

**Hamilton County General Health District
REGULAR MEETING – BOARD OF HEALTH
May 11, 2020 – 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, conducted by conference call, followed by the Pledge of Allegiance.

2. Roll Call of Members

Members Present: Mark A. Rippe, President
James Brett, Vice President
Elizabeth A. Kelly, M.D.
Dan Meloy
Tracey A. Puthoff, Esq.

District Staff Present: Greg Kesterman, Interim Health Commissioner
Dr. Jennifer Mooney, Assistant Health Commissioner
Dr. Steve Feagins, Medical Director
Nee Fong Chin, Chief Assistant Prosecuting Attorney
Greg Varner, Finance Officer
Becca Stowe, Accreditation and Grants Coordinator

Guests: Vonda Adkins/CareSource

3. Clean Kitchen Awards

There are no Clean Kitchen Award winners this month. Interim Commissioner Kesterman shared that Tri Bistro is using their past Clean Kitchen Awards as part of their reopening publicity.

4. Approval of Minutes

Mr. Brett moved to approve the minutes from the April 13, 2020 Board of Health meeting.

Dr. Kelly seconded the motion.

Roll Call Vote – All Aye

5. Interim Health Commissioner's Report and Environmental Health Services Report

Interim Commissioner Kesterman thanked County Commissioner Denise Driehaus for delivering lunch to HCPH staff in appreciation of all their hard work on the pandemic.

COVID-19 - Ohio Department of Health (ODH) reporting 24,777 cases, 4,413 hospitalizations, and 1,357 deaths in the state. Hamilton County is reporting 1,823 cases, 337 hospitalizations, and 101 deaths in the county. Hamilton County is third in the state, which aligns with the size of our population. Testing is increasing as well as contact tracing which helps us understand the impact of the pandemic on our community. Mr. Rippe inquired about the death percentage. Only moderate to severe symptoms are tested. If we

were allowed to test mild to moderate symptoms, we would see a lot more cases which would drive down the actual death percentage.

By May 27, we should see approximately 22,000 daily tests being performed statewide. The increased testing will have an impact on HCPH workload. Dr. Kelly asked if every test, regardless who does the testing, is reported to HCPH. Yes, to Interim Commissioner Kesterman's knowledge, all test results are sent to HCPH. Exposed individuals are asked to quarantine for 14 days. Some contact tracing student volunteers are bilingual which has been very helpful. They can establish a closer relationship than using an interpreting service. Contact tracing starts 48 hours prior to the start of the symptoms.

Over the last decade, the flu averages 37,000 deaths per year and in January COVID-19 had 76,537 deaths. The work we did was critical to flatten the curve. Ohio did such a good job that we are able to start reopening. Our hospitals have capacity to handle additional caseload.

Interim Commissioner Kesterman reviewed business reopening protocols and guidelines to protect the health of employees, customers, and their families. Masking is required for all employees and recommended for clients and customers; employers are to conduct daily health screenings and to provide required hygiene and sanitation supplies; and operators are asked to limit capacity to 50 percent of fire code. May 12 is the next key date with consumer, retail, and services reopening. May 15 will be restaurant outdoor dining only, hair salons, and barber shops reopening. May 21 will be inside dining areas for restaurants and bars reopening.

Medical Director Dr. Feagins and Interim Commissioner Kesterman serve on the Region 6/Zone 3 Multi-Agency Coalition (MAC). Being on the MAC has really helped provide some new insight and ideas. Dr. Kelly asked who put the MAC together. The Health Collaborative is taking the lead coordinating. Furloughed county workers are being brought back through the county's COVID-19 funding to do contact tracing. There are 50 contact tracing volunteers as well. HCPH staff really appreciate the help as they have been working seven days a week.

Interim Commissioner Kesterman explained that HCPH withdrew the bid for the harm reduction van in New Jersey for logistical reasons during the COVID-19 emergency. A locally sourced multi-purpose van is a short-term option until acquiring a new large custom vehicle. Hamilton County Sheriff's office will be utilized to retrofit the van and we will bid/lease the large new vehicle fully funded by the OD2A grant. An outright purchase for the larger vehicle could cost \$250,000. The lease would not require Board approval.

The Food Program Licensing maintained its level in 2020. However, new/temporary license requests are expected to decline.

The Public Health Emergency Preparedness Grant requires HCPH to carry a phone 24 hours a day. We have one for Community Health and one for Environmental Health. On average, we take 25 calls a year. Thus far in 2020, we have taken 13 calls.

The Plumbing Division had strong results during the last eight weeks. We have experienced a 22 percent increase in revenue over the same eight weeks for 2019. Staff are hearing from some of the hospitals and contractors that they still have a lot of plans coming in so no

slow down is expected at this time. We continue to watch that closely as we know from the last recession this was a key indicator of decline in business.

Staff Reports

(a) Medical Director's Report

Dr. Steve Feagins Medical Director reported elective surgeries and procedures were the first hospital services to reopen in Ohio. Prohibiting these procedures helped keep hospital capacity at 20 to 25 percent. There is an increase in patients in our ICU from exacerbations of chronic non-COVID related diseases such as heart failure, COPD, etc. Only 10 to 15 percent are COVID-19 related issues.

World Health Organization (WHO) calculates R (reproductive) factor and that will be the number to watch going forward. Hamilton County numbers were reduced in early April by 40 percent. These numbers will be monitored during the reopen phase. Contact tracing is extremely important to keep the reproductive number low. ICU COVID-19 patient numbers have gone from 70 to 50 which is encouraging. The Alternative Care Site was not needed, so strike teams are being utilized for hot spots instead.

COVID-19 Convalescent Plasma treatment plans use the plasma from donors who have reached 28 days of recovery. Hoxworth Blood Center coordinates local donations. It is too early to know if it is working or not. The average time between symptom onset and diagnosis has been reduced from five to two days. The older population continues to be the most vulnerable population with the most hospitalizations. There are now pediatric concerns around heart complications.

The monthly Communicable Diseases Epi report was provided in the Board packet.

(b) Department of Community Health Services

Assistant Health Commissioner Dr. Jennifer Mooney echoed that the agency-wide response has been amazing. Regular work has been put on hold and staff are being used for contact tracing. Staff are adapting to the new work regulations. HCPH is conducting a drive for face masks to get them to those in the community with needs.

The recent OD alert was modified to help educate the public. The OD data is based on 911 and hospital transports, which are down likely due to stay-at-home orders. Syringe service operations will reopen next week in outdoor spaces. Mr. Rippe asked how staff are holding up with all the increased hours. Without face-to-face interaction, it is hard to contact people and directly ascertain their needs. Epidemiology staff weekend rotations are helping. Everyone is stressed by the pandemic. There has been good feedback from staff about the volunteer initiatives. Mr. Rippe asked where the volunteers are coming from. Schools are helping provide volunteers. Contact tracing is an exhausting task as it involves a high level of interaction with people.

Mr. Rippe requested a grants update. Some grants have allowed a shift in personnel and others have slowed down. Mr. Varner reported some one-year grants are extending timelines. Additional COVID-19 funding was received from Ohio and a budget revision is being prepared. Large CDC grant OD2A interim report shows approximately \$3M will not be spent (mostly staff and contractual expense) and we requested to carry forward to year 2.

An answer will not be received until the fall. Other grant recipients are in the same position. Dr. Kelly asked for clarity if grant funds are returned or extended. Money is not being returned; extensions are being requested. Some grants are allowing staff to be working on COVID-19 instead of the initial program.

Mr. Brett asked about the goal to eliminate new HIV cases, considering the 47 new cases reported. Is there extra money available for that effort? An ODH consultant has been secured to develop county wide stakeholders. They met last week and work has begun.

6. Unfinished Business: None.

7. Finances

The April 2020 Disbursement Reports are included in the Board packet.

Ms. Puthoff moved to approve the monthly disbursements.

Dr. Kelly seconded the motion.

Roll Call Vote – All Aye; - Mr. Brett abstained on White Water expenditures.

8. New Business:

Community Health Improvement Plan (CHIP) & Presentation – Accreditation and Grants Coordinator Rebecca Stowe reported HCPH staff have been very cooperative through this process. Ms. Stowe reviewed overall goals, timeline, data/community health needs assessment, health priority areas, and social determinants of health. A kickoff meeting was held in January, then staff developed work plans over the next few months. The Oral Health Coalition's strategic plan was adopted last year, so no additional planning meetings were held for this health priority area. Ms. Stowe reviewed the updated work plans in the Board packets. The next step is HCPH Board approval prior to proceeding to final feedback and approval process with the Public Health Advisory Council. The goal is to begin implementation in July, 2020.

Ms. Puthoff thanked Ms. Stowe for her work on this great plan. Ms. Puthoff must leave early, but supports the plan as presented. Mr. Rippe asked for clarity around the baseline data for the chronic disease and obesity goal. The CDC's Community Health Assessment and Group Evaluation (CHANGE) tool will be used to evaluate the policy and the environment to determine the baseline in the priority communities. Mr. Rippe asked about WeTHRIVE! Ms. Stowe reported that there are currently 27 WeTHRIVE! communities and a large percentage of communities with the greatest need (based on concentrated disadvantage) are WeTHRIVE! communities. For the CHIP, two priority communities will be included. It is the intention to create multi-sectoral collaboration among schools, child care providers, and the community at large around nutrition, physical activity, tobacco, and chronic disease management. The CHANGE tool will not be used for every jurisdiction as part of the CHIP. Mr. Rippe asked about the percent of change goal. Ms. Stowe reported that Epi staff contributed to that data based on projection and trend analyses, as well as alignment with national standards. Mr. Rippe asked about stretch goals. Some communities do have stretch goals, but the results of change, particularly around the outcomes of the CHIP can take years if not decades to see. Mr. Rippe asked for quarterly objective rollouts. Mr. Brett asked if Elmwood Place is a WeTHRIVE! member. Their application is in process. Mr. Rippe asked what is the push back from the communities to join WeTHRIVE!? Some communities see it as something they are already doing and don't

want to follow the WeTHRIVE! process. Others are small and do not have the capacity. Mr. Rippe asked if HCPH could help provide more resources. Interim Commissioner Kesterman reported staff have been looking into that, but what the budget looks like in six months is something that will need to be reexamined. Mr. Brett would like help to keep the communities engaged. Mr. Meloy suggested the smaller communities could work together. Ms. Stowe shared that school districts are interested and getting involved too. Mr. Rippe would like all communities to be surveyed in the future to get a broader perspective in the post COVID-19 environment. Mr. Kesterman indicated that as epidemiology resources are freed up from their pandemic work, this can be explored.

Mr. Meloy moved to adopt the Community Health Improvement Plan.

Mr. Brett seconded the motion.

Roll Call Vote – All Aye

The Board received 40 minutes of continuing education for the Community Health Improvement Plan presentation.

9. Adjournment

Mr. Meloy moved to adjourn the meeting at 5:50 p.m.

Dr. Kelly seconded the motion.

Roll Call Vote – All Aye

Next Board of Health meeting: June 8, 2020 at 4 p.m. via Zoom.



Mark A. Rippe, President

Greg Kesterman, Secretary
Interim Health Commissioner