

**Hamilton County General Health District  
REGULAR MEETING – BOARD OF HEALTH  
August 10, 2015  
Minutes**

**1. Call to Order**

At 6:30 p.m., President Tracey Puthoff called to order the regular session of the Board of Health of Hamilton County General Health District, followed by the Pledge of Allegiance.

**2. Roll Call of Members**

Members Present: Tracey A. Puthoff, President  
Mark A. Rippe, Vice President  
Dr. Kenneth G. Amend - Board Member  
James Brett - Board Member

Members Absent: Thomas W. Chatham - Board Member

District Staff Present: Timothy Ingram, Health Commissioner  
Greg Kesterman, Asst. Health Commissioner  
Dr. Stephen Bjornson, Medical Director  
Craig Davidson, Epidemiology Director  
Thomas Boeshart, Epidemiologist  
Nee Fong Chin, Chief Assistant Prosecuting Attorney  
Christy Cauley, Electronic Communications Specialist

Guests: Michael S. Pope, Oblivion Inc.  
Curt Tiettmeyer, Village of Newtown

**3. Clean Kitchen Awards**

Five Clean Kitchen Award recipients were recognized: Hillebrand Nursing and Rehab, Cincinnati Early Learning Center Harrison, Transfiguration Spirituality Center, Shawnee Spring of Harrison and LaRosa's Loveland.

**4. Approval of Minutes**

**Mr. Rippe** moved to approve the minutes from the July 22, 2015 Board of Health meeting.

**Dr. Amend** seconded the motion.

**Roll Call Vote – All Aye**

**5. Health Commissioner's Report – Staff Reports**

Commissioner Ingram discussed the Bloodborne Infectious Disease Prevention Program signed into law on June 30, 2015. Hamilton County Public Health (HCPH) consulted with Nee Fong Chin in the Prosecutor's office and health districts may now begin programs.

Ms. Puthoff asked about the wording of the law and its funding. Commissioner Ingram reported that Boards of Health are responsible for securing funding for the program. Additionally, Ms. Puthoff wanted to know what HCPH would specifically be responsible for concerning labor, equipment, and funding. Commissioner Ingram responded depending on the jurisdiction, the

costs could be shared and outside funding, may be found. Commissioner Ingram responded that the law provides several guidelines including:

1. On-scene testing of bloodborne pathogens if resources are available.
2. Provide participants with information on exposure to bloodborne pathogens.
3. Identify health and supportive service providers and substance abuse treatment programs in the area, and as appropriate create referral agreements with these programs.
4. Encourage participants to seek proper medical, mental, and substance abuse help; and make referrals when appropriate.
5. Use a recordkeeping system that ensures the identity of participants remains anonymous.
6. Follow state and federal laws governing participant confidentiality.
7. Provide each participant with documentation identifying him or her as a program participant.
8. Board of Health shall include information on bloodborne infectious disease prevention programs in its annual report to the Board of Health's legislative authority and the director of health.

Commissioner Ingram stressed that HCPH would have to provide documentation as proof that participants, as well as providers, are part of an authorized program.

Ms. Puthoff asked if HCPH would be the watchdog for jurisdictions that implemented this program. Commissioner Ingram responded that the only enforcement necessary is record keeping. HCPH will keep track of how many people are referred for treatment. Chief Assistant Prosecuting Attorney Nee Fong Chin suggested that HCPH have a template so the reporting is the same across all participating jurisdictions.

Commissioner Ingram gave a brief introduction for the Health Equity Report being presented by Director of Epidemiology and Assessment, Craig Davidson, and Epidemiologist, Thomas Boeshart.

### **5a) Department of Community Health Services**

Craig Davidson, Director, presented the HCPH Health Equity Report. This is the first Health Equity Report covering the entire county and is modeled after the Louisville Metro Health Equity Report.

The timeframe used for most of the data in the report is 2010-2012. Sources included the U.S. Census Bureau, Ohio Department of Health, U.S. Department of Agriculture, Ohio Department of Education and the Centers for Disease Control and Prevention. Mr. Davidson discussed using census tract data because it provides a better display of disparities than community-specific data. One limitation to the data is that the census changed in 2010, so historical data at a census tract level could not be used. A plus for using census tract data is the ability to pinpoint information to a 4,000 to 8,000 person range, unlike community-specific data.

A key indicator of the report was concentrated disadvantage populations (page 16). It takes into account poverty, public assistance, female-headed households, unemployment and the population below 18 years of age. There were different places of the County where concentrated disadvantage could be found. All of those areas are at an increased risk for infant mortality.

Racial residential segregation can also affect health equity, resulting in lower life expectancy for adults in those areas. When looking specifically at life expectancy, the epidemiologists



found a range of almost 20 years difference throughout the county. The east side has better life expectancy, while the urban core and parts of the west side had lower numbers.

Ms. Puthoff asked if there was anything surprising about the data. Mr. Davidson was surprised to learn about the areas of the west side of the county with lower life expectancy rates. He found some census tracts in the west side a cause for concern. Ms. Puthoff wanted to know if HCPH should make immediate changes. Mr. Davidson explained that HCPH has already started conversations about how to improve these rates. Assistant Health Commissioner, Kathy Lordo, is talking with WeTHRIVE! staff to check the status of different communities.

In addition, Commissioner Ingram said that HCPH will be incorporating policies in the areas where we may be lacking. Mr. Rippe inquired as to how that information would be disseminated. Commissioner Ingram stated that a press release would go out in a few days. HCPH wants to be sure that information is not taken out of context.

Mr. Rippe wanted to know how long HCPH worked on this report. Epidemiologist, Thomas Boeshart, responded that work started in 2014 and the report went through multiple versions. Some of the communities you would think would be on the forefront of health are struggling, while their neighbors have good health outcomes. HCPH's WeTHRIVE! program will work to bring in more communities and assist current WeTHRIVE! communities to increase the number of positive health outcomes.

The Board recognized the good work done by Mr. Davidson, Mr. Boeshart, et al.

#### **5b) Department of Environmental Health**

Mr. Kesterman discussed smoke-free Ohio. There have been only six complaints this year compared with 2008 when HCPH had over 100. In addition, Ohio Attorney General, Mike DeWine, is taking some action with two food service facilities concerning their liquor licenses.

Mr. Kesterman recognized Kyle Dexter from the Water Quality Division for being published in the 10th anniversary issue of Storm Water Solutions Magazine for his career accomplishments in Water Quality. He has been a vital player in our industry and a key player in improving public health in the Greater Cincinnati area, especially with GIS. The Board praised Mr. Dexter for this accomplishment.

Mr. Kesterman indicated that there are changes being considered for two regulations – one for hotels and one for schools. A 5-year review was completed and proposed changes were outlined. Environmental Health Director, Jeremy Hessel, is collecting survey data from various stakeholders as they review the changes, which are minor. These changes were sent to all interested entities and the surveys are posted on HCPH's Website. The regulations will be brought before the Board in September.

Mr. Kesterman reported one variance request that will also come to the Board in September. The Health Commissioner hears variances the first Wednesday of each month at 11 a.m.

Regarding agenda item Resolution G-2015, there are 401 accounts owing a total of \$38,089.75. A list was previously sent to Board members for review.

In addition, HCPH had two condemnations – one in Deer Park and one in Montgomery, and there was one volunteer food service closing due to unsanitary conditions.

## 6. Unfinished Business

### 6a) Board of Health CEU-Health Equity and PHAB Accreditation Standard 11.1

Commissioner Ingram referred to Standard 11.1 in the Board packet. He stated that HCPH is going to see more of these types of standards in the future. In each domain, there will be one or more standards. This standard (11.1) refers to developing and maintaining an operational infrastructure to support the performance of public health functions. The specific purpose of this measure is to assess the health department's social, cultural and linguistic competence in providing public health programs to specific populations with higher health risks and poorer health outcomes. Commissioner Ingram stressed that HCPH publishes materials in a few languages and has a system in place to assist with translation for our customers.

Commissioner Ingram also referred to the Monthly Communicable Disease Surveillance Report. He is concerned about the reported cases of Hepatitis.

In addition, Medical Director, Dr. Stephen Bjornson, reported that there is one person locally being observed for Ebola for the standard 21-day period after returning from a recent trip to Liberia.

Commissioner Ingram added that tomorrow (8/11/15) he will hear about progress being made on the syphilis epidemic. HCPH will also give a presentation. HCPH is still testing for syphilis and other STDs. As of today, there are no cases of congenital syphilis reported. That's a huge accomplishment and Commissioner Ingram and the Board congratulated the Disease Prevention Division.

Mr. Rippe asked about infant mortality in the County. Mr. Boeshart stated that Hamilton County's sleep-related deaths have been cut in half – the County had seven in 2014 as opposed to 15 or 16 in 2013. There are a few pending cases that need to be determined through coroner examination. Mr. Boeshart stated that sometimes it takes a while for cases to come in due to that fact. He added that it would take a while to reach our goal, which of 6.0 deaths per 1000 live births by 2020.

In addition, the non-Hispanic black infant mortality rate is double the non-Hispanic white rate. Mr. Boeshart stated that Hamilton County is near the bottom as one of the worst counties for infant mortality in the state of Ohio. The County's 8.8 rate is showing a downward trend, but it could still spike back up before the end of the year as those coroner reports come in and if the birth rate increases as well.

## 7. Finances

### 7a) Monthly Disbursements

Commissioner Ingram stated that HCPH financially continues to be strong and HCPH is at budget or slightly ahead.

Dr. Amend asked about the payment to the City of Cincinnati. Commissioner Ingram explained that the funds are from a state grant called Child and Family Health Services (CFHS) that comes to HCPH and then part of that grant goes to the City health department to assist with decreasing the infant mortality rate.

**Mr. Rippe** moved to approve the monthly disbursements.

**Mr. Brett** seconded the motion.

**Roll Call Vote – All Aye**



## 8. New Business

### 8a) Resolution G-2015 – *Certifying Delinquent Sewage System Fees*

**Mr. Brett** moved to adopt Resolution G-2015.

**Dr. Amend** seconded the motion

**Roll Call Vote – All Aye**

## 9. Adjournment

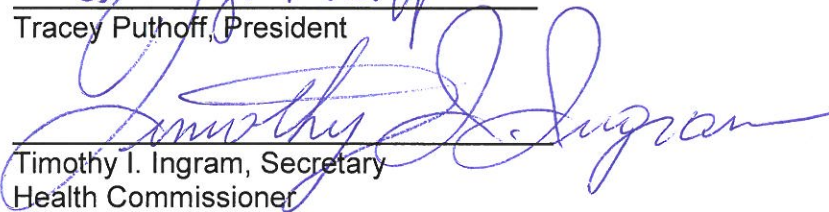
**Dr. Amend** moved to adjourn the meeting at 7:25 p.m.

**Mr. Brett** seconded the motion.

**Roll Call Vote – All Aye**

**Next Board of Health meeting: September 14, 2015, 6:30 p.m.**

  
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Tracey Puthoff, President

  
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Timothy I. Ingram, Secretary  
Health Commissioner