

AGENDA
GEAUGA PUBLIC HEALTH
October 25, 2023

1.0 Call to Order

2.0 Opening of Meeting

2.01 Pledge of Allegiance

2.02 Declaration of Quorum

2.03 Certification of Delivery of Official Notices of Meeting

3.0 Board of Health

3.01 Minutes, Regular Meeting September 27, 2023

3.02 Minutes, Special Meeting October 4, 2023

4.0 Health District Staff Reports

4.01 Population Health Report

4.02 Environmental Health Report

4.03 Administrator's Report

4.04 Health Commissioner's Report

5.0 Committee Meetings

No Reports

6.0 Old Business

6.01 Geauga Public Health Rent Discussion

7.0 New Business

7.01 Resolutions

7.01.01 Financial Reports, Resolution 23-10-07-01-01

7.01.02 Permission to Approve Appropriations for Increase/Decrease

7.02 Permission to Allocate \$5,000 for O&M Mailing Costs

7.03 Resolution to Increase Certain Fees, Food Service Program, First Reading

8.0 Citizens' Remarks

- Session to last 20 minutes unless Board moves to extend.
- 2 minutes per speaker to make comments and ask questions.
- The Board will answer questions after having an opportunity to investigate responses following the meeting. This is not a press conference where answers should be expected on the spot.
- Board responses will be recorded and publicly filed with meeting minutes.

9.0 Executive Session

10.0 Adjournment

1.0 Call to Order

The regular meeting of the Geauga County Board of Health was called to order at 5:00 p.m. on Wednesday, October 25, 2023, by President Carolyn Brakey. The meeting was held at the Geauga County Office Building located at 12611 Ravenwood Drive, Chardon, Ohio.

2.0 Opening of Meeting

2.01 Declaration of Quorum

The following members were present constituting a quorum:

Carolyn Brakey, Esq.

Dr. Mark Hendrickson

Dr. Mark Rood

Absent: Ashley Jones, Pharm D; and Lynn Roman

Minutes were recorded by Gina Parker.

Also present from the Health District staff:

Ron H. Graham

Dan Lark

Adam Litke

Others Present: Brandon Mantel, president of Donamarc Water Systems, and several members of the public were in attendance.

2.03 Certification of Delivery of Official Notices

Certification of delivery of the official notices of the regular meeting of the Board of Health was made by Adam Litke, Administrator.

3.0 Board of Health

3.01 Approval of Minutes

Dr. Mark Hendrickson moved and Dr. Mark Rood seconded a motion to approve the minutes of the September 27, 2023, Board of Health regular meeting and the minutes of the October 4, 2023, Board of Health special meeting; motion carried.

4.0 Health District Staff Reports

4.01 Population Health

4.01.01 Safe Communities

The Coalition Coordinator attended The Great Geauga County Fair on August 31st and September 4th. The coordinator set up a display at the event with traffic safety materials and Geauga Public Health educational and promotional materials.

In collaboration with AAA, the Coalition Coordinator gave a presentation at Bainbridge Senior Center for their “Lunch and Learn” on September 12th. The coordinator and community partner discussed the basics of older driver safety, how to stay fit to drive, and the new distracted driving law with participants.

Through funding from the Safe Communities Grant, the Safe Communities Coordinator brought ThinkFast Interactive to Berkshire High School on September 18th. Students split into teams and participated in a one-hour interactive game show about teen driving topics.

4.01.02 Ohio Buckeyes Program (Car Seat Program)

The Health Educator distributed two convertible car seats to eligible families in Geauga County by conducting an educational session with each legal guardian on the proper way to install a car seat. The Health Educator then assisted the guardian with installing the car seat properly into their vehicle. The Health Educator also assisted a parent for a car seat check. The Health Educator explained and assisted the parent with how to properly install the car seat into their personal vehicle

4.01.03 Other Population Health Activities

The Health Educator distributed 65 Project DAWN Naloxone kits to the community in September.

4.01.04 Get Vaccinated Ohio-Public Health Initiative (GVO)

Geauga Public Health did not qualify for the GVO grant on its own and has applied in conjunction with Lake County General Health District. No grant deliverables are due at this time.

4.01.05

Vaccines for Children

During the month of September, Melissa K. RN in Geauga held four off-site clinics providing 79 immunizations to 48 individuals throughout the county.

Gauga RN assisted the staff at the DDC with their immunization clinic where a total of 138 immunizations were given to 71 individuals.

Melissa K, RN (Gauga) and Carol S. DON received continuing education training on the new RSV vaccine, Influenza, and the new updated 23/24 COVID vaccines.

LCGHD has received its Flu vaccines and the state nurses have begun holding off-site influenza clinics. More information to come.

4.01.06

Public Health Emergency Preparedness (PHEP)

During September, Ms. Lydia Castner has continued working closely with Lake County PHEP staff to complete PHEP and Cities Readiness Initiative Grant deliverables for the FY24 grant year and to prepare for the statewide anthrax full scale exercise in October. GPH's annual Medical Countermeasures Drills (PHEP Core Grant deliverable) will also be conducted on October 17 in conjunction with the statewide exercise. Ms. Castner has finalized an update of GPH's Continuity of Operations (COOP) plan and Risk Communications Plan and has begun work on creating a Communications Base Plan for an upcoming deliverable.

The following grant deliverables were submitted during the month of September:

- CRI Deliverable 2.1/ PHEP Core 12.1 - Attendance at Medical Countermeasures Evaluation Seminar
- PHEP Core 5.1 - Attendance at Quarter 1 Statewide Epidemiology Meeting

As of September 30, all deliverables due through October (as well as one due in December) have been submitted.

During the month of September, the Ohio Department of Health approved the following Deliverables:

- PHEP Core Deliverable 3.2 - Whole Community Resilience Assessment Planning Tool Drill (submitted in August, December deadline)
- CRI Deliverable 2.1/ PHEP Core 12.1 - Attendance at Medical Countermeasures Evaluation Seminar
- PHEP Core Deliverable 7.1 - After Action Report Improvement Activity Plan
- PHEP Core 5.1 - Attendance at Quarter 1 Statewide Epidemiology Meeting

Meetings/Events Attended:

- MCM Program Evaluation Seminar (9/6)
- ODH Medical Countermeasures Full Scale Exercise Final Planning Meeting (9/7)
- Point of Dispensing Meeting with Geauga County Dept. of Emergency Services and Water Resources (9/8)
- Northeast Ohio Healthcare Coalition Public Health Workgroup (9/11)
- Point of Dispensing Meeting with Geauga County Dept. of Emergency Services and Cardinal Local Schools (9/11)
- Point of Dispensing Meeting with Geauga County Dept. of Emergency Services and Chardon Surgery Center (9/13)
- Lake County General Health District Full Scale Exercise Final Planning Meeting (9/13)
- Geauga County Police Chief's Meeting with Geauga County Dept. of Emergency Services to discuss site security plans for Points of Dispensing (9/14)
- Northeast Ohio Regional Epidemiology, Public Health, and Medical Reserve Corps Meetings (9/15)
- Geauga County Local Emergency Planning Commission Meeting (9/19)
- Northeast Ohio Regional Full Scale Exercise Planning Meeting (9/25)
- Emergency Response Plan Communication Annex Workgroup Meeting (9/26)
- Perry Nuclear Power Plant Annual Emergency Operations Center Training (Lake County) (9/27)
- Biowatch Risk Communications Workgroup (9/27)

4.01.07

Epidemiology

The Pertussis outbreak that first started in March continued into September. To date, Geauga County has 95 confirmed cases, one of which resulted in a hospitalization. The months with highest incidence were May (22), June (32), and July (14). There has been a sharp decline in the past two months, but the most recent case was reported on September 20. The outbreak disproportionately affected Geauga County's Amish communities (95% of cases), with Middlefield, Huntsburg, and Burton having the highest numbers. Of the confirmed cases, a total of 54 (57%) were unvaccinated, 27 (28%) had received some vaccine but were not up to date with vaccination, and 14 (15%) had unknown immunization status. GPH began holding vaccination clinics in April, with a total of 131 pertussis-containing vaccinations given through September. The DDC Clinic also provided 236 pertussis-containing vaccinations since the start of the outbreak.

Ms. Priyanka Parikh noted that there continues to be an elevated number of cases of enteric disease observed over the past three months.

During the month of September, Ms. Parikh received and fielded various requests for information from school staff about COVID-19 and current guidelines, as well as from residents regarding current isolation and preventive measures as well as the new booster vaccines. Updated COVID-19 information was also provided for long term care facilities. In addition, Ms.

Parikh provided education for a case and case’s family members about risk factors and preventive measures for Legionnaire’s Disease.

During September, three long term care facilities in Geauga County had COVID-19 outbreaks, including nine staff and 21 residents, for a total of 30 outbreak-associated cases. All long-term care facilities were provided with the most recent COVID-19 resources.

Communicable Diseases Reported by Month: Ohio Disease Reporting System (ODRS)

Communicable Disease	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
Campylobacteriosis	2	1	1	0	1	1	3	2	5
Chlamydia infection	5	12	9	6	10	4	8	4	4
COVID-19	286	227	204	105	87	41	38	105	206
CP-CRE	0	0	2	0	0	0	0	0	0
Giardiasis	0	0	1	0	0	0	0	0	0
Gonococcal infection	1	1	1	1	3	3	3	1	1
Haemophilus influenzae (invasive disease)	0	0	1	1	0	0	0	0	0
Hepatitis B (including delta) - chronic	1	0	2	1	0	0	1	1	0
Hepatitis C - chronic	1	1	0	4	3	0	3	2	1
Influenza-associated hospitalization	7	5	0	0	0	0	0	0	0
Legionellosis	1	0	0	0	0	0	1	1	0
Lyme Disease	1	0	0	1	1	5	8	2	1
Meningitis – aseptic/viral	0	0	0	0	0	0	0	1	0
Mumps	0	0	0	0	0	0	0	1	0
Pertussis	4	4	13	15	23	22	10	2	1
Salmonellosis	1	1	1	0	1	0	3	1	1
Shigellosis	0	1	0	0	0	0	0	0	0
Streptococcal - Group A - invasive	3	1	4	1	3	1	1	0	1
Streptococcal - Group B - in newborn	0	1	0	0	0	0	0	0	0
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	1	1	0	0	1	0	0	0	0
Syphilis - early	0	0	1	0	0	0	0	0	0
Syphilis - primary	0	1	0	0	0	0	0	0	0
Syphilis - secondary	0	0	1	0	0	0	0	0	0
Syphilis - congenital	0	0	0	0	1	0	0	0	0
Varicella	1	0	1	1	1	0	0	0	0

Adam Litke provided the following highlights for Carol Straniero:

- *Discussed restarting the well-child clinic after a 10-year hiatus. Funding is not available from the Ohio Department of Health (ODH). Will work with Dr. Jennifer Williams-Reid, former Health Commissioner for Geauga Public Health (GPH), and Patti Gallagher from the DDC to provide the service.*
- *Staff will participate in the Trunk-or-Treat event at the Geauga County Sheriff's Office on Thursday, October 26, 2023.*

Discussion:

Dr. Mark Rood asked why the well-child clinics ended. Adam Litke said there was no longer funding available.

Dr. Mark Rood asked where the clinics will be held. Adam Litke said they will be at the DDC. Carolyn Brakey asked who can attend the clinics and if there is an income requirement. Adam Litke said it will be determined by the group.

Carolyn Brakey asked who is eligible for the Ohio Buckeyes car seat program and how is it advertised. Adam Litke said it is advertised through social media. Ron Graham said eligibility is based on income; if they are Medicaid eligible, they are typically eligible for this program as well. Carolyn Brakey suggested posting information on local Facebook group pages.

4.02

Environmental Health

4.02.01

Director's Report

No additional information to report at this time.

4.02.02

Food Safety

No additional information to report at this time.

4.02.03

Program Inspections

Environmental Health staff conducted the following program inspections during September:

Program	Inspections
Private Water Systems (wells)	31
Camps	0
Swimming Pools/Spas	0
*Food	120
Sewage Systems	41
For Sale of Property	9
HB 110 (Semi-Public) Systems	37
Plumbing	64
Schools	4
Nuisance Complaints	0

*Includes routine inspections, reinspections, mobiles, temporaries, plan reviews, pre-licensing inspections, food-related nuisance complaints, and consultations.

Dan Lark provided the following highlights:

- *Approximately 800 Operation and Maintenance (O&M) letters were mailed to Chester and Chardon homeowners on Monday, October 23, 2023. A meeting will be held on Thursday, November 2, 2023, for homeowners who would like more information.*
- *A training will be held on December 19, 2023, at LaMalfa in Mentor for septic installers, haulers, and service providers for annual Continue Education hours.*
- *A homeowner that had a SYBR-AER system installed in 2021 has requested a refund for the permit. He was informed that the refunds were on a case-by-case basis.*

Discussion:

Brandon Mantel from Donamarc Water Systems talked about the Parkman Wells. They are currently in the second step of the second phase. They are achieving good quality water and are not expecting any issues at this point.

Board members asked for Brandon Mantel's thoughts on the resolution of the contamination and future prevention. Brandon Mantel stated that it is difficult to determine and would be based on a hydrologist's evaluation. He stated that the new wells are at a much deeper depth and did not believe the contamination from the shallow aquifers would affect them. He also

said that extensive treatment or bringing in an alternate source of water can be used in places that have only one aquifer available. He said prevention is an ongoing concern due to history of storage and application. The best prevention is to not drill through two aquifers and to keep the shallow ones intact. Brandon Mantel said that, based on observation, the new Ohio Department of Transportation storage designs are better.

Dr. Mark Rood asked if there are any other homeowners in the area that have refused help with their wells. Dan Lark said that there are some that have not responded to GPH's communications. Adam Litke said that unfortunately the time has passed for them to receive help from GPH, due to the contract with Ohio Environmental Protection Agency (EPA) ending. Carolyn Brakey asked how many SYBR-AER systems were installed. Dan Lark said about 250 were installed. He said that type of system was approved by the state.

4.03

Administrator's Report

4.03.01

Administrator

1. Parkman Wells – Phase II of the Parkman Wells replacement has started. Additional wells have also been identified and will be addressed through the Phase 2 contract after discussion with Ohio Environmental Protection Agency.
2. Rent – Continued to have conversations with County Administrator and Deputy Administrator regarding potential rent amount.
3. Health District Advisory Council (HDAC) – Met with the HDAC in September 2023. HDAC was pleased with the general direction of the Health Department but did want to discuss the amount of rent that was expected of GPH.
4. Workload – Overall workload due to increase in work related to Operation & Maintenance, rental discussions, Parkman Wells, etc., has put incredible strain on the ability to complete tasks necessary for GPH.
5. Operation & Maintenance – Working with the County Treasurer and Auditor to allow the use of the Point & Pay system to accept credit cards as an online payment for the program.

4.03.02

Notes to Financial Statements

Accounts Payable by G/L Distribution Report. This is the day-to-day or current expenses report.

Notes on Chart 1

As of September 30, 2023, 75% of the year is complete. This percentage is a point of reference for what percentage of revenue and expense you might expect to see received/expensed at this point in the year.

The following are explanations for revenues and/or expenses that are significantly over budget or under budget from that reference point.

REVENUE:

1. License is showing over budget as the Food Licenses are being issued.
2. Other Revenue is showing over budget. The EPA wired a payment for the Parkman wells in the amount of \$150,330.00.

EXPENSES:

This being the ninth month of the year there are no expenses that are significantly over or under budget.

Notes on Chart 2

Chart 2 is a comparison of the beginning cash balance of each fund to the current cash balance of each fund.

1. Food Service (6005) is showing an increase in cash balance. We are starting to process the 2023 Food Service Licenses. This is typical of previous years and Health Districts in general.
2. Immunization Action Plan (6025) is showing an increase in expenses. We have not received the offset revenue.

Notes on Chart 3

The bar graph compares the revenue and expenses by each month for all funds combined. In August we received a check for Environmental Assistance which raised revenue significantly.

CHART 1

MONTH OF : SEPTEMBER

	Revised	YTD	% of Budget
Revenue Type	Budget	Revenue	Received
Property and Other Taxes	\$ 564,222.00	\$ 579,422.91	102.69%
State Reimbursement-Real Estate	\$ 75,486.00	\$ 37,336.36	49.46%
State Revenues	\$ 711,064.00	\$ 242,042.37	34.04%
Local Government Tax	\$ -	\$ -	
Permits	\$ 725,000.00	\$ 246,983.10	34.07%
Inspection Fees	\$ 507,000.00	\$ 121,873.00	24.04%
Fees	\$ 236,500.00	\$ 214,500.92	90.70%
Licenses	\$ 200,000.00	\$ 179,566.37	89.78%
Fines	\$ 1,000.00	\$ 3,502.00	350.20%
Fees Infectious Waste Fees	\$ 750.00	\$ -	0.00%
Fees Solid Waste Fees	\$ 15,000.00	\$ 4,400.00	29.33%
Foundation Revenue	\$ -	\$ -	
Water Testing Fee	\$ 13,000.00	\$ 9,565.00	73.58%
Federal Grants	\$ 147,000.00	\$ 31,923.48	21.72%
Local Match	\$ -	\$ -	
Reimbursements	\$ -	\$ -	
Other Revenue	\$ 760,670.00	\$ 283,777.57	37.31%
Other Revenue Other Receipts	\$ -	\$ 8,580.00	0.00%
Other Revenue Other Revenue	\$ 14,500.00	\$ 80,465.93	554.94%
Other Revenue Real Estate Fee Refund	\$ -	\$ 95.00	
Transfers In	\$ 329,500.00	\$ -	0.00%
Total Revenue	\$ 4,300,692.00	\$ 2,044,034.01	47.53%
		Percentage of year Completed	75.00%
	Revised	YTD	% of Budget
Expense Type	Budget	Expense	Used
Salaries	\$ 666,494.00	\$ 452,525.43	67.90%
OPERS	\$ 103,761.00	\$ 60,819.27	58.61%
Medicare	\$ 21,615.00	\$ 6,478.03	29.97%
Workers Compensation	\$ 37,273.00	\$ -	0.00%
Hospitalization	\$ 162,566.00	\$ 85,641.36	52.68%
Unemployment	\$ 40,000.00	\$ 22,792.48	56.98%
Contract Services	\$ 3,672,539.17	\$ 520,197.01	14.16%
Travel	\$ 46,644.60	\$ 13,094.68	28.07%
Vehicle Expense	\$ -	\$ -	
Legal Fees	\$ 12,770.55	\$ 588.66	4.61%
Advertising	\$ 4,571.00	\$ 1,015.34	22.21%
State Remittance	\$ 65,473.00	\$ 33,764.00	51.57%
State Remittance Ohio Permit Fee	\$ 19,830.00	\$ 8,004.00	40.36%
State Remittance Ohio Water Test Fee	\$ -	\$ -	0.00%
Materials and Supplies	\$ 30,656.98	\$ 5,324.49	17.37%
Materials and Supplies Supplies	\$ 21,069.78	\$ 10,324.59	49.00%
Materials and Supplies Vaccine Supply	\$ 18,047.03	\$ 1,960.80	10.86%
Equipment	\$ 42,898.43	\$ 19,973.47	46.56%
Equipment Equipment	\$ 21,303.00	\$ 509.72	2.39%
Equipment Equipment Maintenance	\$ 3,100.00	\$ 200.59	6.47%
Other	\$ 347,293.02	\$ 205,470.26	59.16%
Other County RE Tax Expenses	\$ 11,000.00	\$ 9,311.02	84.65%
Other Health Emergency	\$ -	\$ -	0.00%
Other Other Expenses	\$ 111,751.52	\$ 25,861.99	23.14%
Other State RE Tax Expenses	\$ 1,000.00	\$ -	0.00%
Other VS Remit to State	\$ 164,396.86	\$ 76,114.20	46.30%
Refunds	\$ 16,600.00	\$ 480.00	2.89%
Repair Services	\$ -	\$ -	0.00%
Transfers Out	\$ 204,500.00	\$ -	0.00%
Total Expense	\$ 5,847,153.94	\$ 1,560,451.39	26.69%
		Percentage of year Completed	75.00%
Revenue Less Expense	\$ (1,546,461.94)	\$ 483,582.62	
Beginning Cash Balance		\$ 4,250,354.64	
Total Cash on Hand		\$ 4,733,937.26	
Cash on Hand Per Cash Position Report		\$ 4,733,937.26	

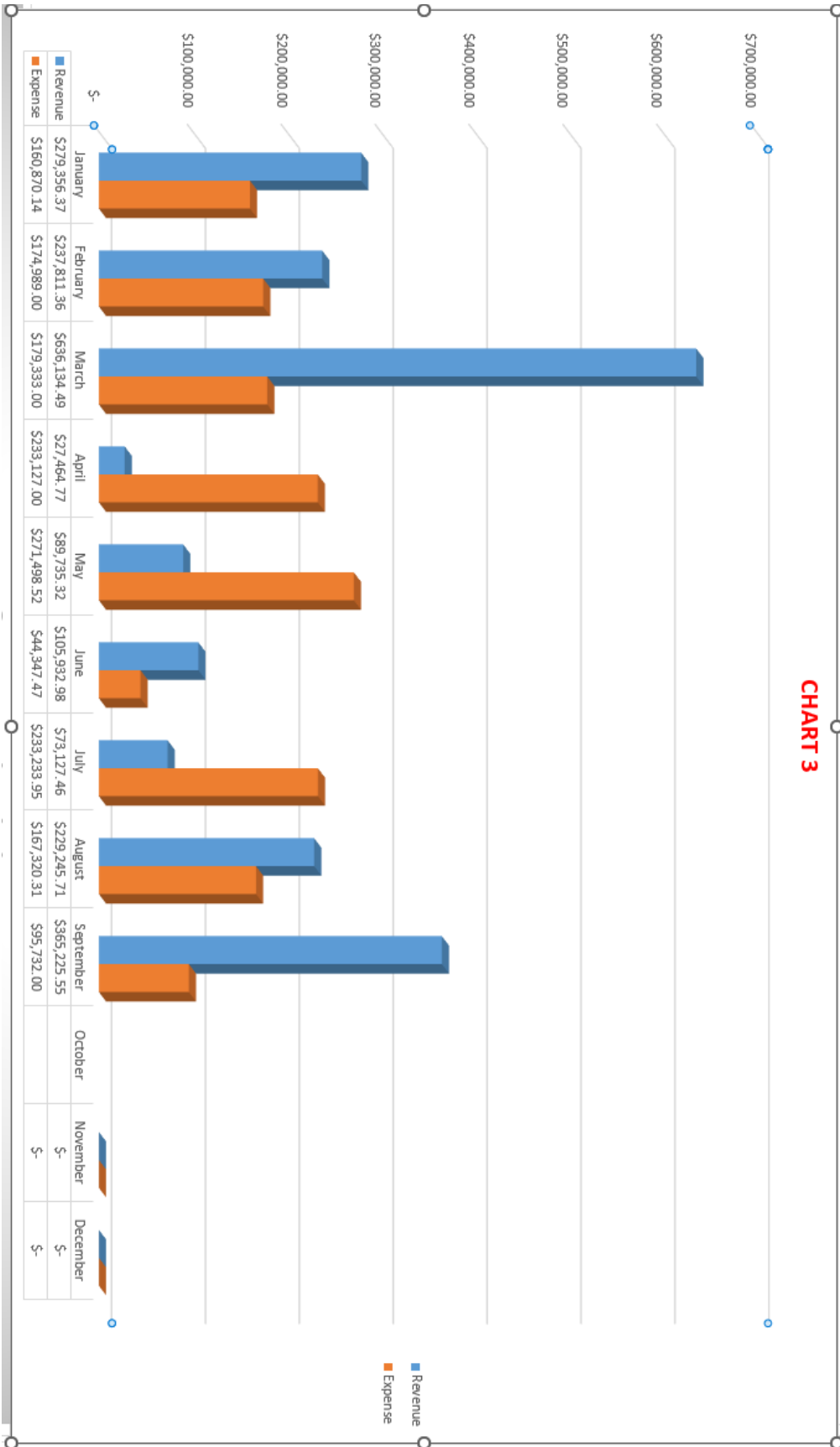
MONTH OF :

CHART 2

SEPTEMBER

Fund Number	Fund name	Beginning Cash Balance	YTD Revenue Per Budget Performance	YTD Expense Per Budget Performance	Ending Cash Balance	YTD Cash Per Cash Position Report	Difference	Percentage Increase/Decrease
6002	Board of Health	\$ 1,613,468.68	\$ 992,329.06	\$ 640,360.35	\$ 1,965,437.39	\$ 1,965,437.39	\$ -	21.81%
6004	Trailer Park	\$ 11,394.69	\$ 4,427.00	\$ 230.44	\$ 15,591.25	\$ 15,591.25	\$ -	36.83%
6005	Food Service	\$ 166,560.28	\$ 186,218.37	\$ 55,550.99	\$ 299,227.66	\$ 299,227.66	\$ -	77.52%
6008	Infectious Waste/Solid Waste	\$ 109,690.56	\$ 4,400.00	\$ 8,646.63	\$ 105,443.93	\$ 105,443.93	\$ -	-3.87%
6011	Private Water Systems	\$ 194,176.35	\$ 215,453.00	\$ 219,056.39	\$ 190,572.96	\$ 190,572.96	\$ -	-1.86%
6018	Swimming Pools	\$ 26,209.09	\$ 11,723.75	\$ 3,800.44	\$ 34,132.40	\$ 34,132.40	\$ -	30.23%
6019	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6021	Public Health Infrastructure	\$ 429,621.78	\$ 25,179.00	\$ 44,882.12	\$ 409,918.66	\$ 409,918.66	\$ -	-4.59%
6023	Sewage Treatment Systems	\$ 912,166.28	\$ 366,974.75	\$ 206,616.80	\$ 1,072,524.23	\$ 1,072,524.23	\$ -	17.58%
6024	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6025	Immunization Action Plan	\$ 36,092.56	\$ 30,235.00	\$ 36,944.17	\$ 29,383.39	\$ 29,383.39	\$ -	-18.59%
6026	Women, Infants, and Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6027	Child & Family Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6030	Emergency Response Fund	\$ 25,000.00	\$ -	\$ -	\$ 25,000.00	\$ 25,000.00	\$ -	-
6036	Environmental Health Assistance	\$ 71,131.37	\$ 110,847.70	\$ 166,803.00	\$ 15,176.07	\$ 15,176.07	\$ -	-78.66%
6037	For Sale of Property	\$ 292,189.74	\$ 17,755.00	\$ 84,852.23	\$ 225,092.51	\$ 225,092.51	\$ -	-22.96%
6038	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6039	Alcohol, Tobacco & Other Drugs	\$ 52,017.32	\$ 17,250.00	\$ 16,387.66	\$ 52,879.66	\$ 52,879.66	\$ -	1.66%
6040	Injury Prevention	\$ 54,388.25	\$ 38,525.81	\$ 18,997.82	\$ 73,916.24	\$ 73,916.24	\$ -	35.90%
6041	Workforce Development	\$ 44,230.50	\$ 20,896.65	\$ 21,513.73	\$ 43,613.42	\$ 43,613.42	\$ -	-1.40%
6042	Population Health Fund	\$ 210,017.19	\$ 1,818.92	\$ 35,808.62	\$ 176,027.49	\$ 176,027.49	\$ -	-16.18%
Total		\$ 4,250,354.64	\$ 2,044,034.01	\$ 1,560,451.39	\$ 4,733,937.26	\$ 4,733,937.26	\$ -	-
			\$ 2,044,034.01	\$ 1,560,451.39	Check Figure	\$ 483,582.62		

CHART 3



Adam Litke provided the following highlights:

- *The Water Pollution Control Loan Fund (WPCLF) has been successful and GPH should be able to apply for increased funds in the future.*
- *The audits for FY2021 and FY2022 has begun.*
- *The first bill for the agreement with Lake County General Health District (LCGHD) has been received. Although this was a 6-month bill, standard practice going forward will be billing every month.*
- *Discussed future additional staffing needs with the implementation of the O&M program and funding concerns, especially with current issues such as House Bill 110 and rent.*
- *Discussed the use of a GPH credit card. Will email the Board the policy and procedure approved by the Auditor of the State.*

4.04

Health Commissioner's Report

4.04.01

Oversight and Accountability Select Subcommittee on the Coronavirus Pandemic Hearing

On September 14, the House Committee on Oversight and Accountability Select Subcommittee on the Coronavirus Pandemic held a hearing titled, [Oh Doctor, Where Art Thou? Pandemic Erosion of the Doctor-Patient Relationship](#). Four witnesses presented their testimonies:

- Jeffrey A. Singer, M.D., Senior Fellow at the Cato Institute
- Azadeh Khatibi, M.D., Physician, Medical Ethics and Freedom Advocate
- Jerry Williams, M.D., Founder of Urgent Care 24/7
- Andrea Shane, Chief, Division of Infectious Diseases, Department of Pediatrics, Emory University School of Medicine

In opening remarks, Chair Brad Wenstrup (R-OH) expressed the importance of the doctor-patient relationship to improve health outcomes. He stated that physicians and patients should have the autonomy to decide what is best for the patient without government interference in the relationship. Ranking Member, Raul Ruiz (D-CA), also emphasized the value of the doctor-patient relationship, but also mentioned the need for collaboration between physicians and public health officials to secure the country from future threats. Most members of the select subcommittee and the witnesses did not oppose vaccine requirements during the initial rollout.

Dr. Shane emphasized the COVID-19 vaccine as an important tool to protect against severe disease leading to hospitalization or death, and discussed the history of other vaccine mandates in combating serious illness. In her opening statement, Dr. Shane said she does not believe that COVID-19 vaccine requirements infringed upon the doctor-patient relationship. She further

explained that during the COVID-19 pandemic, information was rapidly emerging while new tools were becoming available, requiring changes in practices which could be confusing to many and required time and focused discussion to explain these changes. She emphasized that these explanations of the science were in direct competition with theories and commentary which she stated were not supported by data. Dr. Shane's approach to combating misinformation is to listen, try to understand, and present the information to patients. There was general agreement that vaccine mandates were an optimal way to help protect communities during a desperate time.

4.04.02

988 Hotline Adds Sign Language

The U.S. Department of Health and Human Services (HHS) [announced](#) Friday that it would add American Sign Language (ASL) services to the 988 Suicide and Crisis Lifeline. The 988 Suicide and Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) was launched last year to offer 24/7 access to speak with crisis counselors by call or text who can help people experiencing suicidal thoughts, mental health crisis, or any form of emotional distress. According to the Centers for Disease Control and Prevention (CDC), as of 2021, one death every 11 minutes was due to suicide, which makes it among the top nine leading causes of death in the U.S. for ages 10-64 years. 988 will be available from a videophone—a telephone with a video screen used by deaf and hard of hearing people—in the coming weeks. The crisis line services have expanded to include Spanish language and services for LGBTQ youth and young adults.

4.04.03

Online Graduate Public Health Courses Available at Kent State

Kent State University College of Public Health is offering 7-week online for-credit courses for public health professionals in local health departments from October 16 – December 10, 2023. These courses would fit within the timeline for the Tuition Reimbursement Initiative ending December 10th.

Staff who have a bachelor's degree may enroll as "graduate guest students" at Kent State. The requirement for submission of Graduate Record Examination (GRE) results is waived for guest students. Credit hours taken as a guest student may be applied to a College of Public Health degree program if the individual later decides to pursue a degree.

These online graduate courses are being offered during this 7-week session:

- Health Care Systems (HPM 63003)
- Social Determinants of Health Behavior (SBS 54634)
- Social and Behavioral Science Theories (SBS 60021)
- Interprofessional Response to COVID-19 (HPM 60195)
- Excel for Health Research (BST 60195)
- Sex: A Wicked Public Health Problem (HPM 63013)
- Foundations of Effective Public Health Leadership (HPM 63018)

Course descriptions can be found [here](#). The online application for guest admission to graduate studies at Kent State can be found [here](#). For additional information contact Karen Baker at kbaker80@kent.edu.

Seven-week for-credit online undergraduate courses are also being offered this fall. For additional information contact publichealth@kent.edu.

4.04.04

Corey Hamilton Assumes AOHC Presidency

Corey Hamilton, MS, RD, LD, Health Commissioner of the Zanesville-Muskingum Health Department, took the gavel as the 2023-2024 President of the Board of the Association of Ohio Health Commissioners (AOHC) at the association's recent annual Fall Conference.

Joining Ms. Hamilton on the 2023-24 Board are:

Melissa Howell, Greene County, Past President; Ben Robison, Wood County, President Elect; Angela DeRolph, Perry County, Vice President; Shawn Ray, Noble County, Treasurer; Matt Clayton, Springdale City, Director-at-Large; Kimberly Cupp, Fulton County, Director-at-Large; Garrett Guillozet, Delaware County, Director-at-Large; Jason Orcena, Union County, Director-at-Large; Chad Brown, Licking County, Central District Director; Nicholas Cascarelli, Wayne County, Northeast District Director; Brandon Fischer, Allen County, NW District Director; Charles Patterson, Southwest District Director; Jack Pepper, Athens County Administrator, Southeast District Director.

4.04.05

COVID-19 Vaccine

The Advisory Committee on Immunization Practices' ([ACIP's](#)) [recommendation](#) for all persons 6 months of age and older to receive the 2023-2024 COVID-19 vaccine was officially adopted by the CDC Director on September 12, 2023. Private payers will be working to incorporate this vaccine into their payment schedules in the coming weeks. ACIP has recommended that Pfizer's Prevnar 20 be included as a pediatric pneumococcal vaccine option, along with Merck's Vaxneuvance. The Morbidity and Mortality Weekly Report (MMWR) that officially adopts this recommendation into the pediatric vaccination schedule has not yet been published but we expect that to happen by early October. This publication typically serves as a signal for private payers to begin loading payment for newly approved vaccines.

RSV (Adult) Vaccines

During their June meeting, the ACIP recommended a dose of RSV vaccine for older adults 60 years of age and older using shared decision-making between the patient and healthcare provider. These details were published in the [MMWR](#) at the end of July, which is typically a signal to insurance carriers to begin paying for the newly approved vaccines.

4.04.06

New Research: Ways to Reduce Harassment Faced by Health Department Leaders during Public Health Emergencies

The National Association of County and City Health Officials (NACCHO) partnered with the University of Southern California, San Mateo County Health, and Alala Advisors LLC to explore how the harassment that public health officials faced during and after the COVID-19 pandemic can be addressed. Their new research examined four critical aspects of their experiences: (1) harassment, (2) trauma, (3) systemic backlash, and (4) burnout. These experiences have strained the roles of public health leaders and left them pessimistic about the future. The researchers advocate for improved security measures, mental health support, increased public awareness, and better education for political leaders to protect the public health workforce. Discover more in the full article [here](#).

4.04.07

Mail-Order COVID-19 Tests Available

The federal government [announced](#) home delivery of free COVID-19 tests will be available starting September 25 through [COVIDtest.gov](#). This program comes amidst the increased COVID-19 hospitalizations in recent months. Each household will be able to order four testing kits for home delivery with clear instructions on when the tests expire. The U.S. Department of Health and Human Services (HHS), through the Administration for Strategic Preparedness and Response (ASPR), will invest \$600 million to go to 12 domestic COVID-19 test manufacturers to create an additional 200 million tests for distribution. These investments aim to improve preparedness for COVID-19 and other future pandemic threats by securing and strengthening the nation's capacity to manufacture tests. The administration wants to ensure that Americans have access to tests that can detect the circulating variants. CDC [recommends](#) people get tested immediately if they have COVID-19 symptoms or within five days of exposure to someone with COVID-19.

4.04.08

Litigation Tracker

Litigation is an important tool for both defending and advancing public health policy. This resource from the Public Health Law Center shares information and official court documents from select lawsuits, including commercial tobacco control and health eating. Additionally, it also includes some cases relevant to cross-cutting issues that affect public health, such as preemption and First Amendment considerations. See Litigation Tracker for access.

4.04.09

MWR 10/6/2023 Synopsis

- An analysis of data from 3,218 people aged 60 or older who were hospitalized with RSV infection from 12 states from July 2022 to June 2023 from the Respiratory Syncytial Virus–Associated Hospitalization Surveillance Network revealed that 54.1% were 75 or older, and 95.5% had at least one underlying condition, the most common being: obesity, chronic obstructive pulmonary disease, congestive heart failure, and diabetes. 18.5% experienced severe outcomes with 17% admitted to intensive care, 4.8% requiring mechanical ventilation, and 4.7% dying. 17.2% of all cases occurred in long-term care facility residents.
- Data from February 1, 2022, to May 31, 2023, among 5,784 people aged 60 or older hospitalized for RSV (5.3%), Covid-19 (81.8%), or flu (12.9%) across 20 states from the Investigating Respiratory Viruses in the Acutely Ill (IVY) Network were analyzed to compare disease severity. Patients hospitalized with RSV were 2 to 3 times more likely to need oxygen therapy or noninvasive ventilation than those hospitalized for Covid-19 or flu, and were approximately 1.5 times more likely to be admitted to ICU. Those hospitalized with RSV had similar odds of requiring invasive mechanical ventilation or dying compared with those hospitalized for Covid-19, but these odds were twice as high compared with those hospitalized with the flu.
- An analysis of data from the COVID-19–Associated Hospitalization Surveillance Network (COVID-NET) from January–August 2023 revealed that following a 86% decrease from January to July, Covid-19-associated hospitalization rates among people aged 65 or older increased from 6.8 per 100,000 in mid-July to 16.4 in late August. People aged 65 or older accounted for 62.9% of all hospitalizations, 61.3% of ICU admissions, and 87.9% of in-hospital deaths. 90.3% had multiple underlying conditions and only 23.5% had received the recommended bivalent vaccine.
- National Healthcare Safety Network (NHSN) Covid-19 vaccination data from October 31, 2022 to May 7, 2023 were analyzed to identify disparities among long-term care facility residents. Prevalence of up-to-date vaccination status (received a bivalent booster dose or completed primary series within last 2 months) was much lower in the South (37.7%) and Southeast (36.5%) regions compared with the Pacific Northwest (53.3%) and Mountain West (59.6%) regions. Up-to-date coverage was lowest among Blacks (36.5%) and multiracial residents (42.2%), and was lower for Hispanics (36.5%) than non-Hispanics (44.5%). Coverage increased with age (37.7% for those aged 30-49, compared to 46% for those aged 75 or older), and was slightly higher among women (44.6%) compared to men (42.4%).
- Per National Vital Statistics System Mortality Data, death rates for stroke declined from 2001 to 2021 across all regions, remaining highest in the South and lowest in the Northeast. In the South, stroke death rates declined from 63 per 100,000 population in 2001 to 39.5 in 2013, then rose to 46.9 in 2021. In the Midwest, rates fell from 59.4 in 2001 to 37.4 in 2013, rising to 42.2 in 2021. In the West, rates fell from 60.9 in 2001 to

33.8 in 2014, rising to 40 in 2021. And in the Northeast, rates fell from 47.2 in 2001 all the way to 28.6 in 2019 before rising to 30.2 in 2021.

4.04.10

MMWR 9/29/2023 Synopsis

- Based on analysis of data from the Fall 2022 DocStyles survey of 1,752 healthcare providers, 82.9% recommend Covid-19 vaccination to women of reproductive age, while just 54.7% administer it in their practice. Among those who care for pregnant women, OBGYNs were more likely to recommend Covid-19 vaccine to pregnant patients (94.2%) than were family doctors (82.1%). Providers were more likely to administer Covid-19 vaccine if they also offer flu and Tdap vaccines onsite.
- Massachusetts examined Covid-19 vaccination coverage among 102,275 pregnant women of different racial and ethnic groups from May 1, 2021, to October 31, 2022, and found that receipt of 1 or more doses of a Covid-19 vaccine before or during pregnancy was 41.6% overall and was highest among Asians (55.0%) and lowest among Hispanics (26.7%). Coverage increased from May 2021 (22.6%) to April 2022 (50.6%), then declined to 45.7% in October 2022. However, inequities among racial and ethnic subgroups were revealed when the data was disaggregated, which can be useful in guiding and targeting public health interventions.
- The Overcoming Covid-19 Network conducted a case-control study during March 9, 2022–May 31, 2023, to evaluate the effectiveness of maternal receipt of a Covid-19 vaccine dose during pregnancy against Covid-19-related hospitalization in infants. Effectiveness was determined to be 35% among infants aged 6 months or younger and 54% among infants under 3 months old. 23% of case patients were admitted to intensive care units, and mechanical ventilation was more commonly needed for infants of unvaccinated mothers (9%) compared with vaccinated mothers (1%).
- *Maybe good data to share with/through WIC and related partners? Providing this type of data through messaging targeting pregnant mothers may help inform choices and lead to less infant issues??*
- CDC analysis of an Internet panel survey conducted with 1,814 pregnant respondents during March 28–April 16, 2023, revealed that 47.2% reported receiving the flu vaccine before or during their pregnancy, while 55.4% received the Tdap vaccine during pregnancy, and only 27.3% received a Covid-19 bivalent booster dose before or during pregnancy. Hesitancy about flu and Tdap vaccines has increased per these surveys since the 2019 flu season. Those who received a provider recommendation were less hesitant.

- On June 22, 2023, the Advisory Committee on Immunization Practices approved recommendations for the use of 20-Valent pneumococcal conjugate vaccine (PCV20) in children, and the recommendations were adopted by CDC on June 27, 2023. The official recommendations, evidence, rationale, and clinical guidance can be found at: <https://stacks.cdc.gov/view/cdc/133252>
- Per the National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey data, the rate of emergency department visits with a primary diagnosis of a substance use disorder among adults increased from 74.4 per 10,000 population during 2018–2019 to 103.8 during 2020–2021. Likelihood has remained higher among people age 18-34 compared to those over the age of 35.

Ron H. Graham provided the following highlights:

- *Ad hoc work group has been created to go over major plans.*
- *GPH Health Educator currently updates the website and social media, Safe Communities, Project DAWN, and will be working on the Community Health Improvement Plan.*
- *A full-time accreditation coordinator needs to be employed for accreditation. Unsure at this time if the coordinator can be shared between GPH and LCGHD.*
- *Will be working on a community newsletter to be distributed via social media, website, and community partners.*

5.0 **Committee Reports**

No Committee reports.

6.0 **Old Business**

6.01 **Geauga Public Health Rent**

The space previously authorized (lunchroom and storage closet) is still available for ADP to use. Working on rent calculations and have requested records from the County.

7.0

New Business

7.01

7.01.01

Financial Reports, Resolution 23-10-07-01-01

Dr. Mark Rood moved and Dr. Mark Hendrickson seconded a motion to approve the Financial Reports for payment of bills, as listed in the recapitulation sheets attached to these minutes. Motion carried with a roll call vote. Ms. Brakey, yes; Dr. Rood, yes; and Dr. Hendrickson, yes.

Discussion:

Carolyn Brakey asked what the Cuyahoga Board of Health expense was. Ron Graham said that was for the Healthy Northeast Ohio Database.

Carolyn Brakey asked what the payments to Klarich Farms was for. Dan Lark said they were for reimbursement of work conducted through the WPCLF program. The jobs through the program are based on the homeowner's income and then through a bidding process.

7.01.02

Permission to Approve Appropriations for Increase/Decrease

Dr. Mark Hendrickson moved and Dr. Mark Rood seconded a motion to approve supplemental Appropriations for Increase/Decrease as presented. Motion carried with a roll call vote. Ms. Brakey, yes; Dr. Rood, yes; and Dr. Hendrickson, yes.

7.02

Permission to Allocate \$5,000 for O&M Mailing Costs

Dr. Mark Hendrickson moved and Dr. Mark Rood seconded a motion to allocate \$5,000 for mailing costs of the Operation and Maintenance (O&M) program. These funds would be used through December 31, 2023. Motion carried with a roll call vote. Ms. Brakey, yes; Dr. Rood, yes; and Dr. Hendrickson, yes.

Discussion:

Dan Lark said this will be more efficient and it saves time and money when sending certified letters.

7.03

Resolution to Increase Certain Fees, Food Service Program, First Reading

Dr. Mark Rood moved and Dr. Mark Hendrickson seconded a motion to hear the first reading of the following resolution concerning the increase of certain food service and food establishment fees with changes to temporary food fees (\$100) and non-commercial temporary food fees (\$50). Motion carried with a roll call vote. Ms. Brakey, yes; Dr. Rood, yes; and Dr. Hendrickson, yes.

Based upon the staff recommendations, it is recommended that the Board of Health hear the first reading of the following resolution concerning certain Food Service and Food Establishment program fees. When adopted, the fee changes will become effective approximately January 1, 2024. The proposed changes are included in the fee rules following the resolution below:

**RESOLUTION
OF THE
GEAUGA PUBLIC HEALTH BOARD OF HEALTH
INCREASING CERTAIN FEES**

WHEREAS, the Ohio Revised Code, Section 3717.07, permits the Board of Health to establish by Rule a uniform system of fees to pay the cost of any service provided by the Board of Health for which no fee is prescribed by law; and

WHEREAS, it has been determined by the Board of Health through a program cost analysis that the fees for certain services are not generating revenues to pay the cost of providing those services; and

WHEREAS, the Board of Geauga Public Health is determined to provide quality Public Health services to Geauga County residents in a cost effective manner.

NOW THEREFORE BE IT RESOLVED

That, for the purpose of preserving and promoting the Public Health and Welfare, the foregoing regulations are hereby amended/enacted as follows:

LICENSE CATEGORY	Current Local Fee (\$)	Proposed Local Fee (\$)
Commercial Risk Category 1, <25,000ft ²	187.00	244.00
Commercial Risk Category 2, <25,000ft ²	208.00	278.00

Commercial Risk Category 3, <25,000ft ²	383.00	546.00
Commercial Risk Category 4, <25,000ft ²	480.00	698.00
Commercial Risk Category 1, >25,000ft ²	262.00	360.00
Commercial Risk Category 2, >25,000ft ²	275.00	380.00
Commercial Risk Category 3, >25,000ft ²	931.00	1,394.00
Commercial Risk Category 4, >25,000ft ²	986.00	1,480.00
Non-Commercial Risk Category 1, <25,000ft ²	93.50	122.00
Non-Commercial Risk Category 2, <25,000ft ²	104.00	138.00
Non-Commercial Risk Category 3, <25,000ft ²	191.50	272.00
Non-Commercial Risk Category 4, <25,000ft ²	240.00	348.00
Non-Commercial Risk Category 1, >25,000ft ²	131.00	180.00
Non-Commercial Risk Category 2, >25,000ft ²	137.50	190.00
Non-Commercial Risk Category 3, >25,000ft ²	465.50	696.00
Non-Commercial Risk Category 4, >25,000ft ²	493.00	740.00
Vending	5.72	6.09
Mobile	90.00	225.00
Temporary Food	60.00	150.00 100.00
Non-Commercial Temporary Food	30.00	75.00 50.00

Notes:

- 1) Fees shown above do not include State Certification Fee charge of \$28.00 per commercial license and \$14.00 per non-commercial license for Risk Category 1-4 licenses.
- 2) Non-Commercial Risk Category 1-4 fees are 50% of the corresponding Commercial Risk Category fee.
- 3) Non-Commercial Temporary fees are 50% of the Commercial Temporary fee.
- 4) Late fees are assessed at an additional 25% of the established local license fee.

Adopted by the Board of Geauga Public Health on December 20, 2023, to become effective January 1, 2024.

Published _____, 2023,
_____, 2023

Discussion:

Dan Lark stated that a public hearing was held on Wednesday, October 18, 2023, regarding the increase in food fees. Notice of the hearing was sent to those licensed through the food program. Some members did attend. The concern was the large increase, especially for the temporary food fees. Dan Lark suggested lowering the commercial temporary food fee from \$150 to \$100 and the non-commercial temporary food fee from \$75 to \$50. He also said that, per Ohio Revised Code, vending fees must be charged per location, not by machine, and can only increase based on the Consumer Price Index.

8.0

Citizens' Remarks

Adam Litke outlined the process and policies for providing public comment. Those who would like to comment but not attend the meeting are invited to email info@geaugacountyhealth.org and their comments will be forwarded to the Board.

There were no citizens' remarks.

9.0

Executive Session

No executive session was held.

10.0

Adjournment

With no further business, the meeting was adjourned at 6:18 p.m.

Secretary

President