CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
AUGUST 27, 2019

Dr. Philip Lichtenstein, Chair of the Board of Health, called the August 27, 2019, meeting of the Cincinnati Board of Health to order at 6:04 p.m.

I. ROLL CALL

Board Members Present: Ms. Carrie Douglas, Dr. Joe Hackworth, Dr. Chris Lewis, Dr. Philip Lichtenstein, Dr. Monica Mitchell, Ms. Kate Schroder

Absent: Dr. Amar Bhati, Mr. Gary Hagopian

Others Present: Ms. Melba R. Moore, Mr. Domonic Hopson, Zach Southwood (City Solicitor’s Office) Ronald Robinson, Jill Byrd, Virginia Scott, Antonio Young, Ashanti Salter, Dr. Yury Gonzales, Jon Lawniczak, Holly Blackley, Robert Brown – (CCPC Board Chair), Emily Woerner (City Solicitor’s Office), Lauren Mai (City Solicitor’s Office).

II. AGENDA

<table>
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<tr>
<th>TOPIC</th>
<th>DISCUSSION</th>
<th>RESPONSIBLE PARTY</th>
<th>ACTION/MOTION</th>
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<tr>
<td>Minutes</td>
<td>Motion: That the Board of Health approve the minutes of the July 23, 2019 Board of Health meeting.</td>
<td>Ms. Angela Bredestege</td>
<td>Motion: Lichtenstein 2nd: Hackworth Action: Passed</td>
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<td>Minutes</td>
<td>Motion: That the Board of Health approve the minutes of the August 13, 2019 Board of Health meeting.</td>
<td>Ms. Angela Bredestege</td>
<td>Motion: Lichtenstein 2nd: Hackworth Action: Passed</td>
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<td>Presentation</td>
<td>Years of Service and Retiree Recognition: RETIREES: Debra Dreyfus, Karen Flowers, Mary E. O’Leary EMPLOYEES RECOGNIZED for YEARS of SERVICE: Mary Ann Meehan, 30 Years; Flossietta Moss, 25 Years; Maxine Watson, 25 Years</td>
<td>Ms. B.A. Dixon</td>
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<td>Executive Session</td>
<td>Motion – 6:24 p.m. – That the Board of Health go into Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to consult with the Boards attorneys regarding pending court action.</td>
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<td>Motion: Lichtenstein Second: Douglas Action: Passed</td>
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<td>Return from Executive Session</td>
<td>At 7:34 p.m. the Board of Health returned to the open meeting of the Board of Health to move forward with discussion and/or action pursuant to information provided during Executive session.</td>
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<td>Presentation</td>
<td>Greater Cincinnati Water Works (GCWW) Lead Program</td>
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<td>No lead in water in the Water Main Line. The service line is owned by GCWW from the main to the property line. The Customer owns the line from the property line to the house. Lead comes from the service line and sources of lead inside the home. Installation of lead lines stopped in this area in 1927.</td>
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<td><strong>Lead and Copper Rule:</strong> Provide corrosion control treatment by adding sodium hydroxide which increases pH of the water. It forms a scale inside the pipe which prevents lead contact with the water.</td>
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<td>Department’s goal is to identify and monitor homes with water lead levels which are at or greater than 15 micrograms/liter (&gt; 90th percentile). Homes with water lead levels exceeding this threshold were almost all built prior to 1927.</td>
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<td>Once an elevated level is identified, home owners are required to participate in replacing lead containing pipes. There are several financial assistance programs that are available for families (see handout).</td>
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<td><strong>Communication and Education:</strong> GCWW partners with all health departments in the county to inform and educate the public. Examples include: a) our website, which includes the lead sewer line lookup map, b) our phone number, 513-651-LEAD, c) letters to the public d) social media, e) free lead testing, f) provision of water filters.</td>
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<td><strong>Assist and Remove:</strong> 15-year goal to remove all lead lines. Assistance program for home-owners to replace lead lines on the private property.</td>
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<td>Discussion – GCWW tries to maintain 8.8 pH. 90% of our water comes from the Ohio River. The river pH is about 7.3 to 7.5.</td>
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| LY 2020-2021 BOH Food Fee Renewal | First Reading of Board of Health Resolution – Amending Board of Health Regulation 00079. Fees Retail Food Establishment (RFE); Food Service Operations (FSO). | Antonio Young, R.S. |
| Resolution | Ohio Revised Code 3717.071 mandates a food license cost recalculation each year to compare costs and revenue, making adjustments as needed.  
Fees are calculated on a Size, Risk Based FSO, Temporary FSO, Mobile RFE and FSO and Vending. Fees are based exclusively on personnel cost for inspection, enforcement and administration.

Most license fees are being reduced due to personnel and administrative costs being lower.

Despite this, here is a projected income shortfall for 2020-2021. Mr. Young will have a response/answer as to why there is a shortfall and reduction in fees.

LY 2020-2021 BOH Food Fee Renewal Resolution | There will be no overtime impact from the hiring of additional personnel. The OT demand will still be the same. Responsibility for working overtime will be spread out among more inspectors.

Mr. Robinson: With the addition of staff, we should be able to reduce some of the OT hours. That work is outside of the regular schedule of personnel. We may also have an opportunity to flex schedules based on demand.

Financial Report | Year-end summary for the dashboard.

We were even with productivity. There is the challenge of having new providers and bringing their productivity up-to-speed. Even with those transitions we were able to keep medical visits steady. Our dental visits were also kept level. School based dental performed slightly better than last year.

The current number of days in Accounts Receivable (AR) is 40.6. This numbers has continued to deteriorate for several months. The % of unpaid claims from third party payors is 45%, a significant increase from 25% in November 2019. Our goal is less than 20%. The finance chair has asked for more information regarding the underlying reasons for this problem.

One of the contributing factors discovered is that the electronic medical record system (EPIC) which is managed by OCHIN, made an upgrade to their software in December 2018 and one of the rules that managed the self-pay queue shut off. As a consequence, we have gone from reporting near zero amount of self-pay balances greater than 211 days to nearly $770,000 in unpaid

Ronald Robinson |
balances. In other words, the upgrade has resulted in fewer self-pay balances being written off. This might provide an opportunity for improving income for services rendered by devising a more aggressive plan for collecting sliding scale co-pays. We are engaging with OCHIN to decide the best path forward.

Mr. Hopson: For the next Finance Committee meeting we will have a plan moving forward and what our actions will be in managing our self-pay balances.

The # of days in AR will continue to grow due to this change in EPIC. That number ($770,000.00) makes up 30% of AR.

Dr. Hackworth: What is the history with collecting self-pay for us and other institutions like ours?

Mr. Hopson: We have been reaching out to determine best practices. What we do collect has been at the point of service. We have payment plans in place but historically we do not do a good job. It is easier to collect from active patients. It is more difficult to collect from patients who no longer visit our health centers. There is no upfront cash payment required for self-pay patients.

We are looking at collection options that do not impact the patient’s credit score and making decisions with our patients’ best interest in mind.

OCHIN will not charge us any additional fee for billing our self-pay patients.

The numbers for our community sites are a little under budget. Salary and fringe benefits were roughly 66% of the total cost. We will be focusing on our temporary services, interpreter costs, medical supplies, uninsured labs and all other non-personnel costs. We are going to focus on specific expenses and track those expenses.

Interpreter Services are localized at certain health centers, Bobbie Sterne and Price Hill. Hispanic population ranges from 10 to 30% at those sites. We have an RFP in process now to do interpreter Services thru iPad and telephonic means for a significant cost savings.

Revenue – Across the clinic and school-based sites was $20,443,886.

| Finance Committee | There was a direct discussion about the trend in the two key indicators: days in accounts receivable and the % of | Kate Schroder |
claims from third party payers over 90 days and how that number has degraded over the past several months and wanting to understand the trend, stabilize the number and return to the goal. Insight to the OCHIN self-pay rule has been helpful.

Also looking at the trends in visits – approximately 74,000 during the past year which is just below the 80,000 for the FY prior. We want to also be looking at the realistic projection for the FY that just began July 1, 2019.

The school-based health centers have seen growth. The FY 2018-19 was 47,000 visits compared to 44,000 for the FY 2017-18.

Mr. Robinson: The budget for FY 2019-20 is not materially different so the projected numbers will be similar to the projected numbers for the last year. Additionally, we are looking at the overall revenue picture in both clinical and public health.

| Contracts & Grants | Contract #05X10358 – The Voice of Your Customer. 2019-2020 Tobacco Use Prevention and Cessation Grant for media advertising activities. The agreement amount is $25,100.00 effective October 1, 2019. | Motion: Lichtenstein Second: Douglas Passed |
| Contracts & Grants | Contract #95X9810 - Reading Investments LLC. Lease for space at 7162 Reading Road. City of Cincinnati WIC Program. The agreement amount is $71,269 yearly. Effective date is October 1, 2019. | Motion: Lichtenstein Second: Douglas Passed |
| Contracts & Grants | Contract #05X10356 – Adcomp. Vital Statistics and Records update the payment kiosk and web site. The agreement amount is $124,000.00. Effective date is October 1, 2019. | Motion: Lichtenstein Second: Schroder Passed |
| Personnel Actions | Motion: That the Board of Health Approve the personnel actions on the list identified as Attachment 8 dated August 27, 2019. | Board of Health Motion: Lichtenstein Second: Hackworth Action: Passed |

VII. Health Commissioner’s Comments/Board Members’ Comments/Other Business

Health Commissioner Comments:

- Sunday, October 13, 2019 is the First Ladies for Health 5th Annual Community Family Health Day.
- Virginia Scott is our new Nursing Director
- We are pursuing a contract for Strategic Planning.
- Annual Report
Board Member Comments:

- Dr. Hackworth: Acknowledgement to Mr. Young’s group.
- Dr. Mitchell: Acknowledgement to presenters and Dr. Lewis for his service.
- Dr. Lewis: Acknowledgement to the Board and Staff of CHD.
- Ms. Douglas: Acknowledgement to the CHD.
- Ms. Schroder: Acknowledgement to Dr. Lewis’ service to the board and the CHIP program, along with Allison Franklin.

Chairperson’s Comments:

- Need to create a joint strategic planning committee between BOH and CCPC Board.
- CHIP – Mr. Brown and Dr. Lichtenstein are active members of two committees. He would like to see two other members of the boards serving on each of the other 2 committees.
- Ms. Chandra Yungbluth has tendered her resignation.
- Thank you to Dr. Lewis for his service.
- Nominations for Chair and Vice-Chair. Dr. Hackworth nominates Dr. Lichtenstein to remain Chairperson for the Board of Health. Ms. Schroder nominated Dr. Hackworth to remain Vice-Chairperson for the Board of Health.

Ms. Pamela J. Adams requested to speak and wanted to acknowledge Dr. Lewis’ service to the Board of Health. GCWW has Citizens Water Academy Classes in October.

9:07 p.m. Meeting adjourned.

This meeting is available online:

Next meeting: Tuesday, September 24, 2019, 6:00 p.m.

Minutes Prepared by: Angela J. Bredestège, Clerk
Cincinnati Board of Health

Minutes Approved by: Dr. Philip Lichtenstein
Chairperson, Board of Health