this week.
- I also had the pleasure of attending the Oregon Public Health Association Conference last week. The opportunity to hear of public health efforts around the state and discuss how we might bring those efforts to NCPHD is always exciting. In addition to lots of topics from other regions, our own Jeremy Hawkins presented on the Domestic Well Program funded by an OHA grant. Anticipate a presentation on this project at the next full Board Of Health meeting.

Respectfully Submitted,

Teri Thalhofer, RN, BSN