

AGENDA
GEAUGA PUBLIC HEALTH
November 15, 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 October 25, 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
 - 6.02 Resolution to Increase Certain Fees, Food Service Program, Second Reading

7.0 New Business

7.01 Resolutions

7.01.01 Financial Reports, Resolution 23-11-07-01-01

7.01.02 Permission to Approve Appropriations for Increase/Decrease

7.02 Permission to Approve 2024 Geauga Public Health Budget

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, November 15, 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

Ashley Jones, Pharm D
Lynn Roman

Dr. Mark Rood

Minutes were recorded by Gina Parker.

Also present from the Health District staff:

Ron H. Graham
Dan Lark

Adam Litke
Kristi Pinkley

Others Present: 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 Rood moved and Carolyn Brakey seconded a motion to approve the minutes of the October 25, 2023, Board of Health regular meeting; motion carried. Lynn Roman abstained.

4.0 Health District Staff Reports

4.01 Population Health

4.01.01 Safe Communities

The Coalition Coordinator attended the District 4 Safe Communities Regional Fall Meeting on October 4. Safe Communities grant updates were discussed. A coalition meeting was held on October 5, with representatives from Geauga County Sheriff's Office and Ohio State Highway Patrol in attendance. There were two fatal crashes reviewed, occurring on August 15 and September 9. Planning for upcoming events continues. During the meeting, the Coalition Coordinator and Lieutenant Larry Jones with the Ohio State Highway Patrol hosted a Facebook Live on the Geauga Public Health (GPH) Facebook page. They discussed the new distracted driving law, the importance of the law, what the law entails, and common questions about the law.

The Coalition Coordinator hosted an interactive display at West Geauga High School on October 10 to educate students on safe decisions before homecoming. Students participated in traffic safety trivia, used fatal vision goggles, and received traffic safety materials. Ohio Traffic Safety Office, AAA, and Ohio State Highway Patrol assisted with the display. The Health Educator and Emergency Preparedness Specialist set-up an interactive display at the Fire Prevention Safety Event at UH Geauga on October 12. The display included giveaway materials and educational information about fire safety and traffic safety. The Coalition Coordinator set up an interactive display at Chardon High School on October 19 to educate students on traffic safety issues for National Teen Driver Safety Week. Students participated in traffic safety trivia, used fatal vision goggles, and received traffic safety materials. Ohio Traffic Safety Office, AAA, and ODOT District 12 assisted with the display. Lastly, the Coalition Coordinator set up an interactive display at Cardinal High School on October 25 to educate students on traffic safety for National Teen Driver Safety Week. Students participated in traffic safety trivia, used fatal vision goggles, and received traffic safety materials. Ohio Traffic Safety Office, AAA, ODOT District 12, Lake Geauga Recovery Centers, and Ohio State Highway Patrol assisted with the display.

4.01.02 Buckles Buckeyes Program (Car Seat Program)

No child safety seats were distributed during October.

4.01.03 Other Population Health Activities

The Health Educator created a new Operations and Maintenance webpage on the Geauga Public Health website. The old webpage was replaced with the new webpage on October 16. The Health Educator and the Public Health Nurse planned and coordinated the Geauga Public Health Trunk or Treat display. The Health Educator set-up decorations and handed out candy to children for the Halloween event occurring at the Geauga County Sheriff's Office on October 26. Approximately 1,900 children attended the event.

The Health Educator along with partners from University Hospitals (UH), planned for and facilitated the Geauga County Community Health Improvement Plan (CHIP) Community Collaboration meeting on October 31. The following organizations were represented: GPH, Lake Geauga Recovery Centers, Lake County General Health District (LCGHD), UH Geauga, Help Me Grow, Mental Health and Recovery Services Board, Torchlight Youth Mentoring Alliance (YMA), Kent State Geauga, Ravenwood Health, Job and Family Services, United Way, Drug Free Communities, Geauga SOGI, and NAMI Geauga. The 2023-2025 Geauga County CHIP was discussed, and future plans were established.

4.01.04

Get Vaccinated Ohio-Public Health Initiative (GVO)

No current updates

4.01.05

Vaccines for Children

1. Mobile Clinics

Busters Barn - There was a total of 20 individuals seen on 10/23/23 at the mobile clinic.

DTap-3

Tdap-2

Vaxelis-7

Pediarix-5

Kinrix-1

Polio-3

MMR-1

Men ACWY-2

PCV15-9

Varicella-2

ProQuad-3

2. GPH Adult Clinic – There were a total of four (4) individuals immunized.

Flu-1

Hep A-1

Hep B-1

Rabies – Prophylaxis rabies vaccine administered to Lake Metro Parks Employee

3. DDC Clinic Center for Special Needs Children (10/11/23 and 10/25/23)

- 63 individuals were seen with a total of 110 vaccines given.

4. Home Visit(s)

- Four disable adult Influenza immunizations administered.

5. Tuberculosis (TB) Clinic

- Two TB tests administered and read.

Continuing Education / Training

1. Melissa Kimbrough, RN, attended webinar with updated information on the new RSV vaccines.
2. Melissa Kimbrough, RN, attended Geauga County 2023-2025 Community Health Improvement Plan meeting.
3. Melissa Kimbrough, RN, attended Children with Medical Handicaps Program Update training.
4. Melissa Kimbrough, RN, participated in LCGHD Anthrax Exercise
 - Processed and tallied Name, Address, and Personal History (NAPH) forms along with Medical Reserve Corps (MRC) volunteers.

Animal Bite Investigations

1. Seven (7) animal bite investigations conducted.

Community Event(s)

1. Melissa Kimbrough, RN - Planned, set up, and handed out candy at The Geauga County Sheriff's Department Trunk or Treat Event.
 - o Theme was Candy Land
 - o The event had almost 2,000 children in attendance.



4.01.06 **Public Health Emergency Preparedness (PHEP)**

During September, Ms. Lydia Castner has continued working closely with Lake County Preparedness staff to complete Public Health Emergency Preparedness (PHEP) and Cities

Readiness Initiative (CRI) Grant deliverables for the FY24 grant year and to prepare for and participate in the statewide anthrax full scale exercise held October 18-19. The exercise included testing GPH's ability to receive notification of an anthrax release scenario, notify and assemble staff, prepare an Incident Action Plan, and order and receive medical countermeasures from the Strategic National Stockpile via a regional drop site in Cuyahoga County and transport them to Geauga County for distribution and dispensing. GPH's annual Medical Countermeasures Drills (CRI Grant deliverable) were also conducted on October 17 in conjunction with the statewide exercise. Ms. Castner has continued working on the Communications Annex for the Emergency Response Plan for submission in early November.

Due to early submissions and approvals, as well as the significant focus on the statewide exercise, no additional deliverables were submitted or approved by ODH during October. Two deliverables are due in mid-November and are on schedule for early submission. Geauga Public Health received notice in October of a reallocation in the amount of \$4,805.00 for two additional CRI deliverables, one due November 30th, and plans are underway for regional collaboration with Lake, Cuyahoga, and Ashtabula counties to address these new deliverable requirements.

Meetings/Events Attended:

- Perry Nuclear Power Plant Integrated Drill (Public Information) (10/4)
- Emergency Response Plan Communication Annex Workshop with Lake County Emergency Response Coordinator and Public Information Officer (10/5)
- Northeast Ohio Healthcare Coalition General Meeting (10/6)
- Statewide BP5 Full Scale Anthrax Exercise (10/17 - 10/19)
- Evaluator/Observer for Lake County's Medical Countermeasures Dispensing Exercise (10/20)
- Incident Command System (ICS) 300 Training (10/23 - 10/25)
- BioWatch Risk Communications Workgroup (10/30)
- Northeast Ohio Regional Full-Scale Exercise Hotwash/Data Sheet Deliverable Workshop (10/31)

4.01.07

Epidemiology

The Pertussis outbreak that first started in March was officially closed on October 16 after two incubation periods with no new cases. Between March 9 and October 16, 2023, there were a total of 94 confirmed cases and one hospitalization among Geauga County residents ranging in age from one (1) to 28 years. The highest number of new cases were observed in June (32), with 22 in May and 14 in July. The last case was reported on September 20th. This outbreak disproportionately impacted Geauga County's Amish community, with 89 of the 94 cases (~95%) occurring among Amish residents. Cases were clustered in Middlefield, Huntsburg, and Burton, as well as surrounding communities. Geauga Public Health collaborated with University Hospitals, the DDC Clinic, and health departments of surrounding counties in response to the outbreak. Health education materials were distributed to residents and vaccination rates improved as a result of mobile vaccination clinics. A total of 132 pertussis-containing vaccines were administered by GPH/UH, and the DDC clinic administered a total of 246 during the same

period. GPH also fielded numerous calls regarding signs and symptoms, vaccine, and the period of communicability, which provided opportunities for additional education.

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

During the month of October, Ms. Parikh continued to receive and field 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 provided for long term care facilities. In addition, Ms. Parikh received a call from a school nurse reporting bedbugs within the school and assisted in providing resources and guidelines for bed bug response in a school building.

During October, one long term care facility in Geauga County reported a single staff case of COVID-19. 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	Sep	Oct
Campylobacteriosis	2	1	1	0	1	1	3	2	5	0
Chlamydia infection	5	12	9	6	10	4	8	4	4	4
COVID-19	286	227	204	105	87	41	38	105	206	142
CP-CRE	0	0	2	0	0	0	0	0	0	0
Ehrlichiosis-Ehrlichia chaffeensis	0	0	0	0	0	0	0	0	0	1
Giardiasis	0	0	1	0	0	0	0	0	0	0
Gonococcal infection	1	1	1	1	3	3	3	1	1	0
Haemophilus influenzae (invasive disease)	0	0	1	1	0	0	0	0	0	0
Hepatitis B (including delta) - chronic	1	0	2	1	0	0	1	1	0	0
Hepatitis C - chronic	1	1	0	4	3	0	3	2	1	1
Influenza-associated hospitalization	7	5	0	0	0	0	0	0	0	0
Legionellosis	1	0	0	0	0	0	1	1	0	0
Lyme Disease	1	0	0	1	1	5	8	2	1	1
Meningitis – aseptic/viral	0	0	0	0	0	0	0	1	0	1
Mumps	0	0	0	0	0	0	0	1	0	1
Pertussis	4	4	13	15	23	22	10	2	1	0
Salmonellosis	1	1	1	0	1	0	3	1	1	0
Shigellosis	0	1	0	0	0	0	0	0	0	0
Streptococcal - Group A - invasive	3	1	4	1	3	1	1	0	1	0
Streptococcal - Group B - in newborn	0	1	0	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	0
Syphilis - early	0	0	1	0	0	0	0	0	0	0
Syphilis - primary	0	1	0	0	0	0	0	0	0	0
Syphilis - secondary	0	0	1	0	0	0	0	0	0	0
Syphilis - congenital	0	0	0	0	1	0	0	0	0	0
Varicella	1	0	1	1	1	0	0	0	0	0

Adam Litke provided the following highlights for Carol Straniero:

- *No report.*

Discussion:

Carolyn Brakey said she was glad to see the health department participate in the Sheriff's Office Trunk or Treat event. Adam Litke said the children loved the Candyland theme.

Lynn Roman asked about the cases of pertussis. Adam Litke said it was primarily in the Amish population.

4.02

Environmental Health

4.02.01

Director's Report

In October, Amish schools were inspected. This is the first time since 2020 that these inspections have been completed. Staff worked with the Amish School Board to schedule these inspections.

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 October:

Program	Inspections
Private Water Systems (wells)	25
Camps	0
Swimming Pools/Spas	0
*Food	112
Sewage Systems	35
For Sale of Property	6
HB 110 (Semi-Public) Systems	12
Plumbing	9
Schools	63
Nuisance Complaints	0

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

**Numbers not available at this time.

Dan Lark provided the following highlights:

- *GPH worked with the Amish superintendents to inspect the Amish schools in October.*

Discussion:

Dr. Mark Rood asked how many Amish schools are in Geauga. Dan Lark said it is around 60.

EH Specialist Kristi Pinkley provided an update on the Operation and Maintenance (O&M) program, System Sampling, and House Bill 110.

O&M, System Sampling, & HB110 Update

ADAM LITKE, ADMINISTRATOR
DAN LARK, REHS (EH DIRECTOR)
CHRIS LOXTERMAN, REHS (EH SUPERVISOR)
KRISTI PINKLEY, REHS



GEAUGA PUBLIC HEALTH
Promoting and Protecting Community Health

O&M Program Progress Update

- **First notices sent:** October 20th
- **Public meeting hosted:** November 2nd
 - 22 people attended (invitation was included in letter)
- **Sending payment reminder postcards:** November 16th
- **Payment due date:** November 30th (2 weeks out)
- Currently receiving payments
- Soon to begin sampling



Currently only sampling fees are being charged for the valid multi-year permits.

Sampling Inspection Payments

- **Accounts Paid:**

- 196/759 (~25%)

- **Funds Received:**

- \$29,295.00/\$117,485.00*
- Subject to change; 25% late fees will be applied and certified notices sent in early December

- Unpaid fees will be assessed onto taxes in September 2024
- Payments dispersed from the treasurer in January 2025



Communication Efforts

- Townhall Meetings
- Chagrin Valley Times Article
- Legal Notice in Geauga Maple Leaf
- First Letter
- Public Meeting
- Payment Reminder Postcard
- Sampling Reminder Postcard
- Late Letter

[We are here](#)



*Sampling reminder postcards will be mailed on November 16, 2023.
Late letters will be mailed in December.*

Ongoing Projects & Planning

- Setting up Stamps.com for mailing certified letters
- Making changes to the phone tree
- Establishing a sample tracker & result mailing process
- Setting up an online payment portal for future permit/sample fees
- Establishing Operation Permit fees, terms, and schedule for all remaining systems
- Customizing Standard Operating Guidelines for Geauga



Gathering Stakeholder Input

- Met with Lake Geauga Area Association of Realtors
 - August 2nd
- Hosting stakeholder meeting for Sewage Contractors
 - January 8th
- Planning a regular schedule of public meetings
- Discussing & determining
 - Permit Terms & Conditions
 - Roll-Out Priority & Schedule
 - Non-Compliance Enforcement Processes



HB110 Inspections – Septics for Businesses

- ~300 onsite systems (non-discharging, every 3 years)
 - Not many issues
- ~100 discharging systems (inspected annually)
 - About ⅓ received some recommendation or violation
 - About ½ of those required follow-up
 - Weeds growing in filter, raking/alternating sand bed, chlorine tablets
 - About 5% of discharging systems referred to EPA for a nuisance
 - Aerator/blower not working,
 - Sand filter overflowing/leaking



Discussion:

Ashley Jones asked if there is a duplication in efforts if O&M requires a contract for inspections from a service provider and the inspection done with the sampling. Kristi Pinkley stated that the inspection being completed by GPH is part and parcel of the sampling process, not an additional requirement. This does not take the place of the service of the system, which a contracted service provider will do. Ashley Jones suggested that this needs to be clarified for residents.

Adam Litke said GPH has reached out to the Ohio Department of Health for guidance on what to do regarding septic systems with none or only one service provider registered in the county.

Dan Lark said the use of postcards can increase compliance rates prior to adding late fees.

Adam Litke said the 25% late fee is decided by the state and the late fee cannot be waived.

Dr. Mark Rood asked regarding the O&M schedule. Kristi Pinkley said it will take one year to get all NPDES and Spray systems on the schedule and we are currently planning for the next phase.

Dr. Mark Rood asked if there are enough personnel to run the O&M program. Adam Litke said there is at this time, however another clerical staff member is being hired and additional staff will need to be hired as the program progresses.

Dr. Mark Hendrickson asked how to combat homeowners who don't comply with the O&M requirements. Kristi Pinkley said that part of the performance management system is to measure things in multiple layers. The NPDES and Spray System samples will test it directly.

Dan Lark said stream monitoring can also be completed to measure water quality.

Ashely Jones asked what the process is if homeowners do not pay the fee or the late fee. Dan Lark said samples are still taken.

Ashley Jones asked how homeowners will be notified if they have already received their permit. Dan Lark said permits have been issued for various terms and a method is being created to phase those in as well.

Adam Litke shared the O&M webpage.

Carolyn Brakey suggested providing an O&M presentation at the March Health District Advisory Council meeting.

Dan Lark said they plan to continue holding township meetings prior to the townships' inclusion to the O&M program. He said monthly meetings in the evening may also be held at GPH for residents to ask questions.

4.03

Administrator's Report

4.03.01

Administrator

1. Parkman Wells – Two additional wells were identified for testing. We are working with Ohio Environmental Protection Agency (OEPA) and homeowners to provide testing and if possible have them covered by the contract with OEPA.
2. Geauga Public Health Levy – The levy passed with nearly 2/3rds of voters being in support of the levy.
3. Operation & Maintenance program public meetings have started. Our team has met with two townships in Geauga County as well as the Realtors Association. Presentation from the latest meeting was posted to the GPH Facebook page.
4. ServSafe – Held a ServSafe class at the Geauga Administrative office on November 8th and November 9th.

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 October 31, 2023 83.33% 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 is the tenth 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 October we received a check for Environmental Assistance which raised revenue significantly.

	CHART 1			
MONTH OF : OCTOBER				
	Revised	YTD	% of Budget	
Revenue Type	Budget	Revenue	Received	
Property and Other Taxes	\$ 564,222.00	\$ 579,576.35	102.72%	
State Reimbursement-Real Estate	\$ 75,486.00	\$ 74,523.43	98.72%	
State Revenues	\$ 711,064.00	\$ 317,954.85	44.72%	
Local Government Tax	\$ -	\$ -		
Permits	\$ 725,000.00	\$ 280,420.10	38.68%	
Inspection Fees	\$ 507,000.00	\$ 129,916.75	25.62%	
Fees	\$ 236,500.00	\$ 235,816.92	99.71%	
Licenses	\$ 200,000.00	\$ 180,799.87	90.40%	1
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	\$ 10,660.00	82.00%	
Federal Grants	\$ 147,000.00	\$ 136,123.46	92.60%	
Local Match	\$ -	\$ -		
Reimbursements	\$ -	\$ -		
Other Revenue	\$ 760,670.00	\$ 433,800.57	57.03%	2
Other Revenue Other Receipts	\$ -	\$ 20,975.00	0.00%	
Other Revenue Other Revenue	\$ 14,500.00	\$ 81,276.39	560.53%	
Other Revenue Real Estate Fee Refund	\$ -	\$ 95.00		
Transfers In	\$ 329,500.00	\$ -	0.00%	
Total Revenue	\$ 4,300,692.00	\$ 2,489,840.69	57.89%	
	Percentage of year Completed		83.33%	
	Revised	YTD	% of Budget	
Expense Type	Budget	Expense	Used	
Salaries	\$ 666,494.00	\$ 458,685.43	68.82%	
OPERS	\$ 103,761.00	\$ 62,112.87	59.86%	
Medicare	\$ 21,615.00	\$ 6,564.15	30.37%	
Workers Compensation	\$ 37,273.00	\$ -	0.00%	
Hospitalization	\$ 162,566.00	\$ 87,833.78	54.03%	
Unemployment	\$ 40,000.00	\$ 35,544.48	88.86%	
Contract Services	\$ 3,659,263.15	\$ 547,560.78	14.96%	
Travel	\$ 46,644.60	\$ 14,047.16	30.12%	
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	\$ 39,134.00	59.77%	
State Remittance Ohio Permit Fee	\$ 19,830.00	\$ 12,604.00	63.56%	
State Remittance Ohio Water Test Fee	\$ -	\$ -	0.00%	
Materials and Supplies	\$ 30,656.98	\$ 5,475.15	17.86%	
Materials and Supplies Supplies	\$ 21,069.78	\$ 10,747.58	51.01%	
Materials and Supplies Vaccine Supply	\$ 18,047.03	\$ 1,960.80	10.86%	
Equipment	\$ 42,898.43	\$ 20,182.71	47.05%	
Equipment Equipment	\$ 21,303.00	\$ 509.72	2.39%	
Equipment Equipment Maintenance	\$ 3,100.00	\$ 200.59	6.47%	
Other	\$ 347,293.02	\$ 211,956.69	61.03%	
Other County RE Tax Expenses	\$ 11,000.00	\$ 9,311.02	84.65%	
Other Health Emergency	\$ -	\$ -	0.00%	
Other Other Expenses	\$ 111,751.52	\$ 74,442.14	66.61%	
Other State RE Tax Expenses	\$ 1,000.00	\$ -	0.00%	
Other VS Remit to State	\$ 164,396.86	\$ 97,196.28	59.12%	
Refunds	\$ 16,600.00	\$ 480.00	2.89%	
Repair Services	\$ -	\$ -	0.00%	
Transfers Out	\$ 204,500.00	\$ -	0.00%	
Total Expense	\$ 5,833,877.92	\$ 1,698,153.33	29.11%	
	Percentage of year Completed		83.33%	
Revenue Less Expense	\$ (1,533,185.92)	\$ 791,687.36		
Beginning Cash Balance		\$ 4,250,354.64		
Total Cash on Hand		\$ 5,042,042.00		
Cash on Hand Per Cash Position Report		\$ 5,042,042.00		

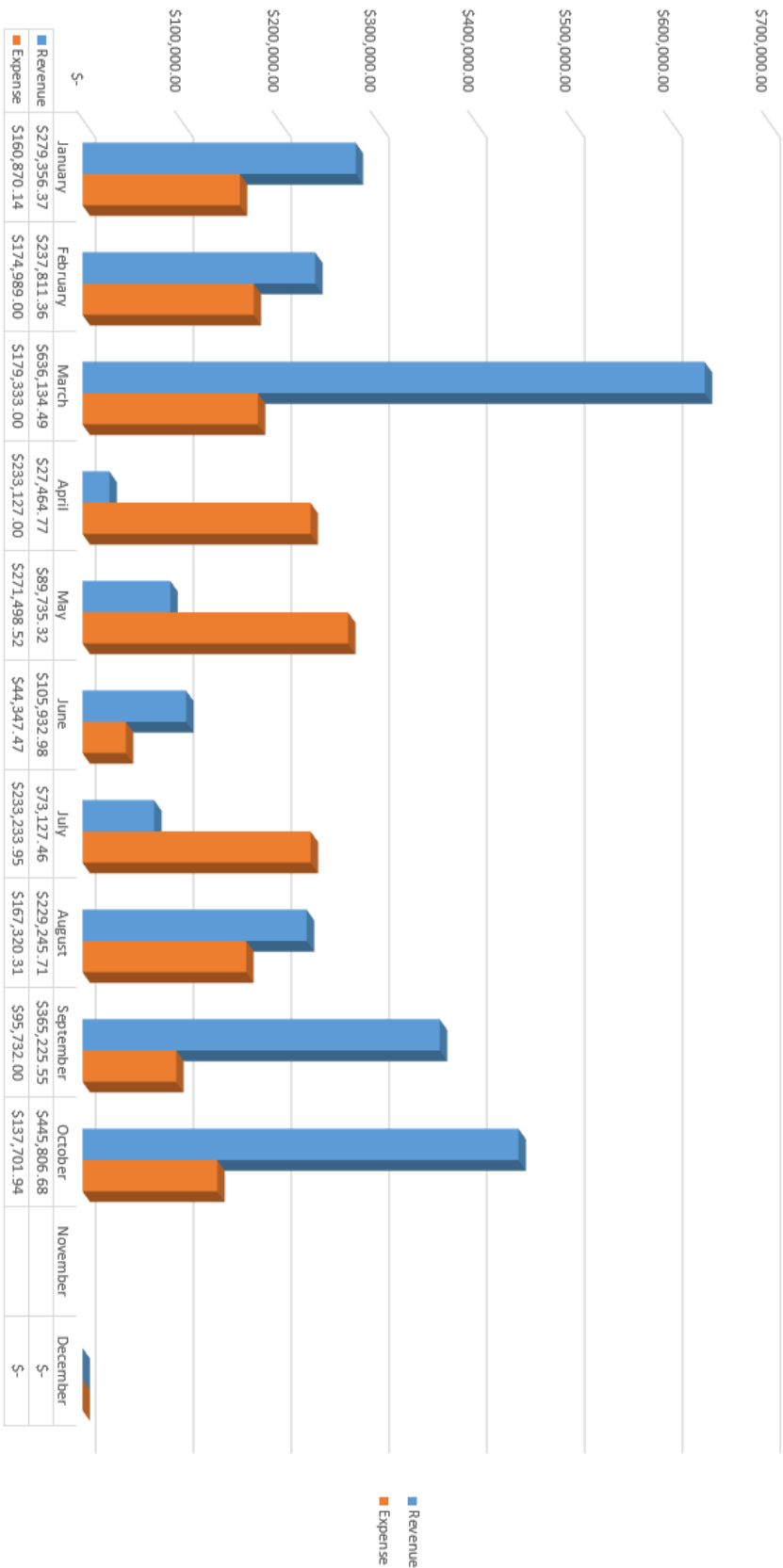
MONTH OF :

CHART 2

OCTOBER

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	\$ 1,070,826.03	\$ 739,824.05	\$ 1,944,470.66	\$ 1,944,470.66	\$ -	20.51%
6004	Trailer Park	\$ 11,394.69	\$ 4,427.00	\$ 230.44	\$ 15,591.25	\$ 15,591.25	\$ -	36.83%
6005	Food Service	\$ 168,560.28	\$ 187,451.87	\$ 57,148.98	\$ 298,863.17	\$ 298,863.17	\$ -	77.30%
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	\$ 373,644.00	\$ 244,368.12	\$ 323,452.23	\$ 323,452.23	\$ -	66.58%
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	\$ 127,037.00	\$ 45,027.12	\$ 511,631.66	\$ 511,631.66	\$ -	19.09%
6023	Sewage Treatment Systems	\$ 912,166.28	\$ 394,374.50	\$ 214,021.40	\$ 1,092,519.38	\$ 1,092,519.38	\$ -	19.77%
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	\$ 165,217.52	\$ 166,803.00	\$ 69,545.89	\$ 69,545.89	\$ -	-2.23%
6037	For Sale of Property	\$ 292,189.74	\$ 18,105.00	\$ 87,482.51	\$ 222,812.23	\$ 222,812.23	\$ -	-23.74%
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	\$ 40,867.79	\$ 18,997.82	\$ 76,258.22	\$ 76,258.22	\$ -	40.21%
6041	Workforce Development	\$ 44,230.50	\$ 42,439.31	\$ 21,513.73	\$ 65,156.08	\$ 65,156.08	\$ -	47.31%
6042	Population Health Fund	\$ 210,017.19	\$ 1,841.92	\$ 36,957.26	\$ 174,901.85	\$ 174,901.85	\$ -	-16.72%
Total		\$ 4,250,354.64	\$ 2,489,840.69	\$ 1,698,153.33	\$ 5,042,042.00	\$ 5,042,042.00	\$ -	-
			\$ 2,489,840.69	\$ 1,698,153.33				
			\$ -	\$ -	Check Figure	\$ 791,687.36		

CHART 3



Adam Litke provided the following highlights:

- *Two additional Parkman wells have been tested. One tested fine; the other well will be replaced. This is the last well that the Ohio Environmental Protection Agency will provide funding to replace.*
- *The GPH levy passed. Thank you, voters!*
- *ServSafe training was held in Geauga County on November 8 and 15, 2023.*
- *The Health District Advisory Council will be held on March 13, 2024.*

Discussion:

Dan Lark said an updated map of the Parkman Wells is being created and should be available for the next board meeting.

The Board thanked Mr. Rich Piraino for his time on the levy committee.

4.04

Health Commissioner's Report

4.04.01

Association of Ohio Health Commissioners' (AOHC) BTeam Member (Ron H. Graham) Update -- from Angela DeRolph and Terry Allan

- BTeam continues Funding Contingency Planning activities, looking forward to the next 5-year Public Health Emergency Preparedness (PHEP) funding cycle.
- Given the national landscape, the BTeam is developing a working list of potential considerations for approaching a cut in PHEP funding or an extended period of flat funding, should this come to pass.
- The following topics have been part of the discussion, in no particular order:
 - The BTeam plans to review the new list of deliverables from the Ohio Department of Health (ODH) for the next five-year cycle when they become available to assure that no additional administrative burdens are added and the focus is on essential activities that support The Centers for Disease Control and Prevention (CDC's) new Readiness Response Framework (Honeycomb).
 - BTeam is reviewing the indicators from the CDC Social Vulnerability Index (SVI), as well as additional indicators proposed by Ben Robison that may assist in developing a new approach to determining funding levels. The BTeam is considering the use of weighted indicators, based on the level of importance as determined by BTeam members, in approaching a revised funding model as necessary.
 - Should significant cuts occur, the role of the Regional Public Health Coordination function has been discussed, with varying opinions among BTeam members on the utility of this function.
 - Contingency Planning efforts will continue over the next few months as we await the deliverables and news on funding levels for the 2024-25 PHEP grant year from ODH.

- The Regional Public Health Coordinators hold their own Quarterly calls to share information and resources. Terry participates on these calls as a resource for the group.
- The BTeam is working with Harvard School of Public Health to develop a virtual Mis-Disinformation and social media training approach, based on a presentation that Harvard gave at the 2023 National Preparedness Conference.
- The AOHC Board directed 51.5K in PHEP carryover funds for this purpose.
- BTeam members will be providing input to Harvard on the training design on October 27th and Beth and Terry are currently working with Harvard on the language for the services contract.
- The BTeam is collaborating with ODH Bureau of Health Preparedness on the communication details related to the new epidemiologists (Epi) requirements and expectations. Statewide Local Health District (LHD) surveys have been deployed and the data is being reviewed.
- Current Epi's at LHD's will be grandfathered on these.

4.04.02

Governor DeWine Announces Expanded Program to Provide Lifesaving Overdose Reversal Supplies and Test Strips to More College Campuses

Governor Mike DeWine has announced an expanded collaboration between RecoveryOhio and the Ohio Departments of Higher Education, Mental Health and Addiction Services, and Health to provide emergency naloxone access cabinets for installation on independent college and university campuses across the state. This expansion, where only public institutions were previously eligible, also includes the availability of fentanyl testing strips for campuses that request them.

House Bill 341, signed by Governor DeWine in 2020, expanded access to naloxone through different means of distribution, including the emergency access cabinets. Earlier this year, up to five emergency access cabinets were offered at no cost to each of Ohio's public colleges and universities. That offer has been expanded to include Ohio's independent colleges and universities.

This is a voluntary program. It is recommended that each institution that receives an emergency access cabinet create a policy establishing how often each box shall be reviewed and restocked, with attention paid to the expiration dates of the product.

In April 2023, Senate Bill 288 took effect, clarifying in Ohio law that fentanyl test strips are not illegal drug paraphernalia. Since then, the State has been working to make the test strips available to Ohioans.

Institutions of higher education will be receiving information about how to order emergency access cabinets and fentanyl test strips. Ohioans can order naloxone and fentanyl test strips to be delivered to their homes through the website naloxone.ohio.gov.

4.04.03

New CDC MMWR about Flu Among Children and Adolescents

A new [Morbidity and Mortality Weekly Report](#) (MMWR) from the CDC showed that influenza season 2022-2023 was severe for children and adolescents, making it the fourth season with this classification since the 2009 influenza A (H1N1). Classification results are based on outpatient visits, hospitalization rates, and deaths. During the 2022-2023 season, the influenza virus was circulating with other respiratory viruses, including COVID-19 and respiratory syncytial virus (RSV) and peaked in late November and early December which is earlier than previous seasons. Among hospitalized children and adolescents with influenza, receipt of influenza vaccine was lower than that during previous seasons, which might have been in part related to most influenza hospitalizations occurring earlier. According to the report, the National Immunization Survey estimates that when pediatric influenza-associated hospitalization rates peaked during the week ending November 26, 2022, only 41.9 percent of children and adolescents aged 6 months–17 years nationwide had received their annual influenza vaccination (compared with 55.1 percent by the end of the season). CDC recommends that everyone six months and older get the annual seasonal influenza vaccine, ideally by the end of October. These findings emphasize the importance of seasonal influenza vaccination to prevent severe illness and hospitalization.

<https://associationdatabase.com/aws/AOHC/ctrb/235482/29573/1116283?c=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F72%2Fwr%2Fmm7241a2.htm&i=17>

4.04.04

Data Snapshot Highlights Prevalence of Adverse Childhood Experiences in Ohio - from Health Policy Institute of Ohio

Health Policy Institute of Ohio (HPIO) has released a new [Data Snapshot](#) that highlights the prevalence of adverse childhood experiences (ACEs) in Ohio, displays differences in exposure to ACEs for groups of Ohioans and shows how ACEs connect to poor health outcomes.

Exposure to ACEs — potentially traumatic events that occur during childhood — is a pervasive problem affecting many children in Ohio and across the country. ACEs exposure contributes to poor health and well-being throughout life, including disrupted neurodevelopment, social and emotional challenges, disease, disability and premature death.

In 2021, nearly two thirds of Ohio adults reported having been exposed to ACEs, and nearly half of all adults reported being exposed to two or more ACEs, as illustrated above.

Starting in 2020, HPIO released [a series of policy briefs](#) on the health and economic impacts of ACEs and elevated 12 evidence-informed, cost-effects strategies (program, policies and practices) that can prevent ACEs.

4.04.05

2024 National Preparedness Summit March 25-28 Cleveland!!

A great opportunity for Ohio Preparedness Professionals to attend! *Take Advantage of Early-Bird Rates*

Early-bird registration for the [2024 Preparedness Summit](#) is now open and there are a range of registration types available—including livestream—to meet your specific needs. The 2024 Preparedness Summit, *Public Health, Healthcare, and Emergency Management: Aligning to Address Cascading Challenges*, will provide an opportunity for sectors to come together, align missions, and discover better ways to work as true partners to meet the challenges of today and tomorrow. Don't miss this extraordinary opportunity to reconvene with your colleagues from across the country at the Preparedness Summit, held **March 25-28, 2024**, in Cleveland, Ohio. [Learn more and register today!](#)

4.04.06

Health Policy Institute of Ohio Issues Health Value Data Resources

Based on the release of the 5th edition of their Health Value Dashboard earlier this year, Health Policy Institute of Ohio (HPIO) offers the following sources of information related to health value:

The resources below, organized by the domains in HPIO's [Health Value Dashboard](#), can be used to help improve health value in Ohio.

Population Health and Healthcare Spending

- [State Protections Against Medical Debt: A Look at Policies Across the U.S.](#) – Commonwealth Fund
- [A Population Health Workforce to Meet 21st Century Challenges and Opportunities](#) – The National Academies of Sciences, Engineering, and Medicine

Social and Economic Environment

- [Data Snapshot: Adverse Childhood Experiences in Ohio](#) – HPIO
- [Data Snapshot: Updated Death Trends among Working-age Ohioans](#) – HPIO
- [The Impact of Supplemental Nutrition Assistance Program \(SNAP\) Enrollment on Health and Cost Outcomes](#) – NEJM Catalyst

Physical Environment

- [Navigating Climate-Related Threats to the Public's Health](#) – Trust for America's Health
- [Forging Climate Solutions: How to Accelerate Action Across America](#) – Public Health Institute
- [Mental Health and Our Changing Climate: Children and Youth Report 2023](#) – ecoAmerica and the American Psychological Association

- [How Health Care Contributes to Climate Change — and How We Can Reverse the Trend](#) – Commonwealth Fund

Access to Care

- [Ensuring Continuous Eligibility for Medicaid and CHIP: Coverage and Cost Impacts for Children](#) – Commonwealth Fund
- [Medicaid Managed Care for Children and Youth with Special Health Care Needs: 50-State Scan](#) – National Academy for State Health Policy
- [Improving Access to School-Based Behavioral Health Services Through Medicaid](#) – Commonwealth Fund

Healthcare System

- [A Formal Framework For Incorporating Equity Into Health Care Quality Measurement](#) – RAND Corporation
- [Long-Term Services and Supports State Scorecard 2023 Edition](#) – AARP Foundation

Public Health and Prevention

- [The Uneven Recovery from the COVID-19 Pandemic: Recent Insights from the Opportunity Insights Economic Tracker](#) – Opportunity Insights
- [2022 Behavioral Risk Factor Surveillance System dataset](#) – Centers for Disease Control and Prevention
- [Associations between state-level general population alcohol policies and drinking outcomes among women of reproductive age: Results from 1984 to 2020 National Alcohol Surveys](#) – Alcohol Clinical and Experimental Research

Health Equity

- [Social Drivers of Infant Mortality: Eliminating Racism Action Guide](#) – HPIO
- [Advance Equitable Evaluation by Centering the Lived Experiences of People with Disabilities in Research](#) – Mathematica
- [Survey: Public Health Employees Eager to Address Racism as A Public Health Crisis](#) – de Beaumont Foundation
- [State Health Equity Initiatives Confront Decades of Racism in the Insurance Industry](#) – Commonwealth Fund

4.04.07

CDC Infant Mortality Data

Provisional data [released](#) by the Centers for Disease Control and Prevention (CDC) shows that in 2022, the U.S. infant mortality rate increased by three percent after it had been falling yearly for two decades. The provisional infant mortality rate in 2022 was 5.6 deaths per 1000 live births, an increase from 5.44 per 1000 in 2021. Mortality rates for infants significantly increased among women ages 25-29, preterm infants (less than 37 weeks of gestation) and male infants. Georgia, Iowa, Missouri, and Texas showed a statistically significant increase in mortality rates in 2022 compared to 2021. Among the leading causes of death, the infant mortality rates associated with

maternal complications and bacterial sepsis in newborns increased. When comparing U.S. infant deaths, a 2022 Commonwealth Fund [report](#) shows that despite the presence of many resources, the infant mortality rate in the U.S. ranks highest among other high-income countries. According to a Commonwealth Fund analysis of Organization for Economic Cooperation and Development (OECD) data, a high rate of cesarean section, inadequate prenatal care, and socioeconomic inequalities contributing to chronic illnesses like obesity, diabetes, and heart disease may all help explain high infant and maternal mortality.

<https://associationdatabase.com/aws/AOHC/ctrb/236253/29573/1116283?c=http%3A%2F%2Fse.nd.naccho.org%2Flink.cfm%3Fr%3DpJAqHWeOvZazkFe9GOI6qQ%7E%7E%26amp%3Bpe%3Dd5uKI2ZG-vh8pz6BzsXMcDeEIQR4PybXRksVmJTha7JZ2TSb1N6Ie80WUqI4gS8-HixXFEzAxOzItmIlqo1k-g%7E%7E%26amp%3Bt%3D8oRflUKxWmvmOBwSPy-sA%7E%7E&i=45>

4.04.08

CDC Releases Report on Health Workers Facing Harassment, Poor Mental Health, and Difficult Working Conditions

On October 24, the CDC [released](#) a report demonstrating that nearly half of health workers reported feeling burned out in 2022, and more than double the number of health workers reported being harassed at work in 2022 than in 2018. This may include threats, bullying, verbal abuse, or other actions from patients and coworkers that create a hostile work environment. Findings show that health worker burnout was at crisis levels prior to the COVID-19 pandemic, but the pandemic presented unique challenges that further impaired health worker mental health and increased health workers' intent to leave their jobs.

CDC's National Institute for Occupational Safety and Health [announced](#) it will be launching a national campaign—the Impact Wellbeing campaign—to provide health employers with resources to improve worker mental health.

https://associationdatabase.com/aws/AOHC/ctrb/235861/29573/1116283?c=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F72%2Fwr%2Fmm7244e1.htm%3Fs_cid%3Dmm7244e1_w&i=21

Ron H. Graham provided the following highlights:

- *Dr. Mark Rood and Dr. Mark Henderson are on the work group for reaccreditation. GPH is currently in year 2 of the 5-year cycle. Ron shared the five standards that were reported as “slightly demonstrated” during the site visit two years ago.*

5.0

Committee Reports

No Committee reports.

6.0

Old Business

6.01

Geauga Public Health Rent

Adam Litke provided a history of the discussion regarding GPH rent at the new Administrative Building and ways to reduce the rent requested. The Ohio Revised Code states that the county may provide free space to the general health department.

Carolyn Brakey said there are three Ohio Attorney General opinions related to this. The first opinion is that the Board of County Commissioners has to provide suitable quarters without a rent payment. The second opinion said the Board of County Commissioners has to provide and pay for necessary utilities. The third opinion said the Commissioners also have a duty to provide janitorial services at no cost. The Commissioners said they will not charge GPH rent, but an agreement may be forthcoming.

Adam Litke said it's up to the board if they would like to still give space to ADP.

6.02

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

Dr. Mark Rood moved and Dr. Mark Hendrickson seconded a motion to hear the second 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.

Based upon the staff recommendations, it is recommended that the Board of Health hear the second 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

7.0

New Business

7.01

7.01.01

Financial Reports, Resolution 23-11-07-01-01

Ashley Jones 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; Ms. Jones, yes; Dr. Rood, yes; Ms. Roman, yes; and Dr. Hendrickson, yes.

Discussion:

Carolyn Brakey asked for details on the Public Entities Pool of Ohio. Adam Litke said it is the annual pay for insurance. The insurance covers everything: cars, bonds, assets, etc.

Lynn Roman asked for details of the State of Ohio invoice for over \$21,000. Adam said that was for Vital Statistics fees.

7.01.02

Permission to Approve Appropriations for Increase/Decrease

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

7.02

Permission to Approve the 2024 Geauga Public Health Budget

Dr. Mark Hendrickson moved and Lynn Roman seconded a motion to approve the 2024 Geauga Public Health budget. Motion carried with a roll call vote. Ms. Brakey, yes; Ms. Jones, yes; Dr. Rood, yes; Ms. Roman, yes; and Dr. Hendrickson, yes.

Adam Litke provided an overview of the budget. The highlights include:

- Similar to 2023 budget with the Cross-Jurisdictional Agreement.
- Workforce Development grant pays for some contract expenses.
- Board of Health fund is mostly contract services.
- Levy and permits are the majority of revenue.
- The legal fees are for items, such as EH court fees. Other legal fees come from contracted services.
- The Ohio Public Employees Retirement System (OPERS) is increasing the employer contribution to 18% in the future, but they have not specified when.
- We have not needed to use any of the unencumbered cash yet.

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.

A member of the public said a certain septic system has a premature failure rate. He said that some residents have been credited for the permit fee. He asked if all residents who paid the permit fee will be getting reimbursed. Adam Litke said two residents were reimbursed, but it was on a case-by-case basis. Ron Graham said an impact summary can be created for the board's review before making a decision. The member of the public also said that Ohio Realtors and Lake-Geauga Association of Realtors offered their assistance to help implement the O&M program.

A member of the public thanked the Board for doing their due diligence in researching the rent situation.

9.0

Executive Session

No executive session was held.

10.0

Adjournment

With no further business, the meeting was adjourned at 6:35 p.m.

Secretary

President