



Governor's Public Health Commission

Commission Meeting Minutes

Indiana Government Center-South, Conference Room C
302 W. Washington Street
Indianapolis, Indiana

Thursday, September 16, 2021
1:00 – 3:00 pm

Members Present:

Judith A. Monroe (Co-Chair)	Paul K. Halverson	Mark Bardsley
Luke Kenley (Co-Chair)	Hannah L. Maxey	Bob Courtney
Kristina M. Box (Secretary)	Brian C. Tabor	Dennis Dawes
Virginia Caine	Carl Ellison	
David J. Welsh	Cara Veale	<i>Non-voting Citizen Advisor</i>
Mindy Waldron	Kim Irwin	Susan Brooks

No members absent.

Indiana Department of Health Staff Present:

Shane Hatchett	Micha Burkert
Pam Pantones	Tami Barrett

I. Call to Order and Welcome

Co-Chair Luke Kenley noted the presence of a quorum, called the meeting to order, and welcomed Commission members. He thanked Governor Holcomb and Commissioner Kristina Box for their leadership during the COVID-19 pandemic and in establishing the Commission. Senator Kenley noted Indiana's low performance on public health measures and outcomes and that it was time to take a serious look at the state's public health system, building on the significant accomplishments achieved in other areas over the past two decades (e.g., reforming the state's property tax system and strengthening our public universities and economy).

Co-chair Dr. Judy Monroe introduced herself and expressed her enthusiasm for the Commission's work, noting that there is no bigger question nationally than how we should improve our public health system. She commented that, in her current role as CEO of the CDC

Foundation, she has already received calls from officials in other states inquiring about the Commission and that the Commission's work would be watched closely nationally. As a former Indiana State Health Commissioner serving in Governor Daniel's administration, Dr. Monroe observed the unevenness of public health services across the state and that her aspiration for the Commission is that its work would have real impact.

Former U.S. Representative Susan Brooks introduced herself and her long-standing public health-related work dating back to her service as U.S. Attorney (2001 – 2007) when she dealt with the threat of anthrax attacks following September 11, 2001. During her eight years serving in Congress, pandemic preparedness was one of her key issues: in 2019, she was a leading co-author of the reauthorization of the Pandemic and All Hazards Preparedness and Advancing Innovation Act. The arrival of an actual global pandemic one year later, however, revealed gaps where the federal government fell short, for example, ensuring the availability of key supplies. Congresswoman Brooks concluded that citizens expect us all to do better as we come out of this pandemic.

Co-chair Luke Kenley invited each Commission member to introduce themselves. Senator Kenley then commented on Commission procedures. Senator Kenley emphasized that all recommendations would be considered and adopted at the Commission using an open and transparent process. He also acknowledged the difficulties encountered in recent months at some school board and other local public meetings and stated that appropriate decorum and civility would be expected and enforced at all Commission meetings.

Secretary Box then acknowledged and expressed appreciation to the Richard M. Fairbanks Foundation for its grant support for the Commission's work.

II. Public Health Landscape

A. Presentation by Dr. Kristina Box: The Case for Modernization in Indiana

Secretary Box acknowledged and thanked the public health officials across the state for their hard work during the pandemic and noted that the Commission's goal was to better support them. She noted the significant public health achievements during the 20th century that have increased life expectancy and improved the quality of life, but noted that life expectancy in Indiana has actually decreased in recent years and is notably lower than the national average.

She explained the difference between "public health" and "health care" and also the "socio-ecological model of health," noting that the current pandemic has demonstrated the importance of collaborating across all sectors. She described the current imbalance in funding for health care (clinical interventions) compared to public health funding, even though clinical

interventions are only a very small contributor to what makes us healthy compared to genetics, environmental factors, and public health-related factors and initiatives.

Secretary Box then summarized the cost of poor health in Indiana citing the estimated fiscal impacts of obesity, chronic disease, smoking, and cervical cancer to individuals and taxpayers in the form of medical costs and lost productivity. She then referenced US News and World Report state rankings that place Indiana in the top quartile of states for scores related to education, crime and corrections, and opportunity, but in the bottom 20 states for health, including some scores where Indiana ranks in the bottom 10 states: mental health workforce (43rd), primary care workforce (42nd), oral health workforce (41st), public health funding (48th), immunizations (48th), smoking and diabetes (41st), and obesity and COPD (40th).

Secretary Box emphasized the need to take a fresh look at public health to match our success in other areas. She noted that the current public health infrastructure, which is built on a decentralized, home rule model that no longer meets the needs of Hoosiers. She summarized statutorily prescribed local health department (LHD) functions, but noted that service disparities exist across jurisdictions.

Finally, Secretary Box summarized Governor Holcomb's executive order creating the Commission and described the Commission's charge. She emphasized that all policy recommendations would be formulated and made at the Commission level using a public, transparent process. She then described how the Department would help the Commission conduct research across six workstreams: emergency preparedness, governance and structure, funding, data and information integration, healthcare and public health workforce, and childhood and adolescent health integration. IDOH Chief of Staff Shane Hatchett will serve as the designated IDOH lead for the Commission.

B. Presentation by Dr. Paul Halverson: Indiana in a Regional and National Context

Dr. Halverson presented key findings from the December 2020 report – [Indiana Public Health System Review](#) – prepared by researchers at the IU Fairbanks School of Public Health, which focuses on Indiana's network of local and state governmental public health agencies – their structure, human and financial resources, authorities, and activities. The report also presents Indiana's public health system within both the regional and national context.

Dr. Halverson noted that Indiana's public health system has been chronically underfunded and under-valued and stressed the importance of state policymakers understanding the important connection between public health and economic health. He commented that given that the state is doing so well in many areas, its low public health rankings just do not make sense. He further noted that what really makes us healthy, we are not paying for.

Dr. Halverson described the 10 Essential Public Health Services within three broad domains of assessment, policy development, and assurance. He noted that "equity" is the bullseye and while we all suffer, we do not suffer equally. He specifically noted the significant life expectancy disparities across Indiana zip codes as an example. He noted that the report describes a wide variation in the functions and capabilities of Indiana's local health departments (LHDs) and there are probably few LHDs that are able to provide all necessary public health services. He further stated that the availability of public health services should not depend on where you live. Robust LHDs, however, are not sufficient without strong linkages with other community partners.

Dr. Halverson stated that there is a positive return on public health investments. He summarized a number of public health performance measures where Indiana is consistently underperforming our neighboring states. He noted that Indiana's LHDs rely on local resources for the majority of their budgets – about 70 percent on average – which is very different from other states. Because of the small share of funding provided by the state, local officials must limit local public health service levels as necessary to live within locally available resources. Dr. Halverson also described other LHD challenges including: many local public health officials have no formal public health training; a high number of public health retirements are expected in the next few years; and the lack of modern data and analytics resources needed for diagnostic and prevention work.

Dr. Halverson concluded by referring Commission members to the full report which contains a number of recommendations for improving Indiana's public health system.

III. Discussion and Next Steps

Secretary Box indicated that the October Commission meeting would focus on the public health workforce. She also invited each Commission member to talk with his or her colleagues and bring their questions and comments to future meetings. She indicated that a "listening tour" would likely occur in the spring, if public health conditions at that time permit, and that Commission members may be asked to participate as they are able. She reiterated that the ultimate recommendations will be generated at Commission meetings "around this table." Commission meetings will occur on the third Thursday of each month and Department staff will send meeting invitations by email.

Co-Chair Luke Kenley then invited questions and comments from Commission members.

Dr. Virginia Caine emphasized the need to "think outside the box," especially regarding potential alternative funding approaches. She also recommended looking for federal funding and other opportunities to bring additional new resources into the state.

Ms. Kim Irwin mentioned the importance of understanding the role of social determinants of health in health outcomes (for example, housing and food insecurity, or lack of transportation) and encouraged members to keep this in mind during their deliberations.

Ms. Mindy Waldron commented on the need for buy-in from county councils and that it would be helpful to liaise with them. She noted councils, not county commissioners, manage local finances.

Co-chair Luke Kenley stated that the Commission should consider other approaches to achieve our goals beyond state legislation or funding such as school and public health partnerships.

Mr. Brian Tabor commented that it would be good if Commission members could hear about any unique strengths that we could build upon, for example, Indiana's robust Health Information Exchange infrastructure.

Dr. David Welsh emphasized the importance of education and communication as a key component of the Commission's work so that policymakers and others can better understand public health. Secretary Box agreed that there is a need to demonstrate that public health is more than just mask and vaccine mandates.

Dr. Hannah Maxey commented that public health cannot do public health alone. To be effective and sustainable, collaboration and coordination across systems is needed.

Commissioner Dennis Dawes commented on the close working relationship his county commission has with its LHD. He also suggested that the Association of Indiana Counties could be helpful to the Commission's work.

IV. Adjournment

The meeting was adjourned at 3:05 pm. The next Commission meeting will be on October 21, 2021, 1:00 – 3:00 pm.