



Governor's Public Health Commission

Commission Meeting Minutes

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

Thursday, March 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:

Indiana Department of Health (IDOH) Staff Present:

Shane Hatchett
Dr. Lindsay Weaver
Pam Pontones

Micha Burkert
Tami Barrett

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

Co-Chair Judy Monroe called the meeting to order at 1 p.m. and noted the presence of a quorum following a roll call by Mr. Shane Hatchett. She provided opening remarks regarding the history and importance of public health emergency preparedness and response and the need for consistent investment and innovation. She noted the importance of anticipating those events and training for them, keeping up to date with training, while at the same time working to prevent their occurrence.

Co-Chair Luke Kenley offered opening remarks, commenting on the pace and purpose of future meetings and the ongoing stakeholder and Listening Tour meetings. He noted the sensitivity of the topics that the Commission is dealing with and the resistance by some but opined that he believed the Commission was on the right path. He then commented on today's emergency

preparedness topic and noted that investments today will help us build a better and safer state for Hoosiers tomorrow.

Secretary Box offered opening remarks regarding emergency preparedness and response and the importance of having in place infrastructure, training, critical partnerships, and funding. She then commented on the recent report from the "Trust for America's Health" distributed with the board materials (*Ready or Not: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism*), which scored states on various factors – some in which Indiana did well (e.g., clean drinking water), but other areas where the state lags (e.g., percent of the population covered by a comprehensive public health system, where Indiana ranked the lowest of all states).

Congresswoman Susan Brooks offered opening remarks, noting that until 9/11, there were no state or federal Departments of Homeland Security. She noted the ongoing evolution of these functions since then and that Indiana citizens expect emergency preparedness, but most do not realize the roles played by various volunteer groups and individuals. She also noted the importance of communication and that we've come a long way but have a long way to go.

Co-Chair Monroe then called for the approval of the minutes of the February 17, 2022, Commission meeting. Dr. David Welsh made a motion to approve the minutes as presented, the motion was seconded by Commissioner Bardsley, and the minutes were approved unanimously.

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

Co-Chair Monroe recognized Mr. Hatchett who presented a summary of the 59 comments received through the GPHC website since the February meeting, including 43 similar responses that all voiced opposition to the ability of public health departments to create rules, laws, policies, or mandates regarding the health of Indiana citizens, including, in part, opposition to data collection and sharing through Electronic Medical Records (EMRs). Mr. Hatchett also commented on the Listening Tours held to date and those still pending. He indicated that the key themes from the testimony at the Listening Tour meetings would be synopsized and brought back to the Commission.

III. Process for Proposed Workstream Recommendations (April and May), *Shane Hatchett, IDOH Chief of Staff*

Co-Chair Monroe then recognized Mr. Hatchett to share the process for taking up draft recommendations in the April and May Commission meetings, with three workstreams presenting in April (Governance and Infrastructure, Data Integration, and Workforce) and three in May (Funding, Child and Adolescent Health, and Emergency Preparedness). Mr. Hatchett

noted that those meetings would be extended to an extra hour (1-4 p.m.) to allow sufficient time for discussion and deliberation. He noted the importance of coming prepared for more in-depth discussion and indicated that the goal would be to drive toward consensus if possible. He indicated that the full draft report would be taken up for adoption at the June meeting (on June 23, 2022). He then commented on the process after June and that a July meeting is possible if needed but that he hopes it will not be necessary.

IV. Emergency Preparedness Presentation, *Stephen Cox, Executive Director, Indiana Department of Homeland Security*

Co-Chair Monroe introduced Stephen Cox, Director of the Indiana Department of Homeland Security (DHS). Director Cox then introduced Megan Lytle, IDOH Director of Emergency Preparedness, and Dr. Michael Kaufmann, Indiana Medical Director for EMS, who both assisted with the presentation. He commented generally on the importance of training, exercising, and planning, because emergency preparedness requires those things to be ready for the next disaster or emergency. He also commented on the need to adapt to the challenges that change over time.

He described the various federal and state agencies and their roles and responsibilities with regard to public health emergency preparedness. He also described local and regional authorities and entities, including local Emergency Management Agencies (EMAs), Regional Planning Councils and Oversight Committees, Emergency Medical Services (EMS), the Indiana Trauma Care System, the regional IDOH Preparedness Districts, regional Health Care Coalitions (HCCs), and local health departments (LHDs) that also participate in emergency preparedness and response.

He then discussed the importance of scalability to respond to events that vary in size and scope. He described the lessons learned from the Scott County HIV outbreak in 2014-2015 that was concentrated in one Indiana county, but also the lessons learned, so far, from the COVID-19 pandemic response – a worldwide public health emergency. He noted that the IDOH COVID-19 Pandemic After Action Report was currently under development and described key themes of the stakeholder feedback collected for that report.

Director Cox then described several areas for improvement for the Commission's consideration, including steps to enhance connectivity, integration, and coordination; the need to reconsider the current boundaries for the IDOH Emergency Preparedness Districts, ways to improve and sustain readiness; and the need to take steps to close the urban/rural EMS service gap.

V. Emergency Preparedness: Open Discussion

Several Commission members offered comments, observations, and questions following Director Cox's presentation.

In response to a question from Dr. Halverson about trauma center access and the need to match patient needs to the appropriate resources, Dr. Kaufmann responded that this issue has been recognized by the EMS Commission, but that changes to the triage and transport rules are still needed to accomplish this.

In response to a question from Secretary Box, Dr. Kaufmann commented on the financial challenges faced particularly by rural EMS providers, as reimbursement is generally based on mileage and not the amount of care rendered. He noted that 11 states define EMS as an essential public service (including Indiana), but funding and readiness level are not addressed. Some counties have limited resources to fund the entire EMS system, which includes 911 and inter-facility transfer response. Rural counties with few ambulance providers may lack adequate coverage if a patient needs to be transported to a hospital in another county.

Dr. Caine asked about the number of counties that do not have a hospital, noting that when indigent patients from those counties are transported to an out-of-county hospital, the home county does not pay the hospital. She emphasized the need to look at how we strengthen hospitals, especially to deal with out-of-county patients.

In response to questions from Dr. Maxey, Director Cox indicated that the purpose of EMS runs is monitored and reported. Dr. Kaufmann noted that while the volume of EMS calls has increased, the proportion of calls by purpose generally has not. He also indicated that EMS provider reductions are due to personnel shortages and funding/reimbursement shortfalls. Director Cox noted that private EMS providers that are not part of a municipal fire department, for example, are not subsidized and therefore may rely heavily on inter-facility transports, which may not adequately reimburse the level of service provided.

Dr. Halverson asked about the last time there was a comprehensive trauma system review. Dr. Welsh responded that such a review was currently ongoing. Dr. Halverson advocated for immediate attention to the state's current trauma care system deficiencies.

Ms. Waldron asked about whether information exists on the baseline county-level data for local public health emergency preparedness and what the needs are for LHDs. Ms. Lytle responded that in the last three years, the Department has made annual grants of \$25,000 per participating LHD from the federal Public Health Emergency Preparedness (PHEP) Agreement to help support

a minimum .5 FTE for public health preparedness. Secretary Box agreed to provide other baseline data upon request if available.

Dr. Welsh asked about the average amount of time spent on scene by EMS providers and the average age of a paramedic. Director Cox agreed to provide this information. Dr. Welsh also asked whether local entities and agencies were responsive to and cooperative with Emergency Management Agencies (EMAs). Director Cox responded that it varies by location and by entity. In counties with part-time EMA Directors, the Director may have less time to devote to training and other activities.

In response to a question from Dr. Veale, Director Cox commented on the funding of local fire departments and the large number of volunteer departments in unincorporated areas particularly.

In response to a question from Mr. Ellison, Director Cox and Dr. Kaufmann commented on EMS workforce shortages and the challenge to fill vacancies. Dr. Caine commented on the lack of competitive salaries. Dr. Kaufmann further noted that the average EMS salary was in the mid \$15 per hour and Director Cox commented on turnover and burn-out issues.

Ms. Irwin asked about the 10-year trend in DHS staffing, Community Paramedicine programs, and interdepartmental approaches to address and prevent emergency response issues. Director Cox responded that DHS staffing levels have not really changed, and Secretary Box commented on ongoing interagency discussions. Both Director Cox and Dr. Kaufmann commented on the great potential of community paramedicine programs.

Mr. Tabor commented on the importance of community paramedicine programs to better meet rural health needs. In response to a question from Mr. Tabor, Ms. Lytle commented on the potential for a State Strategic Stockpile and that IDOH has set aside inventories for future emergencies (e.g., PPE) and plans to implement life-cycle management to ensure the items are ready to be deployed (not expired). She noted that additional funding is needed for a State Strategic Stockpile, as it is not covered by federal funds.

Secretary Box responded to a budget and funding question posed by Commissioner Bardsley. Commissioner Bardsley also commented on District Planning Oversight Committees (DPOCs) and said that many are not working well. He asked if there was an opportunity to revitalize DPOCs and add a public health component. Director Cox agreed with this suggestion and said that DHS is working with each district. Ms. Lytle commented on the federal Health Care Coalition (HCC) requirement and the option, potentially, of combining them with the DPOCs. She also

commented that DPOCs and HCCs are tasked with coordinating and training but have no authority to make decisions. Secretary Box commented that during the pandemic, IDOH did not work much with the EMAs or HCCs, but suggested there may be a need for one consolidated local planning unit.

Co-Chair Kenley asked Director Cox to formulate a few key recommendations for the Commission to consider.

Mayor Courtney commented on a flooding natural disaster last summer and praised the communication efforts at that time. He also observed that local funding for emergency preparedness is even more anemic than for public health. He then commented on the governance issue that, unlike emergency management, Third Class cities (like Madison) have no representation on local health boards.

Commissioner Dawes commented on the current ongoing process of establishing a new "fire territory" in Hendricks County that would serve an area being developed with a number of warehouses. The public is objecting to the funding for this, as the warehouses are part of a "TIF" district and may therefore not be paying their fair share, at least initially. This area is currently served by a volunteer fire department, and the majority of the runs for that department are medical runs and not for fires.

Congresswoman Brooks asked for examples of public-private partnerships that the Commission should be exploring.

In response to a question from Dr. Halverson, Director Cox commented on coordination with the National Guard, state police, public health and others, noting that DHS takes an all-hazards approach that involves planning to address specific risks identified locally and training exercises to address those risks.

VI. Final Thoughts and Adjourn

Co-Chair Monroe noted that the next Commission meeting is Thursday, April 21, 2022, from 1-4 p.m. and that the main topic will be consideration of recommendations relating to Workforce, Governance and Infrastructure, and Data Integration. She then adjourned the meeting at 2:59 p.m.