

PUBLIC HEALTH SOLUTIONS District Health Department

Board of Health

August 19, 2021

Board Members in Attendance:

Dave Bruning	Dr. Josue Gutierrez	Judy Henning	Dr. Bruce Kennedy
Christy Lucking	Don Schuller		

Board Members in Virtual Attendance:

Janet Henning	Stephanie Knight	Dave Norton	Mark Schoenrock
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Board Members Absent:

Larry Cerny	Tim Pickering
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Staff Members in Attendance:

Kim Buser, Director; Sonya Williamson, Fiscal Administration; Debra L. Wendelin, Office Administrator, Diane Vlasak, Program Support Technician

Call to Order:

The meeting was called to order at 8:30 a.m. by Vice President Dr. Josue Gutierrez. Notice of the meeting was given in advance thereof by posting required by law.

Approval of Agenda:

Meeting agenda was reviewed. Motion to approve the agenda by Mark Schoenrock, seconded by Judy Henning. All ayes, motion #1 carried.

Approval of Minutes:

Previous meeting minutes were emailed before the meeting. Motion to approve the minutes by Judy Henning, seconded by Dave Bruning. All ayes, motion #2 carried.

Financial Reports: Acceptance:

Sonya Williamson presented on the Financial Reports. We came really close to hitting our full budget. Individual budgets were underspent due to personnel expenses covered through COVID-19 funding. Grants had money left over as program managers were diverted to work on COVID-19 activities and were covered somewhere else. Total expenses were 99.27% of what we had budgeted. Regular monthly expenses are getting back to normal, most of our COVID-19 related activities have slowed down. You will see some COVID-19 funding still occurring in May. Since June we no longer have COVID-19 funds other than through our Immunization Grant so we no longer have contact tracers or contract nurses. Our cash flow is sitting very well at this moment. With such a weird year with COVID-19 funds coming and going we did ask for an extension of our indirect cost rate for next year so we can get back to a normal budget year before we ask for an indirect cost rate. We have paid for our technology package. Americom was to install this week but ran into supply chain issues and have about 90% of parts in at this time with the rest to ship in September. We are in the process of an annual audit right now. Sonya has delivered all paperwork to the auditors. When the federal raised the rate from 500,000 to 750,000 to do a single audit, Sonya shared she thought we'd never need a single audit. We do need the single audit this year which means they will randomly pick one program and scrutinize that specific program more than the general but they will do all the general and the single audit. One thing Sonya didn't realize was that with the expansion of the Healthy Families America Program (HFA), one of those funding streams is a federal funding stream. HFA had always been a state-funded program but with the expansion it is a federal program. As long as that is in our budget, we may always hit the single audit. Motion to approve the Financial Reports by Dr. Bruce Kennedy, seconded by Christy Lucking. All ayes, motion #3 carried.

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Open Public Hearing for PHS FY 2020-2021 Budget:

Motion to open public hearing for the PHS FY 2021-2022 budget by Judy Henning, seconded by Don Schuller. All ayes, motion #4 carried. Total FY 2021-22 shows main grants along the top with a column for mini-grants, which includes those grants under \$10,000, for example Radon and West Nile Virus. We are in a very good position this year. We have two pots of funding coming from somewhat COVID-19 related ...we still have what we call a COVID-19 contact tracing funding stream...it's more of a data one with two-year funding that would provide for an epidemiologist/data person and we could use the funds should we ever have to go back to contact tracing. The other substantial pot is the immunization (C-Vac) grant that was transferred from the Centers for Disease Control (CDC) to the State and given to us for all of our COVID-19 vaccine activity. We will be getting a new health equity grant and a Minority Health grant that a few years back the Department of Health & Human Services (DHHS) had taken away and did a bidding process...this will now be brought back to the health department and that will help fund our Health Equity Coordinator. The one thing we were looking at for department infrastructure is we do feel we have a pretty good solid year this year and are anticipating a good year next year. After that, these funding streams might dry up so while we have those two couple of good years, we are looking at paying off the \$150,000 amortization. The one thing we've done is look at a two-year budget...this year and next year and so if some of these funds should go away, we have some contingency plans so that we have already made adjustments to some of those plans so we know we are pretty solid after these streams go away. On the department infrastructure we plan to make quarterly payments to the amortization to get that paid off within the upcoming year. If something were to change, we're not committed to that but have built it into the budget. You will see some other new grants in there. Kim and Sonya have projected out for many years what happens if these goes away, if this one comes back, if we get funding here. Newer grants that are guaranteed for two years, like the immunization (C-Vac) grant, the Minority Health Imitative (MHI) grant, and COVID-19 (T) we know those are guaranteed for two years. The new positions we are hiring for these grants will be built into these grants but in coming years we are able to move them to other places, if we want to keep those positions. We know that some of that COVID-19 funding is temporary and will go away eventually but we have also increased, thankfully, and thankfully to the people on this Board who have made calls and contacts, and helped us...we have increased our infrastructure funding through LB. We are well over a \$2 million budget at this point. Kim doesn't see that changing even when these grants go. During the pandemic Kim, and the other staff members that write grants, literally did not have time to go after a lot of the grants that are available and now that we have time, Kim sees this growing because the pandemic really helped position ourselves in public health to be at the right place to get these larger grants that we've always wanted to go after. If you look at the funding source sheet, there are three grants we have built in to potential funding that we might get over the years. We have submitted the Maternal Child Health (MCH) grant which we have had for several years. Kim said that one of the things she will mention in this open hearing is that she took a look at the most recent salary surveys we have to compare our staff salaries for 2019, as most people weren't doing a salary survey in 2020 because of the chaos, and even in 2019 we had some staff positions that were comparably quite low compared to other non-profits. We have lost a couple of staff members to foundations that could pay a lot more that we could and we had people that were really at the low end of those and during the pandemic they were absolutely not low-end performers. In this budget Kim moved some salaries up to get people in line with where they should be. We're never above the median, we are kind of lower to middle and we are never in the high range but as we will talk in a bit, we have to get our staff salaries up to where they are competitive. All the health departments will have some similar jobs open and we sit next to Lincoln/Omaha and people can easily drive to Lincoln and make a lot more than they make with us so we have to come on and be a little more competitive. Kim will talk about this more in the Director's Report with some ideas we have but just know that those staff increases are already built in to this budget and we are sitting good. Our line item for our staff is always well over 50% of the budget, it approaches 60% most of the time, so Kim feels that is the biggest treasure in resource we have and we need to manage. Kim said during the pandemic if we would have lost key positions it would have been crippling so we have to put ourselves in that position where we keep staff that are

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awesome and that we can attract new staff that are awesome. Kim gave Sonya credit for the way she has to run the budget several different times until we could project out a few years. Mark Schoenrock wanted to know if there are other people on our staff you feel that we are not paying them the appropriate amount. Kim commented that no, in this budget we have brought it up to where she is very comfortable with it. Kim has made the decision that in our jobs here we are not going to start anyone under \$15 an hour as she feels that minimum wage is going to move eventually and feels in this field, even for the entry level, that's about what we are going to need to compete so it starts there and goes on up based on job position. Sonya mentioned that individual staff salaries have been collapsed on the spreadsheet...please talk with Kim or Sonya if you have any questions. Motion to close budget hearing by Judy Henning, seconded by Don Schuller. All ayes, motion #5 carried. Motion to approve the PHS FY 2021-2022 Budget by Mark Schoenrock, seconded by Judy Henning. All ayes, motion #6 carried. Roll call was taken.

Directors Report:

Kim divided her report into three parts: Organizational Issues, COVID-19 Updates and Issues, and County Boards.

Organizational Issues: Next Thursday, August 26, we have contracted with a facilitator to conduct a full-day of strategic planning with our staff. A lot of you would have been in on the Strategic Planning we did two years ago now...we want to pull that out and take a look at it...Kim is calling it "Reconnect, Refocus, and Recommit" because what we found was during the pandemic some of those things were very important, some of the things we thought were important we realized were maybe not so important, and new things popped up that we think we probably need to focus on so we want to wrap all that up. We want to get the staff back together. Kim feels like during the pandemic, and this is mostly due to the fact that she was so inaccessible and diverted, that a lot of things that were internally going on she couldn't clue in on and we couldn't take care of. It's time, with all the work we did to build a team environment and improve the employment environment, we need to get back to that and start refocusing on that so our strategic planning session next week is the first step in that. Kim is very excited about that...a lot of us just love strategic planning and Kim feels like if we don't have a common goal we don't get to the same place and that during the pandemic we all got back to those little boats doing their own thing and we need to pull everyone back into the ship. Kim is also very excited that before this Delta uptick we were so grateful that we were getting back to the work we had done prior all those problems and important things that were problems and issues and things we needed to work on before are still sitting there and have gotten much bigger. Right now, we are really trying to balance that now again but we are very much looking forward to getting back to those things. We know, like mental behavioral health and certainly substance abuse, as you've certainly seen in the news, has blown up during this pandemic. We were so busy responding to the pandemic that those problems have grown in our communities and so we are looking forward to getting back to that. We are still working on staff restructure...we are going to reorganize some supervisory lines and do some things to strengthen our team and better utilize the strengths. What we have found is that when someone comes in to do a program they usually come in because they have a passion for the program and they really love what we are asking them to do. Not all those people are great at managing the budget and turning in the reports and doing the data. We have people that are really good at that so we are going to reorganize so that the people who are really good at the technical reporting requirement budget type-of-things, can step in and manage part of that and we can let program coordination people be the boots-on-the-ground people that are out doing the things they are passionate about and we think that will make for happier employees and that will make for a happier health director because reports will be getting turned in and we will have more sets of eyes on each program. We are also embarking on some cross-training...so if you come in to us and you are a health equity coordinator, we hire you as a program coordinator, not necessarily a health equity coordinator, we may ask you to do other things. You may have a passion for children's early mental health so part of health equity moves into there. We are really trying to shore up everything and stop the little "we were doing this before the pandemic", now we're just moving on with it, stop the little silos were people come in and say "I only do this and

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you guys do that". This is public health so everybody does everything so we are moving to that kind of promote and strength. We are going to rewrite job descriptions. After the pandemic people got diverted to do jobs, they never thought they would do. We need to get back to writing job descriptions and get everyone back on track on where we are going.

Workforce recruitment, retention and onboarding...it has been very tough. Kim introduced Diane Vlasak who has joined our program support team and has been wonderful! We have had program support come and go during the pandemic...for different reasons as people's lives changed, as the pandemic changed...so we are very happy to have Diane with us. It is tough...we have positions that are open, we have positions that are open that require a degree in Epidemiology or statistics or business, or we a health equity position that requires a very specific skill set. We are having trouble...we are taking applications...we are looking at them. We are having people that work in a fast-food restaurant that are applying for Epidemiologist jobs...it's just not there. It's not just us, it's every health department. Health directors are talking about it all the time but when there is a good candidate, Kim wants to be able to hire that candidate. Kim has taken a look at our employee benefit package and is trying to figure out what we can do without spending a lot of money in trying to recruit good staff. Kim would like to propose some additions to our employee benefit package to make us a more attractive. We have talked about this before. Board members have in their packets a list of federal and state holidays. What we learned from the pandemic is salaries are very important but what is more important to our staff was having some time off with their families. We had staff that just couldn't take that, that couldn't use their paid time off (PTO) but we are getting back to where people are able to take some time off. As part of this, Kim would like to bring us in line with the Federal holiday schedule. When we come in on a Columbus Day, for example, the state offices are closed, the banks are closed, the county offices are usually closed, most companies are closed. As part of this benefit package, Kim proposes that we give our staff all the federal and state holidays that are approved. That's number one. Number two is Kim would like permission to offer a \$1,000 sign-on bonus for new employees. That bonus would be paid out quarterly over the course of a year so you don't hand out a \$1,000...they get a quarter of that every quarter. If they don't work or are terminated within that first year, they lose that sign-on bonus, so we don't lose any money...they aren't owed that, but it is an incentive to get someone through the door and for that first year look forward to if I stay here, I will have an additional \$1,000. That money will be written into where the salary comes from. Usually, we have so much trouble hiring people anyway that by the time we get them in we have a big chunk of salary sitting there because it took us so long to hire someone...this will never be a problem but we will always write that in when we are writing a new position. Another thing Kim thinks we should look at is offering some tuition assistance. Kim is not sure exactly how that looks but right now she is thinking it looks like a \$1,000 during the life of your employment that PHS will pay towards a course or technical program that meets our vision and mission and is something we need. In exchange for that they will sign a contract to work for us for so long. If they do not work or are terminated during that time, then there would be a pro-rated fee that they would have to pay that tuition back. Those are the three things Kim would like to propose to the Board that we right now add to our employee benefit package. The other thing Kim is going to look at down the line is...one thing that deters people from working here...we pay 100% of employee's single health insurance and we don't pay any for family. Kim is not sure if that is anything we ever going to be able to do...that is a very expensive endeavor...but is going to say it is something we are going to take a look at. We've had at least two people in the last couple of years who were great candidates who couldn't afford the insurance because they would have to carry it on their entire family. But for now, the federal holiday schedule, the sign-on bonus, and the tuition assistance Kim would ask the Board to give her permission to add to our employee benefit package. Dave Bruning had a question on the holidays...wasn't the holiday that President Biden put in...Juneteenth...a federal holiday, should that be added to this list? Kim had forgot about Juneteenth and thought this was probably an old list...so Kim will word it all approved Federal holidays. Kim would like to stick to federal holidays. When we look at the cost (liability) to us people will take these days and that is less PTO time they take but Kim indicated we have a cap on PTO. We let that go during the pandemic because four or five of us were losing so much...that's back. People can only accumulate so much PTO...so the

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liability is if they leave employment and we have to pay out their PTO, they may have used a couple of these days and not taken it as a PTO day so we might have a little more liability, but there is only a few of us that carry that much PTO anyway...most people are not carrying a large PTO balance. Kim doesn't feel like it's a liability to us financially and during the pandemic that's what was important to people to have time off with their families. Kim is going to work on a little more flexibility. During the pandemic we had to go remote...we had to let half our team work from home...and switch that. It doesn't work for every position; it works for some and that is important to people and Kim needs to take a look at that. Some of the applicants we've had for our data specialist positions they say they live in another state; I can do everything from home. Kim hasn't allowed this at this point but we may have to think about that at some point. Do they have to physically be in this office to get the job done? We have to have people in this office because clients come in but do I have to have everyone here every day? Probably not. That's what we learned during the pandemic and that is what is really important to our staff is that they want some flexibility and some family time and Kim thinks during the pandemic some of us were so overwhelmed we really found the importance of that more than ever. Dave Bruning didn't know if this would apply but by adding these other four days, does that interfere with clients that have those days off and could come in here. Kim shared that we don't specifically have a lot of walk-in traffic and people that do come through are door are most always for scheduled appointments. We have very little foot traffic...the pandemic wiped that away. Dr. Bruce Kennedy mentioned that Arbor Day is a state holiday, so that would be off the table if we are looking at federal holidays. Yes, Kim agreed...Kim is saying federal/state holidays, but that decision is up to the Board to decide. Stephanie Knight said that having those days with family, having time off, creating balance, I think is a really important thing to do for staff especially if we know we can't get salary or other competitive things and thought it was a great idea. Kim did say that with new employees it's going to take them a while to accrue PTO...it's going to be a while before they can take long weekends, they don't get a lot that first year, so this is a way to have a break in the work year. Dr. Bruce Kennedy wanted to know if their birthday was a granted day off? Kim replied no, that she had that on the list but crossed it off earlier because she thought if we are getting these, that is probably good for now. Don Schuller wanted to know if there was any thought to a floating day in lieu of Juneteenth? That way the office wouldn't necessarily have to be closed but would need to be scheduled like PTO. Kim thought we could add floating days in lieu of these new ones. What happens then is the office wouldn't be closed but someone could conceivably take an extra week off, which is fine because we schedule that, but Kim thought this was a better way to give everyone a break when we know the office is closed and we know people aren't obligated to answer the phone. Don Schuller said as far as using it for a family day, a floating day would be good. Dave Bruning wanted to know if there are any holidays on this list other than Juneteenth that are federal holidays that aren't state holidays? Kim didn't think there was other than Arbor Day. Sonya wanted to know if the counties gave Arbor Day off. Dave said yes, they do. David Bruning would be more inclined to do county/state holidays like you have here rather than federal holidays because with federal holidays you are at the whim of whoever happens to be President decides he wants to throw a holiday in there. Kim said the wording then would be county/state holidays instead of federal holidays. Don Schuller commented there are more state holidays than federal holidays (1 more) and you would need to add Juneteenth. Dave shared that Juneteenth is a federal holiday. Don Schuller wanted to know what we did on Christmas Eve, New Year's Eve, Thanksgiving...federal may let you leave a day early or half a day early. Kim commented what we typically have done is that if a holiday falls on a Friday, a couple of weeks before as a gift to the staff, everybody takes off at noon, if a holiday falls on a Thursday, we'll give everyone a Friday off, we've done this as an added bonus. With these extra approved holidays, there will be less of this. Kim shared she felt her staff didn't get all the extra holidays so added a few bonus days around them so this will take us a little closer to having the same days off as the State and county. Motion to approve employee benefits as one package (State approved holidays, sign-on bonus, tuition assistance) by Stephanie Knight, seconded by Mark Schoenrock. All ayes, motion #7 carried. Roll call was taken.

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COVID-19: Pursuant to the expiration of a State executive order, we can no longer release county-wide data or publish data on our website based on a “safe harbor” standard on counties with a population of 20,000 or less so Gage is the only one we can release information on and we are limited on what we can release. Testing is going up, as people are getting sicker and more worried, and we are seeing more people getting vaccinated. We’ve had calls do more community clinics so we will need to talk about that. What we are allowed to put on the dashboard now is a rolling seven-day average per positive cases per 100,000 people. Right now, our district sits at 13.95 per 100,000. To keep that in comparison, when we got down to five, we are thinking things are low, and we are at 13.95. County-wide Fillmore is at 18.31 per 100,000, Gage is at 14.61 per 100,000, Jefferson is at 10.14 per 100,000, Saline is at 15.07 per 100,000, and Thayer is 8.57 per 100,000. Hospitals are having problems transferring patients out. Our hospitals locally are seeing some COVID-19 patients but that is not who they are having problems transferring out. Things are looking pretty bleak for hospitalization. The ventilator rate is going up but what we are seeing is people are becoming sicker with COVID-19 and needing more hospital care, not necessarily on a ventilator. We have changed how we are doing contact tracing. New studies are showing when you have a virus that is this widespread in a community calling people and asking them to give us their contacts in the last 48 hours becomes a futile operation. We are contacting people, they are getting an email, they get a text from the state saying please fill out a survey electronically so we can monitor and see where they’ve been so we can pick up on outbreaks. If they don’t answer that, they get a personal text from PHS and we ask them to please fill out the survey, it’s important to us. If you are not willing to complete the survey, please go to our website and it gives them information on what they should do if they have been in contact with a positive individual. We have said that with the schools when we have a positive case 18 years-of-age and under, we are allowed to contact the school and let them know they have a positive case. We gave the schools a letter, some have developed their own, so they take a look to see where that student was and send a letter to the home to say your child was exposed to COVID-19 and needs to self-monitor for the next 14 days, and if they show any symptoms, keep them home. If we tried to quarantine these kids, we have no legal authority behind us to make that happen. If we had a specific outbreak situation, Kim would go the state and the state would order a Direct Health Measure (DHM) to keep the children at home. This process doesn’t happen very fast. The Governor is still following the isolation criteria. If someone is positive, we can definitely tell them they have to stay home and if you don’t stay home, there is some backing from DHHS...we can get a DHM pretty quickly to require someone to stay home. School superintendents are having a difficult time as all DHMs have gone away. Throughout the pandemic, the State provided COVID-19 rapid tests to us for free. We would send them out upon request to long-term care facilities, etc. and show them how to use them. The State has run out of the Binax NOW test cards and they are not purchasing them anymore so there is a program we are trying to get on with the federal government to get the Binax NOW cards as they are horribly expensive if we would have to buy them ourselves. As soon as we get orders, Dr. Gutierrez will sign and we will begin providing a third shot for immune compromised individuals. The President said by the week of September 20th everyone will be able to come in and get a booster shot. We have well over 23,000 people fully immunized in this district. Everyone is going to want a booster shot and our team hasn’t had time to meet to discuss...not sure what this will look like for us. Not everyone will want a booster but many will.

County Boards:

Our covid funding is gone and our big immunization grant is paying for our nurses and our clinics. If we have to go out and start mass clinics again to get these boosters done, Kim doesn’t know what that will look like for us. We can’t do it with the funding we have. Kim won’t come to the County Boards for financial support unless needed. If we have to do some mass clinics in order to get these boosters done, we can cover our nurses and our expenses but when we start adding all those contract nurses and the things we need, we may have to come to the counties and say can you help us support these clinics in your county. Kim didn’t know what this will look like yet, but wanted all the County Board members to be aware of that. We should be able to offer the booster for immune comprised beginning

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next week. We are not going to have individuals prove they are immune comprised...if you come to us for a third shot, we are giving it to you, we are not going to question what your immune comprise is. Dave Bruning wanted to know if the third shot is the same as the first two...is it the same as the booster? Kim said it is exactly the same dosage. If a person is comprised and they get the third shot, then they don't need to get the booster. Dave Bruning questioned of the increase in numbers we are seeing do you know what percentage of those were unvaccinated? Kim said we do not know the percentage. Kim asked County Commissioners sitting here to talk to your boards. Kim said she could schedule a call with the Boards or at least a representative so we can have a conversation. The other thing Kim would like to talk to County Boards about is as you are making plans, we here at the health department don't have a lot to do with jails, bridges and roads, but we have a lot to do with mental health and health wellness. We have plans we worked on...the Community Health Improvement Plan (CHIP) and Partners for a Healthy Community Coalition, that has done so much work in strategic planning and now we are adding behavioral health planning and will be adding a health equity strategic plan inside that plan. Kim would ask County Boards to give that some consideration and ask us to come to the table as you are making those plans and Kim thinks we could be very helpful in saying this is the assessment we did and this is what people say is needed and to at least inform you and provide some education on what we have seen in our assessment processes. If you would like the health department to be part of those discussions, we would very much like to do that. Dave Bruning, in his opinion, feels our success rate in getting extra funding from counties would increase if Kim would go out, or someone, and meet with the county boards personally...those of us who sit on this Board are inclined to be more understanding of this than the other board members and Kim or someone else from the office could explain it to the Board members better than we can ourselves. Kim agreed with Dave that it would be helpful if she made some tours and openly discuss it while she is there. Kim plans on getting back this week to her Friday update email to the Board to let them know what is going on. We will be doing a district-wide after-action report. One of the things Kim feels will come out of this report is that when she was so distracted a level of communication went down. If this ever happens again, how do I keep better communication with Board members and county boards? There has been some discussion, and Kim wanted to propose and see what the political will is, to help us in the vaccine effort to pass a resolution within each county board to encourage vaccinations. Do we think there is a political will to do that and do we think county boards would be willing to pass a resolution? Does that add more credibility to our effort to get people vaccinated? Dave Bruning again said he felt that if Kim came out and talked to the commissioners, then yes. If you sent a letter out asking them, he didn't know what the outcome would be. Stephanie Knight said the hospitals would really appreciate that...it's hard for us to get involved with that but we would be willing to be in conversations to push the science piece. Dave Bruning shared that when Thayer County was in the heart of the pandemic, the superintendent, the emergency manager and himself did a public service announcement on the local tv station trying to convince people to get their shots and wear masks. Mark Schoenrock concurred with Dave Bruning. Those of who sit on county boards can reach out to public media so if you or a representative from PHS came to a meeting that would be in our broadcast. Kim wanted to know if it would be helpful, because we have built great relationships with our providers, if she came out with a hospital or healthcare provider. Mark Schoenrock and Stephanie Knight both thought that would be great. Stephanie Knight mentioned that one thing their hospital is seeing is a lot of nurses and front-line staff are younger women so just having some verbiage on whether people should get vaccinated if they are of child-bearing age. Kim thought when she comes out to the County Boards, she could bring a template for a resolution and have all that ready. Then it would be up to the Boards whether they want to adopt or not.

After reviewing the minutes from our previous meeting Kim noticed that she had told Board members she would provide them with information on the Open Meeting Law. Kim will email this out to the Board. We will be keeping track here of how many we can do versus Zoom and how many we can do live.

Judy Henning mentioned she missed the attendance sheet on the last meeting. Judy was in attendance not Janet Henning.

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Executive Session:

At 9:47 a.m. the Board of Health went in to Executive Session. Motion to go in to Executive Session by Mark Schoenrock, seconded by Dave Bruning. All ayes, motion #8 carried.

At 9:56 a.m. the Board of Health came out of Executive Session. Motion to close the Executive Session by Dave Bruning, seconded by Judy Henning. All ayes, motion #9 carried.

Open Forum:

The next Board of Health Meeting is Thursday, September 16, 2021 at 8:30 a.m. in Crete, NE.

Being no further business, the meeting was declared adjourned.

Debra L. Wendelin
Office Administrator

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PUBLIC HEALTH SOLUTIONS

Board Members Roll Call & Roll Call Votes

Meeting Date: August 19, 2021

Board Members		MOTIONS																			
		Roll Call		1		2		3		4		5		6		7		8		9	
		Present	Absent	Yea	Nay																
Dave Bruning	X		X		X		X		X		X		X		X		X		X		X
Larry Cerny		X																			
Dr. Josue Gutierrez	X		X		X		X		X		X		X		X		X		X		X
Janet Henning	X														X		X		X		X
Judy Henning	X		X		X		X		X		X		X		X		X		X		X
Dr. Bruce Kennedy	X		X		X		X		X		X		X		X		X		X		X
Stephanie Knight	X		X		X		X		X		X		X		X		X		X		X
Christy Lucking	X		X		X		X		X		X		X		X		X		X		X
Dave Norton	X		X		X		X		X		X		X								
Tim Pickering		X																			
Mark Schoenrock	X		X		X		X		X		X		X		X		X		X		X
Don Schuller	X		X		X		X		X		X		X		X		X		X		X
Totals	10	2	9	0	9																