



Governor's Public Health Commission

Commission Meeting Minutes

Thursday, May 19, 2022
1:00 – 4:00 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
Mark Bardsley
Dennis Dawes
Carl Ellison

Brian Tabor

Non-voting Citizen Advisor,
Susan Brooks

Members absent: None

Indiana Department of Health (IDOH) Staff Present:

Shane Hatchett
Dr. Lindsay Weaver
Pam Pontones

Jeni O'Malley
Tami Barrett
Blair Viehweg

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

Co-Chair Judy Monroe called the meeting to order at 1:03 p.m., noted the presence of a quorum and called on Co-Chair Luke Kenley, Secretary Kristina Box, and Congresswoman Susan Brooks for opening remarks. Co-Chair Kenley commented on the ongoing stakeholder meetings, his thoughts on the importance of engaging local elected officials, and his appreciation for the work of the Commission members. Secretary Box commented that the public comment themes from the Listening Tour public meetings were consistent with the Commission's discussions, including the need for more consistent public health funding. She expressed gratitude for the Commission's work and pride in the work performed by each of the Designated Policy Advisors leading the six workstreams. Susan Brooks commented on the importance of the Commission's work for addressing emerging public health threats and the importance for Commission members to weigh in on the recommendations under discussion today. Co-Chair Monroe then

called for the approval of the minutes of the April 21, 2022, Commission meeting. Dr. David Welsh made a motion to approve the minutes as presented, the motion was seconded by Mark Bardsley, and the minutes were approved unanimously.

II. Public Input Summary, *Shane Hatchett, IDOH Chief of Staff*

Co-Chair Kenley recognized Mr. Shane Hatchett, IDOH Chief of Staff, who presented a summary of the 17 comments received through the GPHC website since the April meeting. He also summarized the comments presented at the Seymour, Monticello, Whiting, and Plainfield Listening Tour meetings by 95 individuals. He noted that the Department was pleased with the turnout.

III. Recap from April Meeting and Revisit Recommendations, *Dr. Kristina Box, Secretary*

Following up on Commission member comments and requests during the April Commission meeting, Secretary Box presented revised recommendations addressing the required qualifications for a Local Health Officer (LHO) and the composition of Local Health Boards.

Secretary Box indicated that the revised LHO recommendation was designed to provide local elected officials the widest possible options to consider for the LHO position and address Commissioner comments presented at the April meeting.

Mr. Brian Tabor expressed concern over unnecessarily narrowing the pool of qualified candidates by adding training and certification requirements but agreed that an IDOH-developed curriculum would address this concern. Commissioner Dennis Dawes agreed and noted that this approach was analogous to the State Hospital Association's Management Institute certificate and that it did not seem unduly burdensome. Mayor Bob Courtney also expressed support, noting the similar approach used for coroner training. Dr. David Welsh commented on the training needs of new LHOs and that the appointment of an APRN or PA should be tied to when they attain independent practice authority. Co-Chair Kenley questioned the need for 10 years' experience, suggesting that a lower number would provide more flexibility.

Ms. Mindy Waldron commented that an LHD Administrator needs to be backed up by a physician but expressed appreciation for the flexibility afforded by the revised recommendation, noting "one size does not fit all." She also suggested allowing one year (instead of 6 months) for a new LHO to complete required training. Ms. Kim Irwin commented that public health training is critical and said that while the clinical piece is also needed, there are more options to get this piece.

Congresswoman Brooks commented on the option to use a phased-in approach for LHDs to meet desired goals, Dr. Welsh commented on a forthcoming AMA rural health report that will address challenges in small counties, and Co-Chair Monroe analogized to a residency model if a county-level LHO could be married with a district-level LHO to create a preceptor-type model. Dr. Cara Veale recommended that training requirements proposed in recommendation 1(c) apply to all new LHOs and not just physicians.

Co-Chair Kenley suggested that IDOH revise the proposed LHO recommendations to reflect the Commission's discussion.

Secretary Box presented the proposed revised recommendations relating to municipal LHDs. Co-Chair Kenley suggested that the recommendation be revised to direct new public health funding to the county level or higher. Ms. Irwin expressed concern if options are eliminated that may be desired in the future. Mayor Courtney also expressed support for the current level of flexibility. Co-Chair Kenley responded that the Commission could address the concern regarding communications with municipalities by instead allowing a county council to appoint a Local Health Board (LHB) member or adding a mayor to the LHB. Mayor Courtney agreed that funding should flow through the county and also expressed support for adding a city voice to the LHB.

Dr. Hannah Maxey expressed concern regarding the potential for duplication of services when both a county and municipal LHD exist. Ms. Waldron agreed based on her personal experience before the Fort Wayne LHD was merged with the Allen County LHD. She said she would not favor adding more municipal LHDs. Mr. Carl Ellison commented that while he believed in home rule, he favored grandfathering current municipal LHDs with a goal to eliminate them in the long run to promote greater standardization of services.

Commissioner Mark Bardsley and Dr. Welsh spoke in favor of adding a city voice to the LHB, and Susan Brooks agreed with grandfathering current municipal LHDs. Co-Chair Monroe indicated that she was hearing agreement on grandfathering current municipal LHDs.

Co-Chair Kenley reiterated his recommendation that the Commission create a LHB structure that would allow all parties (the LHO, LHB, Commissioners, County Councils and IDOH) to work together and that the municipal LHD issue was a distraction. Mayor Courtney agreed. Mr. Brian Tabor commented that public health intrinsically must be delivered at a higher level.

Secretary Box presented a revised recommendation regarding the composition of Local Health Boards. Ms. Waldron commented that the "lucrative position" prohibition may prevent a mayor or county councilor from serving on an LHB. Co-Chair Kenley suggested having a city representative and someone from the county. Ms. Irwin cautioned on the need to avoid vague language. Other members commented on the current process, and Mr. Ellison recommended that the Commission address incentives for community representation. Dr. Paul Halverson

agreed that it would be valuable to reflect the importance of diversity. Mr. Shane Hatchett indicated that the IDOH would synthesize today's comments and bring revised recommendations to the June meeting in the report.

IV. Adolescent/Childhood Health Recommendations, *Dr. Maria Finnell, FSSA Chief Medical Officer*

After Dr. Maria Finnell presented the draft recommendations for the child and adolescent health workstream, Co-Chair Monroe recognized various Commissioners for comments.

Mr. Ellison advocated for setting a target for where the state should be, for example, in 10 years. Ms. Waldron noted a disparity in the requirements for vision and hearing screening and what is actually done. Dr. Welsh offered supportive comments on several of the recommendations, and Dr. Caine noted that while vision screening in schools is a requirement, the need for glasses is not addressed. Dennis Dawes recommended working with healthcare providers in communities to accomplish the goals related to School Based Health Centers (SBHCs) and school nurses, further noting that SBHCs could be a huge help, especially in rural communities.

Dr. Maxey commented on the credentialing of school nurses and the related salary implications. She noted that the school nurse may not need to be an RN and that perhaps the Indiana Code provision should be amended as needed to broaden the nurse educator credential.

Dr. Maxey also questioned whether there was an opportunity to leverage greater Medicaid funding for qualified school services. Mr. Tabor recommended that the state have a Medicaid strategy to help schools scale/build this capacity. He also commented on the need for investments to increase the education pipeline to address the current nurse workforce shortage.

Dr. Halverson emphasized the importance of also addressing oral health issues and public health approaches to addressing childhood obesity. Susan Brooks also mentioned the public comments submitted to the Commission related to nutrition and suggested that the recommendations also address children with special needs and the role of hospitals in border states related to trauma and injury prevention.

V. Emergency Preparedness Recommendations, *Mr. Stephen Cox, Director, Indiana Department of Homeland Security*

Following Director Cox's presentation of the draft recommendations for the emergency preparedness workstream, Co-Chair Monroe recognized various Commissioners for comments.

Regarding recommendation #2, Dr. Welsh suggested having a district-level coordinator instead of at the LHD level. He also noted the need for training on how to maintain local supplies, supported other recommendations, and recommended working with various stakeholders to

accomplish the recommendations. Ms. Waldron recommended that instead of requiring LHDs to participate in the CDC's Public Health Emergency Preparedness (PHEP) grant, that the grant requirements be listed and required. Dr. Veale also questioned the need for a PHEP grant coordinator in each county given resource constraints.

Dr. Maxey recommended that instead of including an EMS workforce needs assessment (in recommendation #4), the Commission should recommend a comprehensive statewide assessment that includes subsector analyses.

Mr. Tabor commented on the current EMS shortage. He also stated that he was not opposed to the EMResource requirement for hospital licensure but recommended that IDOH doublecheck that this requirement is not inconsistent with Medicare Conditions of Participation.

Director Cox commented on university-led EMS training done on a semester basis as compared to the former hospital-based programs that could be completed faster. Dr. Maxey responded that this would be a ripe opportunity for a cross-government training approach. Co-Chair Kenley questioned whether the 16-week State Police Academy approach could be used.

VI. Funding Recommendations, *Shane Hatchett, IDOH Chief of Staff*

After Mr. Hatchett presented the draft funding recommendations, Co-Chair Monroe recognized various Commissioners for comments.

Ms. Irwin commented on the importance of stable, consistent, and recurring funding as opposed to other grant funding that is less helpful. Dr. Halverson expressed appreciation for the Uniform Chart of Accounts recommendation, further noting that the predominance of local funding sources for Indiana's LHDs differs from other states. He commented on his desire to learn how Foundational Public Health Services capacities would be further delineated and their cost estimated. He also commented on the need to prevent any new public health funding from "supplanting" current funding, as supplanting is a negative incentive for being creative or entrepreneurial. He also supported the third-party verification of capacity, such as through accreditation.

Dr. Welsh expressed support for the recommendations, and Mayor Courtney asked what other states Indiana should emulate with regard to accreditation and minimum service levels. He also indicated that he was a big believer in every community having "skin in the game." In response to a comment from Ms. Irwin, Co-Chair Monroe noted that under a district model with a district LHO that is public health trained, the district LHO can help to interpret public health data, bringing a whole new energy to the state. Dr. Halverson commented on the critical importance of an IDOH Local Liaison office, and Mr. Tabor commented the state now has a generational opportunity to move up in the state public health rankings.

In response to a question from Dr. Veale, Secretary Box noted that the Commission will know it has succeeded when all Hoosiers can access the same public health services regardless of where they live in the state. She also asked all members to send their "five reasons why" for inclusion in the executive summary of the Commission report. Commissioner Dawes opined that the legislature is going to want to see something like this as the measure of success, in particular the estimated return on investment or Indiana moving up in the state rankings.

VII. Final Thoughts and Adjourn

Co-Chair Monroe noted that the next Commission meeting is Thursday, June 30, 2022, 1-3 p.m. and the main topic will be consideration of the draft report. She then adjourned the meeting at approximately 4:03 p.m.