



# Hancock Public Health

## Board of Health

### Regular Meeting Agenda

July 19<sup>th</sup>, 2024, 7:30 a.m.



#### **BOARD MEMBER ATTENDANCE:**

- X Brian Edler
- X William Alge, Esq.
- X Karen Jones, RN, MSN, Board President
- A Michael Lindamood, M.D.
- X Nancy Moody-Russo, RN, JD
- X Barbara J. Pasztor, RN, MSN (arrived 7:45 a.m.)
- X Robin Spoons

#### **STAFF:**

- X Jannie Derstine, BS, Help Me Grow (HMG) Program Manager
- X Alexa Heacock, RN, Previous HMG Program Manager
- X Chad Masters, MPH, Health P&P Director
- X Craig Niese, BS, IT/Data Manager
- X Laura Reinhart, CNP, Community Health Services Director
- X Kurt Schroeder, REHS, Interim Environmental Health (EH) Director
  
- X Lindsay Summit, MPH, REHS, Interim Health Commissioner (IHC)
- X William Kose, M.D., Medical Director

## **1.0 CONVENTION/PUBLIC PARTICIPATION**

### **1.1 Call to Order**

President Jones called the Regular BOH meeting to order at 7:31 a.m.

### **1.2 Introduction of Public, Guests, and Staff**

- 1.2.1** IHC Summit introduced Madelyn Harrington, Vector Control Technician, Environmental Health, present at the 7/19/24 meeting to deliver a presentation to the Board (see Section 3.0, Continuing Education).

## **2.0 BOARD MEETING CONSENT AGENDA**

- 2.1** Approval of **7/19/24 Agenda Items**
- 2.2** Approval of **6/21/24 Regular Board Meeting Minutes**
- 2.3** Approval of **June 2024 Bill Schedule**
- 2.4** Staff Reports
  - 2.4.1** Community Health Services –Laura Reinhart, CNP, Director
  - 2.4.2** Health Planning & Promotion –Chad Masters, MPH, Director
  - 2.4.3** Help Me Grow (HMG) Home Visiting Program –Jannie Derstine, BS, Program Manager
  - 2.4.4** Environmental Health (EH) Services –Kurt Schroeder, REHS, Interim EH Director
  - 2.4.5** IT/Data Management Services –Craig Niese, BS, Manager
  - 2.4.6** Vital Statistics Report –Dan Klein, Vital Statistics Registrar
  - 2.4.7** Health Commissioner Report –Lindsay Summit, MPH, REHS, IHC

Regarding Item 2.3 above, Bill Schedule: Mr. Alge asked for more details regarding the line item Operational Expenses, Public Entity, Pool of Ohio, PEP Insurance. Interim Commissioner Summit summarized that line is essentially “homeowner’s insurance” for Hancock Public Health, and includes coverage of all company owned vehicles, operations, and the physical facility. Ms. Summit stated HPH is part of a larger pool in order to receive a discount on these insurance fees.

Regarding Subitem 2.4.1 above, Dexcom Program: Mr. Alge asked for update on the Dexcom Program. Ms. Reinhart stated Blanchard Valley Hospital (BVH) has taken over the Dexcom Program, including the labor, materials, etc., but is still currently using HPH space for patient care. BVH staff (including an RN and MA) are managing the entire program, with no assistance from HPH staff, and are housed in the same HPH consultation room and also are using IHC Summit's previous office for storage. Currently no new patients are being enrolled in the program, but eventually new patients will be enrolled once operations move to BVH space, which is expected to occur in early 2025. Mr. Alge asked who used to be in charge of Dexcom; Ms. Reinhart answered that initially it was HPH Nursing and Health Education staff, but approximately one year ago Andrew Edgington, Medical Student, was hired as full-time Dexcom staff and MRC volunteers were utilized for assisting Mr. Edgington. Mr. Alge asked if the transition to having BVH manage Dexcom has freed up HPH Nursing Staff; Ms. Reinhart said that when Mr. Edgington and MRC took over the program, it did free up staff, but no changes have been noted since BVH staff took over. Mr. Alge opined the HPH Nursing Department is short staff. Ms. Reinhart thanked Mr. Alge for his acknowledgment and stated that eventually Nursing would be pleased to add a nursing-specific clerical staff person, but for now Ms. Reinhart stated the new Infectious Disease Nurse, Brittany Bommarito, has stepped up and is helping in many different areas. Dr. Kose stated he feels the Dexcom Program has become a much larger project than anticipated, but that it is a useful behavioral tool for the health of people with diabetes and is providing significant data for research communities.

Regarding Subitem 2.4.1 above, Communicable Disease: President Jones asked for a definition of CPO. Mr. Masters explained this stands for "carbapenemase-producing organisms" (bacterial origin) and stated previously CPOs were referred to as CPCREs ("carbapenemase-producing carbapenem-resistant Enterobacter").

Regarding Subitem 2.4.1 above, Perinatal Strategic Plan: President Jones asked for update from the 6/11/24 community meeting. Ms. Reinhart stated information is being pushed into the community regarding increased resource access for families in the perinatal period, specifically organizing information for the Hancock Helps website. This information is not yet live on the website, is soon to be live, and will consist of a photo of a pregnant woman which will lead the website user to a host of potential medical/mental health/community resources. Dr. Kose commented that most folks still agree that language translation continues to be the most significant problem interfering with efficient help for non-English-speaking folks across all types of community services.

Regarding Item 2.3 above, Bill Schedule: Mr. Alge asked for clarification regarding the GVO (Get Vaccinated Ohio) Grant. Ms. Reinhart stated the GVO grant beginning a new cycle currently. The Nursing Team has been focused on getting vaccinations to at-risk populations in the community by using the Mobile Health Clinic, attending open houses in school systems and other large community events. Mr. Alge asked if each school publishes the vaccination clinics on their own school websites; Ms. Reinhart stated it is up to each school to publicize vaccine clinics, but Lisa Jolliff of HPH Nursing has been reorganizing vaccine community outreach and vaccination process efforts to increase the number of folks receiving vaccine education and make the actual process of receiving vaccines faster and easier for patients/families.

**President Jones requested motion to approve Section 2.0, Consent Agenda**, including all Items and Subitems, as written in the pre-prepared Board reports provided earlier in the week to the Hancock County Board of Health members and as detailed above. **Ms. Spoor moved to approve Section 2.0.** Seconded by Ms. Pasztor. **Motion carried 6-0.**

### **3.0 CONTINUING EDUCATION**

- 3.1** Vector Control Surveillance Presentation by Madelyn Harrington, Vector Control Technician. Ms. Harrington initiated presentation and answered questions from Board members on HPH mosquito surveillance, control, and prevention activities. Continuing Education offered to the Board for Vector Control presentation 0.5 units.

### **4.0 BOARD ACTIONS/REGULATIONS**

- 4.1** Board of Health to **APPROVE AND RECOGNIZE REVENUE** for Fiscal Year ending 12/31/24:
- 4.1.1** Community Health Worker Funding from the Community Foundation in the amount of **\$25,000.00**
  - 4.1.2** Safe Kids Grant Funding in the amount of **\$200.00**
  - 4.1.3** Early Childhood Safety Grant Funding in the amount of **\$25,000.00**

President Jones requested motion to approve Item 4.1, including Subitems 4.1.1--4.1.3. **Mr. Alge moved to approve Item 4.1, as above.** Seconded by Ms. Spoor. **Motion carried 6-0.**

- 4.2** Board of Health to **APPROVE APPROPRIATION INCREASES** for Fiscal Year ending 12/31/24:
- 4.2.1** Safe Kids Grant Funding in the amount of **\$200.00**
  - 4.2.2** Early Childhood Safety Grant Funding in the amount of **\$25,000.00**
  - 4.2.3** Food Project "Other Expense" Line in the amount of **\$2,000.00**

Mr. Edler noted that the \$25,000.00 revenue from Subitem 4.1.1 above, Community Health Worker Funding, was not included in Item 4.2 listings for Appropriation Increases. IHC Summit reported that the Community Health Worker funding was related mainly to salary for Cheryl Miller, Community Health Worker, whose last day of HPH employment was the current day, 7/19/24. HPH leadership team is in process of considering whether or not to re-fill the Community Health Worker position. If the position is not re-filled, funding in Subitem 4.1.1 will go back to the Community Foundation.

President Jones requested motion to approve Item 4.2, including Subitems 4.2.1—4.2.3, as detailed. **Ms. Moody-Russo moved to approve Item 4.2, as above.** Seconded by Mr. Alge. **Motion carried 6-0.**

### **5.0 ADMINISTRATIVE REPORTS**

**5.1 June 2024 Financial Report and Analysis – Lindsay Summit**

Interim Health Commissioner (IHC) Summit referred to the financial report packet distributed to Board members earlier in the week. Ms. Summit added new organizational categories to the previous budget presentations from May and June 2024, and explained those additional categories to the Board. The new budget organizational categories include: 1) Original Appropriations (which is the financial information reviewed for approval by the Treasurer's office when establishing the budget); 2) Revised Budget (which reflects the changing nature of

the budget, including increased/decreased revenue and appropriations); 3) Year to Date (represents monthly budget information that is being presented to the Board); and 4) Notice of Award (proposed expected amounts received from grants, which drives budget revisions). Mr. Edler suggested possibly adding another organizational category to the budget presentation: Monies Thus Far Received.

Discussion ensued regarding the ebb and flow of a budget based on grant monies. Mr. Masters stated the reliance on grant funding creates significant challenges in tracking the budget accurately and reporting finances in a consistent manner. Some of the most challenging issues surrounding grant-funded budgeting were discussed, including grants not being annually guaranteed, grants being based on public participation, lack of responsiveness regarding whether or not a grant has been awarded, the pay-out timeline, or reapplication notifications, and needing to front certain delayed-response grant projects with HPH general funds then needing to charge later-received grant monies back into the general fund.

Mr. Edler asked if HPH had a grant-designated staff person. IHC Summit answered no; the staff at HPH who search for, write, and track grants include herself, Mr. Masters, and program leaders. Mr. Edler mentioned that he does not feel the HPH budget is in the red alert zone yet, but he expressed concern about consecutive months of being in the negative.

IHC Summit stated she feels it is crucial to communicate financial report issues clearly with the Board, not only to hold HPH leadership accountable but also to ensure that Board members have a clear understanding and detailed involvement when making considerations for budget approval.

## **5.2 Performance Management Update/Strategic Plan Data/PHAB Data – Lindsay Summit**

Interim Commissioner Summit reported that the HPH strategic plan has been entered into the system, Clear Impact – the free-of-charge software provided by the State. She added it may be more helpful to break down data into two separate categories of Health Fund 8 (General Fund) vs. Grant.

Mr. Edler asked for clarification of HPH timeline for re-accreditation. ICH Summit reported that an accreditation team has already been established. Mr. Masters announced the target time for having all accreditation documents prepared for submission is April 2026, and the deadline date for submission is 6/30/2026. Ms. Summit stated HPH will be utilizing the Clear Impact software for all accreditation activities, which will streamline efficiency for deadlines. Mr. Niese is currently working on training all accreditation team members who will be using Clear Impact. Ms. Summit is confident that HPH will have accreditation documentation ready by the April 2026 target goal.

## **5.3 Medical Director – Dr. William Kose**

Immigration Challenge: Dr. Kose reported that, due to decreasing job availability in Hancock County, immigration population numbers may also be decreasing; however, it is difficult to determine exact Hancock County immigration numbers currently. More detailed updates will be presented to the Board as information/data becomes available.

Mr. Alge asked for an update on how Hancock County is gathering information from Springfield, Ohio, regarding how Springfield is handling their immigration challenge. Dr. Kose stated that Springfield is in a different situation than Hancock Co. regarding funding, as Springfield has achieved status of FQAC (Federally Qualified Health Center), which involved increased funding sources for the purpose of focusing on serving at-risk/underserved populations and an obligation to care for patients regardless of insurance or ability to pay. Dr. Kose stated Findlay/BVH has not been able to qualify for FQAC status due to its affluence rates. Dr. Kose has a meeting scheduled with Mayor Muryn in the coming week, and there are plans to consult with Springfield leaders to gain more information about how they have handled their immigration challenge, information that might be applied in Hancock County.

Dr. Kose opined the immigration challenge is becoming more and more expensive due to a variety of factors, including translation services, medical issues/testing, infectious diseases (TB, HIV, other STDs, etc.), other social needs. He stated the goal of Hancock County regarding the immigration challenge is to reduce duplication of services. Ms. Heacock stated it would be interesting to know the exact immigration population data, as she feels many families described themselves as initially immigrating to Springfield, then the families seemed to move a second time to the Findlay area. Mr. Alge asked if Ms. Heacock is suggesting that families may be counted more than once in immigration data; Ms. Heacock answered maybe, or families may be counted initially in Springfield, then they move to Findlay and are NOT being counted in Findlay, thus possibly reducing the chance of Hancock County being recognized as qualifying for increased funding or other assistance with immigrant populations. Ms. Reinhart added that where a non-English speaking person initially tests positive for medical conditions is also complicating the immigration issue and reliability of data even more. Dr. Kose stated the immigration challenge continues to become more and more complicated but advised that this is what public health is all about, thus Hancock Public Health will continue to serve these populations and attempt to add to the growing data on the subject.

For the record and recommendation to Board members, Dr. Kose added that it would be best to use the term “non-English speaking” people when referring to any one or any group who are immigrants and/or speak a language different from English, as there are such a great number of different cultures/languages involved surrounding the immigration challenge.

Infectious Disease: Dr. Kose gave a brief update regarding concern for a rabies outbreak due to potential mass exposure in Mansfield, Ohio, with potentially 150 children involved. However, no significant issues have arisen from the rabies concern since initial information release.

On the national infectious disease front, Dr. Kose stated there has been concern among the medical community regarding a couple cases of avian flu; however, no significant concerns voiced since initial information release. Updates will be provided as information is available.

Vaccinations: Regarding 2024-2025 vaccinations, Dr. Kose reported vaccinations for COVID and flu will remain as two separate dosages (shots) this season. Mr. Alge suggested the medical community may prefer separate vax dosages because that may reduce vax side effects. Dr. Kose stated from his perspective he would prefer everyone get both vaccines in one dose, as then folks would be more likely to receive both vaccinations (i.e., many folks tend to get the

first shot, then miss their second appointment). Dr. Kose also reported there has not been data indicating problematic vaccination side effects in the majority of people receiving vaccines.

COVID Update: President Jones asked for an update of COVID incidence in Hancock County. Dr. Kose reported there has been no data to suggest an increase in COVID cases recently; however, he noted that there is not enough data due to many people choosing not to test themselves when they have symptoms, thus it would be difficult to determine whether cases are increasing. Mr. Alge asked whether Dr. Kose feels legislation doing away with mask wearing is counter-intuitive; Dr. Kose stated legislation regarding COVID is a highly complicated issue, and what the Health Department should continue to recommend at this time is encouraging residents to follow orders/recommendations given by Ohio Department of Health.

## 6.0 OLD/NEW BUSINESS

6.1 Personnel – No hiring or separation occurred during the month of June 2024.

6.2 Interim Health Commissioner Summit and Board of Health members recognized Alexa Heacock, Previous Help Me Grow (HMG) Program Manager, for her contributions to the HMG Program through a pandemic, the immigration challenge, and noted Ms. Heacock nearly tripled her staffing during her tenure at Hancock Public Health.

## 7.0 EXECUTIVE SESSION

7.1 Request to the Board of Health to recess into Executive Session to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official, or the investigation of charges or complaints against a public employee. Pursuant to (G)(1) of Section 121.22 of the Ohio Revised Code.

President Jones requested motion to move the 7/19/24 Regular Board of Health Meeting into Executive Session at 8:59 a.m. **Ms. Spoons moved to approve initiation of the Executive Session of the BOH at 8:59 a.m. on 7/19/24 for the above-detailed issues.** Seconded by Mr. Alge. **Motion carried 6-0.**

Interim Commissioner Summit conducted roll call related to Entering Executive Session:

<b>Roll Call:</b>	<b>Mr. Alge (Bill): YES</b>	<b>Ms. Moody-Russo (Nancy): YES</b>
	<b>Mr. Edler (Brian): YES</b>	<b>Ms. Pasztor (BJ): YES</b>
	<b>Ms. Jones (Karen): YES</b>	<b>Ms. Spoons (Robin): YES</b>
	<b>Dr. Lindamood: ABSENT</b>	

President Jones requested motion to move the 7/19/24 Regular Board of Health Meeting out of Executive Session at 9:25 a.m. **Mr. Moody-Russo moved to approve concluding the Executive Session of the BOH at 9:25 a.m. on 7/19/24 for the above-detailed issues.** Seconded by Ms. Spoons. **Motion carried 6-0.**

**TIME ENTERED EXECUTIVE SESSION: 8:59 a.m.**     **TIME EXITED EXECUTIVE SESSION: 9:25 a.m.**

**Exiting Executive Session on 7/19/24, The Board decided the following:**

To internally post the Hancock County (Ohio) Health Commissioner open position for five (5) days beginning 7/19/24. No further action will be taken as of this date, 7/19/24, regarding the future Hancock County (Ohio) Health Commissioner.

**8.0 FUTURE BOARD OF HEALTH MEETINGS**

**8.1 Next Meeting:** Friday, 8/16/24, 7:30 a.m., Hancock Public Health, 2225 Keith Parkway, Findlay, Ohio.

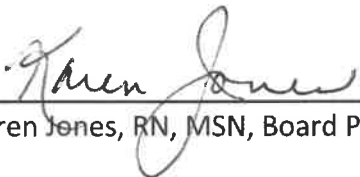
**8.2 2024 Regular Board of Health Meeting Schedule: Third Friday monthly, 7:30 a.m., Hancock Public Health, 2225 Keith Parkway, Findlay, Ohio. Complete list of 2024 meetings below:**


~~Friday – January 19, 2024~~  
~~Friday – February 16, 2024~~  
~~Friday – March 15, 2024~~  
~~Friday – April 19, 2024~~  
~~Friday – May 17, 2024~~  
~~Friday – June 21, 2024~~

~~Friday – July 19, 2024~~  
**Friday – August 16, 2024**  
Friday – September 20, 2024  
Friday – October 18, 2024  
Friday, November 15, 2024  
Friday, December 20, 2024

**9.0 ADJOURNMENT**

Interim Health Commissioner Summit requested motion for adjournment of the Regular 7/19/24 Hancock County Board of Health meeting. **Ms. Moody-Russo motioned the Board of Health to adjourn the Regular Meeting of 7/19/24 at 9:26 a.m.** Seconded by Ms. Spoons. **Motion carried 6-0.**

  
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Karen Jones, RN, MSN, Board President

  
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Lindsay Summit, MPH, REHS, IHC, Board Secretary

