



TM/SM

HEALTH DEPARTMENT

Serving Crowley & Otero Counties

Executive Director
Richard Ritter

Program Directors
Aaron Olivieri, Training
Tarren Buford, Nursing
Jo Jancar, WIC
John Miller, Business
Dr. Janell Maier, Epidemiology
Donna Starck, Tobacco Control
Su Korbitz, Environmental
Kristin Carpenter, Communities That Care
Arlene Cooke, OD2A

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**OTERO COUNTY BOARD OF HEALTH MEETING
AUGUST 31st, 2021, 11:00 a.m.
OTERO COUNTY COURTHOUSE, ROOM 107
LA JUNTA, COLORADO**

Members Present: Dr. Paul Yoder, President and Medical Officer
Dr. R.J. Nelson, Vice President
Nathan Shultz

Member(s) Absent: Dr. David Trujillo

Ex Officio: Richard Ritter, BOH Secretary, OCHD Executive Director
John Hostetler, Otero County Commissioner

OCHD Staff:

Chris Coffield, RHC/STEPP
Su Korbitz, Environmental Services Program Director
Dr. Janell Maier, Regional Epidemiologist
John Miller, Business Manager
Aaron Olivieri, EPR Trainer
Donna Starck, Tobacco Control Program Director (by phone)

MINUTES

1. Call to Order: A quorum being present, the meeting was called to order by P. Yoder.
2. Public Notice Posting (Pursuant to C.R.S. 25-1-509(2)(f) & C.R.S. 24-6-402 (2)(c)): This agenda was posted in the designated public locations on 8/26/2021.
3. Public Comments for Items not on the Agenda: None.

4. Consent Agenda (ACTION ITEM)

A. Approval of Minutes

a. May 25th, 2021 Regular BOH Meeting

B. Approval of Consent Agenda and Approval/Ratification of Items Therein: N. Shultz moved to approve the consent agenda, R. Nelson seconded, motion carried.

5. Old Business: None

6. New Business

A. Budget (Pursuant to C.R.S. 25-1-508 (5)(k) & C.R.S. 25-1-511 (3))

a. Financial Summary Report (based on Tyler Financial System Reports dated 8/24/2021)

➤ May 2021

✓ Revenues: \$181,777.78
✓ Expenditures: \$131,127.42
✓ Surplus: \$50,650.36
✓ Fund Balance: \$1,515,979.39

➤ June 2021

✓ Revenues: \$223,290.93
✓ Expenditures: \$141,019.23
✓ Surplus: \$82,271.70
✓ Fund Balance: \$1,598,251.09

➤ July 2021

✓ Revenues: \$261,608.78
✓ Expenditures: \$150,265.57
✓ Surplus: \$111,343.21
✓ Fund Balance: \$1,709,594.30

b. Approval of Expenditures (ACTION ITEM) (based on Tyler Financial System Reports dated 8/24/2021): N. Shultz moved to approve the expenditures as detailed below, R. Nelson seconded, motion carried.

➤ May 2021: \$131,127.42

➤ June 2021: \$141,019.23

➤ July 2021: \$150,265.57

c. 2021/2022 OCHD Budget: R. Ritter anticipates having the first version of OCHD's 2021/2022 budget ready for BOH review at the next scheduled BOH meeting, which is 9/28/2021. R. Ritter anticipated having the 2021/2022 budget prepared for this meeting, but was unable to complete this due to continuing, significant COVID-19 response activities.

B. Personnel

a. Jackie Brown Resignation: Jackie Brown, PHN, has submitted her resignation to OCHD, citing her last day as 8/6/2021. We wish her all the best in her new direction!

b. Kendra Taylor Status: Ms. Taylor no longer works at OCHD, her last day was 8/17/2021.

- C. La Junta Office Improvements: The OCHD La Junta office is getting new counters, shelves, counter space, and cabinets. The remodel will take place along the West hallway. Total estimated cost will be \$4,000-\$5,000 in materials.
- D. Cancer, Cardiovascular, and Pulmonary Disease (CCPD) Program Reimbursement: During the pandemic, OCHD inappropriately billed the CDPHE CCPD Program for staff support for the pandemic. R. Ritter vigorously disagreed with this, but to no avail. OCHD will reimburse the CDPHE CCPD Program \$ \$14,207.14 for the majority of the fiscal year reviewed. What follows is the most recent correspondence that R. Ritter sent to the CDPHE CCPD Program regarding this matter: *“Hello Mr. Peel, thank you for your patience in this matter during these truly unprecedented times. I have talked with our CCPD Program Coordinator, and she has assured me that CCPD work was done during the time range you cite below. However, the period under review manifested the most challenging (physically, emotionally, mentally), turbulent, frantic, anxious, uncertain, exhausting, frustrating, demoralizing, disturbing, confusing, frenzied, disheveling, and hectic time I have ever experienced in my 21 years of public health practice (I assure you that the foregoing descriptor list is not embellished/exaggerated). This, of course, was all due to the unrelenting onslaught of the COVID-19 pandemic. It was unbelievable. Trying to look back at this grueling period of time and estimate what percentage of CCPD F.T.E. was interspersed with necessary COVID-19 response duties is a blurring proposition. That being said, I believe the best course of action would be to simply refund the entirety of the \$14,207.14 to the CCPD Program. This can be done by not fulfilling any outstanding reimbursement requests, and then billing OCHD for any remaining balance. I have copied our Business Manager, John Miller, to this email so that he can operationalize, track, and account for this transaction. Please send all correspondence regarding this matter to John, and copy me. John’s contact information is as follows: bmoehd@otero.gov, 719-383-3044. I will confer with OCHD’s CTC Program Director regarding possibly billing an appropriate amount to CTC for COVID-19 response. It continues to disturb and irritate me that the Amendment 35 Programs were disallowed by constitutional and statutory limitations to bring financial resources to bear against COVID-19. Additionally, in my opinion, it is a very sad testament that our state is giving away millions of dollars to just a very small fraction of Coloradans to incentivize COVID-19 vaccinations, but certain CDPHE programs are disallowed from financially supporting the agencies that were at ground zero of this pandemic, our Local Public Health Agencies (LPHA). In my opinion, this is something we must deliberately rethink and transform. Unfortunately, another pandemic will inevitably rear its ugly head in the future, and we may not have the federal financial resources available that we eventually received for COVID-19 response. It is my firm belief that we must transform each siloed program to include a small (I’m not talking about a TON of time and money here) emergency preparedness component (explicit in the scope of work for that program) that can be financially supported and activated (via explicit contractual provision for the program) when emergency response is necessary. Emergency preparedness and response is a cross-cutting capability, and should be operationalized as such. This will better position LPHAs, especially the smaller, rural agencies, to have readily available staff for*

emergency response. Speaking from practical experience, this will greatly increase our response capacity, especially during the initial stages of a wide-scale emergency event. I am well aware that this is a “tall order”. I also know that “the journey of a thousand miles begins with a single, simple step”. While the CCPD Program was regrettably disallowed to financially support the COVID-19 response, Mr. Peel, Dr. Kaplan, and colleagues have been kind, understanding, and patient, and that is much appreciated! Mrs. Hunsaker-Ryan, please accept my sincere commendation regarding the manner in which your staff comported themselves during this challenging matter.”

- E. Public Health Transformation Steering Committee (PHT SC) Resumes: Before the COVID-19 Pandemic, the statewide PHT SC was tasked with looking at the current state of Public Health (PH) in Colorado and exploring ways in which it needed to be transformed to make the system better and stronger. Pre-pandemic PHT SC activity included the significant work of revising core public health services in the Code of Colorado Regulations (CCR). Before the pandemic, R. Ritter was selected to serve as the co-chair of this state-wide committee, and continues to serve in that capacity. The PHT SC is currently meeting on a monthly basis. An example of what R. Ritter will propose for transformation is to require all PH programs to allow their subsidized (siloed) staff to participate in monthly emergency preparedness trainings, and allow those staff to be financially supported for emergency response (see Item D. above).
- F. Public Health Workforce Deterioration: During the now 18 months of COVID-19 response, staff of both state and local public health have had to endure hatred, coercion, intimidation, physical/verbal threats, slander, lies, misinformation, and outright contempt. This prolonged exposure to such negative factors has a hugely detrimental effect on the public health workforce. In fact, it had deteriorated to the point that the Colorado state legislature had to enact a law to protect public health staff. House Bill 21-1107, entitled Protection of Public Health Workers, was passed and signed into law in 2021. This new law allows any protected person (defined as human services, public health worker, or member of county or district board of health other than an elected county commissioner) to have their personal information removed from the internet by submitting a written request to a state or local government. During the last several, turbulent months, public health workers have left their jobs in record numbers, and they are proving very, very difficult to replace. In Southeast Colorado alone, we lost 50% of our public health directors to resignation due to the COVID-19 pandemic. This is a nationwide problem. In the 8/16/2021 edition of Governing Magazine appeared an article entitled “What Will It Take to Recruit and Retain Public Health Workers?” Excerpts from this article are as follows: “...spending on key public health activities has been flat or in decline since 2008 and salaries lag behind...” “It’s unknown how badly, or how long, the delta variant — or variants that will follow it — will thwart a return to normal. What’s certain is that progress depends on the efforts of public health workers, and that **effective strategies to recruit and retain them are more important than ever.**” “...public health never fully recovered from cuts made in the wake of the Great Recession,...” “...the workforce was already strained and stressed when COVID-19 hit.” “In the middle of the most significant public health event in the last hundred

years, we saw hundreds of health officials fired, resigning or retiring because the agenda of elected officials did not align with science... This is like driving out the firefighters as the fire rages.” “That should be a clarion call for some aggressive recruitment, says Castrucci. Between retirement and burnout, we just might not have a public workforce there to protect the nation.” “As is the case in other government sectors, public health jobs pay less than private-sector jobs requiring similar skills.” “... it’s also important to pay public health workers more, says Michael Fraser, chief executive officer of the Association of State and Territorial Health Officials (ASTHO). The public health workforce is incredibly committed to the job, to the mission of public health, and we want to keep them engaged.” “Local health departments have been under-resourced to compete.” “Stimulus funds have provided more than \$7 billion for the public health workforce, says JP Leider, perhaps as much as \$12 billion. It’s allowed agencies to staff up contact tracers and temporary positions, but you can’t hire people on one-time money.” “Unless we want to continue on the basis of ‘let’s not invest now, but let’s spend \$16 trillion in the next pandemic.’” “State investment is also essential. It’s equally the responsibility of state and local governments to find ways to invest in and develop their workforce, says Castrucci. Federal funding typically comes as disease-siloed funding and that doesn’t give us an opportunity to develop our workforce.” “... we need a societal agreement to stand behind them and support them when they have to make tough decisions.” “Such support is needed now to retain valued members of the public health workforce who have suffered from both long hours and attacks on their fundamental beliefs, what ASTHO’s Mike Fraser and others see as a “moral injury. A survey of more than 26,000 public health workers conducted during March and April 2021 found more than half of reported symptoms including depression, anxiety, and post-traumatic stress disorder (PTSD)...” “The threat of the pandemic was always a “when,” not an “if,” says Brian Castrucci. The consequences of being unprepared for it — lost lives, homes, businesses, careers, educations and more — should resolve any doubts about the need to invest heavily in public health infrastructure.” The foregoing is representative of many articles that have appeared over the last several months in numerous and varied publications. Long story short:

- ✓ Public health workforce wages need to increase. Specific to OCHD, R. Ritter sent an email on 7/16/2021 to the BOH and Otero County Commissioners regarding exploring this issue.
- ✓ Funding needs to be adequately proactive instead of overwhelmingly reactive (“funding firehose”).
- ✓ Instead of a “funding firehose” approach, public health needs (semi) non-siloed (to meet local needs), adequate, predictable, sustainable, dependable funding for emergency preparedness, environmental services, and primary prevention for physical, mental, and behavioral health.

G. Addendum/Addenda: None

7. Program Reports: Due to time constraints, program reports were not given.
8. Executive Session: R. Ritter requested an executive session with the BOH Members regarding personnel, specifically regarding potential OCHD staff base salary increases and the BOH’s annual evaluation of the executive director. C.R.S. 24-6-402 (4)(f)(I) was cited

as the statute authorizing the executive session. R. Ritter requested that Otero Commissioner J. Hostetler attend the Executive Session. N. Shultz moved to convene into executive session, R. Nelson seconded, motion carried. The BOH, R. Ritter, and J. Hostetler then moved into executive session, which was recorded.

9. Reconvene: The BOH reconvened into regular session.

10. Executive Director's Annual Evaluation: It was noted that for his evaluation last year R. Ritter requested that the BOH not give him an anniversary increase, but to take those funds and distribute them evenly among current OCHD staff, a one-time payment to be given at the end of October 2020. The BOH approved this request, and this bonus was given to both full-time and part-time staff last year. For this year's evaluation, N. Shultz made a motion that, over the course of the previous year, R. Ritter's performance as executive director has exceeded expectations and the BOH congratulated him on a job well done. R. Ritter should be given a \$7,500 annual increase to his current base salary. Said increase would go into effect August 1st, 2021. R. Nelson seconded, motion carried. R. Ritter expressed appreciation for his continued employment and for the generous compensation increase.

11. Adjournment: With no further business, P. Yoder adjourned the meeting.

Respectfully Submitted,



Richard Ritter
Secretary, Otero County Board of Health
Executive Director, Otero County Health Department