



Governor's Public Health Commission

Commission Meeting Minutes

Indiana State Library
315 W. Ohio Street, History Reference Room
Indianapolis, Indiana

Thursday, February 17, 2022
1:00 – 3:00 pm

Members Present:

Judith A. Monroe (Co-Chair)
Luke Kenley (Co-Chair)
Kristina M. Box (Secretary)
Bob Courtney
Hannah Maxey
Virginia Caine

David J. Welsh
Mindy Waldron
Paul K. Halverson
Cara Veale
Kim Irwin
Dennis Dawes

Carl Ellison
Brian Tabor

Non-voting Citizen Advisor
Susan Brooks

Members absent: Mark Bardsley

Indiana Department of Health (IDOH) Staff Present:

Shane Hatchett
Dr. Lindsay Weaver
Pam Pontones

Jeni O'Malley
Tami Barrett

I. Call to Order, Welcome, and Approval of Minutes

Co-Chair Luke Kenley called the meeting to order at 1:05 p.m. and noted the presence of a quorum. He provided an overview of the meeting agenda. He then commented on the stakeholder meetings held to date, their purpose, and the overwhelmingly positive responses received during those meetings. He then commented on the process and timing for developing the final report and recommendations, emphasizing that the Commission must take advantage of the current opportunity to develop and propose legislation for the 2023 legislative session. Co-Chair Kenley then recognized Secretary Box, Co-Chair Judy Monroe, and Congresswoman Susan Brooks for opening comments.

Secretary Box reported on the status and timing of the Listening Tour events and then offered comments on the importance of today's topic. She also reported that the state has recently

received the results of the annual Youth Risk Behavior Survey (YRBS), which includes, for the first time since 2015, weighted data for all survey areas. She further commented on the importance of this data and how it can be used to improve the health of children and youth.

Congresswoman Susan Brooks commented on the Center for Strategic International Studies February 8 podcast that Secretary Box and Co-Chair Judy Monroe participated in related to public health restructuring and also commented on the passionate opinions related to children and masks and how children are learning during the pandemic. She then noted the Governor's release today of new guidelines loosening requirements related to masking, quarantining, contact tracing, and COVID-19 case reporting in schools, which Dr. Box then described.

Co-Chair Monroe commented on the importance of today's topic, noting that a lifetime of good health starts in childhood and that healthy children learn better and are better positioned to lead successful lives.

Co-Chair Kenley then called for approval of the minutes of the January 20, 2022, Commission meeting. Dr. David Welsh made a motion to approve the minutes as presented, the motion was seconded by Mr. Brian Tabor, and the minutes were unanimously approved.

II. Public Comments Summary and Remarks from Selected Commissioners

Co-Chair Kenley recognized Mr. Shane Hatchett, IDOH Chief of Staff, who presented a summary of the approximately 102 comments received through the GPHC website since the January meeting, including 84 related to the COVID-19 pandemic response as well as vaccine and mask mandates and opposing expansion of public health authority. Co-Chair Kenley then called on Commissioner Dennis Dawes for comments.

Commissioner Dawes, a Hendricks County Commissioner, indicated that he would be speaking only for himself and not on behalf of the Indiana Association of County Commissioners or the Association of Indiana Counties. He commented that he believed public safety was the major role of government and that public safety includes the public health function. He then described the demographics of Hendricks County, the two main hospital systems, the 2022 county budget, and the staff, budget, and funding of the Hendricks County Health Department. He noted that Hendricks Regional Health (the county hospital) employs and pays for the local health officer and the school nurses in the six Hendricks County school districts. He then described the population of the surrounding five counties (excluding Marion County) and commented that considerable savings and service improvement could be achieved if the five counties combined their local health departments (LHDs). Commissioner Dawes said that he fully supports some

form of regionalization of public health services that would incorporate best practices and report public health indices on a dashboard that all agencies could review and compare. He cited various Hendricks County COVID-19 response metrics and polices and closed by expressing his belief that the Indiana Association of County Commissioners would work with the Commission and support its recommendations and noting the importance of including manpower issues in the Commission report. In response to a request from Co-Chair Kenley, Commissioner Dawes agreed to reach out to the Association of County Commissioners and the Association of County Councils to work toward gaining their support.

III. Local Health Officer Report Out

Co-Chair Kenley called on Dr. Caine and Dr. Welsh to report on the January 26, 2022 meeting of local health officers (LHOs) that they led.

Dr. Welsh thanked Kim Irwin and IDOH staff for organizing the meeting and noted that Dr. Caine was fantastic to work with. He noted that the LHOs appreciated being asked for their input and wanted another meeting, perhaps in June. LHOs are in favor of regionalization (for example, for epidemiology) but stress that some activities need to remain local, with surge assistance when needed, like the current COVID-19 strike teams. LHOs expressed the need for more education, whether provided regionally, from the state, or from the Fairbanks School of Public Health, for example. There was interest in having more interaction with schools and school nurses and a lot of discussion regarding workforce challenges and pay scale issues. LHOs also desire greater access to data (local and regional) and help analyzing and responding to the data. The LHOs discussed fiscal challenges and the need for help in better communicating with county councils and commissioners. Regarding emergency preparedness, the LHOs requested help to better explain its importance, including how to tailor communications to different audiences. LHOs also felt that LHDs that work with local hospitals are the most successful and that hospitals and LHDs should be encouraged to work together.

Dr. Caine commented on LHD funding challenges, including the difficulty in growing their budgets through grants because counties frequently then reduce the LHDs' other general funding. LHOs believe that public health is a lower priority for local government officials than, for example, public safety. She also commented on workforce challenges, training needs, and the lack of understanding of county leadership of nurse salaries that make it difficult to recruit. Regarding data, she emphasized the need for staff at the LHD level to coordinate the data even if more regional data support is provided. She noted that LHOs were very complimentary of the technical assistance provided by IDOH and were complimentary of the Governor for creating the Commission. She also commented on funding challenges associated with the timing of grant

awards, noting that some LHDs may need up-front funding to "get them started" before the formal grant funding begins.

Dr. Welsh noted that the meeting had approximately 45 LHO participants, and follow-up responses from about a dozen other LHOs who could not attend, representing a good cross-section of counties by size.

In response to a question from Ms. Kim Irwin regarding the types and amounts of public health services provided by hospital systems, Mr. Brian Tabor responded that the Indiana Hospital Association would create a survey to pull this information together. He noted that it is important to quantify the return on investments in public (e.g., the ability to leverage greater Medicaid and/or grant funds).

Commissioner Dawes observed that there were fewer than 25 county hospitals left in the state, creating another challenge to promote working relationships with counties and LHDs. He also noted that hospital systems benefit when they work with schools, which can almost be a marketing tool for the families in those schools.

IV. Adolescent/Childhood Health Presentation

Co-Chair Kenley introduced Dr. Maria Finnell, FSSA Chief Medical Officer. Dr. Finnell recognized her FSSA colleague, Ms. Amy Lewis Gilbert, who assisted with the research and the presentation. She also thanked the external key informants who provided their perspectives and expertise. She noted that the presentation was organized around six key themes: supporting schools in the delivery of public health services⁷; vaccines; Sexually transmitted infections (STI) surveillance and prevention; obesity, nutrition, food insecurity, and physical activity; substance use prevention; and, injury and violence prevention. She described current Indiana child health outcome rankings and the access points for health services for children and youth.

Dr. Finnell commented on the link between health and academic success and described school health services requirements, school nurses, and school-based health centers, including Indiana-specific data and funding sources and models. She then offered considerations for supporting public health in schools, including policies to enhance school nurse services availability. She then discussed vaccines, including considerations for how to increase vaccination rates in Indiana. She turned to the remaining key themes, describing related Indiana statutory requirements, current initiatives, and current outcomes, and offered considerations for improvements related to each theme. She closed by commenting on several other policies to consider, including how to improve health coverage for youth aging out of Medicaid or their parents' insurance coverage.

V. Adolescent/Childhood Health: Open Discussion

Several Commission members offered comments, observations, and questions following Dr. Finnell's presentation.

In response to a question from Co-Chair Kenley regarding Medicaid reimbursement for school services, Dr. Finnell commented about pending legislation that would allow reimbursement for services outside of the Individualized Education Plan (IEP). Co-Chair Kenley commented on the need to analyze how to better enable schools to claim Medicaid reimbursement.

In response to a question from Ms. Irwin, Secretary Box, Ms. Mindy Waldron, and Dr. Finnell each commented on the administrative burdens related to the Vaccines for Children (VFC) program that discourage private providers and pharmacies from participating.

Dr. Welsh asked about construction costs for school-based health centers and whether that was a barrier and commented on good resources related to gun safety education.

Congr. Susan Brooks asked about Children's Health Insurance Program (CHIP) funding. Dr. Finnell noted that Indiana's CHIP program is operated through Medicaid. Mr. Hatchett also responded to a question from Congr. Brooks regarding the CHIP federal matching rate.

Mr. Brian Tabor commented that Medicaid coverage should be part of the discussion, including improving rates of enrollment, possibly working through schools. He also noted that the end of the pandemic-related Public Health Emergency would result in the end of certain Medicaid enrollment protections and enhanced federal funding. He noted that Indiana's uninsured rate is higher than an adjacent state's rate, and while health coverage is not everything, it is important to consider.

Co-Chair Kenley commented that perhaps the Commission could consider recommending that FSSA take IDOH, schools, and other stakeholders into consideration when they make Medicaid budget presentations. Mr. Tabor and Secretary Box agreed that Medicaid is an important area for further consideration and improvements to facilitate Medicaid claiming.

Dr. Hannah Maxey commented on the school health workforce statistics, noting that the numbers in Dr. Finnell's presentation equate to approximately three RNs per school district and less than one behavioral health counselor per school district. She noted the need for funding to

improve the workforce and said that even if coverage is provided, services cannot occur without a bigger workforce.

In response to a question from Co-Chair Monroe, Ms. Mindy Waldron commented that almost all VFC services are provided by LHDs, as private providers have dropped out of the program due to the administrative burdens. Secretary Box noted that VFC order rates are down significantly due to the pandemic, as many LHDs switched to providing COVID-19 vaccines or closed their doors.

Mr. Brian Tabor commented on the gap between the statutory requirements for school health services and the reality due to unenforceability and suggested possibly meeting with school superintendents.

Dr. Halverson commented that one of the three core functions of public health is to ensure that services are provided and not necessarily provide services directly. He noted his appreciation for Dr. Finnell's prevention-related recommendations, stating that injury prevention is a frequently neglected part of public health in Indiana and elsewhere.

VI. Final Thoughts and Adjournment

Co-Chair Kenley noted that the next Commission meeting is Thursday, March 17, 2022, and that the main topic will be emergency preparedness. He then adjourned the meeting at 3:02 p.m.