

AGENDA  
GEAUGA PUBLIC HEALTH  
September 25, 2024

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 August 28, 2024

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 Old Business

- 5.01 Geauga County Administration Building Rent and Space Discussion
- 5.02 Resolution to Increase Certain Fees, Food Service Program, Third and Final Reading

6.0 New Business

- 6.01 Resolutions
  - 6.01.01 Financial Reports, Resolution 24-09-06-01-01
  - 6.01.02 Permission to Approve Appropriations for Increase/Decrease
  - 6.01.03 Resolution 2024-10: Then and Now Purchase Order to Jonathon Sefcik DBA A-Affordable Septic, Not to Exceed \$15,064.00
  - 6.01.04 Resolution 2024-11: Then and Now Purchase Order to Geauga County Clerk of Courts, Not to Exceed \$320.90

- 6.02 Resolution of the Geauga Public Health Board of Health to Delegate Authority to Remove from Use Any Utensil, Material, or Piece of Equipment that Presents a Public Health Hazard in a Retail Food Establishment or Food Service Operation
  - 6.03 Permission to Enter into a Memorandum of Understanding (MOU) with the Ohio Environmental Protection Agency for the Implementation and Coordination of the House Bill 110 Program
  - 6.04 Resolution to Decrease Certain Fees, Household Sewage Treatment Systems Program, First Reading
  - 6.05 Permission to Request the Prosecutor's Office Assign a Special Prosecutor
  - 6.06 Request For Legal Action Against Christian McClellan and David Schultz
- 7.0 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.
- 8.0 Executive Session
- 9.0 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, September 25, 2024, by President Mark Hendrickson. 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
Melissa DeBoth	Ashley Jones, Pharm D

Absent: Dr. Mark Rood

Minutes were recorded by Gina Parker/Heather Bushek.

Also present from the Health District staff:

Ron H. Graham, Health Commissioner	Adam Litke, Administrator
------------------------------------	---------------------------

Others Present: Gerry Morgan and Linda Burhenne from the Commissioners’ Office and several members of the public were in attendance.

**2.03 Certification of Delivery of Official Notices**

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

**3.0 Board of Health**

**3.01 Approval of Minutes**

*Carolyn Brakey moved and Ashley Jones seconded a motion to approve the minutes of the August 28, 2024, Board of Health regular meeting; motion carried.*

## **4.0 Health District Staff Reports**

### **4.01 Population Health**

#### **4.01.01 Safe Communities**

A coalition meeting was held on August 1st with representatives from the Geauga County Sheriff's Office, Engineer's Office, Lake Geauga Recovery Centers, ODOT District 12, Ohio State Highway Patrol, and the Ohio Traffic Safety Office present. Planning for upcoming events continues.

The coalition coordinator co-led the Geauga County Safety Day and Touch-a-Truck on August 17th at the ODOT Middlefield Garage. The coalition coordinator organized and planned the event in collaboration with ODOT District 12. The Drive Sober or Get Pulled Over kickoff was held at this event, and there was a car seat check at the event. Vendors from Middlefield police and fire departments, OSHP SWAT team and truck, Geauga County Sheriff's Office and K9 Unit, Ohio Department of Natural Resources, Geauga County Amish Safety Board, Geauga County Engineers, and more attended the event. An Ohio State Highway Patrol helicopter and a UH helicopter landed at the event. The coalition coordinator set up a Safe Communities display about the importance of safe driving. The event was successful in offering safety resources and a fun and educational day for families in our community.

The Health Educator set-up and worked the Geauga Public Health and Safe Communities booth at the Geauga County Fair. Information about safe driving was provided, along with tick and mosquito safety, septic system information, car seat safety information, and giveaways for children and adults.

#### **4.01.02 Ohio Buckles Buckeyes Program (Car Seat Program)**

The Health Educator assisted two families for car seat checks. The Health Educator explained and demonstrated how to properly install each car seat into the client's personal vehicle. The certified technician checked that each seat was properly installed, was correct for the child's height and weight, was in the proper direction, and was not recalled or expired.

#### **4.01.03 Other Population Health Activities**

The Health Educator helped plan and co-lead a biannual Geauga County Community Health Improvement Plan (CHIP) and Community Health Needs Assessment (CHNA) meeting on August 13th. Plans for the current Community Health Improvement Plan and the upcoming Community Health Needs Assessment were discussed.

#### **4.01.04**

##### **Get Vaccinated Ohio-Public Health Initiative (GVO)**

GV 2023/2024 complete. Final invoicing submitted.

#### **4.01.05**

##### **Vaccines for Children**

##### **Clinics**

1. **Mobile Clinic** 8/12/24 and 8/26/24

62 individuals were seen between the two clinics with 100 vaccinations given.

**DTaP-5**

**Kinrix-7**

**Pediarix-1**

**Vaxelis-9**

**ProQuad-7**

**Hep A-1**

**Hib-2**

**HPV-1**

**Polio-5**

**MMR-12**

**MenACWY-14**

**PCV15-6**

**Rotateq-3**

**Tdap-14**

**Varicella-13**

2. **GPH Adult Clinic** –

8/2/24 Hep B vaccine

3. **DDC Clinic Center for Special Needs Children** 8/14/24 and 8/28/24

Vaccine clinics at the DDC will now be completely run by GPH. A UH nurse will be at the clinics monthly to assist RN Melissa Kimbrough with giving vaccines. Vaccine inventory from the DDC was transferred to GPH on Sept 3, 2024. The DDC vaccine clinics will now be run the same as GPH mobile clinics.

##### **Animal Bite Investigations**

1. Nine (9) Animal bite investigations conducted.
2. Eight (8) follow ups conducted.
3. Three (3) animals sent for rabies testing

##### **Community Events**

1. ODOT and Safe Communities touch a truck 8/17/24
2. GPH table at The Geauga County Fair 8/29/24 and 8/30/24

#### **4.01.06**

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

On August 6<sup>th</sup> at approximately 4:15pm, a tornado warning was declared for Geauga County. GPH employees present in the office sheltered in place in the basement of the Geauga County Office Building. The building lost power during the storm and began running on a back-up generator. During the storm, Geauga County was impacted by one EF-1 tornado that came through Chesterland. Due to the building remaining on generator power and HVAC not being supported by the generator, GPH staff were informed the morning of August 7<sup>th</sup> that the office was not accessible due to lack of power and significant damage to roads and other road closures. GPH's Emergency Response Coordinator (ERC) Lydia Castner and Health Educator Emily Landis notified Geauga County residents of the building closure on social media. GPH activated its Continuity of Operations Plan and a joint ICS structure was formed with Lake County General Health District, which also experienced a power outage. Power was restored and the Geauga County Office Building was reopened on August 8<sup>th</sup>. The ERC and Health Educator continued to post on social media to educate Geauga County residents on proper safety activities after a tornado and during power outages. Power outages throughout Geauga County continued through August 14<sup>th</sup>, at which point GPH demobilized. After-action feedback was collected from staff involved in the response and a formal joint after-action report and improvement plan will be completed and submitted to the Ohio Department of Health for this event.

Ms. Castner has continued to work with LCGHD and other regional partners to review and begin working on FY25 grant year deliverables. The following deliverables were submitted to the Ohio Department of Health (ODH) for review during August:

- PHEP Core 1.1: Information Sharing and Volunteer Deployment Performance Measures
- PHEP Core 2.1: Statewide Integrated Preparedness Plan Workshop Attendance
- PHEP Core 7.1: Tactical Communications Worksheet

The following deliverables were approved by ODH in August:

- PHEP Core 2.1: Statewide Integrated Preparedness Plan Workshop Attendance

Ms. Castner attended the following meetings and trainings during the month of August:

- BioWatch Risk Communications Call Dry Run (August 1)
- Geauga County Q1 MCM TA Call w/ODH (August 1)
- Medical Countermeasures Focus Group (August 5)
- ODH MARCS Radio Test (August 6)
- Tornado/Power Outage (August 6)
- Cleveland BioWatch Functional Exercise (August 7)
- ICS and COOP Activation (August 7)
- Medina County MARCS Radio Test (August 8)
- LCGHD/GPH Continuity of Operations and Perry Nuclear Power Plant Exercise Discussion (August 8)
- Storm/ Power Outage Incident Briefing (August 8)
- ODH Statewide Integrated Preparedness Plan Workshop (LCGHD's Preparedness Program Manager Jessica Wakelee attended on behalf of Geauga County for deliverable credit) (August 12)

- NEO Deliverable Workgroup Meeting (August 13)
- LCGHD/GPH Point of Dispensing Training Planning Meeting (August 13)
- NEO Deliverable Workgroup Meeting (August 26)
- Perry Nuclear Power Plant Care Center Dry Run Exercise at Cardinal High School (August 26)
- BioWatch Advisory Committee Meeting (August 27)
- Perry Nuclear Power Plant Exercise Emergency Operations Dry Run (August 28)
- Geauga County Fair (August 29 and September 2)

#### **4.01.07**

##### **Epidemiology**

Two long term care facilities reported outbreaks of COVID-19 in August. A total of 64 residents and 29 staff members tested positive for COVID-19 in these outbreaks. No other communicable disease outbreaks were reported and there were no EpiCenter anomalies in Geauga County for August.

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

Communicable Disease Report	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Year to Date (1/1/24 to current)	2023 Year End Totals
Anaplasmosis	0	0	0	0	0	0	0	0					0	1
Babesiosis	0	0	0	0	0	0	0	0					0	0
Campylobacter	1	0	0	2	3	1	5	0					12	21
C. auris	0	0	0	0	0	0	0	0					0	0
CPO	0	0	1	0	3	0	0	1					5	3
CPO - Colonization Screening	0	0	0	1	0	0	0	0					1	0
Chikungunya	0	0	0	0	0	0	0	0					0	0
Chlamydia	11	11	9	2	5	10	8	5					61	83
COVID-19	260	135	64	45	27	58	134	220					943	2,068
Coccidioidomycosis	0	0	0	0	0	0	0	0					0	0
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0					0	0
Cryptosporidiosis	0	0	0	2	0	0	2	1					5	1
Cyclosporiasis	0	0	0	0	0	0	0	0					0	0
E. Coli 0157:H7	0	0	1	0	0	1	2	2					6	0
Giardia	0	0	0	0	0	0	1	0					1	3
Gonorrhea	4	1	1	0	6	2	3	3					20	19
Haemophilus Influenza	0	0	0	0	1	0	0	0					1	2
Hepatitis A	0	0	0	0	0	0	0	0					0	0
Hepatitis B (acute)	0	0	0	0	0	0	0	0					0	0
Hepatitis B (chronic)	0	1	0	0	0	0	0	0					1	5
Hepatitis B (perinatal)	0	0	0	0	0	0	0	0					0	0
Hepatitis C (acute)	0	0	0	0	0	0	0	0					0	1
Hepatitis C (chronic)	2	0	2	0	0	1	2	2					9	18
Hepatitis C (perinatal)	0	0	0	0	0	0	0	0					0	0
Hepatitis E	0	0	0	0	0	0	0	0					0	0
Influenza-Hospitalized	22	21	8	3	1	0	0	0					55	27
La Crosse Virus Disease	0	0	0	0	0	0	0	0					0	0
Legionnaires Disease	0	0	1	0	0	1	1	0					3	4
Leptospirosis	0	0	0	0	0	0	0	0					0	0
Listeriosis	0	0	0	1	0	0	0	0					1	0
Lyme Disease	0	0	2	1	5	0	0	0					8	9
Malaria	0	0	0	0	0	0	0	0					0	0
Meningitis-aseptic/viral	0	0	0	0	0	0	0	0					0	2
Meningitis, Bacterial not Neisseria	0	0	0	0	0	0	0	0					0	0
MIS-C associated with COVID-19	0	0	0	0	0	0	0	0					0	0
Mpox	0	1	0	0	0	0	0	0					1	0
Mumps	0	0	0	0	0	0	0	0					0	1
Mycobacterium Tuberculosis	0	0	0	0	0	0	0	0					0	0
Pertussis	1	0	1	0	0	0	0	0					2	83
Rocky Mountain spotted fever	0	0	0	1	0	0	0	0					1	0
Salmonellosis	1	0	0	1	1	2	3	2					10	10
Shigellosis	0	0	1	0	0	0	0	0					1	2
Staph Aureus VRSA	0	0	0	0	0	0	0	0					0	0
Streptococcal Group A (GAS)	1	1	1	1	1	0	0	1					6	16
Streptococcal Group B Newborn	0	0	0	0	0	0	0	0					0	0
Streptococcus Pneumoniae(ISP)	2	3	1	0	0	0	0	0					6	3
Syphilis	0	0	0	0	0	0	0	0					0	5
Tuberculosis	0	0	0	0	0	0	0	1					1	0
Varicella	0	0	0	1	0	0	0	0					1	1
Vibriosis	0	1	0	0	0	0	0	0					1	0
West Nile Virus	0	0	0	0	0	0	0	0					0	0
Yersiniosis	0	0	0	0	0	0	0	0					0	1
Totals	305	175	93	61	53	76	161	238	0	0	0	0	1,162	2,389

---

*Adam Litke provided the following highlights:*

- *No report.*

*Discussion:*

*Carolyn Brakey asked how many raccoons were distributed at The Great Geauga County Fair. Adam Litke said they were all distributed.*

## **4.02**

### **Environmental Health**

#### **4.02.01**

##### **Director's Report**

A public hearing was held regarding food service fees on September 9, 2024. No members of the affected community attended.

#### **4.02.02**

##### **Food Safety**

A follow up inspection was conducted at Master Piece Pizza of Thompson on August 1. A follow up inspection will occur within 6 weeks to check on non-critical violation compliance. The GPH office was closed on 8/7 due to area power outages. M. Kruggel manned a call center on 8/8 to answer food safety questions from the public and food operators. The GPH food and sewage sanitarians along with the Lake County General Health District food sanitarians inspected 117 mobiles and 14 temporaries at the Geauga County Fair on 8/29 and 8/30 with the bulk of the work completed on 8/29.

### **4.02.03**

#### **Program Inspections**

Environmental Health staff conducted the following program inspections in August:

<b>Program</b>	<b>Inspections</b>
Private Water Systems (wells)	4
Camps	1
Swimming Pools/Spas	10
*Food	103
Sewage Systems	130
For Sale of Property	1
HB 110 (Semi-Public) Systems	40
Plumbing	100
Schools	3
Nuisance Complaints	0
Animal Bites	0
Solid Waste	0

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

---

*Adam Litke provided the following highlights for Dan Lark:*

- *Provided copies of letters and timelines that are sent to homeowners regarding nuisance complaints. One homeowner was requested to appear for an Administrative Hearing at tonight's meeting, but he was not in attendance.*
- *Third and final reading for food fees are in Old Business. Fees for Commercial, Non-Commercial and mobiles have been reduced slightly from what was originally proposed.*
- *Dan Lark is currently participating in the Perry Nuclear Power Plant (PNPP) drill for Geauga Public Health. Yesterday's portion was held at the Emergency Management Agency; the feedback was very positive.*

*Discussion:*

*Carolyn Brakey asked how to find out about violations at restaurants. Adam Litke said those inspections are not available online. However, a new program is being discussed that would allow violations to be posted online.*

*Dr. Mark Hendrickson asked if potassium iodide (KI) pills are effective to those over 40 years of age. Ron Graham said it is still recommended.*

*Dr. Mark Hendrickson asked if there is anything in place for third- and fourth-degree burns for the PNPP drill. Adam Litke said that is outside the scope of the health department, but it is a tri-county effort and agencies like the Red Cross and hospitals participate in the drill as well.*

#### **4.03**

#### **Administrator's Report**

##### **4.03.01**

##### **Administrator**

1. Automatic Data Processing Board (ADP) has rolled out the new computers for Geauga Public Health (GPH).
2. GPH was a presenter at the "Get Septic Smart" event at the Geauga County Public Library Administrative Center on September 17<sup>th</sup>.
3. Working with the Prosecutor's office to continue roll out of the Operation & Maintenance program.
4. Started working on the 2025 budget revisions.
5. GPH took part in the Perry Nuclear Power Plant drill. This was a drill with response that is graded by the Federal Emergency Management Agency (FEMA).
6. Discussions are ongoing in regard to rent and the amount that will be charged to GPH.
7. Fees are continuously being reviewed for reasonableness. Fee adjustments are based on actual and expected costs to operate programs. Fees are meant to pay for the expense related to services provided and not generate additional "extra" revenue.

##### **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 August 31, 2024, 66.67% 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:**

(1) State subsidy is included in State Reimbursements – Real Estate.

(2) This is the eighth month of the year, and the food service revenue is ahead of budget. This is normal as food service licenses renew every March also rates were raised for food service inspections.

(3) Solid waste fees are in at 100% but that is revenue earned last year that was received this year.

**EXPENSES:**

This is the eighth month of the year and expenses are under budget in part due to timing of invoice payments.

**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.

**Notes on Chart 3**

The bar graph compares the revenue and expenses by each month for all funds combined.

**CHART 1**

**MONTH OF : AUGUST**

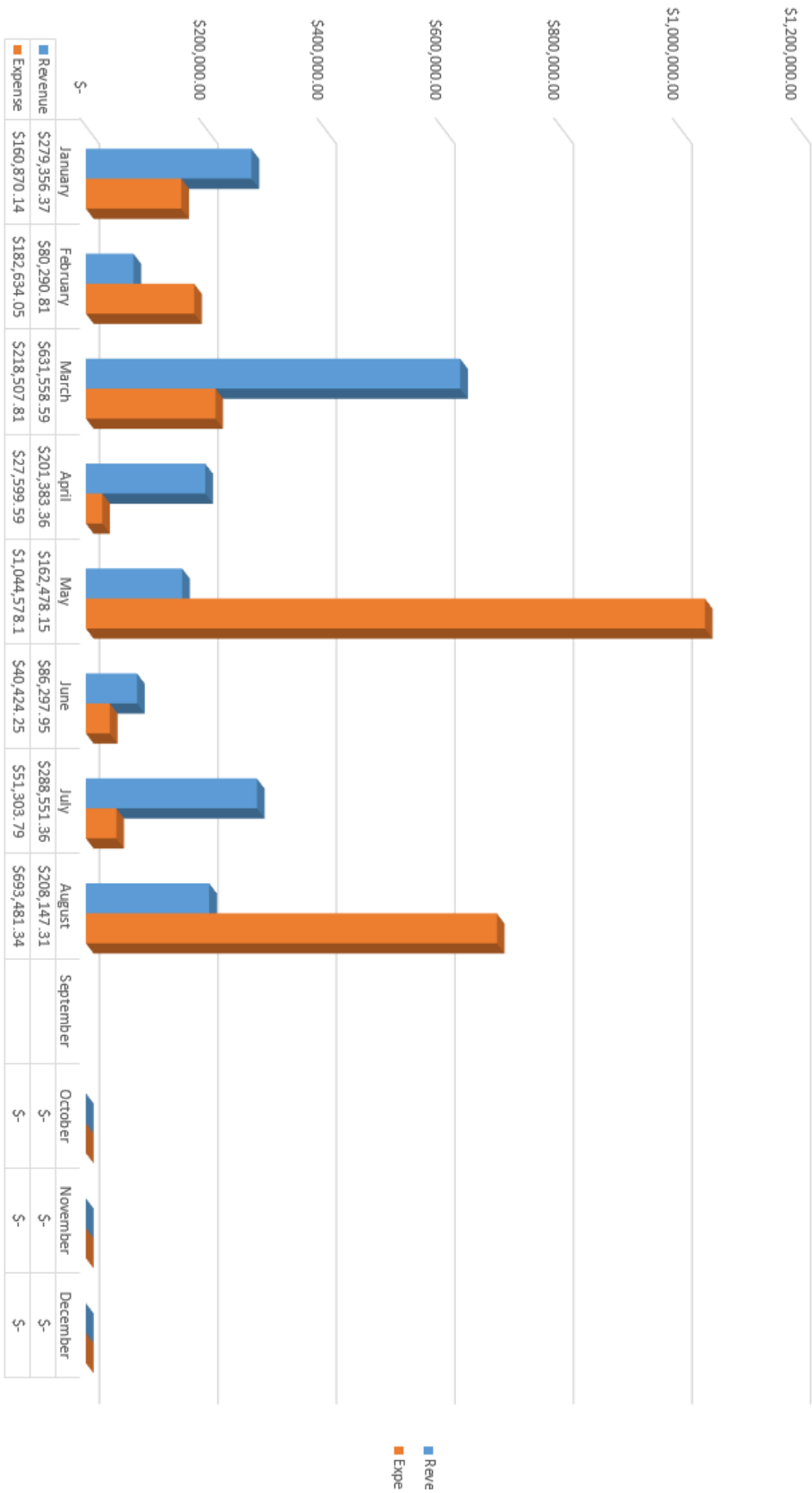
	Revised	YTD	% of Budget	
Revenue Type	Budget	Revenue	Received	
Property and Other Taxes	\$ 570,680.00	\$ 319,345.21	55.96%	
State Reimbursement-Real Estate	\$ 76,350.00	\$ 138,962.52	182.01%	
State Revenues	\$ 401,000.00	\$ 288,262.03	71.89%	
Local Government Tax	\$ -	\$ -		
Permits	\$ 586,000.00	\$ 330,637.75	56.42%	
Inspection Fees	\$ 527,000.00	\$ 86,155.50	16.35%	
Fees	\$ 236,650.00	\$ 177,407.00	74.97%	
Licenses	\$ 164,000.00	\$ 253,327.62	154.47%	<b>1</b>
Fines	\$ 4,900.00	\$ 4,312.02	88.00%	
Fees Infectious Waste Fees	\$ -	\$ -	#DIV/0!	
Fees Solid Waste Fees	\$ 15,750.00	\$ 19,500.00	123.81%	<b>2</b>
Foundation Revenue	\$ -	\$ -		
Water Testing Fee	\$ 12,000.00	\$ 7,564.00	63.03%	
Federal Grants	\$ 169,000.00	\$ 85,920.55	50.84%	
Local Match	\$ -	\$ -		
Reimbursements	\$ 1,146,286.62	\$ -		
Other Revenue	\$ 2,500.00	\$ 3,588.30	143.53%	
Other Revenue Other Receipts	\$ 27,000.00	\$ 108,668.94	0.00%	
Other Revenue Other Revenue	\$ 60,700.00	\$ 84,992.79	140.02%	
Other Revenue Real Estate Fee Refund	\$ -	\$ -		
Transfers In	\$ 195,000.00	\$ 29,419.07	15.09%	
<b>Total Revenue</b>	<b>\$ 4,194,816.62</b>	<b>\$ 1,938,063.30</b>	<b>46.20%</b>	
	<b>Percentage of year Completed</b>		<b>66.67%</b>	
	Revised	YTD	% of Budget	
Expense Type	Budget	Expense	Used	
Salaries	\$ 1,013,186.16	\$ 44,976.14	4.44%	
OPERS	\$ 145,287.57	\$ 6,254.00	4.30%	
Medicare	\$ 15,865.50	\$ 626.03	3.95%	
Workers Compensation	\$ 25,064.58	\$ -	0.00%	
Hospitalization	\$ 284,878.63	\$ 19,031.84	6.68%	
Unemployment	\$ 5,000.00	\$ 73.54	1.47%	
Contract Services	\$ 3,246,252.71	\$ 2,026,216.74	62.42%	
Travel	\$ 47,070.09	\$ 12,060.48	25.62%	
Vehicle Expense	\$ -	\$ -		
Legal Fees	\$ 14,421.52	\$ 588.16	4.08%	
Advertising	\$ 5,485.50	\$ 912.35	16.63%	
State Remittance	\$ 70,512.00	\$ 19,321.00	27.40%	
State Remittance Ohio Permit Fee	\$ 21,208.00	\$ 10,764.00	50.75%	
State Remittance Ohio Water Test Fee	\$ -	\$ -	0.00%	
Materials and Supplies	\$ 21,989.53	\$ 259.71	1.18%	
Materials and Supplies Supplies	\$ 23,391.44	\$ 9,856.60	42.14%	
Materials and Supplies Vaccine Supply	\$ 13,062.54	\$ 1,339.79	10.26%	
Equipment	\$ 93,060.24	\$ 71,221.32	76.53%	
Equipment Equipment	\$ 3,490.28	\$ -	0.00%	
Equipment Equipment Maintenance	\$ 4,399.41	\$ -	0.00%	
Other	\$ 509,884.71	\$ 79,379.38	15.57%	
Other County RE Tax Expenses	\$ 11,000.00	\$ 5,571.31	50.65%	
Other Health Emergency	\$ -	\$ -	0.00%	
Other Other Expenses	\$ 110,689.25	\$ 28,627.01	25.86%	
Other State RE Tax Expenses	\$ 1,000.00	\$ -	0.00%	
Other VS Remit to State	\$ 172,200.58	\$ 48,210.88	28.00%	
Refunds	\$ 15,020.00	\$ 4,689.75	31.22%	
Repair Services	\$ -	\$ -	0.00%	
Transfers Out	\$ 205,789.30	\$ 29,419.07	14.30%	
<b>Total Expense</b>	<b>\$ 6,079,209.54</b>	<b>\$ 2,419,399.10</b>	<b>39.80%</b>	
	<b>Percentage of year Completed</b>		<b>66.67%</b>	
<b>Revenue Less Expense</b>	<b>\$ (1,884,392.92)</b>	<b>\$ (481,335.80)</b>		
<b>Beginning Cash Balance</b>		<b>\$ 4,300,063.66</b>		
<b>Total Cash on Hand</b>		<b>\$ 3,818,727.86</b>		
<b>Cash on Hand Per Cash Position Report</b>		<b>\$ 3,818,727.86</b>		

**MONTH OF : AUGUST**

**CHART 2**

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	\$ 1,320,485.79	\$ 743,228.58	\$ 1,181,702.06	\$ 882,012.31	\$ 882,012.31	\$ -	-33.21%
6004	Trailer Park	\$ 15,776.25	\$ 4,437.50	\$ 2,200.00	\$ 18,013.75	\$ 18,013.75	\$ -	14.18%
6005	Food Service	\$ 297,963.06	\$ 259,386.14	\$ 17,065.09	\$ 540,284.11	\$ 540,284.11	\$ -	81.33%
6008	Infectious Waste/ Solid Waste	\$ 105,443.93	\$ 19,500.00	\$ 136.87	\$ 124,807.06	\$ 124,807.06	\$ -	18.36%
6011	Private Water Systems	\$ 77,461.13	\$ 49,793.00	\$ 106,341.09	\$ 20,913.04	\$ 20,913.04	\$ -	-73.00%
6018	Swimming Pools	\$ 34,132.40	\$ 11,786.25	\$ 120.44	\$ 45,798.21	\$ 45,798.21	\$ -	34.18%
6019	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6021	Public Health Infrastructure	\$ 541,376.44	\$ 66,280.00	\$ 4,061.92	\$ 603,594.52	\$ 603,594.52	\$ -	11.49%
6023	Sewage Treatment Systems	\$ 1,209,695.49	\$ 247,754.25	\$ 1,007,699.45	\$ 449,750.29	\$ 449,750.29	\$ -	-62.82%
6024	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6025	Immunization Action Plan	\$ 28,520.03	\$ -	\$ 1,339.79	\$ 27,180.24	\$ 27,180.24	\$ -	-4.70%
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	\$ 51,276.89	\$ 47,273.52	\$ 14,500.00	\$ 84,050.41	\$ 84,050.41	\$ -	63.91%
6037	For Sale of Property	\$ 218,533.08	\$ 213,460.50	\$ 53,991.32	\$ 378,002.26	\$ 378,002.26	\$ -	72.97%
6038	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6039	Alcohol, Tobacco & Other Drugs	\$ 52,879.66	\$ -	\$ -	\$ 52,879.66	\$ 52,879.66	\$ -	0.00%
6040	Injury Prevention	\$ 81,737.58	\$ 28,343.79	\$ 29,419.07	\$ 80,662.30	\$ 80,662.30	\$ -	-1.32%
6041	Workforce Development	\$ 65,156.08	\$ 245,431.72	\$ -	\$ 310,587.80	\$ 310,587.80	\$ -	376.68%
6042	Population Health Fund	\$ 174,625.85	\$ 1,388.05	\$ 822.00	\$ 175,191.90	\$ 175,191.90	\$ -	0.32%
<b>Total</b>		\$ 4,300,063.66	\$ 1,938,063.30	\$ 2,419,399.10	\$ 3,818,727.86	\$ 3,818,727.86	\$ -	-
			\$ 1,938,063.30	\$ 2,419,399.10	<b>Check Figure</b>	\$ (481,335.80)		

**CHART 3**



---

Adam Litke provided the following highlights:

- *Environmental Health staff met with the prosecutor's office regarding non-compliance of the Operation and Maintenance (O&M) program. An estimated 100 properties per month would be sent to the prosecutor's office for non-compliance. The prosecutor's office and the courts would not be able to handle that amount, which would put GPH behind, like with the For Sale of Property program. Another less ideal option would be to keep everything in-house and hire six employees and a lead/supervisor over the next five years to complete non-compliance inspections/audits. There is also another option to contract for services with an outside firm.*
- *Dan Lark attended the Association of Ohio Health Commissioners, Inc., conference. We will get \$50,000 and \$25,000 for accreditation reimbursement to help defray the shared costs of an accreditation coordinator.*

*Discussion:*

*Melissa DeBoth requested a price comparison for non-compliance for contracting out versus staffing in-house. Adam Litke said, if contracting out, it would have to be someone acting on behalf of the Prosecutor's Office and he was not yet sure if the Prosecutor would allow it. Carolyn Brakey suggested sending a letter from the Board to representatives regarding the strain the Operation & Maintenance Program places on health departments. Ron Graham said he will draft a letter for the Board to sign.*

#### **4.04**

#### **Health Commissioner's Report**

##### **4.04.01**

##### **COVID Markers Are Rising Across the U.S.**

Recent updates from The Centers for Disease Control and Prevention (CDC) [indicate](#) that COVID activity is on the rise across the country. Test positivity this week is slightly increased from last week at 16.3% nationally and is at 25.7% in the most effected region, which includes Texas and surrounding states. There is some indication of a shift toward a different variant than has been widely circulated up until now, meaning that immunity from earlier infections and vaccination may be diminishing. In addition to CDC data, wastewater data from [WastewaterSCAN](#) indicates that SARS-CoV-2 levels in wastewater are high nationally, having increased over the last few weeks.

##### **4.04.02**

##### **Health Policy Institute of Ohio (HPIO)**

New data analysis from HPIO has found that Ohioans in rural areas face greater challenges to accessing health care providers than the state overall. As illustrated below, rural counties have a lower rate of primary care, dental and mental health providers per capita than the state overall.

And the bottom 10 counties for provider rates in all three categories are rural or partially rural counties.

Health is closely tied to the communities in which an individual lives, works and plays and ensuring access to medical services in rural areas can significantly improve health outcomes and reduce disparities.

### Rural Ohio counties face challenges with access to health providers

Rural counties in Ohio have fewer primary care, dental and mental health providers than the state overall, even after taking population size into account. All 10 counties with the lowest rates of primary care, dental and mental health providers are rural or partially rural counties.

Primary care providers  
Counties with the fewest providers  
per 100,000 population, 2021



Rural 42  
Ohio overall 75

Dental providers  
Counties with the fewest providers  
per 100,000 population, 2022



Rural 41  
Ohio overall 65

Mental health providers  
Counties with the fewest providers  
per 100,000 population, 2023



Rural 236  
Ohio overall 326

Source: HPIO analysis of U.S. Census Bureau American Community Survey 5-year estimates, 2018-2022, and data compiled by County Health Rankings

health policy institute of ohio

#### 4.04.03

##### Updates from the OneOhio Recovery Foundation

- August 31 was Ohio's Overdose Awareness Day. The Ohio Department of Mental Health & Addiction Services created a digital toolkit to help Ohioans raise awareness about this important day. [Visit the OHMAS website \(here\) to learn more.](#)
- September is National Recovery Month and Suicide Prevention Awareness Month. Below are some links to resources that may be helpful:
  - [SAMHSA Recovery Month Toolkit](#)
  - [OHMAS Recovery Month Toolkit](#)
  - [SAMHSA Suicide Prevention Awareness Toolkit](#)

The OneOhio Recovery Foundation approved the first batch of regional grants funded by the state's multi-million dollar opioid settlement, with \$936,709 going to eight groups in Region 17, which covers Crawford, Hancock, Hardin, Ottawa, Sandusky, Seneca, Wood and Wyandot counties. The foundation will continue to negotiate grant agreements and issue money in additional reasons over the next several months.

#### **4.04.04**

##### **Ohio Department of Development Announces Major Projects**

The Ohio Department of Development is awarding \$102.4 million for 35 cleanup/remediation projects and roughly \$4.5 million for 26 assessment projects through the Ohio Brownfield Remediation Program. Projects can be viewed [here](#).

The Ohio Department of Development announced a \$50 million state investment for BroadbandOhio to partner with altafiber and provide high-speed, affordable internet in Adams, Brown, and Clermont counties as part of a Multi-County Last Mile Fiber Build Pilot program. More information is available [here](#).

The Ohio Department of Development also announced a state investment of \$94.5 million that will provide affordable, high-speed internet access to more than 35,000 households across the state as part of the second round of the Ohio Residential Broadband Expansion Grant program. BroadbandOhio will partner with Time Warner Cable Midwest and Brightspeed for six projects serving 23 counties. More information is available [here](#).

#### **4.04.05**

##### **HHS Releases *Risk Less. Do More.* Vaccine Uptake Campaign**

The Department of Health and Human Services (HHS) launched its ***Risk Less. Do More.*** public education campaign this week aiming to increase awareness of, confidence in, and uptake of vaccines that reduce severe illness from flu, COVID-19, and RSV in at-risk populations. ***Risk Less. Do More.*** will reach all audiences, with a particular focus on those at highest risk, including older Americans and people who may have less access to health care information and support, with facts about life-saving vaccines. HHS will also partner with local and state health departments and national, state, and community organizations to ensure all audiences have access to information from sources they trust. [Click here for more information.](#)

#### **4.04.06**

##### **CDC Releases Guidelines for Preventing Community Violence**

The Centers for Disease Control and Prevention (CDC) recently released the [Community Violence Prevention Resource for Action: A Compilation of the Best Available Evidence for Youth and Young Adults](#). This prevention resource features seven strategies to prevent community violence and provides an update to the Youth Violence Prevention Resource for Action that was released in 2016. It also includes updated evidence for preventing violence in youth (ages 10-24) and adds examples for preventing violence in young adults (ages 25-34).

**4.04.07**

**Fraud and Theft in Office Training Requirement**

GPB Staff have completed the required training on fraud and theft. [AOS Bulletin 2024 005](#) provides details about the requirements to report fraud, theft in office, or misuse or misappropriation of public money pursuant to Ohio Revised Code (ORC) [§4113.52](#) as amended by Ohio Senate Bill 91 of the 135th General Assembly. Current employees and elected officials are required to complete the training within 90 days of the date listed in the bulletin unless good cause exists for completion at a later date. **The initial deadline for cities is September 28; for county health districts the deadline is December 29, 2024.**

**4.04.08**

**AOHC Announces 2024 Slate of Candidates**

At a recent Board meeting, the Association of Ohio Health Commissioners (AOHC) Board of Directors accepted the 2024 Slate of Candidates for presentation to the membership:

<b><u>Position</u></b>	<b><u>Candidate</u></b>	<b><u>Candidate</u></b>
<b>President Elect</b>	Julianne Nesbit	Mike Derr
<b>Vice President</b>	Angela DeRolph	
<b>Treasurer</b>	Krista Wasowski	
<b>At Large (1)</b>	Garrett Guillozet	
<b>At Large (2)</b>	Erin Fawley	
<b>At Large (3)</b>	Jerry Bingham	
<b>SE District Director</b>	Jack Pepper	
<b>SW Director</b>	Jennifer Wentzel	
<b>CE District Director</b>	Chad Brown	

**4.04.09**

**August BTeam Report – Member Ron H. Graham**

- The Bureau of Health Preparedness will be standing up a Preparedness Advisory Council that consists of an array of disciplines that contribute to health preparedness across Ohio and would like representation from AOHC.
  - This group would provide input on state preparedness needs and activities, identify opportunities for collaboration, and leverage funding to enhance preparedness in Ohio.
  - This group will meet biannually to discuss state needs, planning activities, collaboration, and capability building.
  - Ohio Department of Health (ODH) would like to include local representation in this group.

- The AOHC Board approved the recommendation that the BTeam Liaison and BTeam Leadership (chair/vice chair) represent AOHC on the Preparedness Advisory Council.
- ODH's Bureau of Health Preparedness is starting a Public Health Emergency Preparedness (PHEP) Deliverables Focus Group. The goal of this focus group is to foster understanding between local health departments and ODH on reasons and formats for specific deliverables.
  - This group will be meeting once a month, with each month having a different set of deliverables and topics to review and discuss.
  - The Regional Public Health Coordinators (RPHC) will be reaching out to their respective regional partners to identify 2 people to represent each region.
  - These appointees will bring up any questions, comments, or concerns for the benefit of the region as well as bring information back to the region each month.
  - ODH had requested each RPHC to identify their two representatives by **September 12th**.
  - ODH is looking for feedback from all regions through this Focus Group on needs and abilities of different departments (large/small, urban/rural) to incorporate into future useful and accessible deliverables.
  - Meetings are tentatively scheduled to start in October.
- An ODH and AOHC sponsored Medical Countermeasures (MCM) Focus Group discussion was held on August 5, 2024.
  - The Focus Group included local health district (LHD) representatives from all the regions in the state and included urban, suburban, rural and Appalachian LHDs.
  - The discussion centered around opportunities for improvements in the MCM tracking process, with a focus on the review and use of existing local inventory management and tracking systems.
  - They also addressed the challenges and advantages of the system managed by ODH vs. existing systems at the local level, and the need for better and more timely tracking as well as alignment between inventory management and the administration of MCMs.
  - There may be additional Focus Group discussions or surveys in the future as the project progresses.
- ODH held a Medical Countermeasures Statewide Preparedness Summit on **September 10, 2024**, in Columbus – 135 max participants held at the Quest Center – Challenge – went to all LHDs and had 50 people from LHDs already registered. More than 1 from each LHD has already signed up.
  - Representatives from LHDs, Emergency Management Agencies (EMAs), hospitals, community health centers and others were invited.
  - The purpose of the Summit was to review the current system for tracking and reporting on Medical Counter Measures and identify opportunities for improvement.

- There was a Quarterly meeting of the BTeam, ODH and RPHC's on August 16, 2024, at 3pm and a Monthly BTeam-only meeting on Friday, August 23, 2024.
- There was an Integrated Preparedness Planning Workshop (IPPW) meeting recently. There were between 70-100 people who attended the meeting with representatives from local Emergency Response Coordinators (ERCs), RPHCs and ODH, even a couple of health commissioners.
  - While ODH was working to gather feedback and information from the LHDs using the mentee meter tool, some participants provided inappropriate feedback anonymously.
    - Some of the comments provided were not tactful and there was an inappropriate graphic shared that apparently was sexual in nature.
  - The BTeam and ODH has really worked hard to build a collaborative working relationship, and we have made a lot of progress. ODH is interested in our feedback and making change that will overall enhance public health emergency response in Ohio; however incidents like this can really derail the work that has been done. The BTeam is asking that agencies talk with their staff about the importance of being tactful and respectful, as they participate in these processes. Constructive feedback is acceptable but should be done appropriately and respectfully.

#### **4.04.10**

#### **The Importance of Professional Communication**

Local health districts (LHDs) faced countless challenges during the long COVID response. Strengthening and expanding of relationships with our valued partners to best serve our communities was a silver lining and a shining example of effective collaboration and relationship building. Establishing a strong reputation, building trust and modeling professionalism in our work are core public health competencies and a cornerstone for maintaining a productive and impactful organization. Professional communication, be it in-person or virtual, must occur across all interactions. When lapses of judgement occur and the importance of staff professionalism is forgotten, organizations risk losing their hard-earned credibility and good will. Forbes magazine offers useful [Tips for Effective Communication](#) that can serve to foster professionalism in the workplace.

#### **4.04.11**

#### **Morbidity and Mortality Weekly Report August 2024**

- In July 2024, Colorado experienced an outbreak of avian flu among workers at 2 poultry facilities. 663 workers were screened for illness with 109 (16.4%) reporting symptoms and 9 (8.3% of those tested) receiving a positive avian flu test result, and 19 (17.4%) receiving a positive COVID-19 test result. All 9 with avian flu had conjunctivitis, mild illness, and received oseltamivir treatment. This is the first poultry-associated cluster of human cases of avian flu in the U.S.

- An analysis for changes among the 2015-2016 and 2021-2022 Behavioral Risk Factor Surveillance System (BRFSS) data found that caregivers (the roughly 20% of adults who provide support for family or friends with chronic health conditions or disabilities) had improvements in 4 of 19 health indicators (current smoking, physical inactivity, no health coverage, and inability to see a doctor due to cost), while 6 worsened (frequent mental distress, depression, asthma, obesity, and having any or multiple chronic physical conditions.) 13 of the 19 indicators were deemed worse among caregivers compared to noncaregivers. Cigarette smoking prevalence improved for both groups but remained higher for caregivers (16.6%) than for noncaregivers (11.7%). Prevalence of lifetime depression increased for both groups but remained higher for caregivers (25.6%) than for noncaregivers (18.6%).
  - A review of data from CDC’s State Unintentional Drug Overdose Reporting System from 43 states and the District of Columbia revealed that in 2022, 21.9% of people who died of drug overdose had a reported mental health disorder. The most frequent were depressive (12.9%), anxiety (9.4%), and bipolar (5.9%) disorders. 80% of deaths involved opioids, mostly illegal fentanyl. Deaths among those with mental health disorders saw higher involvement than those without of antidepressants (9.7% vs 3.3%) and benzodiazepines (15.3% vs 8.5%). 24.5% of those with a mental health disorder (vs 14.6% of those without) had an intervention opportunity in the month before death.
  - CDC analyzed data from the National Violent Death Reporting System (NVDRS) from January 1, 2018, to December 31, 2021, and found that rates and most characteristics of female victims of intimate partner homicide did not change significantly over the period (despite concerns associated with the COVID-19 pandemic.) Black women were disproportionately victims, and this disparity widened during 2021-2021. The proportion of suspects with previous law enforcement contact increased 30%.
- 
- This report was accompanied by a “Recommendation and Report”: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season.

The report updates the 2023-24 recommendations, with routine annual influenza vaccination recommended for everyone 6 months or older without contraindications.

Primary updates include vaccine composition and recommendations for solid organ transplant recipients.

- New vaccines will not include an influenza B/Yamagata component (after no detections since March 2020)
- All new vaccines will be trivalent, with no preferential recommendation for a specific licensed vaccine
- Adults 65 and older should receive higher dose or adjuvanted vaccine (HD-IIV3, RIV3, or allV3) if available

- Based upon serologic survey data and modeling estimates, the country of Georgia, as of 2024, has had 89% of the adult population screened for hepatitis C, with 83% of those with a current chronic infection diagnosed, and 86% of those having begun treatment. From 2015 to 2023, birth dose and 3 infant doses of hepatitis B vaccine coverage exceeded 90% most years. In 2021, hepatitis B surface antigen prevalence was 0.03% among children and adolescents aged 5-17 years, and 2.7% among adults.
- Blood lead testing of a 4-year-old child in New York City in 2012 led to the discovery of blood lead levels above the CDC blood lead reference value of 3.5 µg/dL in the child as well as four other family members over a period of 11 years, including the child’s mother and three younger siblings born during 2012–2016. The only potential source of lead exposure identified for all cases was the use of surma, a traditional eye cosmetic, which was found to contain 390,000 ppm lead.
- From August 2022 to July 2023, medetomidine (a veterinary anesthetic and emerging adulterant in illicit drugs) was detected through comprehensive toxicologic testing in five patients in Missouri, Colorado, and Pennsylvania evaluated in emergency departments for suspected opioid overdoses. All patients received naloxone, though only 2 received naloxone kits at discharge. Only one was referred for addiction treatment.
- Based upon provisional 2023 mortality data from the National Vital Statistics System, 3,090,582 deaths occurred in the U.S. in 2023. Male death rate was 884.2 per 100,000 population, and female death rate was 632.8 per 100,000. The overall rate, 750.4, was 6.1% lower than 2022 and decreased for all age groups. Rates were lowest among multiracial people, and highest among Blacks. The leading causes of death were heart disease, cancer, and unintentional injury. COVID-19 deaths were 68.9% lower than in 2022.
- An assessment of multiple points of data relevant to the Vaccines for Children (VFC) program yielded estimates that routine childhood vaccinations prevented 508 million cases of childhood illness, 32 million hospitalizations, and 1,129,000 deaths, between 1994 and 2023. This accounts for direct savings of \$540 billion and societal savings of \$2.7 trillion.
- Dengue infection, transmitted by *Aedes* mosquitoes, is relatively common in American Samoa, which had 660 confirmed cases during the 2016-2018 outbreak, though most cases are asymptomatic. A serosurvey study among school kids age 9 to 16 (due to Advisory Committee on Immunization Practices recommendations for vaccinating kids in this age group against dengue who’ve had laboratory confirmation of previous infection and who are living in areas with frequent or continuous transmission) found that approximately 60% had evidence of previous infection.

\*This report included a notice of several corrections to errors in a previous report, “CDC Guidelines for the Prevention and Treatment of Anthrax, 2023”, which included incorrectly noted dosage amounts, as well as some additional wording and timing notations.

- In May 2023, an elementary school in Detroit experienced an outbreak of 4 cases of invasive nontypeable Haemophilus influenza, (not covered by vaccines), in which 3 patients were hospitalized and 1 died. Rifampin prophylaxis was recommended for household contacts of patients with confirmed cases and for all students and staff members in the school wing where confirmed cases occurred, yet only 10.8% took it (largely due to misinformation and misunderstanding among caregivers and health care providers.)
- On June 26, 2024, the Advisory Committee on Immunization Practices voted to update RSV recommendations from for U.S. adults aged 60 and older, to a single dose for all adults aged 75 or older and for adults aged 60 to 74 who are at increased risk for severe RSV disease. Adults who have previously received RSV vaccine should not receive another dose. The update is intended to maximize RSV vaccination coverage among the people most likely to benefit. The full report includes methodology and rationale for the updated recommendations, and full clinical guidance.
- Universal newborn screening and population-based surveillance in Minnesota in 2023 for congenital cytomegalovirus (cCMV), the most frequent infectious cause of birth defect and most frequent non-genetic cause of permanent hearing loss in children, found a prevalence of 0.3% of live births, with 99% of cases confirmed with diagnostic testing. 75% received comprehensive evaluations and linkage to care.
- Through CDC's dog importation regulations, from August 2021 to May 2024, 132 dogs imported from countries with a high risk for rabies and vaccinated outside the U.S. were determined to have received potentially ineffective vaccines and were revaccinated with a U.S. Department of Agriculture-licensed rabies vaccine after arrival. An August 1, 2024, update to the regulation requires all foreign-vaccinated dogs from high-risk countries to be revaccinated at a CDC-registered animal care facility, regardless of preimportation vaccination.
- Per National Center for Health Statistics, National Vital Statistics System Mortality Data, in 2022, 21 states and the District of Columbia had drug overdose death rates that were higher than the national rate of 32.6 deaths per 100,000 standard population. Rates were typically higher in the East, with 80.9 in West Virginia, and 64.3 in the District of Columbia.
- A CDC analysis of data from the 2023 National Immunization Survey – Teen for 16,658 adolescents aged 13-17 years, found recommended routine vaccine coverage similar to 2022. Vaccine coverage was stable during the pandemic, except for a 10.3% decrease in HPV vaccination by age 13 among those born in 2010 compared to those born in 2007. Vaccines for Children (VFC) program-eligible kids accounted for 40% of the total, and vaccination coverage among them was higher compared with non-VFC-eligible kids before the COVID-19 pandemic, while similar since; with 7.1% decline in those who were HPV up-to-date (perhaps signaling a change in accessibility that needs further exploration).
- Analysis of jurisdictional immunization information systems data in the U.S.-affiliated Pacific Islands of human papillomavirus (HPV) vaccination coverage among girls aged 13 to 17, from 2013 to 2023, showed that HPV vaccine series initiation ranged from 58% in Palau

to 97.2% in the Northern Mariana Islands, and HPV vaccine series completion ranged from 43.4% in Palau to 91.8% in the Northern Mariana Islands. As of 2023, the Northern Mariana Islands is the only jurisdiction to have already met the WHO 2030 HPV 90% vaccination coverage goal, with the American Samoa jurisdiction being the only other one to be on track to meet the goal by 2025.

- A CDC analysis of data from the 2012 - 2022 National Immunization Survey – Child, found that 52.2% of U.S. children were Vaccines for Children (VFC) program-eligible. Among them, coverage by age 24 months was stable across the analysis period for  $\geq 1$  MMR dose (88.0%-89.9%) and the combined 7-vaccine series (61.4%-65.3%). Rotavirus vaccination coverage by age 8 months was 64.8%-71.1%, increasing by an average of 0.7% annually. Among all kids born in 2020, coverage was lower for those VFC-eligible compared to non-VFC-eligible, by 3.8% for  $\geq 1$  MMR dose, 11.5% for 2-3 doses of rotavirus vaccine, and 13.8% for the combined 7-vaccine series.
- In late 2023, a wildlife biologist in Kitsap County, Washington was diagnosed with tularemia (a bacterial infection carried by animals) after nicking her finger with a scalpel through a surgical glove while performing a necropsy on a harbor seal. This was the first known report of tularemia acquired through contact with a marine mammal and the first detection of the bacteria in a marine mammal.

---

*Ron H. Graham provided the following highlights:*

- *Currently in Year 3 of 5 for the Public Health Accreditation Board (PHAB) accreditation cycle. The 2024 report has been submitted to the accreditation body.*
- *Information regarding Robert's Rules of Order was provided.*

## **5.0**

### **Old Business**

#### **5.01**

##### **Geauga County Administration Building Rent and Space Discussion**

The Geauga County Administration Building lease agreement was discussed with Gerry Morgan and Linda Burhenne from the Commissioners' Office. Gerry Morgan said he did not believe space would be an issue if it is needed.

Items noted:

- The length of time in the termination for convenience language would not be sufficient. Notice would need to be at least 6 months as a lot of changes would need to be made if GPH had to relocate.
- The description of the backup generator power to carry out critical functions needs to be included.
- Remove the indemnification language since political entities cannot agree to it.

- Detail the level of change for what is included in the modifications/improvements.
- Review the access hours as some employees occasionally need to enter the building in the evenings and on weekends.
- A statement of default by lessee should also be included.
- Clarify what the holdover rate would be in the holdover provision.
- Possible furniture needs if additional staff is needed.

**5.02**

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

*Dr. Mark Hendrickson moved and Carolyn Brakey 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; motion carried.*

Based upon the staff recommendations, it is recommended that the Board of Health hear the third and final reading of the following resolution concerning certain Food Service and Food Establishment program fees. When adopted, the fee changes will become effective approximately December 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 <sup>2</sup>	244.00	<del>226.00</del> 218.00
Commercial Risk Category 2, <25,000ft <sup>2</sup>	278.00	<del>254.00</del> 246.00
Commercial Risk Category 3, <25,000ft <sup>2</sup>	546.00	<del>496.00</del> 478.00
Commercial Risk Category 4, <25,000ft <sup>2</sup>	698.00	<del>632.00</del> 608.00
Commercial Risk Category 1, >25,000ft <sup>2</sup>	360.00	<del>330.00</del> 318.00
Commercial Risk Category 2, >25,000ft <sup>2</sup>	380.00	<del>348.00</del> 334.00
Commercial Risk Category 3, >25,000ft <sup>2</sup>	1394.00	<del>1256.00</del> 1208.00
Commercial Risk Category 4, >25,000ft <sup>2</sup>	1480.00	<del>1332.00</del> 1282.00
Non-Commercial Risk Category 1, <25,000ft <sup>2</sup>	122.00	<del>113.00</del> 109.00
Non-Commercial Risk Category 2, <25,000ft <sup>2</sup>	138.00	<del>127.00</del> 123.00
Non-Commercial Risk Category 3, <25,000ft <sup>2</sup>	272.00	<del>248.00</del> 239.00
Non-Commercial Risk Category 4, <25,000ft <sup>2</sup>	348.00	<del>316.00</del> 304.00
Non-Commercial Risk Category 1, >25,000ft <sup>2</sup>	180.00	<del>165.00</del> 159.00
Non-Commercial Risk Category 2, >25,000ft <sup>2</sup>	190.00	<del>174.00</del> 167.00
Non-Commercial Risk Category 3, >25,000ft <sup>2</sup>	696.00	<del>628.00</del> 604.00
Non-Commercial Risk Category 4, >25,000ft <sup>2</sup>	740.00	<del>666.00</del> 641.00
Vending	6.09	6.27

Mobile	225.00	<del>94.00</del> 86.00
Temporary Food	150.00	150.00
Non-Commercial Temporary Food	75.00	75.00

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 September 25, 2024, to become effective December 1, 2024.

Published: November 21, 2024,  
November 28, 2024

*Discussion:*

*Adam Litke said the food fees are less in this reading. This is based on additional calculations of cost savings that were completed recently. He added that the resolution can be adjusted at any time prior to the third reading.*

**6.0**  
**New Business**

**6.01**

**6.01.01**  
**Financial Reports, Resolution 24-09-06-01-01**

***Dr. Mark Hendrickson moved and Carolyn Brakey 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. Dr. Hendrickson, yes; Ms. Brakey, yes; and Ms. DeBoth, yes; Ms. Jones, yes.***

*Discussion:*

*Carolyn Brakey asked what Donamarc's payment was for. Adam Litke said it was the final payment for the Parkman wells.*

**6.01.02**

**Permission to Approve Appropriations for Increase/Decrease**

*Dr. Mark Hendrickson moved and Carolyn Brakey seconded a motion to approve supplemental Appropriations for Increase/Decrease as presented; motion carried.*

**6.01.03**

**Resolution 2024-10: Then and Now Purchase Order to Jonathon Sefcik DBA A-Affordable Septic, Not to Exceed \$15,064.00**

*Dr. Mark Hendrickson moved and Melissa DeBoth seconded a motion to adopt Resolution 2024-10 to authorize the payment of a Then & Now Purchase Order to Jonathon Sefcik DBA A-Affordable Septic, total not to exceed \$15,064.00. Motion carried with a roll call vote. Dr. Hendrickson, yes; Ms. Brakey, yes; and Ms. DeBoth, yes; Ms. Jones, abstain.*

*Discussion:*

*Adam Litke said this was part of the Water Pollution Control Loan Fund. The work was started a few days prior to the purchase order being processed at the Auditor's Office.*

**6.01.04**

**Resolution 2024-11: Then and Now Purchase Order to Geauga County Clerk of Courts, Not to Exceed \$320.90**

*Dr. Mark Hendrickson moved and Carolyn Brakey seconded a motion to adopt Resolution 2024-11 to authorize the payment of a Then & Now Purchase Order to Geauga County Clerk of Courts, total not to exceed \$320.90. Motion carried with a roll call vote. Dr. Hendrickson, yes; Ms. Brakey, yes; and Ms. DeBoth, yes; Ms. Jones, yes.*

**6.02**

**Resolution of the Geauga Public Health Board of Health to Delegate Authority to Remove from Use Any Utensil, Material, or Piece of Equipment that Presents a Public Health Hazard in a Retail Food Establishment or Food Service Operation**

*Dr. Mark Hendrickson moved and Ashley Jones seconded a motion to adopt Resolution of the Geauga Public Health Board of Health to Delegate Authority to Remove from Use Any Utensil, Material, or Piece of Equipment that Presents a Public Health Hazard in a Retail Food Establishment or Food Service Operation. Motion carried with a roll call vote. Dr. Hendrickson, yes; Ms. Brakey, yes; and Ms. DeBoth, yes; Ms. Jones, yes.*



**6.03**

**Permission to Enter into a Memorandum of Understanding (MOU) with the Ohio Environmental Protection Agency for the Implementation and Coordination of the House Bill 110 Program**

*Dr. Mark Hendrickson moved and Melissa DeBoth seconded a motion to enter into a Memorandum of Understanding (MOU) with Ohio Environmental Protection Agency (EPA) for the implementation and coordination of the House Bill 110 Program. Motion carried with a roll call vote. Dr. Hendrickson, yes; Ms. Brakey, yes; and Ms. DeBoth, yes; Ms. Jones, abstain.*

Ohio Revised Code (“ORC”) 3709.085 allows for the board of health of a city or general health district to enter into a contract with the Ohio EPA to conduct on behalf of the agency inspection or enforcement services, for the purposes of Chapter 6111 of the Revised Code and rules adopted thereunder, for the disposal or treatment of sewage from semipublic disposal systems.

**6.04**

**Resolution to Decrease Certain Fees, Household Sewage Treatment Systems Program, First Reading**

*Dr. Mark Hendrickson moved and Carolyn Brakey seconded a motion to hear the first reading of the following resolution concerning the decrease of certain Household Sewage Treatment Systems program fees; motion carried. Ashley Jones abstained.*

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

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

WHEREAS, the Ohio Revised Code, Section 3709.09, permits the Board of Health to establish by a 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 Ohio Administrative Code 3701-29-05 requires a fee for registration; and

WHEREAS, it has been determined by the Board of Health through a program cost analysis that the fees for certain services are generating sufficient 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:

<u>SEWAGE REGISTRATIONS</u>	<u>Current</u>	<u>Proposed</u>
HSTS Installers Annual Registration	\$250.00	\$200.00
HSTS Service Providers Annual Registration	\$250.00	\$200.00
Septage Haulers Annual Registration	\$250.00 (per truck)	\$150.00 (per truck)

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

Published \_\_\_\_\_, 2024,  
\_\_\_\_\_, 2024

**6.05**

**Permission to Request the Prosecutor's Office Assign a Special Prosecutor**

*Dr. Mark Hendrickson moved and Carolyn Brakey seconded a motion to request the Prosecutor's Office assign a special prosecutor to review the Geauga County Administration Building lease for Geauga Public Health. The prosecutor requested this as it is a conflict of interest to represent both the county and the health department; motion carried.*

**6.06**

**Request For Legal Action Against Christian McClellan and David Schultz**

*Dr. Mark Hendrickson moved and Melissa DeBoth seconded a motion to refer Christian McClellan & David Schultz to the Geauga County Prosecutor for legal action. Motion carried with a roll call vote. Dr. Hendrickson, yes; Ms. Brakey, yes; and Ms. DeBoth, yes; Ms. Jones, abstain.*

**AGAINST**

**LOCATION**

Christian McClellan  
and David Schultz

14690 Elm Street  
Newbury, Ohio 44065

**Violation:** Failure to abate public health nuisance. Ohio Administrative Code (OAC) 3701-29-06 (E)(3)

**OAC 3701-29-06(E)(3)**

*No STS or GWRS or part thereof shall create a public health nuisance, as defined in section 3718.011 of the Revised Code, or safety hazard.*

## **Investigation**

**Summary:** *March 13, 2024* - Investigated nuisance complaint of raw sewage draining into road ditch in front of 14690 Elm Drive. Witnessed sewage draining from pipe emanating from this residence into road ditch and flowing onto neighbor's property.

*April 3, 2024* - Dan Lark met homeowner, Mr. Schultz at property to determine if pipe in road ditch was discharging sewage into the ditch. He added green dye to the septic tank at approximately 9:15 am. Later in the day, at approximately 2:30 pm he observed the dye draining out of the pipe into the road ditch.

*April 8, 2024* - Sent letter via Certified mail issuing orders to begin the process of replacing septic system.

*April 10, 2024* - Received a second nuisance complaint of raw sewage in road ditch in front of this residence from Geauga Soil & Water Conservation District.

*June 25, 2024* - Sent second letter issuing orders to begin the process of replacing the septic system. Hand delivered and taped to the front door because homeowner said he did not receive the first letter via mail. He said that the mail is delivered to the neighbor's house.

*July 29, 2024* - Lot evaluation completed on 07/29/24. Only option is to install an NPDES discharging system.

*August 13, 2024* - Hand delivered a third letter, a notice to have a hearing with the Environmental Health Director on 08/27/24 to discuss a timeline for installing the new NPDES system and abating the nuisance. Letter also stated that failure to meet with the EH Director on this date would require homeowner to attend an Administrative Hearing in front of the Board of Health on 09/25/24.

Between August 14, 2024, and August 16, 2024, received a call from Mr. Schultz inquiring about the meeting with the EH Director. He said he had the lot evaluation done but did not plan on installing the new system until the end of this year. Told him that was too long due to the raw sewage discharging to the road ditch. Told him that could be discussed with the EH Director. He said he wasn't sure he could make the meeting on 08/27/24. Told him to give us some other dates so we could reschedule if that is what he needed.

*August 15, 2024* - Received letter from Ohio EPA granting their approval for installing the NPDES system.

*August 19, 2024* - Lot approved, permit ready to be obtained.

August 27, 2024 - Homeowner did not attend meeting with the Environmental Health Director. Also, Mr. Schultz did not contact the Health Department to schedule another date to meet with EH Director.

**Action**

**Requested:** Referral of property owners, Christian McClellan and David Schultz to the Geauga County Prosecutor for legal action.

*Discussion:*

*Homeowner did not attend the Board of Health meeting.*

**7.0**

**Citizens' Remarks**

Dr. Mark Hendrickson 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 gave kudos to Health Commissioner Ron Graham. He received high praise for the Field Monitoring Team. The evaluators were impressed with the frequency of training and knowledgeable staff. Ron Graham said the staff, led by Bert Mechenbier, goes above and beyond.

A member of the public suggested reaching out to other counties to garner support regarding the constraints of the O&M program.

**8.0**

**Executive Session**

*No executive session was held.*

**9.0**

**Adjournment**

*With no further business, the meeting was adjourned at 6:00 p.m.*

---

Secretary

---

President