

**Hamilton County General Health District
REGULAR MEETING – BOARD OF HEALTH
February 14, 2022 – 4 p.m.
Minutes**

1. Call to Order

At 4 p.m., Mark A. Rippe, President, 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: Mark A. Rippe, President
Elizabeth A. Kelly, M.D., Vice President
Dan Meloy
Jim Brett

District Staff Present: Greg Kesterman, Health Commissioner
Dr. Jennifer Mooney, Assistant Health Commissioner
Craig Davidson, Assistant Health Commissioner
Dr. Steve Feagins, Medical Director
Nee Fong Chin, Chief Assistant Prosecuting Attorney
Mike Samet, Public Information Officer

Guests: Amanda Mason, Fountain Transitional Care (Clean Kitchen)

3. Clean Kitchen Awards

Mr. Davidson read the list of six Clean Kitchen Award recipients and congratulated them for their efforts to maintain a high level of sanitation and staff education. Amanda Mason was present to accept the award on behalf of Fountain Transitional Care.

4. Approval of Minutes

Dan Meloy moved to approve the minutes from the January 10, 2022 Board of Health meeting.

Dr. Kelly seconded the motion.

Roll Call Vote – All Aye

5. Public Comment: none

6. Health Commissioner's Report

Commissioner Kesterman reported COVID cases have been reduced by approximately one-third, with some 9,500 active cases currently in Hamilton County. Public health recommendations for ending mask use occurs at 50 cases/100,000 population and/or <10% positivity. The Ohio Department of Health has provided vaccination by ZIP Code data for five -17 years of age – a useful data point for schools. County administration has received proposals for the continuation of the "Test & Protect" program. Vaccine strategy is shifting to a focus on targeted clinics serving under-vaccinated populations, as demand declines at the Board of Elections site. Finally, under COVID, he reported a change in mitigation tactics

as they relate to schools that is shifting to a personal responsibility model in that schools will be responsible for quarantining and reaching close contacts, under guidance provided by public health.

Commissioner Kesterman continued to report that lobby renovations will likely begin in the next two weeks. As such, upon Board agreement, Board of Health meetings will move to the conference room in the Department of Environmental Services offices (first floor, 250 Wm. Howard Taft), as the HCPH conference room will be used for customer service functions. The Board indicated that the move is acceptable during construction.

He also reported that the current Community Health Improvement Plan is contained in the Board packet for review. All priorities addressed in the plan are on track for completion.

House Bill 51 is currently awaiting the Governor's signature. This bill will allow public meetings to be held virtually. With Board approval and upon the Governor's signature, he would like to move the upcoming District Advisory Council meeting, scheduled for March 15, to virtual format. The Board agreed that if possible, holding this meeting virtually would be recommended.

Commissioner Kesterman concluded his report sharing two communications received at HCPH. The first was from a couple who was assisted with replacement vaccine cards just in time for their honeymoon. Mr. Rippe thanked the staff for this effort. The second was from a staff member thanking the agency and Board for recognizing hazardous conditions and allowing for work from home opportunity during recent inclement weather. The note cited that this was not an option in the past.

Staff Reports

(a) Medical Director's Report

Dr. Feagins reported that many hospital staff were able to stay overnight at Mercy Hospital during the recent snow/ice storm. The rooms were available to staff because of reduced COVID population. He continued that there has been a 17 percent drop nationally in COVID cases during the past two weeks, but this still represents a large number of cases. There remains a number of patients in intensive care units with the "Delta" variant of COVID. While the numbers are coming down, hospitals remain extremely busy with current cases.

He continued that healthcare is seeing significantly increased costs for important medications, such as those used for tuberculosis skin testing and treatment. These increases are a secondary effect of the pandemic, which will likely last for years.

Co-infection with COVID and influenza is not common and has been seen mostly in younger patients. Finally, he reported that cases of multi-drug-resistant *Candida Auris* have been increasing as a result of long-term intubation required for seriously ill COVID patients.

(b) Department of Community Health Services

Dr. Mooney reported the Harm Reduction team recently partnered with the Environmental Health team on a nuisance case. A group of people were living in a camper without running water or septic system. One of the individuals was also physically disabled but clearly didn't have the proper accommodations to meet their needs. There appeared to be evidence of drug use (syringes). Environmental Health staff asked if they might want some additional services like treatment or addiction resources. They seemed amenable to talking with one of our Harm Reduction staff about being linked to other services. Our Harm Reduction team immediately reached out to members of the Hamilton County Quick Response Team (QRT) to arrange for them to visit. The QRT was able to secure the family temporary shelter and link them to local food banks. They also provided substance use treatment options and will follow up to ensure needs are met as best as possible.

We really celebrate the cross collaboration of our teams across the agency. This is a great example of just how dedicated our staff are to the people we serve – even when enforcement is necessary, our staff try to address the needs of the whole person. Environmental Health staff have shared they really appreciate having these resources on site.

The Epidemiology and Harm Reduction teams are working together on researching what it would take to establish a suicide fatality review. Many models exist in the US and are largely coupled with the overdose fatality review. Various local partners are engaged to bring relevant reports from their organizations to review meetings. These team members typically include representatives from the coroner's office, law enforcement, hospital, mental health board, behavioral health, etc.

Dr. Kelly indicated that significant funding is available to help with capturing data and implementing programs, particularly for mothers in suicide situations.

(c) Department of Environmental Health Services

Mr. Davidson reported that vaccination activity at the Board of Elections has continued to decline. As such, the next stage of the vaccination campaign is seeking partnerships with those able to reach smaller, more difficult-to-reach groups. He cited a recent vaccination effort in Colerain Township able to vaccinate more than 400 people of Nepali descent, due to partnerships with Colerain Fire Department and the Nepali Language and Arts Center. In addition, clinics at several schools have yielded a large number of vaccinations.

Hamilton County Public Health receives \$150,000 annually to assist homeowners with home sewage treatment system repair/replacement. HCPH has added its Diversity, Equity and Inclusion Coordinator to the application review process to ensure health equity is being considered. Mr. Rippe asked how people access the program and if it is listed on the agency website. Mr. Davidson answered that it is administered through personal outreach, as it is a relatively small fund and unable to reach large numbers of homeowners. There is also a page on our website that provides an overview of the program for interested homeowners and contractors.

Mr. Davidson reported that plumbing revenues have increased in Brown County. Mr. Rippe asked who approves project applications and if the standards are the same between Brown

and Hamilton Counties. Mr. Davidson replied that HCPH staff approves the applications using the same standards for both counties.

7. Finances

The January 2022 Disbursement Reports are included in the Board packet.

Mr. Brett moved to approve the monthly disbursements.

Mr. Meloy seconded the motion.

Roll Call Vote – All Aye

8. Unfinished Business: None.

- 9. New Business:** A new contract for the Medical Director was presented. Mr. Rippe asked Dr Feagins if he is willing to continue to provide these services, to which he replied in the affirmative. Mr. Rippe asked Ms. Chin if the contract received legal approval, to which she replied in the affirmative. Mr. Meloy asked why the contract is one vs. two years, to which Commissioner Kesterman replied that there was a long legal review process at Mercy Health and he would consider a two-year agreement for subsequent contracts.

10. Executive Session

Dr. Kelly moved to go into executive session at 5 p.m to discuss personnel matters and pending litigation.

Mr. Meloy seconded the motion

Roll Call Vote – All Aye

Mr. Brett moved to end Executive Session where no action was taken at 5:28 p.m.

Mr. Meloy seconded the motion.

Roll Call Vote – All Aye

11. Adjournment

Mr. Meloy moved to adjourn the meeting at 5:29 p.m.


Dr. Kelly seconded the motion.

Roll Call Vote – All Aye

Next Board of Health meeting: March 14, 2022.



Mark A. Rippe, President



Greg Kesterman, Secretary
Health Commissioner