

AGENDA
GEAUGA PUBLIC HEALTH
December 20, 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 November 15, 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 Resolution to Increase Certain Fees, Food Service Program, Third and Final Reading

7.0 New Business

7.01 Resolutions

7.01.01 Financial Reports, Resolution 23-12-07-01-01

7.02 Resolution Establishing Day, Time and Place of Monthly Board of Health Meetings for 2024

7.03 Permission to Allocate \$20,000 for O&M Mailing Costs

7.04 Permission to Refer Owners of Semi-Public Sewage Treatment Systems for Legal Action

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, December 20, 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.	Ashley Jones, Pharm D	Dr. Mark Rood
Dr. Mark Hendrickson	Lynn Roman	

Minutes were recorded by Gina Parker.

Also present from the Health District staff:

Ron H. Graham, Health Commissioner	Adam Litke, Administrator
Dan Lark, Environmental Health Director	

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 Dr. Mark Hendrickson seconded a motion to approve the minutes of the November 15, 2023, Board of Health regular meeting; motion carried.

4.0 Health District Staff Reports

4.01 Population Health

4.01.01 Safe Communities

The Health Educator continued to post social media content and plan activities on behalf of the Safe Communities Coalition. A mocktail event to promote sober driving during the winter holidays is being planned for Kent State University in December.

4.01.02 Buckles Buckeyes Program (Car Seat Program)

The Health Educator distributed one convertible car seat to an eligible family in Geauga County. The Health Educator conducted an educational session with the legal guardian on the proper way to install a car seat and assisted the guardian with installing the car seat properly into their vehicle.

4.01.03 Other Population Health Activities

The Health Educator distributed 50 Project DAWN Naloxone kits to the community in November and completed the L-105 Public Information Basics course at the Ashtabula County EMA on Nov 14th-16th, 2023.

4.01.04 Get Vaccinated Ohio-Public Health Initiative (GVO)

No current updates.

4.01.05 Vaccines for Children

Clinics

Busters Barn Clinic- There were 51 individuals that received immunizations on 11/6/2023 and 11/20/2023. The vaccines administered include:

DTap-4

Tdap-7

Vaxelis-9

Pediarix-3
Kinrix-2
Polio-14
MMR-1
Men ACWY-7
PCV15-11
Varicella-2
ProQuad-8
Rotavirus-3

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 two (2) Lake Metro Parks Employees.

DDC Clinic Center for Special Needs Children (11/8/2023)

There were 73 individuals were seen with a total of 110 vaccines given.

Continuing Education / Training

Melissa Kimbrough, RN completed eight (8) CDC – “You Call the Shots” immunization training courses, education on the updated COVID vaccine with Novavax, and Get Vaccinated Ohio— IQIP training on 11/2/2023.

Animal Bite Investigations

Performed six dog/cat and conducted four (4) dog/cat follow-ups investigations.

Community Event(s)

No community events attended.

4.01.06

Public Health Emergency Preparedness (PHEP)

During November, 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. Deliverables submitted during November include an update to the Emergency Response Plan Communications Annex to respond to new rubric requirements, submission of data for the annual medical countermeasures drill requirements conducted in conjunction with October’s Anthrax full-scale exercise, including a staff notification and assembly drill, site activation drill, and facility setup drill (activation and setup of GPH’s Department Operations Center for the exercise), background information for GPH’s MCM program profile to precede an evaluation of the MCM program, and a completed data sheet for GPH’s participation in October’s full-scale exercise. In addition, a proposal was submitted for a newly-issued deliverable for a project to ensure equitable distribution of medical countermeasures during an emergency, and GPH is working with

regional partners (Lake, Ashtabula, Cuyahoga, and Medina) to plan a project with Cleveland Hearing and Speech Center to create a series of videos explaining the role of points of dispensing in an emergency, including translation into American Sign Language for residents who are deaf or hard of hearing. Ms. Castner has also been working to update GPH's Integrated Preparedness Plan which details all training and exercise activities completed in the past year, along with a five-year projection for trainings, workshops, drills, and exercises. Once this deliverable is completed and the quarterly statewide Epidemiology Meeting has been completed in December, GPH will have submitted all deliverables due up through January 2024. Ms. Castner has also been working on updates to the Medical Countermeasures Base Plan and Responder Safety and Health Plan.

Deliverables Submitted

- PHEP Core Deliverable 1.1 - Emergency Response Plan Communications Rubric
- PHEP Core Deliverable 10.1/ CRI Deliverable 5.1 - Full Scale Exercise Data Sheet
- PHEP Core Deliverable 11.1/ CRI Deliverable 1.1 - MCM Profile Evaluation Survey
- CRI Deliverable 3.1 - Annual MCM Drills
- CRI Deliverable 8.1 - Equitable MCM Proposal

Deliverables Approved

- PHEP Core Deliverable 1.1 - Emergency Response Plan Communications Rubric
- PHEP Core Deliverable 10.1/ CRI Deliverable 5.1 - Full Scale Exercise Data Sheet
- PHEP Core Deliverable 11.1/ CRI Deliverable 1.1 - MCM Profile Evaluation Survey
- CRI Deliverable 8.1 - Equitable MCM Proposal

Meetings/Events Attended:

- Q2 MCM Action Plan Technical Assistance Call (November 1)
- Northeast Ohio Healthcare Coalition General Meeting (November 3)
- International Association of Emergency Managers Conference, Long Beach, CA (November 6-9)
- L-105 Public Information Officer Basic Training (November 14-16)
- Northeast Ohio Bi-monthly Regional Epidemiology and Public Health, and Quarterly Medical Reserve Corps Meetings (November 17)
- Northeast Ohio Health Care Coalition Public Health Workgroup Meeting – Disaster Mortuary Services Presentation (November 20)
- Cleveland BioWatch Advisory Council Quarterly Meeting (November 21)
- Weekly PHEP Team Meetings

4.01.07

Epidemiology

To date for the current flu season, a total of four Geauga County residents have been hospitalized for influenza.

Geauga County did not have any reported cases of Pertussis for the second consecutive month following the spring/summer outbreak.

During the month of November, Ms. Priyanka Parikh continued to receive and field various requests for information from school staff and residents about COVID-19, including current guidelines, isolation and preventive measures as well as the new booster vaccines. Updated COVID-19 information was provided for long term care facilities.

Four long term care facilities in Geauga County reported cases of COVID-19, including a total of 2 staff and 8 residents during the month of November. All long-term care facilities were provided with the most recent COVID-19 resources from the CDC and ODH.

Ms. Priyanka Parikh noted that there continue to be instances of tickborne and enteric illnesses during November, which has also been observed for Lake County.

During the month of November, two EpiCenter anomalies occurred in Geauga County. EpiCenter is the statewide syndromic surveillance system which monitors emergency room and urgent care visits for unusual activity. The anomalies were reviewed, and neither required additional follow-up with the reporting facilities.

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

Communicable Disease	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Anaplasmosis – Anaplasma phagocytophilum	0	0	0	0	0	0	0	0	0	0	1
Campylobacteriosis	2	1	1	0	1	1	3	2	5	0	1
Chlamydia infection	5	12	9	6	10	4	8	4	4	4	6
COVID-19	286	227	204	105	87	41	38	105	206	142	233
CP-CRE	0	0	2	0	0	0	0	0	0	0	0
Ehrlichiosis-Ehrlichia chaffeensis	0	0	0	0	0	0	0	0	0	1	0
Giardiasis	0	0	1	0	0	0	0	0	0	0	0
Gonococcal infection	1	1	1	1	3	3	3	1	1	0	2
Haemophilus influenzae (invasive disease)	0	0	1	1	0	0	0	0	0	0	0
Hepatitis B (including delta) - chronic	1	0	2	1	0	0	1	1	0	0	0
Hepatitis C - chronic	1	1	0	4	3	0	3	2	1	1	0
Influenza-associated hospitalization	7	5	0	0	0	0	0	0	0	0	4
Legionellosis	1	0	0	0	0	0	1	1	0	0	0
Lyme Disease	1	0	0	1	1	5	8	2	1	1	1
Meningitis – aseptic/viral	0	0	0	0	0	0	0	1	0	1	0
Mumps	0	0	0	0	0	0	0	1	0	1	0
Pertussis	4	4	13	15	23	22	10	2	1	0	0
Salmonellosis	1	1	1	0	1	0	3	1	1	0	0
Shigellosis	0	1	0	0	0	0	0	0	0	0	0
Streptococcal - Group A - invasive	3	1	4	1	3	1	1	0	1	0	1
Streptococcal - Group B - in newborn	0	1	0	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	0
Syphilis - early	0	0	1	0	0	0	0	0	0	0	0
Syphilis - primary	0	1	0	0	0	0	0	0	0	0	0
Syphilis - secondary	0	0	1	0	0	0	0	0	0	0	0
Syphilis - congenital	0	0	0	0	1	0	0	0	0	0	0
Varicella	1	0	1	1	1	0	0	0	0	0	0

Adam Litke provided the following highlights for Carol Straniero:

- *Provided information regarding the Public Health Emergency Preparedness (PHEP) grant and how it can prepare the health department for possible emergencies.*

Discussion:

Lynn Roman asked what the current COVID guidelines are for schools. Adam Litke said it's up to the schools to create their own guidelines.

Lynn Roman asked how Communicable Disease information is reported. Ron Graham said laboratories are required to report it.

4.02

Environmental Health

4.02.01

Director's Report

Sampling of National Pollutant Discharge Elimination System (NPDES) household sewage treatment systems has begun. Sampling is occurring in Chester and Chardon Townships. Approximately 12 a day are being done. The first batch of sample results are in.

Pass rates per parameter are:	Total Suspended solids	– 50%
	Nh3	– 84%
	E. Coli	– 56%

The number of households who met all parameters is 25%.

In planning the operation and maintenance program rollout, phase one is the NPDES systems and sampling. The second phase will start in early 2024. At this point, an employee is needed to begin timely review of service contracts, service reports, data cleanup, and auditing of service reports.

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 November:

Program	Inspections
Private Water Systems (wells)	14
Camps	0
Swimming Pools/Spas	0
*Food	110
Sewage Systems	40
For Sale of Property	2
HB 110 (Semi-Public) Systems	14
Plumbing	74
Schools	1
Nuisance Complaints	141

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

Dan Lark provided the following highlights:

- *Even though only 25% of households with National Pollutant Discharge Elimination Systems (NPDES) met all parameters, it does not mean that 75% need to replace them. We make sure the homeowners are doing what they can to maintain their systems. 12-15 samples are being collected each day, Monday through Thursday. There are over 2,000 systems in Geauga County that require sampling.*
- *A joint conference was held on Tuesday, December 19, 2023, with Lake County General Health District for sewage contractor training.*
- *Discussed the small flows system at a horse farm.*
- *Holding discussion with the BP gas station at the corner of Routes 44 and 87. The system is not operating.*

4.03

Administrator's Report

4.03.01

Administrator

1. The quarterly Health District Advisory Council meeting was held on December 13, 2023.
2. Operation & Maintenance Program – Continue to roll out this program and move toward compliance. A large focus continues to be the education of the public.
3. HB110 – Continue to work with the claims administrator to return dollars to the public.
4. State Audit – The state audit is ongoing.
5. Public Records Training – I attended public records training for the members of the Board of Health on November 29th, 2023.

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 November 30, 2023 91.67% 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:

This is the eleventh month of the year there are no revenue accounts that are significantly over or under budget.

EXPENSES:

This is the eleventh 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. Private water (6011) has seen large invoices for the Parkman wells. We received a wire from the state to offset this; for \$184,503.20, but the wire was coded to Environmental Assistance (6036). This is corrected in December.
2. Environmental assistance is showing significantly over in revenue. This is due to a wire that should have been coded to Private water. This is the same wire noted above in number 1. This is corrected in December.

Notes on Chart 3

The bar graph compares the revenue and expenses by each month for all funds combined. GPH paid Lake County for six months of salaries per the contract. This totaled \$650,109.53.

CHART 1

MONTH OF : NOVEMBER

Revenue Type	Revised Budget	YTD Revenue	% of Budget 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	\$ 502,458.05	70.66%
Local Government Tax	\$ -	\$ -	
Permits	\$ 725,000.00	\$ 310,195.10	42.79%
Inspection Fees	\$ 507,000.00	\$ 136,380.50	26.90%
Fees	\$ 236,500.00	\$ 253,159.92	107.04%
Licenses	\$ 200,000.00	\$ 181,065.87	90.53%
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	\$ 12,210.00	93.92%
Federal Grants	\$ 147,000.00	\$ 138,480.17	94.20%
Local Match	\$ -	\$ -	
Reimbursements	\$ -	\$ -	
Other Revenue	\$ 760,670.00	\$ 534,050.57	70.21%
Other Revenue Other Receipts	\$ -	\$ 72,963.92	0.00%
Other Revenue Other Revenue	\$ 14,500.00	\$ 81,476.39	561.91%
Other Revenue Real Estate Fee Refund	\$ -	\$ 95.00	
Transfers In	\$ 329,500.00	\$ -	0.00%
Total Revenue	\$ 4,300,692.00	\$ 2,884,537.27	67.07%
	Percentage of year Completed		91.67%
Expense Type	Revised Budget	YTD Expense	% of Budget Used
Salaries	\$ 666,494.00	\$ 464,845.43	69.74%
OPERS	\$ 103,761.00	\$ 62,975.27	60.69%
Medicare	\$ 21,615.00	\$ 6,650.26	30.77%
Workers Compensation	\$ 37,273.00	\$ -	0.00%
Hospitalization	\$ 162,566.00	\$ 90,026.20	55.38%
Unemployment	\$ 40,000.00	\$ 36,988.48	92.47%
Contract Services	\$ 3,664,263.15	\$ 1,592,456.21	43.46%
Travel	\$ 46,644.60	\$ 15,272.60	32.74%
Vehicle Expense	\$ -	\$ -	
Legal Fees	\$ 12,770.55	\$ 1,368.08	10.71%
Advertising	\$ 4,571.00	\$ 1,015.34	22.21%
State Remittance	\$ 75,473.00	\$ 39,134.00	51.85%
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	\$ 6,026.40	19.66%
Materials and Supplies Supplies	\$ 21,069.78	\$ 11,610.66	55.11%
Materials and Supplies Vaccine Supply	\$ 18,047.03	\$ 2,824.16	15.65%
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	\$ 382,293.02	\$ 245,939.65	64.33%
Other County RE Tax Expenses	\$ 11,000.00	\$ 9,311.02	84.65%
Other Health Emergency	\$ -	\$ -	0.00%
Other Other Expenses	\$ 116,751.52	\$ 78,098.77	66.89%
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	\$ 5,888,877.92	\$ 2,795,715.83	47.47%
	Percentage of year Completed		91.67%
Revenue Less Expense	\$ (1,588,185.92)	\$ 88,821.44	
Beginning Cash Balance		\$ 4,250,354.64	
Total Cash on Hand		\$ 4,339,176.08	
Cash on Hand Per Cash Position Report		\$ 4,339,176.08	

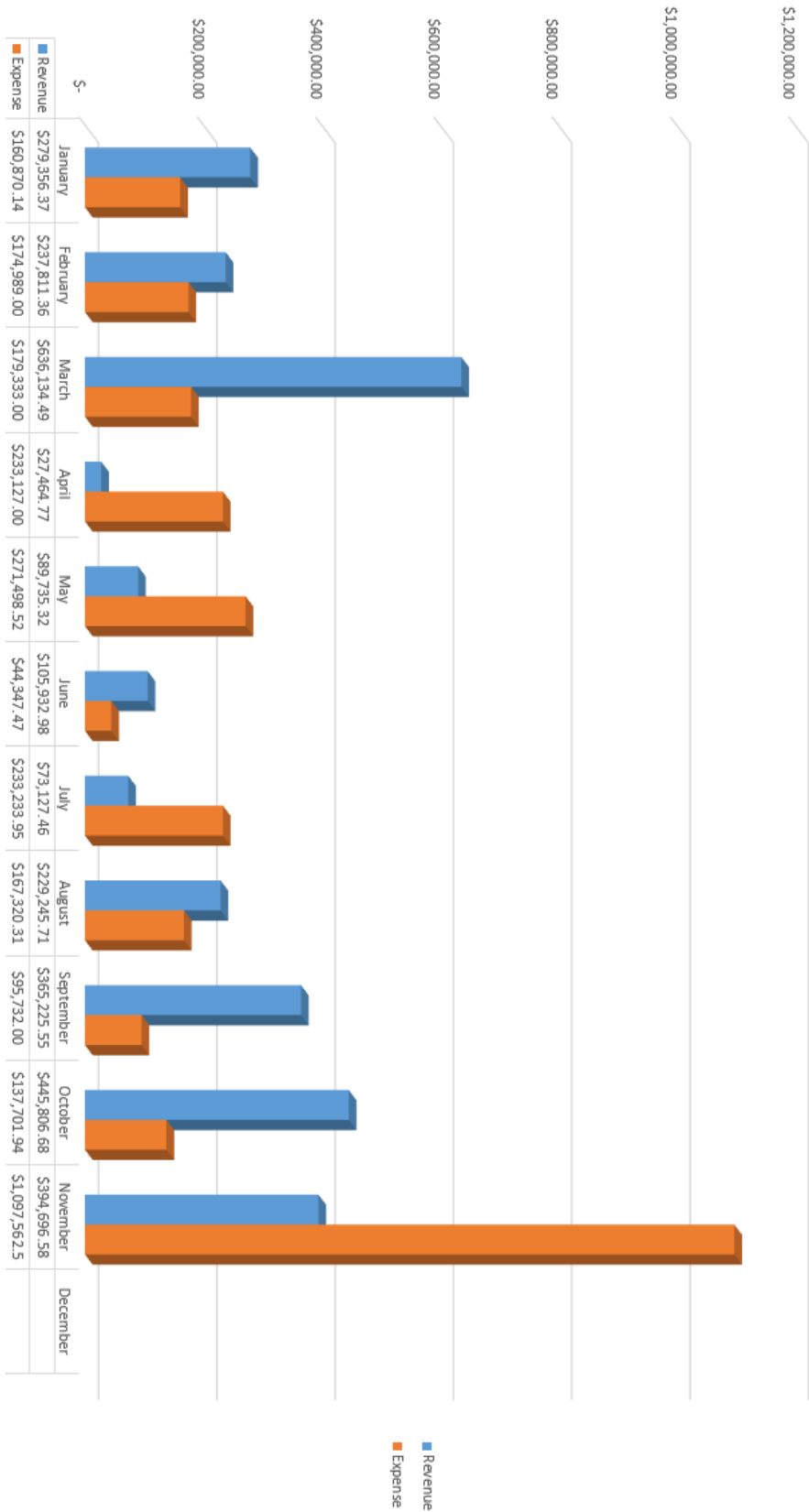
MONTH OF :

CHART 2

NOVEMBER

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	\$ 1,101,524.95	\$ 1,409,144.28	\$ 1,305,849.35	\$ 1,305,849.35	\$ -	-19.07%
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	\$ 187,967.87	\$ 60,327.45	\$ 296,200.70	\$ 296,200.70	\$ -	75.72%
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	\$ 479,452.00	\$ 636,059.02	\$ 37,569.33	\$ 37,569.33	\$ -	-80.65%
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	\$ 48,343.34	\$ 508,315.44	\$ 508,315.44	\$ -	18.32%
6023	Sewage Treatment Systems	\$ 912,166.28	\$ 464,488.25	\$ 217,818.15	\$ 1,158,836.38	\$ 1,158,836.38	\$ -	27.04%
6024	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6025	Immunization Action Plan	\$ 36,092.56	\$ 30,235.00	\$ 37,807.53	\$ 28,520.03	\$ 28,520.03	\$ -	-20.98%
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	\$ 349,720.72	\$ 187,247.00	\$ 233,605.09	\$ 233,605.09	\$ -	228.41%
6037	For Sale of Property	\$ 292,189.74	\$ 18,805.00	\$ 92,435.08	\$ 218,559.66	\$ 218,559.66	\$ -	-25.20%
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	\$ 43,224.50	\$ 18,997.82	\$ 78,614.93	\$ 78,614.93	\$ -	44.54%
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	\$ 2,884,537.27	\$ 2,795,715.83	\$ 4,339,176.08	\$ 4,339,176.08	\$ -	-
			\$ 2,884,537.27	\$ 2,795,715.83				
			\$ -	\$ -	Check Figure	\$ 88,821.44		

CHART 3



Adam Litke provided the following highlights:

- *Health District Advisory Council (HDAC) meeting was held on Wednesday, December 13, 2023.*
- *Discussed storage of files and how to structure it going forward.*
- *O&M program will require additional staffing, such as another sanitarian, clerical specialist, and a lead person. A proposal will be presented at a future meeting.*
- *The 2021 and 2022 audits are coming to a close.*
- *We have received records requests for the cross jurisdictional agreement. They have been referred to Bryan Kostura.*
- *Have had an increase of hoarding complaints in the county. There is no housing code in Geauga County, so we are unable to address the complaints through the health department. We try to at least provide resources.*
- *Completed the public records training for the Board on November 29, 2023.*

Discussion:

Carolyn Brakey asked for an update on House Bill 110. Adam Litke said more information was required. He hopes everything will be completed in the next couple of months.

4.04

Health Commissioner's Report

4.04.01

Health District Advisory Council Meeting

You are invited to attend the **2024 Geauga Public Health (GPH) Health District Advisory Council (HDAC)** meeting. It will be held on **Wednesday, March 13, 2024**. The meeting will begin at 6:30 p.m. The meeting will be held at the **Geauga County Office Building** located at 12611 Ravenwood Drive in Chardon. The HDAC is a 22-member council comprised of representatives from each of the sixteen townships, five municipalities, and the Geauga Board of County Commissioners. The purpose of the HDAC is to elect its officers, appoint members of the Geauga County Board of Health, receive and consider the annual or special reports of such Board, and make recommendations to GPH in regard to matters for the betterment of health and sanitation within the District, or for needed legislation.

4.04.02

Ohio Above Average

The Centers for Disease Control and Prevention (CDC) said the rate of kindergarteners exempted from school vaccinations has hit the highest level ever at a national average of 3% in the 2022-2023 school year – up from 2.6% (Source: “[CDC reports increase in kindergarten vaccine exemptions, Ohio is above the national average,](#)” WOSU, Nov. 10).

Ohio's exemption rate is just above the national average at 3.8%, which is up 0.8% from the 2021-2022 school year.

Ohio law allows students to be exempted from vaccines for medical reasons or "reasons of conscious," which include religious reasons. The CDC estimates about 89% of Ohio's nearly 134,900 kindergarteners are fully vaccinated for diphtheria, tetanus, polio and measles, mumps and rubella. Some others are partially vaccinated or in a vaccination grace period. The national average for full vaccination is about 93% – slightly lower than before the COVID-19 pandemic, when the national vaccination rate was at 95% in the 2019-2020 school year.

4.04.03

Issue 2 Likely to Experience Legislative Changes

With the passage of State Issue 2, an initiated statute to legalize recreational marijuana, we want to remind you of some of the details regarding the statute and the possibility of legislative changes.

The issue passed with 57% support and will go into effect on December 7. That is when Ohioans 21 and older can begin to possess and consume marijuana. They also are then allowed to grow up to six plants individually and no more than 12 in a household with multiple adults. Landlords can prevent renters from growing, but it must be written into the lease agreement.

Legal marijuana sales will not begin for a while. The newly created Division of Cannabis Control under the Ohio Department of Commerce must first set rules on licensing, product standards, packaging and more. The state has nine months to issue the first round of licenses to marijuana growers, processors and dispensaries. Those licenses will go to existing medical marijuana businesses and eligible operators under the social equity program. The state cannot dole out additional licenses for another two years.

As it currently stands, a 10% tax will be established on top of existing sales tax, which is split the following ways:

- 36% going to local governments with operating dispensaries
- 36% to a social equity and cannabis jobs fund
- 25% for substance abuse programming
- 3% set aside for a newly created Division of Cannabis Control under the Department of Commerce.

A study from the Ohio State University estimated revenues would eventually generate over \$400 million a year, while a more conservative analysis by Scioto Analysis estimated a net benefit of \$260 million. These projections have been questioned by Treasurer Robert Sprague and Auditor Keith Faber, who say the tax rate would need to increase to cover the added costs associated with Issue 2.

4.04.04

Update on Recreational Marijuana Legislation

Ohio Senate President Matt Huffman (R-Lima) said the chamber plans to make changes regarding the implementation of recreational marijuana before its effective date of December 7. House Speaker Jason Stephens (R-Kitts Hill) said they can come to agreement, but the Legislature may have more time to make changes because some of its provisions will take effect at a later date. Meanwhile, Rep. Cindy Abrams (R-Harrison) introduced legislation that she said would set aside the first \$40 million in recreational marijuana taxes each year to be used for law enforcement training. [Bill Text](#)

Earlier this week, Association of Ohio Health Commissioners (AOHC) sent a letter to Governor DeWine, asking for consideration of the following provisions of the statutory language passed by the voters:

- The THC cap should be clarified in law, not rule. recent language contemplates a 35% cap, however, sound and established science shows that level should be set at 15% for the plant material and corresponding levels for extracts. Serious and potentially life threatening side effects result when the potency of THC exceeds 15%. For reference, most marijuana purchased on the black market has THC levels between 5-10%.
- The cap on daily purchases should be significantly reduced from 2.5 ounces to .5 ounces. Allowing the purchase of 2.5 ounces will encourage and promote the trafficking of recreational marijuana and far exceeds the amount any individual could realistically consume on a daily basis. Again, by way of comparison, California has a one-ounce cap.

4.04.05

HPIO 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](#) – New England Journal of Medicine (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

4.04.06

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.

4.04.07

Morbidity and Mortality Weekly Report (MMWR) 11/1/2023 through 12/1/2023

Synopsis

- An analysis of October 2020-September 2022 data from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)-supported treatment sites revealed that 11,980 infants with HIV under a year old and 105,510 kids with HIV aged 1 to 4 years were receiving antiretroviral treatment (ART) each quarter, with 4.9% and 2.5% of them respectively dying annually. These proportions of kids dying were 2 to 9 times higher compared to those aged 5 and older with HIV who were receiving ART. The proportions of younger kids experiencing interruptions in treatment were also higher, and viral load suppression rates were lower.
- Data from the New Vaccine Surveillance Network during July 1, 2022 - September 30, 2023, among 7,434 children aged 6 months to 4 years hospitalized or seeking emergency department (ED) care for acute respiratory illness revealed that 5% received a positive Covid-19 test result and 95% received a negative result. 86% were unvaccinated, 4% had received one dose, and 10% had received 2 or more doses. Vaccine effectiveness of 2 or more mRNA vaccine doses (compared to no vaccination) in this age group was found to be 40% effective in preventing ED visits and hospitalization.
- An analysis of National Vital Statistics System mortality data from 2019 through 2022 revealed that the annual U.S. firearm suicide rate increased 11% from 7.3 per 100,000 to 8.1, the highest level since data was available in 1968. Whites had the highest overall rate (with a 9% increase), but the largest rate increase (66%) occurred among American Indian/Alaskan Natives. Blacks’ rate increased 42% and Hispanics’ rate increased 28%.

- 4 CDC-funded National Wastewater Surveillance System Centers of Excellence were established during 2021-22, in California, Colorado, Houston TX, and Wisconsin. All have reported correlations between wastewater and clinical surveillance, and have used wastewater surveillance early variant detection and alerts, and to guide decision making.
- Per National Center for Health Statistics, National Health Interview Survey, in 2022, 49.2% of women and 41.1% of men received a flu vaccine in the past year. Likelihood was higher for women than men among all races; with Asians being most likely (61% and 50.7%), followed by Whites (51.5% and 43.4%), Hispanics (43.5% and 35.9%), and Blacks (40.6% and 30.1%).
- A CDC analysis of 2011–2021 Behavioral Risk Factor Surveillance System data revealed that adult prevalence of chronic obstructive pulmonary disease (COPD) did not change significantly from 2011 (6.1%) to 2021 (6.0%). However, it did decrease an average of 2% per year in adults aged 18 to 44, and increased an average of 1.3% per year in those aged 75 and older. It also increased 0.8% in those living in micropolitan counties, and among current (1.5%) and former (1.2%) smokers. COPD remained elevated in: women; those over age 65; and those with lower education levels, unable to work, living in rural areas and who ever smoked.
- In January 2022, the first U.S. cannabis production worker (27 years old) died due to an occupational asthma attack, following progressively worsening work-associated respiratory symptoms, in Massachusetts. Occupational Safety and Health Administration (OSHA) investigation found elevated endotoxin levels in the area of a grinding operator, and 4 of 10 coworkers reported work-related respiratory tract or skin symptoms. Measures to protect cannabis protection workers, such as surveillance for asthma symptoms and management, control of exposures, and training on personal protective equipment (PPE) are essential.
- During 2000–2019, estimated coverage worldwide with the first dose of measles-containing vaccine (MCV) increased from 72% to 86%, then declined to 81% in 2021 during the Covid-19 pandemic, representing the lowest coverage since 2008. In 2022, first-dose MCV coverage increased to 83%. During 2021–2022, estimated measles cases increased 18%, from 7,802,000 to 9,232,300, and the number of countries experiencing large or disruptive outbreaks increased from 22 to 37. Estimated measles deaths increased 43% during 2021–2022, from 95,000 to 136,200. Amplifying efforts to vaccinate all children with 2 MCV doses, and strengthening surveillance efforts is critical to reversing the pandemic-related setbacks in achieving measles elimination.
- In 2022, 3,761 cases of congenital syphilis were reported in the U.S., including 231 (6%) stillbirths and 51 (1%) infant deaths. This was a 31.7% increase in cases compared to 2021, and more than 10 times as many as reported in 2012. 88% of cases were due to lack of timely testing and adequate treatment during pregnancy, and therefore could have been prevented.

- In December 2022, the California Department of Health added reporting rules for silicosis (lung disease caused by inhaling silica dust) to the electronic case reporting (eCR) system, and as a result received 41 reports from which 35 silicosis cases were identified (78% of which were not identified through other reporting mechanisms), with many more cases expected to be identified once more healthcare organizations implement the silicosis trigger criteria. This case illustrates the usefulness of eCR as a surveillance tool for this and other public health conditions for which criteria can be added.
- In November 2022, El Paso County Public Health in Colorado saw 12 cases of invasive pneumococcal disease in homeless people, 6 of whom used housing and social services at the same local shelter. 9 were male and 8 were over the age of 50. 10 were hospitalized (ranging from 3 to 14 days), and none died. 5 vaccination clinics were established at 3 local facilities serving homeless people, as a result. Only one new case in the county was reported since, as of the end of August, 2023.
- Per National Center for Health Statistics, National Health Interview Survey data, in 2022 12.3% of kids aged 4-17 had practiced yoga in the past year. 14.7% of kids aged 4-11, and 9.2% of kids aged 12-17. Males were less likely to have practiced yoga than females at all ages.
- CDC analyzed pooled 2017–2021 Behavioral Risk Factor Surveillance System data and determined that 34.7% of male veterans and 31.9% of female veterans had diagnosed arthritis, which is 20 to 60% higher than non-veterans (depending on gender and age group.) Veterans with disabilities also had higher prevalences of arthritis than non-veterans with disabilities. Veterans with employer or union-sponsored health insurance had significantly lower prevalences of arthritis compared to those with other insurances such as Medicare, Veterans Health Administration (VHA), and state-sponsored or military insurance.
- According to states data reported to the CDC, the 2022-23 kindergarten class (who became age-eligible to complete most state-required vaccinations during the Covid-19 pandemic) demonstrated national coverage remaining near 93% for all vaccines, with the overall percentage of children with an exemption increasing to 3% compared to the 2.6% of the 2021-22 class. Compared with coverage during the 2021-22 school year, MMR coverage decreased in 29 states, DTaP coverage decreased in 31 states, polio coverage decreased in 28 states, and VAR coverage decreased in 25 states. Exemptions increased in 40 states and DC, with 10 states reporting an exemption from at least one vaccine for more than 5% of kindergartners.
- In 2021, the number of human infections with the Newport strain of multidrug-resistant Salmonella doubled compared with the 2018–2020 baseline, remaining high in 2022. From January 1, 2021, to December 31, 2022, 86% of a total of 1,308 isolates obtained from patients, cattle, and sheep were this strain, most with decreased susceptibility to azithromycin. Half of patients were Hispanic or Latino; 48% reported travel to Mexico

during the month preceding illness, and 37% were hospitalized. Two multistate outbreak investigations implicated beef products obtained in the United States.

- Efforts to eradicate Guinea worm disease (dracunculiasis) since 1986 became challenged in 2012 after confirmation of infection in dogs, cats, and baboons; as well as issues with ongoing civil unrest in some areas. By 2022, Guinea worm disease was endemic in 5 countries (Angola, Chad, Ethiopia, Mali, and South Sudan), with only 13 human cases identified, the lowest yearly total ever reported. However, 686 animal infections were reported, 88% of which were in dogs in Chad. A total of 3 human cases and 315 animal infections were reported during January–June 2023.
- According to CDC’s National Healthcare Safety Network (NHSN) data, influenza vaccination coverage among healthcare personnel during the 2022-23 flu season was 81% among those working in acute care hospitals and 47.1% among those working in nursing homes. Up-to-date Covid-19 vaccination coverage was 17.2% among those working in acute care hospitals and 22.8% among those working in nursing homes. Targeted efforts to increase vaccination coverage among healthcare workers are needed to protect them and their patients.
- An analysis of CDC’s National Healthcare Safety Network (NHSN) data revealed that influenza vaccination coverage among healthcare personnel in acute care hospitals increased prior to the Covid-19 pandemic from 88.6% during 2017-18 to 90.7% during 2019-20. During the pandemic, coverage decreased to 85.9% in 2020-21 and 81.1% in 2022-23.
- Per National Center for Health Statistics, National Health Interview Survey data, in 2022 13.5% of adults felt very tired or exhausted most days or every day in the past 3 months. This declined with age, from 11% in ages 18-44 to 8.9% in ages 65 and older for men; and from 20.3% in ages 18-44 to 11.5% in ages 65 and older for women.
- This report was accompanied by a supplemental Recommendation and Report providing 2023 Advisory Committee on Immunization Practices recommendations regarding tick-borne encephalitis (TBE) vaccine.
 - TBE vaccine is recommended for people traveling to an area where TBE is endemic and who will have extensive exposure to ticks because of their planned outdoor activities and itinerary.
 - TBE vaccine may be considered for people traveling to an area where TBE is endemic who might engage in outdoor activities in areas where ticks are likely to be found. The decision to vaccinate should be based on an assessment of their planned activities and itinerary, risk factors for a poor medical outcome, and personal perception and tolerance of risk.
 - TBE vaccine is recommended for laboratory workers with a potential for exposure to TBE virus.
 - The full report provides comprehensive information regarding the background and rationale for the recommendations; vaccine safety, effectiveness, immune response, and adverse event considerations; dosage, schedule, and administration of vaccine;

precautions; and guidelines for risk-benefit assessments. It can be found on the CDC website at:

https://www.cdc.gov/mmwr/volumes/72/rr/rr7205a1.htm?s_cid=rr7205a1_w

- CDC and Food and Drug Administration (FDA) analyzed data from the 2023 National Youth Tobacco Survey and found that 10% of middle and high school students reported currently using any tobacco product, with high school student usage down from 2.51 million in 2022 to 1.97 million in 2023. E-cigarette usage declined from 14.1% to 10% (though still the most used.) 46.7% of students who reported ever using e-cigarettes were current users, and of them 89.4% use flavored products and 25.2% use an e-cigarette daily.
- In 2022, 73% of reported tuberculosis (TB) cases in the U.S. occurred among non-U.S.-born people. A CDC analysis of data from the 2020-2022 Porter Novelli DocStyles surveys revealed that 53.3% of (3,647 surveyed) healthcare providers routinely test non-U.S.-born patients for TB; and of those who did 35.7% exclusively ordered recommended blood tests, 44.2% exclusively ordered skin tests, and 20.2% ordered TB skin tests and blood tests. 33% reported prescribing short-term treatment, 41% referred patients to a health department for treatment, and 4% reported doing none of the treatment practices (short-term, long-term, or referring to health department.)
- An assessment of National Immunization Survey-Child data revealed that overall vaccination coverage by age 24 months was similar among children born during 2019-2020 compared to those born during 2017-2018, except coverages with the birth dose of hepatitis B vaccine and 1 or more doses of hepatitis A vaccines increased. Coverage was 2-21% higher among Whites compared to Blacks, Hispanics, and American Indian/Alaskan Natives. Coverage was 3.5-22% higher among children living at or above the poverty level compared to those below. Coverage was 2.4-38% higher among privately-insured children compared with those on Medicaid, other insurance, or uninsured. Coverage was 3-16.5% higher in urban areas compared to rural areas.
- ** This weekly report included the report of “Vital Signs: Health Worker–Perceived Working Conditions and Symptoms of Poor Mental Health — Quality of Worklife Survey, United States, 2018–2022”, previously posted as supplemental with the prior weekly report. To recap that summary:
 - Health workers reported more days of poor mental health (from 3.3 days to 4.5 days during the previous 30 days) and were more likely to report burnout (11.6% to 19.0%) in 2022 than in 2018. Positive working conditions, such as trust in management and supervisor help, were associated with lower odds of poor mental health symptoms and burnout.
- *The report included a small notation of correction of “not research” language and corresponding footnote in a prior report “Progress Toward Measles and Rubella Elimination — Indonesia, 2013–2022.”

- Per the National Center for Health Statistics, National Health Interview Survey data, during July–December 2022, 41.5% of U.S. adults used the Internet in the past 12 months to communicate with a doctor or doctor’s office. This decreased with decreasing levels of urbanization, from 45.9% in large central metropolitan and 47% in large fringe metropolitan counties, to 26.1% in noncore counties.
 - This report was accompanied by a supplemental Recommendation and Report providing updated CDC recommendations for hepatitis C testing among perinatally exposed infants and children. This report introduces four new CDC recommendations:
 - Hepatitis C virus (HCV) testing of all perinatally exposed infants with a nucleic acid test (NAT) for detection of HCV RNA at age 2–6 months
 - Consultation with a health care provider with expertise in pediatric hepatitis C management for all infants and children with detectable HCV RNA
 - Perinatally exposed infants and children with an undetectable HCV RNA result at or after age 2 months do not require further follow-up unless clinically warranted
 - A NAT for HCV RNA is recommended for perinatally exposed infants and children aged 7–17 months who previously have not been tested, and a hepatitis C virus antibody (anti-HCV) test followed by a reflex NAT for HCV RNA (when anti-HCV is reactive) is recommended for perinatally exposed children aged ≥18 months who previously have not been tested.
 - The full report provided comprehensive information regarding epidemiology, literature review, cost-effectiveness considerations and rationale for the recommendations; and can be found in full on the CDC website at: https://www.cdc.gov/mmwr/volumes/72/rr/rr7204a1.htm?s_cid=rr7204a1_w
-

Ron H. Graham provided the following highlights:

- *Submitted the annual report for Public Health Accreditation Board (PHAB) accreditation. We are now trying to prepare for next year’s submittal. OAC 3701.36 provides information on accreditation and standards.*
- *Shared the benefits of being a part of the Association of Ohio Health Commissioners.*
- *The newsletter is ready to be shared with the public.*

Discussion:

Lynn Roman asked how the tax from legal marijuana sales will be split. Ron Graham said 25% will go towards substance abuse programming and it’s being discussed further among legislators.

5.0 **Committee Reports**

No Committee reports.

6.0
Old Business

6.01
Resolution to Increase Certain Fees, Food Service Program, Third and Final Reading

Dr. Mark Rood moved and Lynn Roman seconded a motion to hear the third and final 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.

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 December 21, 2023,
December 28, 2023

7.0 **New Business**

7.01

7.01.01 **Financial Reports, Resolution 23-12-07-01-01**

Ashley Jones moved and Dr. Mark Rood seconded a motion to approve the Financial Reports for payment of bills, as listed in the recapitulation sheets attached to these minutes; motion carried.

Discussion:

Lynn Roman asked about the \$650,000 for the cross-jurisdictional agreement. Adam Litke said it is for 6 months.

Lynn Roman asked about the check to the sheriff's office. Adam Litke will find out.

Carolyn Brakey asked about the check to Auburn Bainbridge Excavating. Dan Lark said it was for reimbursement through the Water Pollution Control Loan Fund (WPCLF) program. Notice was received that GPH 2024 WPCLF funding will be \$150,000.

7.02

Resolution Establishing Day, Time and Place of Monthly Board of Health Meetings for 2024

Lynn Roman moved and Dr. Mark Hendrickson seconded a motion to adopt the Resolution Establishing Day, Time and Place of Monthly Board of Health Meetings for 2024; motion carried.

**Resolution
Establishing Day, Time and Place
Of Monthly Board of Health Meetings for 2024**

WHEREAS: in accordance with Article III, Section 1 of the By-Laws of the Geauga County Board of Health, the Board is to establish the time, date and place of regularly scheduled meetings for the ensuing year.

**NOW THEREFORE
BE IT RESOLVED:**

That the regularly scheduled meetings of the Geauga County Board of Health will be held at 5:00 p.m. Geauga County Office Building located at 12611 Ravenwood Drive, Chardon, Ohio.

January 17, 2024 (Wed)	May 22, 2024 (Wed)	September 25, 2024 (Wed)
February 28, 2024 (Wed)	June 26, 2024 (Wed)	October 23, 2024 (Wed)
March 27, 2024 (Wed)	July 24, 2024 (Wed)	November 20, 2024 (Wed)
April 24, 2024 (Wed)	August 28, 2024 (Wed)	December 18, 2024 (Wed)

AND BE IT FURTHER RESOLVED:

That in the year 2024 the following dates are established as the dates for the meeting of the Board of the Geauga Public Health, the only exceptions to meeting on the fourth Wednesday of the month are January 17th, November 20th, and December 18th.

Adopted this 20th day of December 2023.

Adam Litke
Administrator

Carolyn Brakey
President

7.03

Permission to Allocate \$20,000 for O&M Mailing Costs

Dr. Mark Rood moved and Lynn Roman seconded a motion to allocate \$20,000 for mailing costs of the Operation and Maintenance (O&M) program. These funds would be used through December 31, 2024; motion carried. Ashley Jones abstained.

7.04

Permission to Refer Owners of Semi-Public Sewage Treatment Systems for Legal Action

Dr. Mark Hendrickson moved and Dr. Mark Rood seconded a motion to refer owners of semi-public House Bill 110 sewage treatment systems who have not renewed their yearly inspection certificates to the Geauga County Prosecutor for legal action; motion carried. Ashley Jones abstained.

There are about 15 locations that had not renewed their yearly inspection certificates at the time the board reports were distributed. Staff sent letters reminding them to submit their payment, including the late fee. Notices were also sent for Administrative Hearings.

330 MPH Acres LLC	16533 Chillicothe Rd	Bainbridge, OH 44022
David Pitz S/L #6	15075 Cross Creek Pkwy	Newbury, OH 44065
Fair Weather Farm	10065 Taylor May Rd	Bainbridge, OH 44023
Freedom Alliance Church	9892 Old State Rd	Chardon, OH 44024
Independence Tree	PO BOX 244	Newbury, OH 44065
Mapes Greenhouse	7572 Mayfield Rd	Chesterland, OH 44026
Picturesque Landscaping	12221 Kinsman Rd	Newbury, OH 44065
Precious Cargo Trans.	15050 Cross Creek Pkwy	Newbury, OH 44065
R&D Madison Prop.	14128 Claridon Troy Rd	Burton, Oh 44021
Universal Polymer & Rubber	15730 Madison Rd	Middlefield, OH 44062
US-Euro Auto LLC	15690 Main Market Rd	Burton, OH 44021
Whitford Woods Co.	16192 Bundysburg Rd	Middlefield, OH 44062

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 requested an extension for his septic and private water permits. Per Dan Lark, the permits were obtained in 2019 and through a series of events, he did not complete the work. Per the Ohio Administrative Code (OAC), permits are good for one year and can be extended up to 6 months. As this permit expired 3 years ago, he recommends not extending it. The Board discussed the fees of the permits and the health department's role. Dan Lark said technically the permits have expired. At a minimum, the state fees will have to be collected again and a lot of the work would have to be redone. The Board agreed with Dan Lark's recommendation. The homeowner will have to obtain new permits.

9.0

Executive Session

No executive session was held.

10.0

Adjournment

With no further business, the meeting was adjourned at 5:46 p.m.

Secretary

President