

**LUCAS COUNTY REGIONAL HEALTH DISTRICT**  
**Board of Health Meeting**  
**Department of Operations Center (DOC) #254**  
**February 22, 2018– 8:30 A.M.**

**I. Call to Order and Roll Call**

Dr. Donna Woodson, President, called the meeting to order at 8:32 AM.

A roll call was taken of Board Members for attendance.

*Present:* Fritz Byers, Barbara Conover, Perlean Griffin, Ted Kaczorowski, Susan Postal, Johnathon Ross, MD, Barbara Sarantou, Donna Woodson, MD.

*Absent:* Reynald Debroas and Donald Murray

**II. Introduction of Guests**

Eric Zgodzinski introduced guests: AFSCME and ONA representatives: Nathan Fries and Cindy McLeod along with Barry Gordon who is our new Human Resources Director.

*Staff & Others:* Tina Stokes, David Welch, Shannon Lands, Kelly Burkholder-Allen, Barry Gordon, David Grossman, MD, Legal Council: Kevin Pituch, Jim Walter and Lauren Carpenter. (Correction of name from January minutes) Lauren Lindstrom-Toledo Blade

**III. Additions/Deletions to Agenda**

Dr. Ross brought up the issue of gun violence in the community. He questioned if the Board has addressed this issue within the community. Dr. Woodson stated that this has been discussed in the past years. Eric Zgodzinski stated that we are adding this to our Strategic Plan within Childhood and Adolescent Health. Fritz Byers stated that there is a federal law that prohibits the CDC conducting research on the health effects of gun violence.

(Barb Conover and Richard Fernandez, DPT arrived at 8:38)

**IV. Approval of the January 25, 2018 Board Minutes**

Corrections to the January 25, 2018 minutes is Lauren Carpenter was in attendance (Her last name was listed as Canew in minutes). Lauren Lindstrom from The Blade was also in attendance.

**(Resolution 2018.02.025)** A motion to approve the minutes of the January 25, 2018 Board of Health meeting with the corrections was made by Perlean Griffin and seconded by Fritz Byers. Motion carried. 10 yeas, 0 nays.

**V. Approval of Payment for January 2018 Vouchers**

Ted Kaczorowski presented the January vouchers for approval. The Audit/Finance Committee met on February 20, 2018 and reviewed the vouchers. On page 3 there was a bill from the Hylant Group which is a one-time payment which was a competitive bid for liability insurance. On page 6 we received money back from the State of Ohio for Workers Comp in the amount of over \$37,000. A separate one-page sheet showing the blanket purchase orders as discussed at the January meeting has been added.

(Resolution 2018.02.026) A motion was made by Fritz Byers and seconded by Perlean Griffin to approve the January vouchers. Motion carried. 10 yeas, 0 nays.

**VI. Legal Update**

Legal Counsel, Kevin Pituch, reported that the City of Toledo Lead Ordinance is being challenged in Common Pleas Court as to if TLCHD has the authority to enforce the ordinance. Currently waiting on a decision from Judge Jennings. Eric Zgodzinski and Dave Welch wanted to propose that the Board of Health should enact a resolution to enable it to go beyond what is already permitted by the Ohio General Assembly or the Ohio Department of Health in terms of lead enforcement in the County, however what they wanted to propose is not permitted by law.

**VII. Executive Session**

There was no Executive Session required.

**VIII. Prior Business**

A. FQHC – Eric Zgodzinski discussed the FQHC Ad Hoc Committee that was formed to look at the functions of the clinics. TLCHD has been providing clinics for quite some time both before and after the merger of the departments. Ted Kaczorowski was tasked with heading the committee. The committee looked in-depth at several issues including: clinic operations, budget, staffing, efficiencies and effectiveness. The Co-Applicant Agreement is set up between the FQHC and BOH. The TLCHD BOH handles Human Resources for the staff. There has been a blurred line as to who has what responsibility. The TLCHD Board and this community has given the FQHC \$1.4 million budgeted to them and there is little control or oversight. Through the process some options were discussed: getting out of the clinics all together, a hybrid system of keeping some clinics, or giving all clinics to FQHC. The Federal Government wants the FQHCs to be stand-alone units. This was discussed when the process of starting the FQHC began. Public Health needs to focus on public health issues. Clinics and individual health is not a core function of public health. There are many other issues in this community that are public health concerns: infant mortality, obesity, and others that we are not centered on in this community. The decision was to do a hybrid clinic structure. The FQHC is required to have dental, pediatrics, OB and adult medical. TLCHD will still have immunizations (both Shots 4 Tots and Adult immunizations), TB, STD and Mobile Vision which are true public health concerns. This was not an easy recommendation to make. If we no longer have those services it will affect the staff. There are some open positions but it doesn't guarantee that all staff will be reallocated back into the department.

Ted Kaczorowski stated that one of the main focuses was to get feedback from patients. Most were saying that even though there were other services available elsewhere, they felt this is a home for them. When this started we didn't think that we would be able to do anything but, fortunately, we were able to evaluate further and come up with a solution that would maintain quality service, albeit independently, and be able to do it to meet both the agenda for the clinics as well focus on the public health core competencies.

The way the budget has been structured for a number of years is, in order to support clinic operations, funds have been taken from the reserves to supplement the clinics. At this point in time we no longer have reserve funds to continue this practice. If we were to continue the way we are now, by December 31, 2018 we would be about \$100,000 in the hole. We would have to look elsewhere just to make payroll. In addition, the way grants are structured, in the first quarter of

the year we would have to front load salaries. We would have to have a half million dollars in the bank to cover payroll.

Dr. Woodson thanked Ted Kaczorowski for chairing the committee and all the others who have served on the committee. Dr. Woodson also thanked Kelly Burkholder-Allen for all the work she put into this effort.

Eric stated that the staff will be informed this afternoon, depending on the outcome of the Board's vote regarding the FQHC. The timeframe for the separation July 1, 2018. At that time clinics will no longer be functioning in this building. There will be discussions with Dr. Joe Dake, FQHC Board President and any new CFO/CEO on what support TLCHD may be able to give. We have to look financially on ourselves first to make sure we are viable.

**(Resolution 2018.02.027)** A motion was made by Ted Kaczorowski and seconded by Dr. John Ross, that the TLCHD will, under section 5.1 of the Co-Applicant agreement, mutually agree to terminate the contract, proceed to terminate the application agreement with the FQHC. Further, the board directs TLCHD administration to work with the FQHC on any transition, support or closeout of processes or programs associated with affected clinics. Finally, a tentative date of July 1, 2018 is set for the complete stoppage of the following clinics: Adult medicine, OB, pediatrics and dental. Motion was seconded by Dr. John Ross.

Further discussion: Dr. Fernandez asked if the money that has been used to fund the clinics should have been going to other programs. Also, was there discussion as to projection or general idea of long-term cost savings to our communities or would we reinvest in the fundamental public health issues?

Eric stated that there are inspections that have not been done in Environmental Health because the funds have been used to supplement the clinics. One is the Operation & Maintenance (O&M) program that we have not been doing for three years. These funds can be shifted to programs in the community that will impact public health such as a childhood or adolescent health issues.

Fritz Byers thanked Ted Kaczorowski and the committee for taking on this very important project and asked if any of the members of the committee to comment on the extent to which the plan was formed by observing what our mission is in making sure our effort and expenditure of money that is entrusted to us are along the lines of our mission.

Dr. Ross stated that there are core functions of public health and that direct patient care is not one of them. At the same time, people need those services. Public health has as a core function to ensure that key services are available. Our function is to make sure the community understands that we might need clinics like that for the underserved. Rather than lose the FQHC, which is an incredible asset to the community, we are working to go through the separation so the FQHC can go forward and be successful and TLCHD can have the money needed to continue to meet our needs in terms of the core functions of public health. Fortunately, we have really good people on the committee and in the department who were able to dig into the financials to show where the problems were. There were 8 meetings where financials, structure of services and, having what the FQHC would need were considered. Dr. Joe Dake had an important role as president of the FQHC Board in helping walk through both the FQHC and TLCHDs sides for a success. This was a mutual agreement with this as best way to proceed. .

Fritz Byers asked if it is fair to say that the sense of the committee, that far from abandoning our mission, this recommendation and motion, allows us more efficiently and effectively to serve our core mission and perform our core functions, all the while, also assuring that the critical clinical services remain available to the people we serve. It is important to align this decision with the mission. This furthers our mission to effectively serve our constituents.

Dr. Ross pointed out that the committee was very concerned on how this would affect the staff working in that environment. The committee has tried to preserve what they could for those involved. The hope is that in the next 6 months we would continue to work hand in hand with the FQHC to help them be successful on their own.

Matt Heyrman stated that our structure failed us, not our employees. We have great employees who have gone above and beyond. We have seen that over the last 8 weeks as the staff's work has been highlighted. Not only the administration that we have seen day in and day out as we walked through this process, but hearing what our staff is confronted with day in and day out. Matt stated that he was very pessimistic about an FQHC in Lucas County but since the last 8 weeks of these meetings he feels very comfortable that as the FQHC launches itself, on its own, it will be in a better position and will be dynamic. The leadership is tremendous and the partnerships that Dr. Dake has already been creating are amazing.

Dr. Woodson thanked Ted Kaczorowski for the work he and the committee has done. There is an exciting sense of moving forward with innovative ideas. Many of the staff members have worked to make sure the transition is smooth. This is exciting for the future, for our patients.

**Call for vote:** After the above discussion a roll call vote was taken. Motion carried. 10 yeas, 0 nays.

- B. Childhood Health: Dr. Ross mentioned earlier about gun violence, specifically with children. The task we are looking at developing now is an adolescent or childhood health program that will address a multitude of issues and bring them under one umbrella. The only way to move childhood health forward is by introducing good behaviors to kids and creating an environment that is conducive for those children to grow up.

Matt stated that his understanding that some communities in the country have looked at childhood trauma as a major player. Research needs to be done to see what other communities have done to address childhood trauma and its impacts and find real, quantifiable programs that have been effective. We do not have funding to try something that is revolutionary but if there are things happening in other community we could bring back to our community.

Dr. Woodson stated that there are some studies going on at UT that we may be able to get together with those. At the UT medical library there is the ability for the Clinical Medical Librarian to do extensive literature searches for us.

Eric stated that we will be utilizing our Legislative Committee much more in 2018 than we have in the past to look at these issues.

- C. Childhood Lead: Dave Welch stated that what we wanted to do was to take seriously that any lead poisoning in a child is too much. The CDC states that anything over 0.0 mg/dl is lead poisoning. We wanted to go above what the State of Ohio says which is a child with 10+ mg/dl we go out and

investigate and issue public health orders to control that lead. There are also children who are between 5 and 9 mg/dl. According to the State of Ohio regulations, procedure for these is through questionnaire and communication with the family. Mr. Welch remarked that the goal of the TLCHD was to do a full assessment of these properties, issue lead control orders and take legal action when necessary. According to our prosecutor, we can only follow the law. Mr. Welch presented a resolution that mandated that the TLCHD must evaluate any situation in which a child has a lead level above 0.00%.

We have contacted the State of Ohio to talk to their legal staff to see if the Director of ODH could help in this aspect. ODH stated that we had to follow what the ORC states. They did, however, indicate that our Legislative Committee could work to change the ORC.

Susan Postal asked if there is a child tested who is below 5 mg/dl is there something that we can do to be proactive to help change the direction in regards to nutrition, cleaning, etc. to help the family. Dave Welch stated that at the 5 – 9 stage we go out and educate the family.

Susan Postal brought up that the contact with kids from day one. If we have the basic information is there a way to incorporate this information so that on day one, when they leave the hospital, they know how to put the baby in a car seat, how to feed, keep the child safe. How do we get that information to the parents? IT was mentioned that there are many TLCHD programs and grants that deal with these issues.

Fritz Byers asked if it is correct to say that what we are prohibited doing below 10 is an enforcement or remedial action, but any other actions we think are wise to address as a public health issue, we are not prohibited in addressing it in the population? Dave Welch said that when he talked with the State of Ohio they said we could do the assessment which includes education.

Matt Heyrman asked if we could look into partnering with others to introduce better nutrition. Dr. Ross stated that both big health systems along with community nutrition programs could be part of a partnership. Making sure children get the right amount of calcium in their diets. Eric has talked with Mercy and is working on a partnership to address lead issues, obesity and other issues in children.

**D. Board of Health By-laws/Succession Plan Committee:**

Dr. Woodson discussed the suggestion from January BOH meeting of the Succession Plan Committee to work on governance issues such as creating a board with an Executive Committee that has not only a President and Vice-President, but to include a President-elect and Past-president. The current by-laws need to be reviewed and updated as needed. There are regulations that are required from ODH. This would combine a By-laws Ad Hoc Committee with the Succession Committee. Don Murray has expressed interest in serving on this committee and was asked to chair it.

**IX. New Business/Points for Consideration**

Eric reported that the Annual Staff Retreat was held last week. Staff gave input into how a new Childhood Program would operate. There were many great suggestions which will be considered. There were conversations as to where this department needs to go and what are the vision and guiding principles other than the Strategic Plan. Our health department needs to be looking at big data sets, and being the caretakers and understanding what is happening in the community. We

have an Epi unit but is there enough power there to do what we should be doing about those big data sets and being able to analyze and be the clearing house for that data.

Dr. Ross stated that the two big health systems are currently sharing the same electronic health record. There is a lot of data in this system and it would be great to be able to get that data for trending such as flu medication, etc. This would give us an idea of the severity of what is going on in our community. This would come into play with data on lead poisoning. Dr. Woodson commented that even though the two systems share the same computer system (EPIC) doesn't mean that all data is shared.

Eric stated that the Association of Ohio Health Commissioner (AOHC) is looking to change ORC in the sense that it give more ability to work with hospitals and other entities. With infectious diseases there is a part of the ORC that states the hospitals MUST provide that information but they don't always do so.

Department focuses: (Eric Zgodzinski)

- This department has always been on the forefront of Preparedness and Response and disaster exercises.
- Policy development has been an issue that has been worked on recently. We are attempting to do some things that are outside the box.
- Communication both internal and external. Talking about public health in a way that people can understand.
- Community partnership, development and involvement. Our staff does a great job of reaching out to community partners, there are many others that we can work on developing working relationships.
- Quality Improvement and Workforce development, performance management, internal governance issues. We are looking at ways to strengthen workforce development and do things better that we ever have before.
- We need to explore new ways of doing things. 2018 will be our planning year to look at some of these items and in 2019 enact those things as indicated.

## **X. Committee Reports**

### **A. Audit/Finance Committee Report**

Ted Kaczorowski stated that the Audit/Finance Committee met on Tuesday. The committee stated that the Audit/Finance Committee has reviewed the bill schedule.

#### **Revenues:**

##### ***General Revenue Fund:***

- 2018 Collected 2% \$98,850.20 of revenue collected from all General Fund programs and subdivision taxes of \$3,229,366.00.
- Projected General Fund revenue for 2018 is \$5,014,990.00. This represents expected income from all GF programs and \$3,229,366.00 as annual distribution from political subdivisions.

##### ***Special Revenue Fund-Fees:***

- 2018 Collected 2% \$80,029.47 of revenue.
- Projected revenue in 2018 is \$4,292,950.00.

##### ***Special Revenue Fund-Grants:***

- 2018 Collected 0% (\$38,824.20). This represents the payment of the advance back to the General Fund.
  - Projected revenue for 2017/2018/2019 is \$17,761,000.48 based on grant awards and contracts.
- Special Revenue Fund-FQHC:***
- 2018 Collected 8% \$357,875.29.
  - Projected revenue in 2018 is \$4,511,019.00, based on FQHC grant awards.

### **Expenditures**

#### ***General Revenue Fund:***

- 2018 Expended (3%) (\$210,864.97) cash expenditures and \$47,891.24 as encumbrances.
- Annual appropriation for 2018 is \$5,014,990.00.

#### ***Special Revenue Fund-Fees:***

- 2018 Expended 6% \$171,798.61 cash expenditures and \$1,359.42 as encumbrances.
- Annual appropriation for 2018 is \$2,674,806.00.

#### ***Special Revenue Fund-Grants:***

- 2018 Expended 12% \$522,202.83 cash expenditures and \$1,411,922.04 as encumbrances.
- Annual appropriation for 2018 is \$16,450,255.09.

#### ***Revenue Fund-FQHC:***

- 2018 Expended 10% \$301,911.55 cash expenditures and \$164,022.15 as encumbrances.
- Annual appropriation in 2018 is \$4,511,019.00.

### **Pending Grant Applications (list attached)**

- Total applications in the amount of \$8,744,221 for 2018 fiscal year and for the same time period we have been awarded \$6,941,279 in funding.
- Total applications in the amount of \$4,885,252 for 2019 fiscal year and for the same time period we have been awarded \$200,000 in funding.

There was one Notice of Award: DEEP Program Classes

### **Pending Grant Applications**

There are 13 pending grant applications.

### **Review of Contracts**

There are 12 Contracts in the month of February, 2018.

### **Other Items – Transfers of Appropriations**

A transfer reallocates funds from one cost object to another. Board of Health Resolution is required to approve Transfers of Appropriations performed in the month of January 2018 in the ordinary course of business. Total transfer is \$20,417.15 consisting of changes in various expense categories.

**(Resolution 2018.02.028)** Motion Barb Sarantou and seconded by Fritz Byers to approve the Transfers of Appropriations for the month of January 2018 in the amount of \$20,417.15. Motion carried. 10 yeas, 0 nays.

A Board of Health Resolution is required to approve changes in Revenue Estimates and Expense Appropriations for the month of January 2018 in the amount of \$783,729. This represents new revenue estimate and appropriation for Commission on Minority Health 2018 and an increase in

revenue estimate and appropriations for HIV Prevention Program, MHR SB Naloxone, 2018 AOoA 60+ Program, ODH CHIP, and IM HOT SPOT.

**(Resolution 2018.02.029)** Motion made by Barb Sarantou and seconded by Susan Postal to approve the changes in Revenue Estimates and Expense Appropriations for the month of January amount of \$783,729 for the month of January. Motion carried. 10 yeas, 0 nays.

#### 2019 Proposed Budget

Dr. Ross asked if, in the future, the grants and contracts could be distinguished as to if they are new or renewed in order to project which grants we may be receiving. Fritz Byers asked that if the grants could show what the grant cycle is and when we are likely to be notified of the award.

Matt Heyrman stated that in the committee meeting it was discussed that the financial staff will work on developing a way to report to determine the amount that will need to be appropriated for matching grants. This will be done for 2019. The Affordable Care Act New Access Point Grant is part of the continuation Grant for HRSA is one that we may want to get additional information due to the fact that we won't have this as of next year. We will give the Board additional information on this item before approval.

The 2019 Proposed Budget gives an estimate of where money will be spent in 2019. It is a balanced budget. With the activities of the next 8 or 9 months and the development of programs and changing of policies, this could change.

This Proposed Budget will go to the District Advisory Council (DAC) at their March 14, 2019 meeting. We are not asking for an increase in the subsidy for 2019 from the DAC.

**(Resolution 2018.02.030)** A motion to approve the 2019 Preliminary Budget was made by Fritz Byers seconded by Barb Sarantou.

Matt Heyrman asked how the revenue projection for 2019 compare to the actual received in 2017. Tina Stokes replied that 2019 Proposed Budget is based on what was received in 2017.

**Call for vote:** A roll call vote was taken: Motion carried. 10 yeas, 0 nays

**(Resolution 2018.02.031)** A motion was made by Matt Heyrman and seconded by Perlean Griffin to approve the entire Audit/Finance Committee report with the request for more information on the New Access Point Grant to be provided by Jennifer McCloskey.\* Motion carried. 10 yeas, 0 nays.

#### **B. Personnel Committee – Perlean Griffin**

At the January meeting it was discussed that the department have a greater level of diversity in the various departments. Perlean Griffin met with Eric and Barry Gordon, HR Director, to examine our departments to see what needs addressed. It has been determined is that we need to work on diversity. We are putting together ideas to make that happen. There is concern that we need to develop a culture of acceptance and inclusion. In talking to employees, many of them feel that they are not included in the promotion process. What we are looking at is how and where we recruit and where we need to make changes. A comprehensive report is planned to be presented by April 1<sup>st</sup>.



How do we make employees feel better about what they are doing and how they are working? There are too many who feel they don't have the opportunity for upgrade. We are examining the job descriptions.

Hired and Separated Employees

Hired Employee:	Karen Teeple, Tobacco Prevention Coordinator
Separated Employees:	Josh Niese, Supervisor – Lead Program
	Kathy Holmes, RN - BCMH
	Amy Switala, RN – School Nursing

Aaron Lowery is a consultant who has been involved with the City of Toledo and other entities in Lucas County to help with culture, training and workforce development. The issues we discussed are things that can be fixed over time. The concept he has to offer might help us immensely. A quote was received just yesterday and will need to be reviewed to give a better idea of what he has proposed.

Dr. Woodson stated that the Personnel Committee will need to be involved in this effort. Is there a benchmark of what we should be looking at in regards to diversity? We looked at this a couple years ago but we need to see what is going on now in our city and county.

**(Resolution 2018.02.032)** A motion was made by Ted Kaczorowski and seconded by Dr. Johnathan Ross to approve the Personnel Committee report. Motion carried. 10 yeas, 0 nays.

**C. Environmental Health Committee Report**

Ted Kaczorowski reported that the Environmental Health Committee met on February 15, 2018.

- 1) The Village Inn: Owner, Sarah Tolkes called and stated that the Village Inn is in the process of being sold. The status is now "Out of Business". Any new operator will have to go through plan review before a license is issued.
- 2) Lead Programs: the TLCHD will consider a child with any lead level above 0.00 ug/dl as being lead poisoned and will investigate the cause of the lead poisoning.
- 3) Detroit's Rental Property Enforcement: Detroit requires a Certificate of Compliance for all rental properties. The rental property must pass a lead safe inspection and a housing code inspection in order to receive a Certificate of Compliance. If the rental property owner does not obtain a certificate for their rental property by a certain date, they are prohibited from collecting rent. The renter is then allowed to place their rent in a escrow account. In 90 days, if the rental property owner does not comply, the renter is refunded the rent payments and the 90 day clock starts over. Detroit sends out a code enforcement inspector and a Lead Inspector. We are looking at possibly modeling after this process. This helps with out-of-town property owners who has been a problem getting them into court. Dave Welch will give a PowerPoint presentation to show some of the issues renters are dealing with next month.
- 4) A resolution was presented titled *Toledo-Lucas County Health Department Childhood Lead Prevention Initiative*. This initiative considers any child with a lead level above 0.00ug/dl be referred to as an Elevated Blood Lead Level (EBLL). This would include investigation and education of these properties. The cost to run the Lead Program is estimated cost to be about

\$200,000, of this \$30,000 is reimbursed from Medicaid. We currently do this work with the 5 – 9 ug/dl cases, but would also include those who are 0.0 – 5 ug/dl. This would also include talking with the providers to make sure that the children are being tested and results are received. Another idea that is being talked about is getting information into the parents hands when they are being seen for other issues such as Shots 4 Tots or WIC. Head Start is already involved with lead testing. There are many other programs within our agency that could provide assistance with the lead testing. The rules have changed where it had to be a public health nurse, now this can be a sanitarian with a Lead Assessor license.

Eric stated that to show how energized the staff is about this issue, Vaughn Jackson took the position of Food Supervisor but because he sees where this program is headed for our community, he now is coming back into the program.

Matt Heyrman asked if delaying this resolution until next month would delay the plan for implementation. Dave Welch stated that it would not delay it. The purpose of the resolution is to put out publically that we are focusing on lead in children.

Fritz Byers said that he would rather we pass this now subject to coming back with a detailed budget and plan for implementation. The purpose of the resolution is to bring a strong statement from the Board of Health of that focus.

Fritz Byers stated that we have the latitude, under state law, to consider it as lead poisoning for investigation. We are prohibited from remedial or enforcement action.

After significant discussion on the wording of the resolution and its implication, the following changes were made:

**(Resolution 2018.02.033)** A motion was made by Fritz Byers and seconded by Barbara Sarantou to approve the resolution with the amended changes below:

*The Toledo Lucas County Health Department (TLCHD) will consider a child with any lead level above 0.00µg/dl as being lead poisoned and ~~will~~ may investigate the cause of the lead poisoning*

.....

*Therefore, let it be resolved that the TLCHD will consider a child with any blood lead level above 0.00µg/dl as being lead poisoned and ~~will~~ may ~~initiate~~ investigate the cause of the (EBLL).*

*Furthermore, the TLCHD ~~will~~ may execute any legal action allowable in order to prevent lead poisoning.*

**Vote on Motion:** Roll call vote was taken. Motion carried. 10 yeas, 0 nays.

**(Resolution 2018.02.034)** Motion for approval of the entire Environmental Health Committee Report was made by Matt Heyrman and seconded by Dr. Fernandez. Motion carried. 10 yeas, 0 nays

\*Jennifer McCloskey was asked to explain on the contracts list Matt Heyrman asked if there were any implications for us applying for the HRSA Point of Access Grant. Jennifer McCloskey stated

that this part of the application has already been completed. This a continuation from the prior grant. Dr. Grossman stated that once we have the separation we may have to give the grant back and re-bid. (From Resolution 2018.02.032 on page 8).

D. Facilities Report – Barbara Conover stated there is no report this month.

E. Legislative Committee:

- a. Eric reported that he is setting up a meeting with Don Murray to discuss some items from the Health Commissioners Association (AOHC) that the Legislative Committee needs to look at in regards to possible changes in the Ohio Revised Code (ORC).
- b. The Lead Ordinance will be reviewed to see where we are with it locally and where we are with it in Columbus.

## XI. Pending Business

### A. FQHC Report

- a. Kelly Burkholder-Allen stated that she has been working with the FQHC staff to maintain cohesion, increase efficiency and ensure operations are maintained on a daily basis.

### B. Division Reports

#### a. Health Promotion and Policy Integration – Shannon Lands

- i. Annual Staff Retreat was held on February 16, 2018. The staff appreciated the presenter and the location. There will be a report on the evaluations that were collected which will be shared with the staff and BOH members.
- ii. PHAB – Requests for additional documentation has been received from the PHAB site visitors. These will be resubmitted by March 18, 2018. The mock site visit is March 14<sup>th</sup> with the actual site visit is April 19 & 20.
- iii. Strategic Plan update – the 2017 Strategic Plan has been distributed. Brandon Palinski did an excellent job in putting this document together. It will be uploaded to our website next week.
- iv. Tobacco Prevention Program – The staff has been working with Toledo Public Schools (TPS) on becoming 100% tobacco free. Currently putting together informational packets to be sent out to all TPS parents. This includes activities to promote policies for tobacco prevention within our youth population.
- v. Tobacco Cessation Program – Three new staff members in this program are working to develop referral partnerships with local food banks, shelters, Food for Thought, The Family Helps Providence Center and Adelante. They will have a stakeholders meet and greet at the United Way on March 6 at 9:00 AM.
- vi. Tobacco Prevention team worked with the Sylvania Community Action Team on a tobacco initiatives for their 3<sup>rd</sup> Annual Hot Cocoa 5K. We placed signs along the route talking about tobacco prevention and ways to quit smoking. They are also working with Olander Park on implementing smoke-free policies throughout the parks. They have signs throughout the park (playground system & equipment, etc.) with our logo and ODH's logo on them that says "This is a Smoke-Free area."
- vii. Susan Postal thanked all who put together the retreat. Speakers were great and the chance to meet staff was great. Dr. Woodson thanked Susan Postal, Dr. Richard Fernandez and Ted Kaczorowski for being in attendance at the retreat. It was well done and very active. Brandon put together a presentation that was very educational with questions about PHAB that may be coming up.

#### b. Health Service – Kelly Burkholder-Allen

- i. WIC has a new logo. There are 11,652 participants in our seven WIC sites. We are the grant holder from ODH. Clark Allen is busy managing and supervising those sites.
  - ii. The 60+ program starts the Diabetic Education and Empowerment Program (DEEP) which is offered free of charge. Rita Blazscak, RN has a master's degree in nursing with a concentration in geriatrics. This program is 100% funded by the Area Office on Aging. This is an interactive program. This program is held at the Chet Zablocki Center.
  - iii. The Adult Immunization Program still has flu shots available and taking walk-ins for those. The entire nation has depleted its Yellow Fever vaccine product and there is an alternative product being offered by the CDC called Stamaril. We are not a certified Stamaril site, closest one is in Ann Arbor.
  - iv. Opioid Prevention Program has distributed 324 naloxone kits and education provided in the month of January. Kim Toles worked with TARTA and the entire system has been educated and provided with naloxone. Throughout the state they are looking at TARTA as a role model. The Opioid and Syringe Access staff are in Councilman Ujvagi's office working on a town hall event which will take place in the 05 zip code this summer.
  - v. Community Health Improvement Plan (CHIP) is coming along. This brings hospitals and community resources together with one common theme to work on strategies for our community.
  - vi. BCMH has 750+ that the nurses work with.
  - vii. Personal Responsibility Education Program (PREP) focuses on children and youth who are most at risk. They work with them on self-esteem, anger management, life planning skills, etc.
  - viii. Pre-exposure Prophylaxis Program (PrEP) for individuals who are in a serodiscordant relationship. This is a prophylaxis program for HIV. We were awarded \$50,000 from ODH to do advertising on social media. There are 36 active participants, 57 are enrolled. This population moves in and out of decision making when it comes to compliance.
  - ix. Northwest Ohio Syringe Service (NOSS). 15 more participants were added to the program. Nine were referred for treatment.
  - x. Dr. Woodson asked how many patients we average who are requesting the Yellow Fever vaccine. Kelly will look into that. There is a lot of call for it due to the number of groups in our area who do mission trips into the areas that require that vaccine.
- c. Environmental and Community Health – Dave Welch
- i. The Spring Forum will be on March 9<sup>th</sup> at St. Luke's Hospital. This is developed by the Environmental Health Staff.
- d. Administrative Services – Eric Zgodzinski reported that Tina Stokes has been doing more than her share of work on a daily basis in addition to the finances.

XII. Health Commissioner's Comments – Eric Zgodzinski  
Nothing to add


XIII. Other Items and Public Health in the News – Dr. Woodson.

- e. This week, Dr. Paul Rega is working on getting tourniquet stations put in with the AED stations at on the UT campus. He has finally received approval to put these in places. In Las Vegas, many of those who were injured in the mass shooting may have survived if this element was available.
- f. The annual assessment of our Health Commissioner has been completed by Dr. Woodson, Ted Kaczorowski and Perlean Griffin. This will be gone over with Eric in the near future. This will be done on annual basis.

XIV. Next Meeting Dates:      March 22, 2018  
   April 26, 2018  
   May 24, 2018

XV. **(Resolution 2018.02.035)** A motion to adjourn was made by Ted Kaczorowski and seconded by Barbara Sarantou. Motion carried. 10 yeas, 0 nays.

Signed:

  
\_\_\_\_\_  
Dr. Donna A. Woodson, President  
Lucas County Regional Health District Board

3/22/2018  
\_\_\_\_\_  
Date

Attested By:

  
\_\_\_\_\_  
Eric J. Zgodzinski, MPH, RS, CPH  
Secretary to the Board

03.22.18  
\_\_\_\_\_  
Date