

**Galion City Board of Health**  
**Galion City Council Chambers, 301 Harding Way East, Galion**  
**Tuesday, September 30, 2014 5:00 pm**  
**Special meeting**

**Present:** Mayor, City of Galion/Board of Health President Mr. Tom O'Leary; Galion City Board members Mr. Doug Schilling, Mr. Dennis Long, and Ms. Katelyn Strickler; Crawford County Board of Health President Linda Efaw; Crawford County Board members Sis Love, Scott Woodworth, Dean Sipe, and Bill Scott; Tim Hollinger, Interim Crawford County Health Commissioner; Galion City Health Commissioner Stephanie Zmuda

**1. Call to Order**

Mr. O'Leary called the meeting to order at 5:00 pm.

**2. Approval of Agenda**

Mr. Schilling made a motion that the agenda be approved, seconded by Ms. Strickler. Motion passed unanimously by voice vote.

**3. New Business**

**3.1 Future of Public Health in Crawford County**

O'Leary: *(Opened the discussion with a summary of Galion's status.)* We are moving quickly trying to catch up with state requirements for accreditation. Merger/shared services is not a budget issue in Galion. There is loose consensus about how to proceed with conversations about a possible change in governance.

Love: We (Crawford County) do need to change. We aren't where the state wants us to be. We have some good programs. WIC and Help Me Grow (HMG) are programs that the department oversees, but they aren't *ours*. We have taken a hard look at what's going on in the county during the last 3 months. We decided to hire Tim because of his credentials.

O'Leary: Some see changes in governance as an issue of 'not if, but when.' Others see shared services as the most favorable approach. We (Galion) have appointed a full time Health Commissioner in the last 30 days. How about Tim's interim status?

Efaw: It would be our wish that Tim would stay.

O'Leary: Are you going to approach the County Commissioners about putting levies on the ballot?

Efaw, Love: We aren't there yet, but it has been discussed.

Love: Our biggest objective is a business plan and presentation for the District Advisory Council (DAC) on the 1<sup>st</sup> Monday in March. Taking 1<sup>st</sup> steps toward accreditation follows. We (Crawford and Galion) have so many similarities, why should we duplicate efforts?

O'Leary: How would a levy funding structure work if the departments (Crawford and Huron) remain separate?

Love: We are looking to maintain our own identity, not to become Huron County. One of the big things we looked for, and a reason that you didn't join Richland

County, is that the smaller department would get swallowed up. Marion approached Crawford County, but Crawford didn't pursue a relationship.

O'Leary: Jody Demo-Hodgins of Crawford-Marion ADAMH is an example of a successful effort to have one Board for two staffs. They may be a resource. The counties fund the agency independently with separate levies. It still has to be determined how a joint health department would be funded.

Hollinger: Huron County has levies. Bellevue City sits in 4 counties, and approached Huron in 2006 about providing health services to Bellevue. The Bellevue Health Department was dissolved, but the city is not part of the Huron health district. They have asked repeatedly to join, but remain on a contract basis. Levies generally pass for 10 years; it is best to do a renewal when they expire as a renewal has no costs. Once in the levy system, there aren't a lot of changes wanting to bring someone in. Bellevue has a member on the Board as do Willard and Norwalk. The DAC decided the cities could have representation on the Board, and the Mayor of Bellevue sits on the DAC and can make motions and vote. The Bellevue contract is for one year and renews annually. Any time a city opts to join another health district it can with one year's notice step out. I make a presentation annually to the City Councils with a review of activities in each city, statistics specific to that city, nuisances, and anything else they would like to know. Bellevue is happy, the contract has unified the health services provided. One negative is that vital statistics are all in Norwalk. If public health is regionalized vital statistics is a giant negative, and not advantageous to the population. It isn't much to ask of the population here to have vital statistics in 1 location in the county. ODH advised vital statistics can't be done in 2 locations generally, and in Crawford County specifically due to low volume.

O'Leary: *(Expressed frustration that the state would disallow having vital statistics in multiple locations)*

Hollinger: The push at the state level is less toward regionalization and more toward public health working with the hospitals. The Affordable Care Act (ACA) has diminished health departments' role as a safety net provider. You have to ask the questions whether the health department should continue to provide immunizations, HMG, Bureau for Children with Medical Handicaps (BCMh), etc. Is the local health department (LHD) effective, efficient? If you can compete and bill, you may be able to keep the program. Interest is also focused on the community health assessment (CHA) and community health improvement plan (CHIP) at this time. However small you are, whatever else you want to do, you must be able to assess health needs and address them. Ohio has some of the best hospitals in the nation, but some of the worst quality indicators, including infant mortality, especially among minorities. Hospitals, public health, and other stakeholders need to work together. If a community has no ability to do a CHA and CHIP, public health accreditation will not happen. The hospital system may be asked to step up, to form a regional CHIP from all local CHIPs in the hospital system.

O'Leary: It presents itself as a local improvement model, but is clearly centralization. Medicaid coverage is spotty, access to dental and vision care for Medicaid clients is difficult.

Hollinger: The CHIP should address those local needs. Toledo-Lucas applied for a federal grant that allowed purchase of a fully-equipped dental van that

covers 12 counties including Huron. Dental care is not in the current Huron CHA because the problem has been addressed.

O'Leary: The CHA may say the community need is about ACA and Medicaid coverage.

Hollinger: The level of enrollment was identified in one of the Huron CHAs. Health department staff were trained to enroll clients in Medicaid.

Schilling: Avita and the health departments have been engaged on some level; collaboration was a goal in the most recent CHIP. Avita is more than willing to collaborate, but would prefer to work together with a joint public health effort rather than individual efforts from 2 LHDs.

Zmuda: We have already begun working in that direction. Avita's Cinda Kropka met with Tim and me this month to discuss a joint CHA.

Schilling: The requirements (each agency/system must meet) aren't all the same.

O'Leary: (Former Galion Health Commissioner) Dr. Novack was passionate about direct (drug treatment) action. The question is whether Medicaid will pay for drug treatment. That isn't so much the case with Avita.

Schilling: Avita has several staff certified to enroll clients in Medicaid, but there will be some indigent care. Anything we can do to work more collaboratively, we're more than interested.

Love: If we do a CHA, we'll see opiates as a profound problem.

O'Leary: It is still a resource issue. It is a difficult issue for which to move the needle due to a reluctant population. Are levy funds used in Huron for Vivitrol?

Hollinger: The health department's involvement is largely in facilitating, evaluating, getting partners in the same room for meetings. The Vivitrol program is a collaborative piece involving more funding sources than levy dollars. Levy dollars pay a health department statistician to evaluate the program. (In Crawford County) the Sheriff would be involved in detox, the hospitals and Maryhaven in counseling, etc. The message to the LHD is how are you working with your community to improve health?

O'Leary: Local health districts are direct service providers; we have to get away from that.

Hollinger: You do. We will look for evidence-based programs and statistics. How can the Sheriff and hospitals work together and be effective? The public health accreditation site visitors will interview community partners. If Avita says the health department isn't working with them, the health department won't become accredited. The Public Health Accreditation Board (PHAB) isn't just accrediting the LHD, they're accrediting the community.

O'Leary: It has been observed that neither health department will be accredited without collaborative effort between the two. It isn't an option for either of us to leave the other in the dust. I have been in contact with Crawford County Auditor Robin Hildebrand about Senator Burke's suggestion that we use (Local Government) Innovation Funds. They are still available but are not well-utilized.

Hollinger: I know quite a few who have applied and been funded, from small to large awards. The funds are still available for another 1-2 years. LHDs need to restructure how they're designed. Huron spends about \$150,000/year on accreditation.

O'Leary: Without a levy it is difficult to change the way you do business.

Hollinger: I have had candid conversations with the (Crawford) Board. We will be saving money by increasing efficiencies and use the money saved for accreditation. We must demonstrate our value to the community. Huron has been totally levy-funded since 1953. The last levy had the highest rate of passage to date, with much competition by others on the ballot. I worked with the schools to save them money on school nursing. Our staff trained school staff to provide some health services. We sent nurses en masse to do the screenings and get them done in a day.

Schilling: Are you doing anything different with immunizations and flu shots?

Hollinger: We don't want to compete. Crawford is looking at flu shots as a community service. Huron is using a drive-thru flu clinic as an exercise for emergency preparedness, working with EMA and the Medical Reserve Corp. Health department staff does very little aside from supervising MRC volunteers.

Love: We're hearing from Columbus that's how they want us to work.

O'Leary: Is there interest in a next step (toward merger/shared services)?

Love: We wouldn't be here if there wasn't.

Hollinger: I will work on a broad basis. Stephanie will be working with a narrower, more difficult focus. We have to work together, but she will have specifics to do above and beyond what is required of the county.

O'Leary: Most of the Board members are employed; how much can be expected of Board members in order to arrive at a fundable application for Innovation funds? We would pursue funding for additional expertise to explore governance options, merger or shared services. If a state senator recommends that we apply for these funds, we should be able to count on his support.

Hollinger: We can ask other applicants to share their applications. The "six pack" (6 LHDs including Paulding, Putnam, and Williams Counties) is looking at pay scales and policy manuals in their Innovation grant-funded governance exploration. The Marion city and county health departments have merged; their Health Commissioner is moving them toward accreditation. The Association of Ohio Health Commissioners Board said approximately 30% of LHDs were once levy-funded. Now the number is closer to 70% due to cuts in local government funding. It has been asked what is reasonable for the number of LHDs that are levy-funded.

O'Leary: In any exploration we would want to look at different groupings, i.e. solid waste districts, mental health boards.

Hollinger: Stephanie and I can write the grant. You'll need to decide what you want to fund.

O'Leary: The Boards can work on independently writing scopes of service. It will take about 1-2 years to explore this.

Hollinger: Not making a governance decision for 2 years would be too late when we're on a 3-year time limit. We could look again at governance when we have to become re-accredited in 5 years.

Love: We have the option to ignore the state's directive or jump in and get it done.

Hollinger: The Director (of Health at Ohio Department of Health) *shall* in 2016 collect data on quality indicators that will go to the cities, townships, hospitals. All of them had representatives on the (Public Health) Futures project. The state will pass additional laws if sufficient progress hasn't been made.

Programs could be taken from LHDs that haven't made sufficient progress and assigned to neighboring LHDs, who do not have right of refusal. What has been done, and in many cases is still being done, is not working.

O'Leary, Schilling: *(Expressed concern about the state taking programs from LHDs who are making an effort to work together, especially in light of the state health department's own performance.)*

Hollinger: While you may be working together, the effort may come too late.

Schilling: *(Expressed concern about how consensus can be built in 2 years when the Boards have no history of working together.)*

Love: We have to get it done.

Hollinger: Most of the DAC members are small business owners. They have never gotten a business plan. They want to know what is being done with the funding given to the health department. Some may be looking only at cutting costs, while others want to know if good is being done with the money. The DAC is angry that money is being wasted because they have never been shown use of appropriations.

O'Leary: Is that a fair assessment?

Sipe: It hasn't been proven otherwise.

Hollinger: The bulk of the LHDs are ahead of where we are. The state will put teeth in legislation. All Greg Moody (Director, Governor's Office of Health Transformation) has said he will do, he has done.

O'Leary: The plan then is to approach the county to inquire about applying for Innovation funds. I believe it will take most of 2015 and into 2016. One and a half to 2 years planning for Innovation funds seems reasonable if not for accreditation deadlines.

Hollinger: We have to hire someone as Accreditation Coordinator by March. The goal is to present a transparent budget to the DAC, how money has been spent and misspent, and where we're going. LHDs have to be well through the process for accreditation within the next 2 years. I suggest 1 year. We (Stephanie and I) don't have a problem getting along. The staffs may have to change, and funders need to be comfortable with the process. I suggest taking a year (2015); implement performance management and workforce development, evaluate workforce skill sets. We are not hiring anyone because we have to wait until the DAC—the funders—agrees.

Long: Galion would like to be part of hiring an Accreditation Coordinator if the person will be shared.

O'Leary: I believe we should reach out to decision makers, open up an active channel with legislators, and ask for "late bloomer forgiveness."

Hollinger: The review by the Public Health Accreditation Board (PHAB) is *peer* review, and Ohio LHDs will not have someone from Ohio. There will be an effort to match reviewers to the LHD on several parameters, i.e. city vs. county, staff size, population served. PHAB acknowledges if you get a bad site team, the LHD can fail.

O'Leary: Some of the push back from Township Trustees is about the cost of planning and accreditation. If the state Office of Budget Management helps the merger situation, it relieves the local burden.

Hollinger: The cost of accreditation revolves (due to re-accreditation every 5 years). If the DAC doesn't want accreditation, it won't pass. They will have to gamble (that the state won't force accreditation).

Scott: The DAC will have to understand when in 2018 the state (takes action against those LHDs that have elected to not pursue accreditation).

Sipe: If the DAC doesn't vote to pursue accreditation, Tim won't stay.

Hollinger: Yes, the Huron Board will retract me. Our (Crawford) Board doesn't control this and neither do I. The DAC does.

O'Leary: 25-30 years ago, I wanted to merge the health departments. I haven't changed in that.

Schilling: Regardless the structure, I want health services to be the same or improve.

#### **4. Adjourn**

Mr. Schilling made a motion that the meeting be adjourned, seconded by Ms. Strickler. Motion passed unanimously by voice vote and the meeting was adjourned at 7:25 pm.

Respectfully Submitted,

---

Stephanie Zmuda, RS, Health Commissioner/Director of Environmental Health

---

Tom O'Leary, President/Mayor