



ALLEN COUNTY DEPARTMENT OF HEALTH
July 17, 2023 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 – William Pond, MD, Board President

Meeting Reminder Statements – Mindy Waldron

Approval of the Minutes for the April 17, 2023 Board Meeting – William Pond, MD**

BOARD APPOINTMENT REPORTS:

- Health Commissioner’s Report – *(Dr. Thomas Gutwein)*
- Medical Director’s Report - *(Dr. Anna Menze)*
- Department Administrator’s Report – *(Mindy Waldron)*

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

- Personnel Report – *(Mindy Waldron)*

Old Business

New Business

Adjournment**

*** Vote is/may be required*

HERE IS THE REMAINING 2023 BOARD MEETING DATE FOR YOUR CALENDARS:

- **10/16/2023**

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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, 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
July 17, 2023

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, Patti Hays, Dr. James Cameron, Mary Hess, Deb Lambert, and Theodore Sobol. Directors Absent: Marlon Wardlow

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:

- Remember to speak into your microphone and avoid tapping.
- Larry Banks, who manages the sound/recording of the meeting, is retiring soon and Mindy thanked him for his service.

Summary of Motions Passed at this Meeting:

- A motion was made by Mary Hess to approve the April 17, 2023, minutes. Patti Hays seconded the motion. Motion carried unopposed.
- A motion was made to approve the consent agenda by Patti Hays. Dr. Cameron seconded the motion. Motion carried unopposed.
- A motion was made by Deb Lambert to decline payment per meeting for board members. Patti Hays seconded the motion. Motion carried unopposed.

Board Appointment Reports:

Health Commissioner's Report - Thomas Gutwein, MD

- Areas of Exploration for 2024:
 - Tobacco Prevention & Cessation
 - In coordination with a tobacco prevention and cessation coalition, develop and/or implement a comprehensive program to address youth tobacco & addictive nicotine prevention, preferably in conjunction with/including our schools or within the school environment.
 - Hope to partner with local agencies to review gaps/opportunities for education to reduce vaping and smoking.
 - Student Health
 - In partnership with schools and based on community need develop and implement wellness policies and comprehensive strategies to promote whole child health, including physical, mental and student health & wellbeing.
 - Fatality Review & Prevention Programs

- Identify leading causes of fatality in the community and implement an evidence-based or promising program or activity for prevention.
 - Based on current statistics, programs will be aimed at the following public health concerns.
 - Diabetes prevention and nutrition education.
 - Heart disease, stroke prevention and education.
 - Hypertension prevention and education.
 - Smoking cessation and prevention, including vaping education.
- Maternal & Child Health
 - Develop or support a process to refer families to needed services including contraceptive care, WIC, home visiting health, prenatal care, substance use disorder treatment, and insurance navigation.
 - Focus will be on identifying opportunities to improve birth outcomes and implement evidence-based or promising programs and activities to improve maternal and infant birth outcomes.
- Access & Linkage/Referrals to Clinical Care
 - Evaluate current local access and linkage to health care problems to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventative and mental health services.
- Chronic Disease Prevention & Reduction
 - Develop and/or implement a comprehensive, evidence-based obesity and obesity-related disease prevention program/activity for local citizens.
- Trauma & Injury Prevention & Education
 - Evaluate the opportunities to implement a comprehensive, evidence-based program or activity for trauma and injury prevention.
 - Hope to address the following leading causes of injury and/or harm.
 - Fall Prevention & Education
 - Gun Safety & Education
 - Opioid Overdose Prevention & Substance Use Disorder Education & Treatment
- Child & Adult Immunizations
 - Continue to work with and enhance community partnerships on a collaborative plan that allows for vaccinations of all individuals regardless of insurance status, and with operational hours beyond routine business hours to meet the needs of the community.
- Addressing Health Equity, Disparities & Inclusion
 - Applies to all aspects of what the Department of Health does in public health and will be evaluated as part of every focus area.

Discussion

- Patti Hays asked Dr. Gutwein to clarify further why it is important to track both natural causes of death (ex. heart attack) vs. unnatural causes of death (ex. suicide).

- Dr. Gutwein explained all causes of death are being looked at so the department can identify what resources it would make sense to allocate for the goal of improving the overall health outcomes for the citizens of Allen County. This will include deaths from chronic diseases or unnatural deaths such as death by firearms or suicide.
- Dr. Pond stated, "Speaking of immunizations, the COVID season should be coming up, any thoughts on what is going to happen with the COVID immunizations this year?"
 - Dr. Gutwein replied, "There have not been specific recommendations from the CDC that I am aware of yet, but I would anticipate that they would most likely recommend a repeat COVID bivalent vaccination this fall when they roll out the flu vaccine."
- Dr. Cameron inquired, "What input are you going to look for from the Board members as you work through and design all of your strategies for tackling these challenges?"
 - Dr. Gutwein responded, "We do not have a specific plan, but we certainly would like input. We will be over the next two months looking at seeing what opportunities there are in the community by what people are doing and then we will sift through those to see what opportunities we think we can fit into this and then we would certainly be more than willing to share this with the Board or have a review."
- Dr. Cameron asked, "As we partner with the outside organizations are we going to have somebody within the department that is going to lead it or are you going to outsource the leadership to these outside organizations?"
 - Mindy Waldron replied, "I will be covering this (in my presentation today)."

See meeting supplements for full details.

Medical Director's Report - Anna Menze, MD

Refugee Health:

- Received 245 refugees so far this year.
 - Each refugee is typically seen for 3 separate appointments all required to be completed within 90 days of arrival.

Medical:

VACCINATIONS GIVEN (YTD)	
VACCINE	NUMBER
Varicella	225
COVID-19	166
TDAP	160
IPV	144
Flu	141
Pediatric Hep A	136
HPV	117
Adult Hep B	110

MMR	73
Typhoid	73
Hep A/Hep B (Twinrix)	69
Adult Hep A	64
PCV13	57
MCV4	56
Meningitis B	49
Herpes Zoster (Singrix)	33
Pediatric Hep B	33
Mpox	26
DTAP	25
MMR/Varicella (Proquad)	24
DTAP/IPV/Hep B (Pediatrix)	18
DTAP/IPV/Hib/Hep B	16
HIB	16
DTAP/IPV/HIB (Pentacel)	15
Rabies	12
Rotavirus	12
DTAP/IPV (Kinrix)	9
PVC15	8
PPSV23	7

- COVID-19 vaccines have slowed down.
- In May a reminder event took place for those eligible for HPV vaccines.
- Bi-weekly vaccinations occur at the Fort Wayne Rescue Mission and Charis House.
- STD testing and treatment take place weekly at the jail.
- Full STD exam and follow up for Sexual Assault Response Team (SART) referrals continues.

Infectious Disease and Case Management Division:

- Continue to struggle with Latent Tuberculosis Infection (LTBI) medication shortage.
 - Continued shortage of rifapentine and isoniazid.
 - Only treatment option currently is daily rifampin for 4 months.
- Continue to screen community referrals for LTBI.
 - Offer treatment to those that are interested in the longer treatment.
- Received 7 cases of TB so far this year and continue to treat 2 cases from 2022.
- The breakdown for 2023 is:
 - 6 pulmonary, 1 extra-pulmonary
 - 5 males, 2 females
 - 100% foreign born, predominantly Asian
 - Mono resistance in 50% of cases
- Top 10 infectious diseases for 2023 thus far:
 - Hepatitis C (Chronic & Acute) - 136
 - Latent Tuberculosis - 49
 - Streptococcal Disease, Invasive, Group A - 35

- Hepatitis B (Chronic) - 32
- Campylobacteriosis - 24
- Salmonella - 21
- Giardia - 19
- Strep Pneumoniae - 15
- CPO (Formerly CP-CRE) - 12
- Varicella - 9

Allen County HIV/STD Surveillance Data: January 1, 2023 - June 30, 2023

INFECTION	QUARTER ONE CASES	QUARTER TWO CASES
Chlamydia	615	643
Gonorrhea	184	195
Early Syphilis	9	18
Late Latent Syphilis	14	14
HIV	5	8

*Preliminary numbers for Allen County

- National shortage of Bicillin L-A, the CDC recommended treatment for syphilis.
 - Per the FDA, the shortage is expected to continue until the second quarter of 2024.
 - Pregnant syphilis cases will be the priority to receive the limited inventory of injectable Bicillin L-A.
 - Began using doxycycline due to this shortage.
 - Oral antibiotic that is given twice daily for 2-4 weeks.
- At the end of this quarter, 55 cases of syphilis have been diagnosed and treated.
 - 2021 annual case count - 59
 - 2022 annual case count - 88

STD Division:

- National Day of HIV Testing was June 27th.
 - Provided free, rapid, one minute HIV tests in the parking lot of Walgreens on Creighton.
 - Tested 20 at risk individuals.
- Maintenance for the mobile unit was recently updated.
 - HIV/STD prevention staff were trained in utilizing the water features in the mobile unit.
- Staff will be at the PRIDE festival on July 22nd.

Discussion

- Dr. Pond asked, "You said that the 10 cases of Tuberculosis (TB) were foreign-born, did they come to the country with TB, or did they get that after they arrived here?"
 - Dr. Menze responded, "Each case is different, and we only have specific information. So, we have information on their intake paperwork and some of the refugees came through Allen County and some did not. They may have had a T spot positive, which does not show they have active disease. If they have a positive T spot coming in as a new refugee, then at that point they have a chest

- x-ray and if there is any concern they do a sputum to make sure they are not active and are offered latent TB treatment. It could be either but in this case they are foreign born, have been in the US for a while, and now have TB.”
- Dr. Pond inquired, “These are all foreign-born people, is there anything we can do to get to these folks earlier?”
 - Dr. Menze replied, “I feel like that is where there is a great value in our refugee exams because I know every patient that comes through, and I have that conversation on the importance of treating latent TB. That is also true for every community referral because there are many refugees that come in that do not come through our office, but they get tested elsewhere before they get started on biologic treatment and then they come through the health department for treatment or for a non-contagious letter. So, it is also continuing to make sure that we provide excellent education as to the risks of not being treated and both to them and their families to reduce the risk of active TB in the future.”
 - Mindy Waldron responded, “I think one of the reasons that the state made LTBI reportable, a few years ago, was to get ahead of it. Before, we were not always aware of the latent cases and could not do the education of why it is important to be treated. So, that is one thing that has changed over the last few years because of a good change at the state level and I think that the education part that we do has led to less cases.”
 - Dr. Pond stated, “We have a high percentage of Burmese, what about say Indianapolis or Merrillville do they have clusters coming from different areas and do they have different health problems?”
 - Dr. Menze responded, “I do not know that specifically, I could look for you. I think each region, like when we go to public health meetings at the state, every region has their kind of cluster of things that they see more often. The overarching themes are the same but there are some unique disease sets in different groups of people, but largely the same.”
 - Mary Hess asked, “Are we still doing directly observed therapy for those that want to participate?”
 - Dr. Menze replied, “Yes and as you can imagine that is becoming more and more difficult as we are going from our team watching patients take 12 pills daily now for 4 months. It is a challenge that our team continues to work on, different technology that is continuing to be looked at as to what are better ways that we can make sure that our patients get adequate treatment because what we want to do at the end of active treatment because all active doses are either directly observed treatment (DOT) or video observed treatment (VOT). I want to be able to give them the card that says they have completed treatment and without a shadow of a doubt know that they have.”
 - Patti Hays inquired, “For those 7 new cases do you trace and realize that any of them might be related, same family, churches, households?”
 - Dr. Menze responded, “That is the work the Case Management Division does. When we get a new case, the team immediately leaves and goes to the hospital to do interviews and start investigating where do they work, where do they worship, who do they spend time with, what is their family. If there are kids

- under the age of 5, we start window prophylaxis. Seven cases may not seem like a lot but seven cases is a lot because we are tracing each of those cases and then they all have their disseminated group. We rarely see an active TB case where the patient keeps to themselves, they normally have very robust family structures and friend structures and I feel like our hospital systems are doing better and better at recognizing the importance of that. Our team is very diligent about making sure we have complete contact investigations, so that we can treat and test all the necessary people.”
- Dr. Pond asked, “Do we have the ability to make a trusted observer in the community a direct observer?”
 - Dr. Menze replied, “That is a great point. I am not the direct observer often it is not even the nursing staff outside of the initial period of time. This is where we are using our extended staff to do those visits. So, some of our interpreters are going out to the houses and doing it and we have staff that is not clinical that are doing those DOT visits and really that helps to get more buy in as well.”
 - Mary Hess stated, “I do not know if others do it, but schools have partnered in directly observed therapy and that has been really successful in the past.”
 - Dr. Cameron inquired, “Back on HIV, it looks like we are consistent year after year, so we are not worried that we are going to have a sudden explosion in cases? We have a good idea where these exposures are, where they are contracting it?”
 - Dr. Menze responded, “I think it is always a concern and that is why our division does as much as they do consistently. I never want to say that we are comfortable and confident that we are not going to have growth and so that is why the outreach and contact tracing is so important.”
 - Dr. Cameron followed up with, “The cases, are they primarily in IV drug users or gay men?”
 - Dr. Menze stated, “I do not have that information but can see about getting it broken down for in the future.”
 - Mindy Waldron replied, “I think one of the things we are lucky to have in our area is the syringe services program. Not only are we counseling and working through a lot of other medical issues and trying to have some wrap around care for those that are utilizing drugs but also, we offer testing there. So, we can uncover certain cases that we might not otherwise.”

Administrator’s Report - Mindy Waldron

- Health First Indiana
 - Local program will be known as Health First Allen County.
 - Increased & continuous state investment in public health.
 - Will provide local health departments (LHDs) with stable, recurring, and accessible funding.
 - Will increase funding approximately \$30 per capita.
 - The Commissioners opted in for the new funding starting in 2024 for Allen County.
 - Will receive between \$4.9m-\$5.9m in 2024 and between \$10m-\$12m in 2025.

- To receive the additional funding, the LHD must agree to provide all the core services or ensure they are provided by others.
 - This means doing many new things and will likely grant out money for the things that cannot be done in-house or that are already being done well by outside organizations in Allen County.
- Required core public health services already being done:
 - Food Protection/Regulation
 - Tattoo/Body Piercing Regulations
 - Eyelash Extension Education & Regulation
 - Public Swimming Pool Regulation
 - Onsite Sewage System Regulation
 - Pest Control, Vector Control
 - General Sanitation/Housing Complaints & Remediation Orders
 - Lead Poisoning Case Management/Screening
 - Orders re: Decontamination of Meth Labs
 - Vital Records (Birth, Death, Paternity, Burial, etc.)
 - Emergency Preparedness
 - Child Fatality Review Team
 - Suicide & Overdose Fatality Review Teams
 - Communicable Disease Prevention & Control
 - Childhood Immunizations
 - Tuberculosis Control & Case Management
 - Testing/Counseling for HIV, Hep C, & Other STI's.
- New required core public health services:
 - Tobacco & Vaping Prevention/Cessation
 - Supporting Schools
 - Nutrition
 - Physical Activity
 - Hearing, Vision, & Oral Health Screening
 - Maternal & Child Health
 - Referrals to Clinical Care
 - Health Screenings
 - Prenatal Care
 - Substance Use Disorder
 - Prevention/Reduction of Chronic Illness/Disease
 - Obesity
 - Diabetes
 - Cardiovascular Disease
 - Including Hypertension and Hyperlipidemia
 - Hep C
 - Cancer
 - Trauma & Injury Prevention & Education
 - Examples:
 - Safe Sleep

- Child Safety Car Seats
 - Bicycle Helmet Safety
 - Syringe Services
 - Already have a syringe services program.
- Additional duties that will still be performed based on statute requirements or local choice/need:
 - Allen County Lodging Ordinance Enforcement
 - Allen County Public Health Hazard Ordinance
 - Allen County Railroad Camp Car Ordinance Enforcement
 - Refugee Clinical Services
 - Civil Surgeon Exam Program
- What is being done now to be ready:
 - Developing Required Budgets - Drafts Completed
 - Developing Grant Program - Draft Under Review
 - Developing a Health Plan to Meet State-Required Key Performance Indicators (KPIs) - Under Development
 - Deploying a Plan for a Large Community Partner Meeting - Under Development (August)
 - Deploying a Plan for all Data Analytics & Project Management for all New Duties - Completed
 - Developing a Hiring Plan for Growth
 - Taking a Measured Approach to Hiring
 - Seeking Permission for the Following Priority Positions:
 - Emergency Preparedness Coordinator
 - Public Health School Liaison
 - Health Educator
 - Additional Plan Reviewer/Inspector for Food Division
 - 2024 and Beyond
 - Will begin to see what other positions are needed.
- Public Health Staffing Per Capita Rankings for Allen County
 - Currently rank 73rd out of 95 LHDs.
 - 4th in total number of FTE's
 - Behind Marion, Elkhart, and St. Joe
 - Two have significantly less population.
 - Just .5 FTEs less than Vanderburgh, with less population as well.
- Plan for Community Partner Meeting - August 2023
 - Current and future community partners interested in assisting with core public health services (CPHS).
 - Will roll out grant program.
 - Will detail the CPHS for which applications will be accepted in 2024.
 - Hope to have grant program deployed on website, with electronic submission & tracking.
 - Estimate that \$2-3m will be granted out in 2024.

- Having some conversations with organizations who are doing work within the CPHS currently.
 - Plan for Grant Application Projects
 - Must ensure the KPIs are met for Health First Indiana for 2024.
 - Grant applications will be accepted for KPIs that will not be conducted in-house.
 - Based on the review of data for causes of death and accidents/injuries grant applications will likely be accepted for the following targets:
 - Heart Disease
 - Fall Prevention
 - Drug-Related Overdoses
 - Motor Vehicle Accident Prevention
 - In the process of finalizing all CPHS for which grant applications will be accepted.
 - Not all applications will be approved - looking for those with evidence-based projects, established entities doing the work, and relevancy to the goals established under the state KPIs and CHPS.
 - Review of applications will take place by a 3rd party.
- Board Make-Up Updates - Per Senate Enrolled Act 4
 - Due to Allen Counties population the Board will go from 7 to 9 people, comprised of:
 - 6 - Appointed by the Allen County Commissioners
 - 1 - Appointed by Allen County Council
 - 2 - One from Each of the Two Largest Cities (Fort Wayne & New Haven)
 - Each Mayor may submit 3 candidates to represent their city.
 - The Allen County Commissioners appoint 1 from each list of 3 candidates.
- Additional General Department Updates
 - Discussions with Commissioners on more needed space continues.
 - In the meantime, plans underway for small renovations at CSQ to reuse various areas & find space for new positions.
 - Reminder - The Board of Commissioners will be reaching out for a general update from the Board at a legislative session on a Friday.

Discussion

- Dr. Gutwein commented, "Just on the data analytics part, I think that is really important and I think that is why we wanted to have some strong analytics because we want to use those analytics to show the benefit we are providing to the community and so we want to come out at the end of the day with some data that says, this is what we are doing, this actually shows what we accomplished or have not accomplished, what we want to do. I think that is an important thing, that we can get some of that and we need people that are able to get it from everywhere and tie some of these organizations together because a lot of organizations have data, but nobody has the same data."
 - Mindy Waldron stated, "I think Jana is very excited about our plan because it just makes our data and analytics more robust, and it is not just about the raw numbers. It is looking at it in a holistic sense of what did that do, who were

- those people, what possibly have happened if not, and what is the difference made. “
- Dr. Pond commented, “For a state policy maker I would like common platforms for data. Do we have the ability to do that?”
 - Mindy Waldron replied, “I think they are planning it and a lot of the money that they get, whether it came from AARPA funds or otherwise, was about data platforms. So, they have a multitude of these data platforms that do not talk to each other but also when we start submitting data wouldn’t you like to see it for the whole state. That is a plan, they will have a landing page and dashboard for all of that, like COVID but larger so I think they are planning it.”
 - Dr. Pond inquired, “A little less than half of the counties are taking advantage of the funds. Allen County looks pretty good, but you can imagine how daunting it would be for Steuben County or Whitley County that have less than 10% of our population. Is there any way that this can be done in collaboration and maybe help out some of these other counties that just do not have the resources to put together all these programs?”
 - Mindy Waldron responded, “It is an option, it was from the beginning that if counties did want to collaborate on certain core public health services you can. That is a discussion I am having with the state, and I think a few others are as well, but it needs to vet itself out over this next year because I believe that is the way to go.”
 - Deb Lambert asked, “I just have a question about best practices. Not just in the state of Indiana but I presume that there are some other counties and other states that maybe are knocking some things out of the park. Do they offer any plans for best practices to help reduce this aspect of infant mortality? I mean it is great that we have this money. I would love to know how we are going to focus on best practices so we can use it to the best of our ability?”
 - Mindy Waldron replied, “We agree with you, I think what we have been seeking at the state level is: Who are you supporting? Who are you funding? So, we can at least know what is going on in our community. When you say evidence based, could you give us some ideas? There was some look at best practices through other states, that is how they got a lot of the data for the report for the Governor’s Public Health Commission. However, I do not think their focus currently is obtaining those things to help share with us, I just do not see this as a focus. I think ad hoc among counties we are sharing information like that and that will probably be something. To their credit they have a lot they must do in a short period of time too. Everybody is just trying to get this off the ground, to get counties to opt in and get us going and then I can see 2025 and possibly late of 2024 being: How are we doing? Maybe then, we should shift it to being a little more like this and here are some of those best practices from other states projects that are in this chronic health and health education and all those realms. We hope to tap into that because so far, I have even seen that in some of our periphery meetings, ‘Hey this exists. Did you know that?’ There are many things we do not know about yet, but we are in a learning phase.”

- Dr. Gutwein commented, “Take example falls, because falls is a big problem, especially in elderly, as far as a cause of death. There are some good evidence-based programs that are done in other states that we would like to roll out here.”
- Patti Hays inquired, “Some of these areas are covered by non-profits because we have been so poorly funded in the past. Funding and other organizations as you referenced are filling gaps. How do we make sure that those alternative funding sources remain in place so that we are not putting all our dollars in that bucket when the bucket is already half filled, and we can maybe use those dollars somewhere else? Let’s not spend all our money replacing what we already have funded.”
 - Mindy Waldron responded, “That is a good idea. I am thinking and envisioning something like when we had a funder’s meeting and we talked about certain things, maybe do now to vet out who is being funded for what and should that continue or should we help with that.”
 - Dr. Gutwein replied, “I do not think we intend to replace any programs that are currently in place, but we want to help those programs expand. We want to do things that are above and beyond what they are currently doing.”
- Dr. Cameron commented, “Two quick comments involving the not for profits. One is, are we are asking them to scale up? I think we need to make sure they have the ability to achieve the scale ability that we are asking them, and it is not just money that is wasted. Two is, we have to make sure that their mission or their bylaws do not pigeonhole them into one area and then we are putting a bunch of money into one area and not be able to touch the whole component of the problem.”
 - Mindy Waldron replied, “We do not intend to ask anyone to scale up. This will all be them submitting to us because they want to and have ideas and evidence-based programs that fit the KPIs and core public health services which will then be vetted by a third party, and it needs to meet our grant requirements.”
- Dr. Cameron inquired, “The money that the department has been funded by over the past decades has been brought in by the department, has it not been outside funding? With Health First Indiana will the department’s funds be reallocated?”
 - Mindy Waldron responded, “Not at this time.”
- Deb Lambert asked, “With this new funding have you looked at cost of living increases for your staff and are you able to be competitive?”
 - Mindy Waldron answered, “We do not get to decide that. Like many state and county agencies, it is a set pay system. There was a large increase this past January, given across the board (5.5%), so we were blessed to have that occur.”
- Dr. Pond inquired, “Do the members of the board that are appointed from Fort Wayne and New Haven have to be residents of that community?”
 - Mindy Waldron responded, “I will look to see if it changed.”
- Dr. Cameron asked, “Is the political makeup of the board still the same requirements?”
 - Mindy Waldron answered, “Yes.”
- Dr. Pond asked, “The Three Rivers Festival took place, how busy were the food inspectors and how many inspections took place?”

- Steve Schumm replied, "We had staff every couple of days for the Three Rivers Festival doing inspections at many areas and events. I can get the number of inspections that took place."

Personnel Report - Mindy Waldron

- Hired Positions:
 - Michelle Glim - Environmental Health Specialist
 - Courtney Heller - Administrative Assistant
 - Saw Phyo Wai - Burmese Interpreter
 - Erin Simons - Disease Intervention Specialist
- Open Positions:
 - Two RN positions
 - One Harm Reduction Medical Assistant position

Presentation slides are available upon request.

Consent Agenda

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

Old Business

None

New Business

Mindy Waldron entertained the idea of a nominal pay for board members per meeting. A motion was made by Deb Lambert and seconded by Patti Hays to decline payment per meeting for board members. Motion carried unopposed.

Motion to adjourn was made by Deb Lambert. Motion carried unopposed.

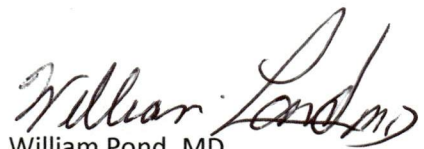
Adjournment: 7:04 p.m.

Next Board Meeting: October 16, 2023

Respectfully Submitted,



Thomas Gutwein, MD
Health Commissioner



William Pond, MD
Board President