BOARD OF HEALTH'S PROCEEDINGS

State of Colorado

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County of Rio Grande

The Rio Grande County Board of Health conducted the regular session on Wednesday, June 7, 2023. The meeting was called to order by Chairman Gene Glover at 2:00 PM.

Present were Commissioner Gene Glover, Commissioner Scott Deacon, Commissioner Tyler Ratzlaff, County Attorney Nancy Lake, County Administrator William Schoen, and Health Department Director Dr. Kolawole Bankole.

Actions as the Board of Health (BOH)

Dr. Kolawole Bankole, County Health Department Director, gave his report. Dr. Bankole presented the Public Health Emergency Preparedness (PHEP) grant contract and SOW. Dr. Bankole explained that but the state had restructured the PHEP took away funds from all the host counties and make each county to be independent. Alamosa is the host county for this region 6 counties that were non-hosts who now receive additional funding to the current funding they had received in the past. He explained, that we have three regional staff before, an epidemiologist, Regional EPR coordinator, and a support EPR generalist. With the restructuring, the region loses one position. So, Dr. Bankole with others pushed back to the state on the grounds of equity disparities and social vulnerable index. Put into perspective, when you are in Denver you can get many of your services within 25 miles radius, but on the frontier and rural settings, there are many challenges. Dr. Bankole mentioned the social vulnerability index. We are very high and very vulnerable should there be natural hazards happening in any part of this region; distance and resource challenges will impact our response. The county cost loss would be very high compared to if such happens in an urban area like Denver. For example, Denver’s cost is of a moderate vulnerable index at just 58 and Rio Grande at 94. So, how can they take money away from people who are more vulnerable? Dr. Bankole reiterated that we push back on the grounds of health equity, risk level assessment, and social vulnerability.

Court Attorney Nancy Lake, said that was an important thing to push back on and you did a good job.

Dr. Bankole said even when they gave 23 thousand extra it is not enough to hire 2 more people. That means we need to hire an epidemiologist and an EPR person. So, we talked amongst the directors and we figured it out, by pitching in together to maintain regional staff. We also created an IGA for our partnership.

Dr. Bankole presents the IGA. RGPH will contribute $14,500 (same as each other SLV counties) and that leaves $9,000 extra over the regular amount we received last year. The CDPHE total contract amount to RGC Public Health was $42,370.

County Commissioner Gene Glover asks, does the other counties have their copy signed.

Dr. Bankole responds, yes, when everything is signed and completed, they will be put together and shared.
Nancy Lake says, Dr. Bankole always sends me copies fully signed and confirmed so that I will always have a copy in my office.

County Administrator William (Skip) Schoen asked if the fiscal agent is Alamosa County correct.

Dr. Bankole we actually got rid of the word fiscal agent, we call it host. Alamosa County public health was the host, while the other 5 counties were non-host. Host got extra funding to support the non-host counties in the region.

Nancy Lake asked, who has the staff? Bankole replied, Alamosa. Nancy Lake said, that is what he is asking.

Dr. Bankole said, it is different than being a fiscal agent, fiscal agents will get the money as they were before and then distributed it to other counties. But starting in July 1, 2023, we will actually our own fiscal agent and supporting the staff at the region. That person will be domiciled in Alamosa.

Skip Schoen said, so this is what we are getting in 2023- 2024 and this is what we are agreeing to pay $14,500. Our contribution for EPR is $14,500? Dr. Bankole said correct. Skip continues, and the rest of the grant money could be used for other EPR purposes. Bankole said, yes.

Dr. Bankole summarizes, so, we've got some extra funding. Now, we're able to all pitch in at the rate of $14,500 per county to support Alamosa to provide the service. If we didn't do that, each of us cannot hire an epidemiologist and EPR staff.

Skip asked about the job description and the hiring itself. Will Alamosa hire the individual and handle all of that? Dr. Bankole said yes. Skip said he is happy and has no more questions.

Dr. Bankole moves along and says, there is a new funding for CDC workforce capacity improvement for our RGC Public Health Agency at $328,075. There has been a lot of discussions of how the ARPA funds be used to attract new staff and to keep staff.

Gene asks, how much will this cost the county?

Dr. Bankole assured it will not cost the county anything.

Skip asks if this money is promised by CDC or is given. Has it already been distributed?

Dr. Bankole says, once the contract is executed it will be encumbered

Skip asks if we will be reimbursed.

Dr. Bankole says, most CDPHE and federal funds are always reimbursed. The contract is binding once executed and this one will start on July 1, 2023.

Nancy says, we have not seen the money yet but it is coming.

A motion was moved by Commissioner Tyler and seconded by Commissioner Deacon to approve and sign the regional IGA, State CDPHE PHEP Contract SOW and the CDC Workforce Contract

Dr. Bankole moves the agenda along and presents the Performance Improvement Plan (PIP). Dr. Bankole developed an operations improvement plan. This focuses on 3 main major areas; continuous quality improvement, cost-effectiveness, and customer satisfaction.
Bankole presented a performance management report for each program. Dr. Bankole noted that since he took over the department, he has been able to restructure it into 6 programs; Response program, clinical services, health equity, prevention, operations, and accounting. We oversee all of the programs, funding grants, administration, and governance.

Dr. Bankole said, public health is difficult for many people to understand, but trying to make sure to make it easier and substantive programs for people to understand.

Per the department’s PIP/performance management, Dr. Bankole explained that he wants to improve his staff’s capacity and capability to provide service in line with the public health standards. That will help us to start looking at what are the areas for improvement. It feeds into the continuous quality improvement (CQI). There’s a continuum of CQI from zero to six. Customer satisfaction, we’ve never actually done any customer satisfaction survey. That is the second component that this PIP is going to deal with. The third piece gets into cost-effectiveness. These are evidential for you to see how we’re doing. Dr. Bankole explained that last year’s budget, our net operating margin ratio was 11.53% (normal range: 10-15%), healthy place to be. Really even better in 2023 at 18.95%. Well before then, it was less than 5% then in 2020 and unhealthy.

We will develop an Operation Quality Council (OQC) a continuous quality improvement council to led by the Operation Manager and work closely with Dr. Bankole. When we have a system on ground, it is the team that will be solving problems and making recommendations to the director. There is a CQI model, evidence-based practice, called PDSA. The CDC transformation funding involves really making sure that your data collection, collation, and analysis is functional. Right now, we’re collecting data to make sure that we respond to deliverables. Well, what I’m trying to build is a seamless system to collect data, collate data, and report data.

Nancy Lake says, that way you’re not just collecting data to collect data. You’re collecting data to do something with it.

Dr. Bankole passed out Public Health Staff Calculator for employee analysis and basic staff number requirement to serve a population of ours of about 12,000. This was done as an analysis of where we were in 2020 and where we like to be per provision of foundational service areas and capabilities. Rio Grande County was only able to provide service up to 48% and with a total of 5.8 FTE in 2019/2020 per the state report. When I came there were 4 staff on ground, and a very ragged, unfunctional public health department. We are now healthy and functional and will continue to be healthy.

Skip says, I'll add that I had the opportunity to sit down and discuss with Dr. Bankole several weeks ago, the department programs that he set up for not only continuous quality improvement but really for the development of individuals within public health is exemplary. Relative to my experience in Department of Defense (DOD), it’s a great model program. So, I’m very impressed with what I have seen out of public health and because of the dedicated efforts of Dr. Bankole to improve the performance overall. I wish we could adopt this across the county, but it's a mindset thing and we have got ways to go for all departments to adopt even the philosophy of that continuous approach to improvement. But then to take the extra step of laying in the structure necessary to actually achieve those improvements that's measurable; and that's the key, is he's put into place a system that is measurable and gives clear goals to his people to be able to have things to shoot for in order to improve. So, overall assessment is it's very impressive.
Nancy says, it was one of the charges that the board had asked for him to present a sustainability and quality improvement plan and personnel replacement plan if necessary for succession planning.

Skip said but it sets the condition for the sustainability.

Nancy said, sustainability of the department, oh yes is what's here and you're right, it's a model.

Dr. Bankole said, now we have individual programs, and at the end of the day, we're serving the community. We have never had a report that showcase the health of the county. And we are going to do the Health of Rio Grande County report. Dr. Bankole passed around the previous report of the City of Portland Health Department "Health of City of Portland's report" he had written for the city, as an example. It captures everything about the health of the county, that reflect quantitative and qualitative data local to the county. Then people can use our report to start informing their programs. He will work closely with the Operations Manager on the report. We are giving ourselves a six-month plan to work through this, and present a draft report to the board in November/December.

. So, Dr. Bankole asks the board for its approval go ahead with the plan.

Commissioner Tyler motioned to approve and Commissioner Deacon seconded; and all 3 commissioners voted are in favor.

Next, Dr. Bankole discussed the Board, Executive Committee, staff and volunteer roles. He presented a comprehensive checklist showcasing each entity's roles and responsibilities for clarity.

Nancy Lake said, I really like this. I looked at this document over pretty carefully. I really, really like it. Dr. Bankole said, you will notice a column called EC, Executive Committee, that we don't currently have, but the board needs an executive committee. The Executive Committee (EC) looks at some of those kinds of issues needing independent arbitrators, adjudicators, people that are experts in the areas that you want expertise, to provide advisory report. The comprehensive list covers role sections of programming and operations, personnel, and, community relations and collaborations.

Nancy asks, can you give the board an idea of who you want on your executive committee?

Dr. Bankole responds, I could present a list to you/board, but most cases it is an executive level, definitely, legal, country administrator, then some other external parties with health expertise as member. We don't use them most of the time, but when we have your contentious issue.

Dr. Bankole introduced the Public Health Workforce Calculator (basic streamlined outputs), to show objectively how much staff is needed, on basic level to provide functional public health services and improve foundational capability of the department. The PHAB, PHNCI CDC and the de Beaumont Foundation developed this tool (considering many factors) to estimate FTEs for local health department that are less than 50,000. This provides specific number and kind of staff they need to provide foundational services and foundational areas. For Rio Grande County public health agency, we basically need estimated 13.2 FTE to serve 12,000 people.

We not reach 13.2 FTEs within a year, but I am moving forward, per the 2020 state report, we were just at 48% and less than 5.8 staff. Per this PH Workforce Calculator, we have 8.4 FTEs, on the foundational capabilities and areas. So, we are lagging in the environmental health
category, which we supplement through regional environmental health support person. This person serves the 6 SLV 6 counties, and each tap about 16.67% of the FTE.

Nancy Lake says, Skip, Brian Campbell come on down, environmental health which pertains to children.

Commissioner Gene Glover said, I'm going to look at this a little bit because the biggest question we get all the time is, Public Health is doubled in size. Because a lot of them don't understand the job as a whole. So, if we do another 5 or 4.8 people, you know, that's going to be triple the size of what it was when you came here.

Dr. Bankole said, yes, I mean we have a lot to explain, so when people talk to you, you as an ally can help provide information to them. There is a lot of information to disseminate to the community and continue our outreach and community engagement. First of all, I got to get my board to understand where we were, what are we doing, and where we intend to be in adequately providing services to the community. We are currently in transition. People have their different view about what we do in public health. And the customer satisfaction intervention will also throw us out for them to tell us more. We plan to do more programmatic events at the annex. The more people see our events, they will be attending and knowing more of what resources and services we provide. These things were not happening before but we will have the capacity to really do those services and events. Some specific examples, include blood pressure clinic, diabetes and arthritis education and connecting people to services. All those things are now visible, and people call us and we connect them to those needed service. Recently, we created the Health Helpline that people can call in their language and connect them with resources and services. Maybe subsequent BOH meetings will bring, now that we have different programs, all categorized, come and talk about our program. First of all, I need to get you on public health's side.

Gene Glover said I don't think you have to worry about that. I think we're behind you 100%. We talk pretty positive all the time. There are some things you can't explain, but we're not in your shoes to do it. We just said them to you, but, you know, I'm a big fan of CSI scores. I was in the business for a long time where CSI scores may be used to determine how community is responding concerning their needs. I think those CSI scores need to be scored by somebody, including you and or outside of the public health. So, we could see all the positives. When somebody asks, you say, we have one negative person out of 27 responses. Because that's how I used to prove my own results for my dealerships.

Gene said, I don't, anything I've seen here today I have no opposition to it at all, so I think it's something we need to look at and work through, but the CSI thing I really do want to be involved in that.

Dr. Bankole said, there are other contracts coming in for signatures that will be presented to the board at subsequent meetings. For quick informational basis, as per our efforts to sustaining the program for health equity and immunization, we recently wrote and got awarded a state grant of $247,500

Dr. Bankole gave an update on the National Fitness Campaign initiative. The new focus for the project is now Del Norte, since Monte Vista will not continue. We now have a Del Norte town hall meeting on Wednesday June 14, 2023 at 5 o'clock. Jack from NFC will be co-presenting with Dr. Bankole. For marching funds, Dr. Bankole said, BOH could look at ARPA because we
know that Del Norte may not actually really be able to pitch in the total funds of $130,000-$170,000. Gene Glover expressed a concern about the location of the NFC court. He said that the town of Del Norte should have more buy-in financially than just a piece of land. If land is all that is promised then the court should be on county property. He said that they can promise maintenance and that would suffice. Gene mentioned that the town may not have much money to contribute. Two locations were mentioned for the NFC court - near the boardwalk right beside HWY 112 or on the grounds of the old tennis court behind the forest service building.

Dr. Bankole thanked the Board and said the last item is open to suggestions as to what the Board may like to see on the agenda for next BOH meeting.

Dr. Bankole noted that the BOH currently now meets every other week and if the Board is fine with it schedule.

Gene Glover said, he is fine with doing the current every other week schedule.

Bankole said thank you for approving the schedule.

At 3:23 PM, Commissioner Glover made a motion to adjourn the meeting. Commissioner Deacon seconded the motion, and the meeting was adjourned.

Attest:

Gene Glover  
Chairman  
Board of Health  
Board of County Commissioners  

Dr. Kolawole Bankole, MD, MS, MBA  
Director, Health Director