



**ALLEN COUNTY DEPARTMENT OF HEALTH**

***January 22, 2024 Executive Health Board Meeting***

**5:45p.m.** – Citizens Square, 200 E. Berry St., Fort Wayne, IN – ROOM B-035

**AGENDA**

**Call the meeting to order – Dr. William Pond, Board President**

**Meeting Reminder Statements – Mindy Waldron**

- **INTRODUCTIONS FROM/TO NEW BOARD MEMBERS**
- **INTRODUCTIONS FROM/TO DEPARTMENT OF HEALTH LEADERSHIP & MGMT STAFF**

**Approval of the Minutes for the October 16, 2023 Board Meeting\*\* – Dr. William Pond, Pres.**

**Election of Officers\*\* – Dr. William Pond, President**

***Need to select a President and Vice President***

**BOARD APPOINTMENT REPORTS:**

- Health Commissioner’s Report – *(Dr. Thomas Gutwein)*
- Medical Director’s Report - *(Dr. Anna Menze)*
- Department Administrator’s Report – *(Mindy Waldron)*
  - *Refugee Services Information Update – (Erika Pitcher, Clinical Services)*

**CONSENT AGENDA: (one vote to accept all items below as submitted)\*\* -- (Mindy Waldron)**

- Routine 2-year Allen County Regional Water and Sewer District (ACRSWD) Board Appointee approval (Kevin McDermitt) \*\*
- Personnel Report – *(Mindy Waldron)*

**Old Business**

**Adjournment\*\***

**WE WILL TAKE A FORMAL PICTURE OF THE BOARD ONCE THE MEETING ENDS**

*\*\* Vote is/may be required*

**HERE ARE THE 2024 BOARD MEETING DATES FOR YOUR CALENDARS:**

- **4/15/2024, 7/15/2024, 10/21/2024**

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**MEDIA & PUBLIC NOTE:** No questions will be entertained and no interviews will be conducted on the items listed on the agenda above prior to the Board Meeting. For this meeting, all media inquiries will be conducted at the conclusion of the meeting. Since this is a public meeting and not a public hearing, no public comments will be taken for items/issues not already on the agenda. Thank you for your understanding and cooperation.

**NOTICE:** Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Allen County, should contact Allen County Title VI Coordinator Laura Maser, (260) 449-7555, [laura.maser@allencounty.us](mailto:laura.maser@allencounty.us), as soon as possible but no later than forty-eight (48) hours before the scheduled event. Individuals requiring special language services should, if possible, contact the Allen County Government Title VI Coordinator at least seventy-two (72) hours prior to the date on which the services will be needed. The meeting is open to the public.

**Allen County Department of Health Minutes**  
**Board of Directors Meeting**  
January 22, 2024

The regular meeting of the Executive Board of Directors of the Allen County Department of Health was called to order in the Council Chambers located at 200 East Berry Street, Fort Wayne, IN at 5:45 p.m., pursuant to the notice sent to all directors in accordance with the bylaws.

Directors Present: Dr. William Pond, Dr. Craig Bolinger, Dr. James Cameron, Patti Hays, Mary Hess, Deb Lambert, Dr. Steven Schimmele, and Theodore Sobol.

Directors Absent: None

Dr. Pond presided over the meeting. Kimberly Meyer recorded the proceedings of the meeting.

Dr. Pond called the meeting to order at 5:45 p.m.

Meeting Reminder Statements from Mindy Waldron:

- Please review the tentative contact sheet and let Mindy know if there are any changes.
- Please sign and turn in the confidentiality agreement to Mindy.
- A group picture will be taken at the conclusion of the meeting.
- A notification to new members that the meetings are taped, usually live-streamed but due to technical difficulties it will be released to the public later.
- Remember to speak into your microphone and avoid tapping.
- The presentation on refugees is postponed until the April meeting.
- Brief introductions took place by new board members.
- New board members:
  - Dr. Craig Bolinger
  - Dr. Steve Schimmele

Summary of Motions Passed at this Meeting:

- A motion was made by Dr. Cameron to approve the October 16, 2023, minutes. Theodore Sobol seconded the motion. Motion carried unopposed.
- A motion was made to approve the consent agenda by Dr. Cameron. Theodore Sobol seconded the motion. Motion carried unopposed.

Election of Officers:

- President - Dr. Cameron nominated Dr. Pond and Mary Hess seconded. Nominations were closed and the motion carried unopposed.
- Vice President - Dr. Cameron nominated Patti Hays and Mary Hess seconded. Nominations were closed and the motion carried unopposed.

**Administrator's Report - Mindy Waldron**

- Health First Allen County Updates
  - The \$4.65 million Health First Indiana funding arrived January 1, 2024.
    - Updated Budget Plans

- \$2.13 Million - Salaries, Fringe, Projects, Supplies, & Operations
- \$2.07 Million - Public Health Grants

Entity	Core Public Health Service Area	Award
A Mother's Hope Inc.	Maternal & Child Health	\$60,000
Alive Community Outreach	Student Health	\$50,000
Amani Family Services	Trauma & Injury Prevention & Education	\$120,000
Associated Churches of Fort Wayne & Allen County	Maternal & Child Health	\$60,000
Blessings in a Backpack	Student Health	\$20,706
Bridge of Grace Ministries	Maternal & Child Health	\$50,000
Children's Autism Center Inc.	Chronic Disease Prevention & Reduction	\$50,000
Community Transportation Network Inc.	Access & Linkage/Referrals to Clinical Care	\$75,000
CONNECT Allen County	Access & Linkage/Referrals to Clinical Care	\$75,000
Euell A. Wilson Center	Chronic Disease Prevention & Reduction	\$80,000
GiGi's Playhouse Fort Wayne	Chronic Disease Prevention & Reduction	\$30,000
Healthier Moms and Babies Inc.	Maternal & Child Health	\$110,000
HealthVisions Midwest of Fort Wayne	Chronic Disease Prevention & Reduction	\$89,250
League for the Blind & Disabled Inc.	Access & Linkage/Referrals to Clinical Care	\$30,000
Lutheran Social Services Inc.	Maternal & Child Health	\$50,000
Mathew 25 Inc.	Access & Linkage/Referrals to Clinical Care	\$50,000
McMillen Health	Chronic Disease Prevention & Reduction	\$150,000
Neighborhood Health Clinic	Student Health	\$30,000
Northeast Indiana Positive Resource Connection	Access & Linkage/Referrals to Clinical Care	\$99,978
Parkview Hospital Inc.	Chronic Disease Prevention & Reduction	\$109,076.01
RespectTeam	Student Health	\$20,000
Ronald McDonald House Charities of Northeast Indiana Inc.	Access & Linkage/Referrals to Clinical Care	\$46,500
Schools Care Inc. (DBA SCHOOL CARE TEAM)	Student Health	\$100,000
St. Joseph Community Health Foundation	Chronic Disease Prevention & Reduction	\$30,000
Super Shot Inc.	Child & Adult Immunizations	\$200,000
Three Rivers Ambulance Authority	Trauma & Injury Prevention & Education	\$75,000
Wellspring Interfaith Social Services Inc.	Chronic Disease Prevention & Reduction	\$35,000
YMCA of Greater Fort Wayne	Fatality Review & Prevention Programs	\$25,000
YWCA Northeast Indiana	Access & Linkage/Referrals to Clinical Care	\$150,000
	<b>Total</b>	<b>\$2,070,510</b>

- 29 entities were awarded grants (51 applied).
  - Partial Awards - 15
  - Full Awards - 14



- Currently under contract, have metrics to achieve, have/will have 1<sup>st</sup> payment already, and will monitor progress.
      - Grants awarded in 8 of 22 core public health services areas.
        - Student Health - \$220,706
        - Immunization - \$200,000
        - Maternal/Child Health - \$330,000
        - Chronic Disease - \$573,326.01
        - Access & Linkage to Care - \$526,478
        - Trauma & Injury Prevention - \$195,000
        - Fatality Review & Prevention - \$25,000
        - Tobacco Cessation - \$0
          - Will be working on this internally, since there were no applications submitted.
      - Awarded entities and projects are just a portion of the work that will be done in each core service area over time.
      - Each year will grow work and/or partnerships in these core service areas.
      - Awardees will submit quarterly reports.
      - Site visits will be conducted.
        - Stories, pictures, videos, testimonials, etc. will be gathered.
      - An annual report for HFAC will be created.
      - Hope to hold a celebratory event in Fall 2024.
    - \$450,000 - Future Building
  - Four New Positions Approved
    - Emergency Preparedness Coordinator
      - Still Looking
    - Health Educator
      - Hired (Kristen Merriam) - Starting on February 5th
    - Public Health School Liaison
      - Hired (Mary Kohrman) - Started on January 10th
    - Additional Food Establishment Plan Reviewer/Inspector
      - Internal Candidate Hired (Nick Bartkowiak)
        - Will Post Their Position Soon
  - Developed internal data tracking tools.
    - IDOH has developed required data tracking methods.
  - For 2025
    - Developing needs for additional positions and services.
    - Determining plans for the 2<sup>nd</sup> grant cycle.
    - Working toward new internal programs, events, services, etc.
  - Website - <https://allencountyhealth.com/health-first-allen-county>
- Board Make-up Updates

- The Board went from 7 to 9 members, as of 1/1/2024.
  - 6 members appointed by the Allen County Commissioners (w/in criteria in statute).
    - 1 less than before.
  - 1 member appointed by Allen County Council.
  - 1 member from 2 largest cities (Fort Wayne & New Haven).
- General Department Updates
  - Watching a couple legislative bills of concern.
    - HB 1352 (Septic Systems) - Major
    - HB 1258 (Mobile Food Establishments) - Medium
    - HB 1229 (Lead) - Minor
  - Gearing up for the next phase of the grant program and building quarterly report structure.
  - Working through all Health First Allen County initiatives and duties for 2024.
  - Working on the 2023 annual report.
  - Tattoo & body piercing ordinance from last meeting was passed by Commissioners.

### Discussion

- Dr. Pond asked, "If the state is mandating a certain data collection and that's the same throughout the state is the state putting forth the product, so we don't have to develop it separately from everyone else?"
  - Mindy Waldron replied, "What they put forth was a portal in which we will enter the data. That does not translate to electronic medical records (EMRs) already in the works that do not have the same reporting ability and are not compatible. It is not having to be sent in a way that will have to be reentered but we will be doing tertiary entry, because we are already doing double entry here locally. So right now, it is just their portal."
    - Dr. Pond inquired, "How would you fix this, Mindy?"
      - Mindy Waldron stated, "I would like it to be only the data that is important, not just gathering data to gather data. I would like to see it paired down number one and two that it was a system that was easy to enter, but I do not think that is feasible because there are ninety-two counties, some of which do clinical work, some do not, their EMRs are all different, our inspectional software is all different or some still do paper. It would be great if we could get away from double entry all around because we are already doing that here locally because we cannot get our data back out when we enter it in, so we have to enter it into Excel so we can track our own. We have always done that, and everyone will tell you, especially the clinical folks, that is hard."
    - Mary Hess asked, "I know it may be sensitive information, but have you thought at all about interns that might be able to do data entry for you?"

- Mindy Waldron replied, “We have not but we are definitely talking about what we need for data entry coming up.”
  - Mary Hess replied, “Open to talking to see if there is something appropriate because we are looking all the time for internships for our students, it is really a path to graduation these days. Somebody may be particularly interested in data management or healthcare.”
    - Mindy Waldron responded, Willing to talk about this because right now I am entering the data.
  - Patti Hays inquired, “But you are not prohibited from finding alternative funding sources, if someone would help fund a data entry person?”
    - Mindy Waldron replied, the problem with adding new positions is not funding the positions, is finding space for new staff. Several closet areas were recently converted to workspaces for new staff and there are no other spaces available.
- Patti Hays inquired, “Are there goals in each of those areas?”
  - Dr. Cameron clarified, “(or) Benchmarks that you will be able to measure progress, not just an annual progress report or quarterly progress report from grantees?”
    - Mindy Waldron responded, “As best we can, we are coming in mid-stream here and some are new projects, and some are existing projects, programs, or events. Internally, yes, we know where we are at, and that is easier so we have worked through as best we can to know where these entities that we are funding are with certain things. It is not like we are adding ‘just doing certain inspections’, we are adding a plethora of very deep projects, very deep services. We are not experts in some of these areas, so we are learning, and we have done our best to think through what data we could gather to at least start to show change or where we are seeing these people from or whatever. We have no staff to do that yet, until we have space. We are struggling but we are hanging on, we have a tight team, but I can tell you that we are way ahead of most.”
  - Dr. Cameron replied, “It is a lot of money that is going out and it would be good to be able to show the legislature and the community that the money was used to actually show improvement and in the areas that maybe fall short we can elect not to fund next year because they did not meet the goals.”
    - Dr. Gutwein responded, “I think that is the KPIs that have been put out for every one of these and each one of these has several KPIs to meet. We cannot say for sure right now how many more people are going to be touched with certain things or are we going to decrease smoking by 10% or 20%. Most of the grants we asked how many people would be involved or how many lives will you be affecting, and I think that was important and what we looked at is, where are we going to get the biggest bang for our buck.”
    - Mindy Waldron replied, “The state has put together a map (number of people that smoke in the area, longevity of life, etc.). It has six areas and



they asked us what other areas we would like to have shown there so they can start gathering the status of that stuff so we can start seeing change. We are trying to gather them all in one place, so we have starting points. That is not what we should be doing, we want to deploy the programming and start helping and so gathering the data has been difficult. Our hope is to make it more robust when there is a data team.”

- Dr. Pond inquired, “Do the members of the board from Fort Wayne or New Haven have to live within Fort Wayne or New Haven?”
  - Mindy Waldron responded, “It does not state that they have to live in the area that they are being appointed from. Whoever they choose is representing that city. They do have to live in Allen County.”

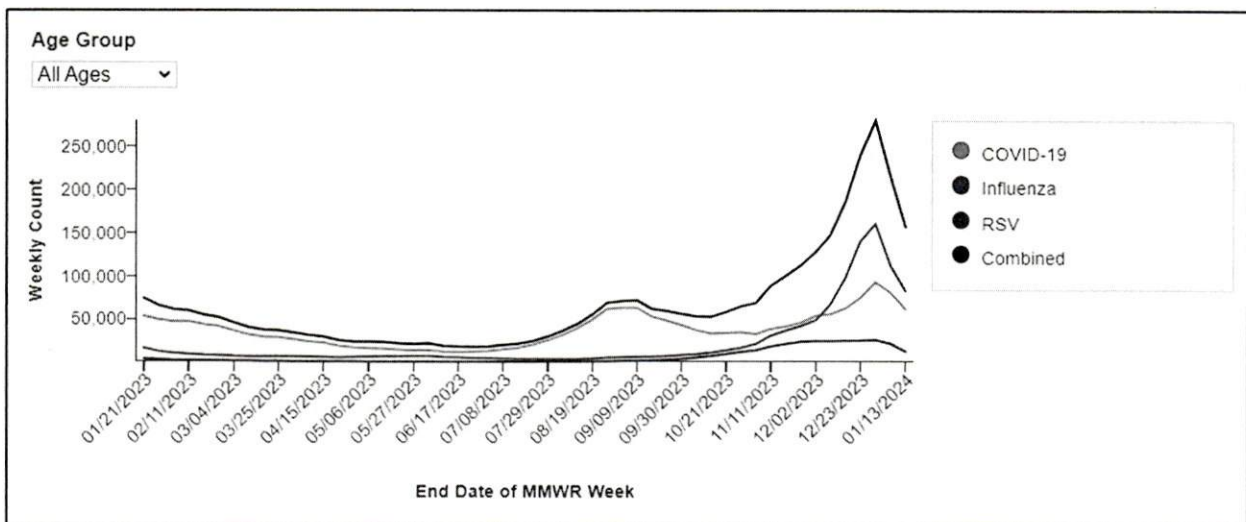
### **Health Commissioner’s Report - Thomas Gutwein, MD**

- Health First Indiana Website
  - Website - [Healthfirstindiana.in.gov](http://Healthfirstindiana.in.gov)
  - Allen County opted in for 2024 and received \$4,650,779.69.
    - 6 counties did not opt in for 2024.
  - 2025 Funding
    - Opt-in
      - HFI
        - Minimum - \$8,960,782.50
        - Maximum - \$11,947,710.00
      - County Match
        - Minimum - \$1,878,873.75
        - Maximum - \$2,505,165.00
    - Opt-out
      - Legacy Amount from Local Health Maintenance Fund/Trust
        - \$200,813.55
- Health First Priorities for Allen County
  - Tobacco and Vaping Prevention and Cessation
    - Fund evidence-based tobacco prevention programs.
  - Chronic Disease Prevention
    - Fund evidence-based obesity prevention programming and support external partner organizations.
    - HealthVisions Midwest “Heart Program”
      - “Healthy Eating, Active living, Reduce stress, Test your numbers”
      - Focused on underserved populations, people of color and low-income residents.
        - These populations suffer disproportionately from chronic conditions such as heart disease, diabetes, and high blood pressure.
  - Trauma and Injury Prevention
    - Fund evidence-based substance use prevention and harm reduction programs, support external partner organizations.
    - Injury Prevention - A Matter of Balance

- Evidence-Based Program
    - Target audience is all adults who have started to restrict their activity levels due to a concern about falling, are able to problem solve, may have fallen in the past, and live independently in the community.
    - Health Outcomes
      - Improved Falls Efficacy
      - Improved Falls Management
      - Increased Activity/Exercise Level
    - 8 two-hour sessions, either once per week for 8 weeks or twice a week for 4 weeks.
  - Fatality Review
    - Fund fatality review team and focus on heart disease prevention.
  - Maternal and Child Health
    - Fund evidence-based programs and support external partner organizations.
  - Access and Linkage to Clinical Care
    - Fund projects that improve access to care and support external partner organizations.
    - YWCA
      - Support Client Care Technicians to support clients and connect them with daily needs and resources.
      - Support staffing for the Domestic Violence Advocacy Team to help build self-sufficiency and connect to emotional and physical care needed.
      - Expanded STI testing, vaccine education and vaccination for clients.
  - Immunizations
    - Fund evidence-based programming and expanded vaccination services.
  - Student Health
    - Develop evidence-based programs and implement them with community partners.
    - Neighborhood Health Clinic
      - Serving + Conducting Oral Exams
        - 3,200 Students
      - Serving Elementary + Middle Schools
        - 38 Total Title I Schools
      - Placing Dental Sealants
        - 2,000 Sealants Placed
      - 100% of parents contacted by Dental Sealant Coordinator
- COVID
  - 27 Allen County deaths since 10/1/2023.
  - 7-Day Averages
    - Cases - 35
      - Down - 19
      - Total Count - 132,528
    - Deaths - 0
      - No Change
      - Total Count - 1,308



- Vaccination dramatically lowers long COVID risk (*Scientific American*, January 3, 2024).
  - A study published in November in the *BMJ* found that a single COVID vaccine dose reduced the risk of long COVID by 21%, two doses reduced it by 59% and three or more doses reduced it by 73%.
  - One meta-analysis of 24 studies published in October, for example, found that people who'd had three doses of the COVID vaccine were 68.7% less likely to develop long COVID compared with those who were unvaccinated.
- COVID Vaccine Locations
  - Super Shot - \$15 or Free
  - AC Health Department - Call for Appointment
  - Family Physician Office
  - Pharmacy
  - Free Mobile Clinics
- Weekly Emergency Department Visits by Age Group



### Discussion

- Dr. Pond asked, "How does the mortality of COVID now compare to influenza or RSV? Is it less fatal than it used to be?"
  - Dr. Gutwein responded, "I do not have specific data, but we have seen decreased mortality rates with the vaccination. Influenza, I would not want to give you a number on that, but I would tell you that I think it is similar. We still have a lot of people that die from influenza in Indiana."
- Dr. Cameron inquired, "With the grant that went to the Neighborhood Health Clinic, was that fully funded, the \$30,000 that they asked for?"
  - Dr. Gutwein replied, "Yes."
  - Mindy Waldron responded, "They are doing the program, but this allows them to expand to more schools. It is a very successful program and schools like it."
  - Mary Hess commented, "I can actually say we love it; we have had it for about 25 years. It has been limited in scope because of funding but it runs extremely smoothly. Have it in all elementary schools and roughly half of middle schools."

- Dr. Pond asked, "Would one of the dentists tell us a little bit about sealants?"
  - Dr. Bolinger replied, "It is a pit and fissure sealant, a material you place in the tooth and bonds to it to prevent plaque and bacteria from developing in the grooves, where it is the highest risk for decay."
- Dr. Pond inquired, "How often does it have to be done?"
  - Dr. Bolinger responded, "It can be lifelong with just one placement."
- Dr. Cameron asked, "This is done on older children after they have lost their primary teeth?"
  - Dr. Bolinger replied, "Yes, you do it on a permanent dentition."
- Dr. Cameron inquired, "Does it have to be after they had a cleaning, or can it be done at any time?"
  - Dr. Bolinger responded, "You can technically do it at any time, as long as you clean out the grooves a little bit."
- Mary Hess commented, "It is offered in grades 2, 3, 6, and 7 to give you an idea of circling back to make sure that what they put on was still intact in middle school."
- Patti Hays asked, "Do they allow special ed students to get this as well?"
  - Mary Hess replied, "They have a really good team and are great at calming kids. They are also surrounded by people. The environment is not overly scary, it is something they are used to. They are also very flexible and can set up in an office, unused classroom, or hallway."
- Dr. Schimmele stated, "Sealants are noninvasive, and you do not need to be anesthetized to have them put on. It is very beneficial for children whose diets are not what we would like to see."
- Mindy Waldron commented, "They also report significant issues they see by calling the parent(s) and trying to plug them in where they can for care."
  - Mary Hess stated, "School nurses will make calls to help them follow-up. In a district like mine where we are 70% free or reduced lunch, Medicaid, or no insurance, that really limits access to care. A program like this really fills the gap."

See meeting supplements for full details.

### **Medical Director's Report - Anna Menze, MD**

#### **Refugee Health:**

- Received 307 traditional refugees for FY23 (10/1/2022-9/30/2023)
- Projected to see 400-450 new arrivals in FY24.
  - Have seen 77 new arrivals since 10/1/2023.

#### **Medical:**

- Continue to offer STD testing and treatment at the jail on Wednesday mornings.
  - 10-15 patients are seen each week.
- Continue to offer full STD exams and follow up for SART referrals.

**Immunizations:**

- Preparing to participate in the county Point in Time Count at the Fort Wayne Rescue Mission.
  - Will be onsite offering COVID and flu vaccinations.
- Preparing to have a booth at the Baby Fair held at the Coliseum on 2/24.
  - Will be offering multiple different promotional items and Tdap vaccinations for parents and grandparents.
- Overall breakdown of vaccines given by month in 2023

<b>NUMBER OF VACCINES GIVEN (PER MONTH)</b>	
January	344
February	287
March	359
April	255
May	389
June	259
July	447
August	474
September	443
October	693
November	476
December	362
<b>TOTAL</b>	<b>4,788</b>

<b>VACCINATIONS GIVEN (2023)</b>	
Flu	723
Varicella	481
TDaP	431
COVID-19	383
IPV	352
Pediatric Hep A	310
HPV	285
Adult Hep B	262
MCV4	214
MMR	174
Hep A/Hep B	149
Meningitis B	137
Adult Hep A	131
Typhoid	106
MMR/Varicella	78
Pediatric Hep B	77
DTaP	62
Zoster	62
PCV 13	60
Rabies	49



<b>DTaP/IPV</b>	42
<b>DTaP/Hib/IPV/Hep B</b>	36
<b>MPox</b>	32
<b>DTaP/IPV/HIB</b>	30
<b>PCV-15</b>	29
<b>Hib</b>	27
<b>DTaP/IPV/Hep B</b>	23
<b>Rotavirus</b>	23
<b>PPSV 23</b>	15
<b>RSV</b>	4

**Infectious Disease and Case Management Division:**

- Received 10 cases of TB in 2023 and completed 1 case from 2022.
  - Breakdown for 2023
    - 7 Pulmonary, 3 Extra-Pulmonary
    - 8 Males, 2 Females
    - 90% Foreign-Born
    - Mono Resistance in 40% of Cases
- Top 10 Infectious Diseases for 2023:

<b>TOP 10 INFECTIOUS DISEASES (2023)</b>	
<b>Hepatitis C</b>	269
<b>Latent Tuberculosis</b>	107
<b>Hepatitis B</b>	66
<b>Campylobacter</b>	59
<b>Salmonella</b>	56
<b>Group Strep A</b>	44
<b>Strep Pneumonia</b>	32
<b>CPO (formerly CP-CRE)</b>	30
<b>Giardia</b>	17
<b>Varicella</b>	16

**Allen County HIV/STD Surveillance Data for 2023:**

<b>ALLEN COUNTY HIV/STD SURVEILLANCE DATA FOR 2023</b>							
<b>Infection</b>	<b>Qtr. 1 Cases</b>	<b>Qtr. 2 Cases</b>	<b>Qtr. 3 Cases</b>	<b>Qtr. 4 Cases</b>	<b>2023 Total</b>	<b>2022 Total</b>	<b>% Change from 2022-2023</b>
<b>Chlamydia</b>	615	643	595	561	2,414	2,276	+6%
<b>Gonorrhea</b>	184	195	220	181	780	774	+1%
<b>Early Syphilis</b>	9	18	25	19	71	53	+34%
<b>Late Latent Syphilis</b>	14	14	20	9	57	35	+63%
<b>HIV</b>	5	8	10	13	36	26	+38%

\*Preliminary Numbers for Allen County

**STD Division:**

- Team concluded the youth outreach in the mobile unit for the season on November 2<sup>nd</sup>.
  - Services will resume in the spring.
- Nearly half of the 20 million STIs that occur in the United States each year are in the 15–24-year-old age group.
- The national shortage of L.A. Bicillin, the CDC recommended treatment for syphilis, has been easing this past quarter with back orders of the medication being delivered.
  - Pregnant syphilis cases remain the state (and national) priority for the limited inventory on hand of the injectable L.A. Bicillin and the primary and secondary stages of diagnosed syphilis were added to the approved usage of L.A. Bicillin list.
  - Oral Doxycycline continues to be given for 2-4 weeks, twice a day for the early and late-latent syphilis cases.

**Total 2023 HIV Cases:**

- Male - 28
- Female - 8
- Black - 42%
- White - 17%
- Hispanic - 22%
- Multi/Other - 19%

<b>RISK CATEGORIES</b>			
<b>Risk</b>	<b>Male (78% Cases)</b>	<b>Female (22% Cases)</b>	<b>Risk % of Total Cases</b>
<b>MSM</b>	20	NA	56%
<b>IDU/MSM</b>	1	NA	2.5%
<b>Hetero</b>	6	8	39%
<b>Unknown</b>	1	0	2.5%
<b>TOTAL</b>	28	8	36 Cases = 100%

Discussion

- Dr. Cameron asked, “You said your target age group was the 15-24 group. Is that where the majority of STIs are, in that age range?”
  - Dr. Menze replied, “Just from a nationwide perspective, 20 million STIs are in that 15-24 age group, so about half of the nationwide STDs. When we are looking at where are areas that we can test and treat that is why having the mobile unit in the high school setting, we are trying to get that age group that may have limited access to care. Looking at where we can expand to with the mobile unit.”
  - Mindy Waldron commented, “We need more staff to do that too because as we put them in the mobile unit they are not in the clinic. Our hope was to start it, pilot it, and see if it works well. It was quicker than we thought and when Kathy first said ‘Hey, we had some folks come for testing’ we thought, oh it is going to work. We have some ideas for expanding our syringe services to also be slightly

- mobile. Once we have a few more staff and space to do that then we will deploy it to more locations more often during the week.”
- Patti Hays asked, “When we look at our second year of state funding increasing, nothing in the first year went towards this (STIs)? Was there a grant? Or is this maybe an area for the second year because that is a big increase?”
    - Mindy Waldron replied, “We are kind of limited to doing a lot of programs internally until we have the space to house the staff. We are working on that, as you know it has been a three-year project, and we are behind the jail. It is a growth process that we got all the money up front now, but not the staff to deploy a lot and you are right no projects went to STIs. That was not one of the funded areas because we already do it and there are other programs in place. It definitely could be something that we grow further but we need more staff to do it and our mobile unit is ok, but we can only have a couple people work in it. We will have to think about what the future is for doing that out and about. Whether we fund others to do it, I do not know.”
    - Dr. Gutwein responded, “We already go to the jail, Rescue Mission, and Charis House. We are doing a lot of that in the community. We would need more staff to expand and that would be a good thing to look at.”
      - Dr. Pond inquired, “How often do you go to the jail?”
        - Dr. Menze replied, “Every week.”
        - Mindy Waldron responded, “They used to come to us but we negotiated for us to go to them, a little easier for all.”
      - Dr. Pond asked, “How many do we see?”
        - Dr. Menze responded, “10-15 a week.”
      - Patti Hays inquired, “And these are not cases that are reported to us, these are cases that are diagnosed/seen in our clinic?”
        - Dr. Menze replied, “These are reported cases, these are Allen County cases because these are reportable diseases.”
        - Patti Hays responded, “I was just wondering if we were having more people seen and therefore we are diagnosing more.”
          - Mindy Waldron replied, “They are diagnosing them in the jail, they are not seeing someone else.”
          - Dr. Menze responded, “But I think also, to your point Patti, we are testing more. We are finally getting out of the everyone stays at home for COVID. People are coming back for routine visits and STD checks.”
  - Dr. Cameron asked, “The needle exchange program, I assume that part of that is education on bloodborne disease?”



- Dr. Menze replied, "There are always testing opportunities there but then there is also a rotating room for education. So, whether that be for addiction medicine, health insurance, mental health services; there are always additional services being provided not just the needle exchange and testing."

#### **Personnel Report - Mindy Waldron**

- Hired Positions:
  - Randy Smith - Registered Nurse (Clinical Services)
  - Mary Kohrman - Public Health School Liaison
- Open Positions:
  - Disease Intervention Specialist (DIS) - 2 Positions Vacant
  - Harm Reduction Medical Assistant
  - Medical Assistant - Clinical Services
  - Emergency Preparedness Coordinator (New Position - Hiring Imminent)
  - Health Educator (New Position - Hiring Imminent)

Presentation slides are available upon request.

#### **Consent Agenda**

- Motion to approve the consent agenda was made by Dr. Cameron and seconded by Theodore Sobol. Motion carried unopposed.

#### **Old Business**

None

#### **New Business**

None

Motion to adjourn was made by Deb Lambert and seconded by Dr. Cameron. Motion carried unopposed.

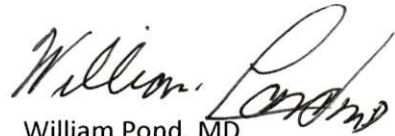
Adjournment: 6:53 p.m.

Next Board Meeting: April 15, 2024

Respectfully Submitted,



Thomas Gutwein, MD  
Health Commissioner



William Pond, MD  
Board President