

Special Meeting Health Board Minutes

June 20th, 2023

Members present in person at the Health Department and on Zoom

Members Present:

Linda Bauer
Michael Day
Thomi Elmore
Thomas Martin
Cynthia Rose
Catherine Rountree
James Zimmerly

Staff Present:

Corey Frost
Taylor Hardesty
Jennifer Heller
Judy Hess
John Kennard
Ernie Reed
Seleah Settle
Dr. Norman Oestrike, Health Officer

Guests Present:

Eden Bezy-Indiana Department of Health
Gary Huett-County Council
Jim Kemp-County Council
Amy Kent-Indiana Department of Health
Jerry Pittman-County Commissioner
Judy Swift-Powdrill-County Council
Blake Wolpert-County Commissioner

Health First Indiana (Governor's Public Health Commission-SEA4)

a. General Information

- I. Amy Kent, Chief Strategy Officer for the Indiana Department of Health, introduced herself and stated she would provide a brief explanation of the legislation and open the floor to questions. She also introduced Eden Bezy, Indiana Department of Health's Director of the Maternal and Child Health Division.
- II. Amy specified that the funding amounts were determined based on the biennial budget for the fiscal year 2024 and 2025 and the full funding amount depends on how many counties choose to opt in to the program. If lesser counties opt in, the counties that do will receive more funding, but the more counties that opt in, the funding will be lower. The least amount the county would receive in the first year is \$168,750. In the second year, the projected amount received would be \$337,100. The website in.gov/GPHC has a map that shows which counties have opted in and their potential funding and county share amounts. Amy said new information is being added to the website consistently. Counties wanting to opt in must do so by September 1st, 2023, for the 2024 fiscal year and the county commissioners make the final decision. Commissioners can sign a resolution, submit a letter of approval, or vote on it in a meeting and provide a copy of the meeting minutes to make it official. If opting in, proposed budgets for the funds must be submitted on September 1st as well. She said a playbook has been created with additional information to assist with planning. She believes roughly 29 counties have already opted in, comprised of mostly smaller rural areas. For any individual funding year, the county can choose to opt in or even opt out if they decide to not continue with the program.

b. Core Services/Key Performance Indicators (KPIs)

- I. A list of required core services was provided to the board and the guests. Amy said the county will need to conduct a needs assessment to address which core services the county already provides, and where there are gaps to be filled. Judy Hess had already completed that assessment and sent it to the board. Amy stated that the purpose of this program is to provide more services to the county and to build infrastructure. Partnerships are also a large component of providing all the core services

required within the program. With 92 counties that have various needs and challenges, the state will provide flexibility in how each county reaches these requirements.

- II. Amy mentioned that the state is also developing a map that shows how different counties rank amongst each other with various health issues. This will provide data on items such as suicide, overdose, and fetal fatality rates to better assess the county's needs. Each county will identify its leading cause of death and then find a program they want to implement to help combat that. A comprehensive health plan on how the KPIs will be met is also required.
- III. Eden Bezy specified that the state is creating more data with items such as breastfeeding, access to prenatal care, and birth outcomes. With one of the core services being access to prenatal care, referring patients to the local WIC office would be sufficient.
- IV. Thomi inquired how quickly the county must reach the specific core service requirements. Amy specified that as long as the county has a plan to identify how they will address the core services within the first year, the state can assist them in finding community partnerships if they are struggling to meet the requirements. However, most health departments already provide roughly 80-90% of the requirements currently, so the rest will either require hiring additional personnel, contracting out services, or partnering with organizations or even neighboring counties.
- V. Dr. Day inquired if it is permissible to partner with neighboring counties for some of the medical core services such as HIV testing, as the department is very small and does not offer that. Amy said it is highly encouraged to find those partnerships or to come up with other creative solutions to meet those requirements such as a mobile health unit. Amy specified that the county could implement these services in whatever ways work best for them.
- VI. County Council President, Gary Huett, asked what the consequences are if the metrics are not met. Amy stated that if the county is working toward reaching all those metrics the state will help assist in filling in any gaps by connecting them with partners or helping create programs. She did say, however, if no services are being provided with no plan to do so, and money is being spent inappropriately, at that point the state board of accounts and other agencies would get involved.

c. Funding

- I. Amy stated that a new fund would need to be created specifically for these dollars to keep it separate from the 1159 county health fund. The 1159 health fund comes from a tax levy.
- II. Amy elaborated that the 60/40 funding requirement is to ensure no greater than 40% of the funding is to go toward regulatory or administrative tasks so the remaining 60% can go strictly toward prevention efforts. Regulatory or administrative tasks are items such as septic permitting, food protection, and tattoo and piercing parlor inspections. This does not apply to the county share. There is a slight overlap within some of the services so counties should be able to work within the 60/40 requirement but if they cannot, there is a waiver process that can be followed.
- III. For the fiscal year 2024, the appropriation the state provides will be 50% of where the total appropriation will eventually be. This is because the state knows it will take time to build these services and in the following years the county will need more funds to continue those services. They looked at the average the county has provided the health department in the last three years to ensure stability in starting up these new programs. In year two, the state funding will come in much higher and the county share will be 20%.
- IV. Amy also announced that if the county opts in, they will no longer receive tobacco grant dollars. The state will provide advanced funding, meaning the original tobacco funds would be included within the allotment the county would receive within this program. If they choose not to, they will still receive tobacco grant dollars. Amy specified that any grants regarding immunizations, emergency preparedness, or other services would still be available, as they are independent grants.
- V. Dr. Oestrike expressed concern that in a few years, the state may not have the funding to support the health department and at that point, it will be hard to regain funding from the local government. Amy claimed that the state was able to secure funding for 2024 and 2025 to implement this plan and she strongly believes they have the support they need to continue the funding for years to come.

d. Health Officer & Board Member Requirement Updates

- I. Amy stated that regardless of if the county chooses to opt in or not, there have been changes to the requirements for health officers and board members. Starting July 1st, 2023, if the county is unable to identify a physician to serve as a health officer, they can appoint someone with a master's degree in public health and at least five years of public health experience. This person would also need to be approved by the commissioners, the state, and the Indiana Department of Health Executive Board to ensure clinical oversight. Health officers may also oversee more than one county.
- II. New health officers will need to complete a training program that is still being developed by the state.
- III. Counties with a population of less than 200,000 still require only 7 board members. Only 1 physician is now required instead of 2. 2 board members may still be representatives of the general public, but one appointment must be made by the county council and the other appointment must be made by county commissioners. Amy made a strong suggestion to consult with an attorney regarding these changes. These changes do not need to be made by July 1st but must be made when terms expire, and new members are appointed.
- IV. Dr. Oestrike expressed his concerns about the liability of hiring someone with an education in public health as a health officer as opposed to a doctor, as there is a lot of clinical oversight within the job.

e. General Discussion

- I. Commissioner Blake Wolpert said that the commissioners will refer to the Health Board to make the proper decision and they will follow suit. Commissioner Jerry Pittman agreed that the commissioners would fully stand behind whatever recommendation the board provides. Jerry mentioned that the state has been encouraging commissioners to consider opting in, as most of the services are already provided and there will be more funds for those services.
- II. County Council member, Judy Swift-Powdrill, asked how the county can affect birth outcomes and provide infant care when we do not have a hospital and the birth centers and pediatricians are in other counties. Eden said a great way to meet that metric is to advocate and connect people to infant safe sleeping programs or work with breastfeeding support services.
- III. Thomi said she believes Clarity would be a great partnership as they offer several maternity services and potentially would provide STI testing at some point.
- IV. Amy Kent, Eden Bezy, Jerry Pittman, and Blake Wolpert were thanked for their time and exited the meeting.
- V. Thomi encouraged the board to do some research on the topic before the next board meeting in July and bring any questions they may have to the meeting or email them to the department prior.

2024 Budget

- I. Judy Hess presented the 2024 Budget for Health Fund 1159 and Tobacco Funds 9112 and 9113.

ROLL CALL VOTE: The motion to approve the proposed 2024 budget for funds 1159, 9112, and 9113 passed unanimously.

ROLL CALL VOTE: The motion to adjourn the meeting at approximately 6:30 pm passed unanimously.

Respectfully Submitted,



Norman Oestrike, MD
Health Officer

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