



# Hancock Public Health

## Board of Health

### Regular Meeting Minutes

June 16<sup>th</sup>, 2023, 7:30 a.m.



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

- A Brian Edler, Board President
- X William Alge, Esq.
- X Karen Jones, MSN, RN
- X Michael Lindamood, M.D.
- X Nancy Moody-Russo, RN, JD
- A Barbara J. Pasztor, MSN, RN
- X Robin Spors (exited at 8:30 a.m.)

#### **STAFF:**

- X Shannon Chamberlin, Nursing Director
- X Alexa Heacock, Help Me Grow (HMG) Director
- X Chad Masters, Health P&P Director
- X Cheryl Miller, PR/Marketing Coordinator
- X Craig Niese, IT/Data Manager
- X Laura Reinhart, Mobile Health Clinic (MHC) Coordinator
- X Lindsay Summit, Environmental Health (EH) Director

- X Karim Baroudi, MPH, Health Commissioner
- A William Kose, M.D., Medical Director (attempted to attend remotely)

## **1.0 CONVENTION**

### **1.1 Call to Order**

In absence of President Edler on 6/16/23, Ms. Jones called the Regular Board of Health meeting to order at 7:30 a.m.

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

No special guests were present at the 6/16/23 BOH meeting.

## **2.0 BOARD MEETING CONSENT AGENDA**

### **2.1 Approval of 6/16/23 Agenda Items**

### **2.2 Approval of 5/19/23 Board Meeting Minutes**

### **2.3 Approval of May 2023 Bill Schedule**

### **2.4 Staff Reports**

**2.4.1** Mobile Health Clinic (MHC) Services – Laura Reinhart, CNP, Coordinator/Provider

**2.4.2** Health Planning & Promotion – Chad Masters, MPH, Director

**2.4.3** Community Health Services – Shannon Chamberlin, RN, Nursing Director

**2.4.4** Help Me Grow (HMG) Home Visiting Program – Alexa Heacock, RN, Program Manager

**2.4.5** Environmental Health (EH) Services – Lindsay Summit, MPH, EH Director

**2.4.6** IT/Data Management Services – Craig Niese, BS, Manager

**2.4.7** Health Commissioner's Report – Karim Baroudi, MPH, HC

Regarding Bill Schedule, Mr. Alge requested clarification of grant expenses. Commissioner Baroudi explained grant expenses are bills that are paid through grant monies which serve grant-funded programs/services. Grant expenses are not paid through HPH general funds; thus, the bulk of grant expenses are not part of the General Fund Operating Budget.

Regarding the Mobile Health Clinic, Mr. Alge requested explanation of how staff determine where in the community the MHC will provide services at any given time. Ms. Reinhart stated the MHC schedule is determined by: 1) Results from the Health Equities Report (i.e., MHC focus on Hancock County regions where residents are determined as having the most need for wellness services); 2) Calls/requests from community partners for special MHC visits; 3) Staff selecting community events where wellness is a focus, and; 4) Ms. Reinhart using a map of the county, comparing MHC past visit history with villages/regions that have not yet been visited, with a concerted effort to provide services to as many regions as possible and not leave any regions unvisited or unserved. Dr. Lindamood asked if documentation exists on clients served by the MHC; Ms. Reinhart answered that she and Ms. Dyer are tracking clients/regions served on an Excel spreadsheet and all visits thus far are accounted for in the database. Commissioner Baroudi welcomed other Board members to inquire or comment on the Board Meeting Consent Agenda items. No further vocalizations from the Board.

Ms. Jones requested motion to approve Section 2.0, 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. Moody-Russo moved to approve Section 2.0.** Seconded by Ms. Spoons. **Motion carried 5-0.**

### **3.0 BOARD ACTIONS/REGULATIONS/VARIANCES/PUBLIC PARTICIPATION**

#### **3.1 Board of Health to APPROVE AND RECOGNIZE REVENUE for Fiscal Year ending 12/31/23:**

**3.1.1 Reproductive Health Clinic Project Income in the amount of \$28,600.00**

**3.1.2 Harm Reduction Program in the amount of \$3,125.00**

Ms. Jones requested motion to approve Item 3.1, including Subitems 3.1.1 and 3.1.2, as detailed. **Dr. Lindamood moved to approve Item 3.1, as above.** Seconded by Ms. Moody-Russo. **Motion carried 5-0.**

#### **3.2 Board of Health to APPROVE APPROPRIATION INCREASES for Fiscal Year ending 12/31/23:**

**3.2.1 Reproductive Health Clinic Project Income in the amount of \$28,600.00**

**3.2.2 Harm Reduction Project line items "Supplies" and "Supplies-Clinical" in the amount of \$3,125.00**

**3.2.3 CN 22 Project in the amount of \$79,040.00**

Mr. Alge requested clarification regarding the CN 22 Project appropriation increase. Mr. Masters explained that, during the COVID response, HPH received a grant for \$118,000 for the administration of COVID Program services. At same time, ODH allowed for HPH to generate program income based on COVID services provided (i.e., charges for vaccination administration). Any money taken in had to be recognized as program income and used toward the program response. Mr. Masters stated the unspent grant monies are being used toward general supplies (replenishment of general supplies which were used for the COVID response). Commissioner Baroudi stated the CN 22 Project monies are similar to in-kind contributions; the State has advised HPH that all income generated from COVID services needs

to be spent back toward that program. Per Mr. Baroudi, Instead of giving the State back \$79,040.00, HPH will be spending that money down on program-related general supplies.

Ms. Jones requested motion to approve Item 3.2, including Subitems 3.2.1 through 3.2.3, as detailed. **Ms. Spors moved to approve Item 3.2, as above.** Seconded by Mr. Alge. **Motion carried 5-0.**

**3.3 Board of Health to APPROVE FINAL READING of proposed 2023 STI/Reproductive Health & Wellness Clinic Fees**

Commissioner Baroudi presented and reviewed fees related to the 2023 STI/Reproductive Health & Wellness Clinic Fees with the Board. Mr. Baroudi noted no changes had been made with any of these fees since the First Reading.

Mr. Alge asked who pays the fees related to the STI/Reproductive Health & Wellness Clinic. Ms. Reinhart explained if a patient for the STI/Reproductive Health Clinic has insurance or Medicaid, their insurance will be billed. However, for patients who have no insurance, no Medicaid, or are underinsured, fees not covered would be passed on as patient being billed (noting a sliding scale may apply in certain patient situations, where the patient may only have to pay a portion of the bill). Ms. Reinhart stated the current 2023 fees were set by Allen County HD and may change in the future.

Ms. Jones requested motion to approve Item 3.3, as detailed. **Dr. Lindamood moved to approve Item 3.3, as above.** Seconded by Mr. Alge. **Motion carried 5-0.**

Commissioner Baroudi conducted roll call related to Item 3.3 above:

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

**3.4 Board of Health to APPROVE SECOND READING of proposed "Grief Recovery Methods" Training Fee Schedule**

**3.4.1 Workshop Fee \$85.00 per person, including book/materials/administrative fee.**

Mr. Alge asked if the Grief Recovery Methods training program that HPH intends to offer is a duplication of services elsewhere in Hancock Co. Commissioner Baroudi answered that to his knowledge there are no other similar programs. Ms. Jones stated Bridge Home Health & Hospice offers a Grief Program, but Mr. Masters stated what HPH is proposing is more comprehensive and includes SafeWorks Program/overdose issues. Mr. Baroudi stated because HPH will be offering free/reduced fee services to individuals in financial need, the agency will need to recoup some of those incurred in-kind costs. Mr. Alge asked how the community would find out about these trainings/services. Commissioner Baroudi answered:

1) Grief training/services will be initially offered to the Grief Recovery Specialist's current clients; 2) Offered to HPH staff; 3) Offered to larger community agencies and general public.

Ms. Jones requested motion to approve Item 3.4, including Subitem 3.4.1., as detailed. **Ms. Moody-Russo moved to approve Item 3.4, as above.** Seconded by Mr. Alge. **Motion carried 5-0.**

Commissioner Baroudi conducted roll call related to Item 3.4 above:

**Roll Call: Mr. Alge (Bill): YES                      Ms. Moody-Russo (Nancy): YES**  
**Mr. Edler (Brian): ABSENT                      Ms. Pasztor (BJ): ABSENT**  
**Ms. Jones (Karen): YES                      Ms. Spoors (Robin): YES**  
**Dr. Lindamood: YES**

**3.5 Board of Health to WAIVE CONTRACTOR FEES for Habitat for Humanity Plumbing Permits**

**3.5.1 Permit Fee of \$160.00 for home located at 1705 Sherry Street, Findlay, OH**

**3.5.2 Permit Fee of \$160.00 for home located at 1705 Park Street, Findlay, OH**

Ms. Jones requested motion to approve Item 3.5, including Subitems 3.5.1 through 3.5.2, as detailed. **Mr. Alge moved to approve Item 3.5, as above.** Seconded by Ms. Moody-Russo. **Motion carried 5-0.**

Commissioner Baroudi conducted roll call related to Item 3.4 above:

**Roll Call: Mr. Alge (Bill): YES                      Ms. Moody-Russo (Nancy): YES**  
**Mr. Edler (Brian): ABSENT                      Ms. Pasztor (BJ): ABSENT**  
**Ms. Jones (Karen): YES                      Ms. Spoors (Robin): YES**  
**Dr. Lindamood: YES**

**4.0 ADMINISTRATIVE REPORTS**

**4.1 May 2023 Financial Report and Analysis – Karim Baroudi**

Commissioner Baroudi announced that HPH is currently under State audit and noted Board members may be contacted by the assigned auditor with questions.

Commissioner Baroudi summarized his pre-prepared written Financial Analysis Report that had been included in the Board packet earlier in the week, with focus on the past seven-year comparison; no financial red flags noted. Currently revenue appears to be decreasing on paper due to one-time city/township scheduled payments and decreasing revenue from COVID grant monies. No questions or concerns related to budget voiced by the Board.

**4.2 Medical Director – Karim Baroudi (unsuccessful virtual connection with Dr. William Kose)**

**Dexcom Program:** Mr. Alge asked for a more detailed general discussion regarding the Dexcom Program (continuous glucose monitor study). Ms. Reinhart stated there have been dramatic overall wellness results (weight, A1c, behavioral/lifestyle changes) in Dexcom study participants, especially in younger age groups. Mr. Alge asked if Dexcom study participants are tending to drop out of the study after 12 months; Ms. Reinhart stated she has not noticed any dropping out of longer-term clients. Commissioner Baroudi opined that it would be interesting to remove Dexcom units in longer-term clients and note if progress results are sustainable. Ms. Reinhart stated 12 months of participation did not seem to offer as much data as expected,

thus the study is being proposed to extend three additional months for more comprehensive data collection. HPH is waiting for the Dexcom Company to respond whether or not financial coverage will continue. Commissioner Baroudi stated he believes the Dexcom Company is committed to continuing beyond one year in order for more quality data. The program will be on break at the 500-patient mark mainly due to newer sensors being offered which may have better functionality (going from “G6” to “G7” sensors). Ms. Reinhart made special note that the MRC volunteers and U of F students who are enlisted to help with the Dexcom clients have been a tremendous asset to the program efficiency.

#### **4.3 Health Commissioner Remarks – Karim Baroudi**

Eclipse Event: Due to prediction for Hancock County population to double or triple during the 4/8/24 eclipse event, Commissioner Baroudi reported there has been careful planning/preparation among community partners, including but not limited to special provision applications for temporary campgrounds and food service licenses, a focused eclipse website created with HPH listed as a helping partner during this event, proposing HPH Mobile Health Clinic services being offered for the prediction of increased short-term healthcare issues during this timeframe, the consideration of MRC deployment for short-term First Aid services, and even a field hospital being set up in Putnam County.

Legislative Updates:

--Senate Budget Bill is being taken to the House for reconciliation. Expectation is no \$20 million for Public Health.

--Senate Bill 119 introduced by Senator Reineke, Seneca Co, regarding disposal of solid waste/demolition debris and Sunny Farms Landfill. Commissioner Baroudi opined this would have minimal effect on HPH operations.

--Family First House Bill 7: Focus on infant and maternal health. Opportunity for Public Health reimbursement for home visitors, public health nurses, and possibly Community Health Workers who perform home visits.

Community Health Worker (CHW): Commissioner Baroudi announced that the Community Foundation approved of the HPH request for \$125,000 to fund the CHW position now filled by Cheryl Miller. The \$125,000 will fully cover the first year of the CHW position, then funds will diminish going into the second and third years of this three-year position. Mr. Baroudi stated there is hope that as the Community Foundation money diminishes, funds will be recouped through the possibility of CHW billing for service.

Mr. Alge asked for an update on the immigrant motel population in Findlay. Ms. Heacock stated that population continues to grow, with very little prenatal care (which is how Help Me Grow and Community Health Worker services are getting involved). Because of the possibility of a large food distributor coming to Findlay, even more families are migrating to Northwest OH for the hope of stable employment. Commissioner Baroudi stated HPH and community partners are actively discussing this issue. Mr. Baroudi opined that HPH is becoming a spearhead in responding to vulnerable populations, as many HPH programs are now focused on a community outreach approach (actively seeking out vulnerable residents by going into the community and looking for these individuals versus waiting for residents to come to an office building requesting services).

Commissioner Baroudi stated internally HPH has a good plan for responding to the motel population issue as well as responding to various marginalized residents, especially with the addition of the creation of the Community Health Worker (CHW) position.

Mr. Alge inquired if all the Hancock County community partners are relying on Hancock Public Health to initiate a comprehensive response plan for marginalized and otherwise needy residents. Commissioner Baroudi answered that HPH is spearheading the initiative for responding to vulnerable Hancock County residents by default, and, as is typical of past HPH services, HPH will “fill in the gaps” for these services until other agencies can mobilize resources to aid in the response. Ms. Heacock made note of how quickly marginalized residents multiply in request for Community Health Worker services, giving the example that an appointment might be made for one person to meet with the CHW, however, multiple family members may show up to the same appointment to request services. Ms. Miller reiterated Ms. Heacock’s description, stating the “word has spread” that HPH can respond to vulnerable populations, thus more and more marginalized individuals are requesting HPH services. Ms. Heacock opined this influx of vulnerable residents is workforce driven but has raised concerns about the ability of other affected Hancock County agencies being able to handle the various needs of such an increased volume of vulnerable and/or non-English-speaking populations (i.e., school, housing, medical systems).

Ms. Moody-Russo asked if there is any idea of the number of immigrants entering Hancock County; Ms. Miller reported she has spoken to a number of community agencies, but it is hard to pinpoint an exact statistic. Ms. Heacock stated it is, indeed, an overwhelming number of people with need for multiple services. Ms. Chamberlin opined this trend is occurring all over Ohio, thus community agencies are going to need to accommodate and adapt services.

Mr. Alge requested report to the Board on a potential homelessness issue vocalized to HPH by a concerned citizen on 6/15/23. Commissioner Baroudi stated a concerned citizen reported that there were multiple people or families living in or around the (now closed) Pizza Hut restaurant on Trenton Ave. Because the restaurant is closed and has no operating utilities, it is considered inhabitable by ORC, thus a team of HPH staff were immediately mobilized to investigate (this team including Cheryl Miller, Community Health Worker, and Heidi Phillips, REHS – Registered Environmental Health Specialist). Upon investigation, it was learned that this was not a housing case but rather a case of homeless individuals living behind the building. Ms. Miller spoke directly with one of the homeless individuals and she is currently attempting to connect this individual to other appropriate helping agencies. Ms. Miller stated the main concern is that one of the homeless individuals is over 75 years old, thus increasing the risk for possible significant health crises. Ms. Miller is working with other community agencies to come up with a case plan for more stable housing for these individuals.

Mr. Alge asked if there are other areas of the community where this homelessness situation is occurring. Ms. Heacock stated there are many homeless individuals residing behind the Walmart parking lot on Trenton Ave due to a pond and more land being available in that area. Commissioner Baroudi stated he feels there is a mental health component to many of these issues and HPH is working with community partners to address these needs, as well.

Mr. Alge raised the question if homelessness should be considered a priority Health Department (HD) issue. Mr. Baroudi stated homelessness itself is not illegal, it is more of a commune-social issue; however, when the condition of homelessness becomes a health issue for individuals who are homeless and to the population at large, then it becomes a priority to Public Health in connecting those residents to better health services, stable housing, and food security. Mr. Baroudi explained that, because HPH is now out in the community looking for potential issues such as above, our agency is closer in proximity and awareness to discover residents who are experiencing need, whereas agencies such as the City Mission and Family Resource Center (FRC) have decreased awareness of these types of residents, as staff people representing agencies such as the City Mission and FRC are not routinely out in the community specifically investigating people who have needs.

As a side note, Commissioner Baroudi interjected that HPH receives many nuisance complaints related to poor housing conditions. Due to these increased housing concerns, Mr. Baroudi and Ms. Summit are currently involved in a Housing Coalition group (including Veteran's Affairs, City Mission, Habitat for Humanity, Community Action Commission) in order to bring more agency partners to the table who can work together to help individuals living in questionable housing conditions come into compliance rather than render these individuals homeless. Ms. Miller added that HPH is not to be considered the "lead" agency in response to homelessness issues, but rather a "connecting" agency to other resources. Ms. Miller described that sometimes the only way to connect vulnerable residents to the City Mission is by having a "connecting" agency locate these residents with need, as the City Mission staff do not conduct outreach.

Ms. Alge asked how a county agency such as Adult Protective Services (APS) would fit within the scope of community outreach practice regarding homeless and/or vulnerable populations. Ms. Miller stated consent is a major underlying issue with APS, so her job is to initially "connect all the players," then APS will later be "rolled in."

Mr. Alge asked if Hancock Public Health is going to become the agency responsible for "connecting all the dots" with other agencies when a potential homelessness or other vulnerable needs situation arises. Ms. Miller answered that her job is not to "connect all the dots," but rather to act as the first point of contact to link clients to agencies that might be able to provide appropriate help. Ms. Miller went on to suggest that the homeless population is no different from individuals who have a history of drug use, in that these populations burn through many bridges, often have undiagnosed/untreated medical and mental health conditions and need a softer approach in order to connect with the helping community. As an example, Ms. Miller reported that she has re-visited the Pizza Hut Trenton Avenue establishment for two more informal interviews in order to acquire information from the homeless individuals residing there regarding best plan of action and best points of future contact with helping agencies.

Ms. Jones asked if the homeless individuals residing behind the Trenton Avenue Pizza Hut are still living there. Ms. Miller stated these individuals are still residing behind Pizza Hut as of 6/23/23; a community church is working with these individuals, which has been helpful. Ms. Miller stated she will be re-visiting the property again today (6/23/23) to conduct further assessment.

Ms. Jones asked if property visits made by the Community Health Worker (CHW) position are conducted alone. Ms. Miller answered there are always two staff people in attendance during CHW visits. Ms. Jones asked if there are staff available from the Police Department for protection if needed; Commissioner Baroudi answered that unless there is a prior report of violence at the property site to be visited, HPH does not seek out protective staff reinforcement. Mr. Baroudi stated that Heidi Phillips, REHS, was chosen to attend the Pizza Hut site visit, as Ms. Phillips was familiar with restaurant establishment and also with conducting nuisance complaint investigations through Environmental Health. Ms. Miller stated there is an HPH protocol followed for safety during CHW site visits; after the initial visit at Pizza Hut on 6/22/23 it was determined by Ms. Miller through community canvassing that the family behind Pizza Hut was nonviolent, of no threat to HPH staff, and that the prominent issues were related to mental health conditions.

## 5.0 OLD/NEW BUSINESS

5.1 Personnel – Allison Pickens, RN, resigned her position with HPH Immunization Clinic, effective 6/7/23. Commissioner Baroudi stated a formal exit interview with Ms. Pickens has not yet been scheduled at this time (6/16/23), but attempts are being made. Three interviews have been conducted to fill Ms. Pickens' position; decision should be made in the next two to three weeks. Commissioner Baroudi opined a new hire is occurring at an ideal time, when clinics are a little less busy, providing more time for training. Ms. Jones stated how helpful Ms. Pickens had been in her time with the HPH Nursing Department and her efforts during the COVID response. Ms. Chamberlin reported the Nursing Department is in the same situation with need to hire new staff as they were just a couple months ago.

## 6.0 CONTINUING EDUCATION

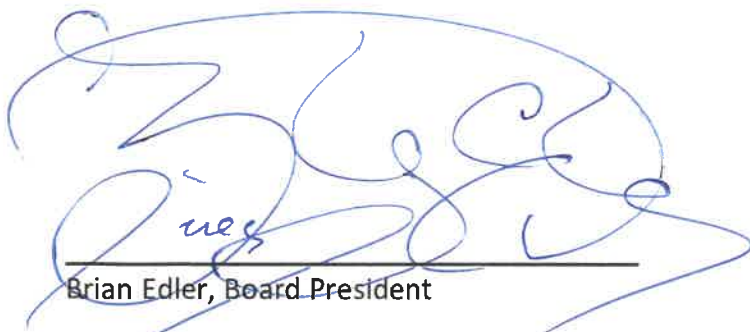
6.1 No CEUs will be offered at the 6/16/23 Regular Board of Health meeting.

## 7.0 NEXT MEETING

7.1 Friday, 7/21/2023, 7:30 a.m., Hancock Public Health, 2225 Keith Parkway, Findlay, Ohio.

## 8.0 ADJOURNMENT

Ms. Jones requested motion for adjournment of the Regular 6/16/2023 Board of Health meeting. **Ms. Moody-Russo motioned the Board of Health to adjourn the Regular Meeting of 6/16/2023 at 8:48 a.m.** Seconded by Mr. Alge. **Motion carried 5-0.**



Brian Edler, Board President



Karim Baroudi, MPH, Board Secretary