Dr. Philip Lichtenstein, Chair of the Board of Health, called the July 23, 2019, meeting of the Cincinnati Board of Health to order at 6:01 p.m.

I. ROLL CALL

**Board Members Present:** Dr. Amar Bhati, Ms. Carrie Douglas, Dr. Joe Hackworth, Mr. Gary Hagopian, Dr. Philip Lichtenstein, Dr. Monica Mitchell, Ms. Kate Schroder, Ms. Chandra Yungbluth

**Absent:** Dr. Chris Lewis (excused)

**Others Present:** Ms. Melba R. Moore, Mr. Domonic Hopson, Zach Southwood, Ronald Robinson, Jill Byrd, Virginia Scott, Dr. Camille Jones, Antonio Young, Harry Barnes, Ashanti Salter, Shane Satterfield, Dr. Yury Gonzales, Jon Lawniczak.

II. AGENDA

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DISCUSSION</th>
<th>RESPONSIBLE PARTY</th>
<th>ACTION/MOTION</th>
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<tbody>
<tr>
<td>Minutes</td>
<td>Motion: That the Board of Health approve the minutes of the June 25, 2019 Board of Health meeting.</td>
<td>Ms. Angela Bredestege</td>
<td>Motion: Lichtenstein</td>
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<td>Second: Hackworth</td>
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<td>Action: Passed</td>
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<tr>
<td>Presentation</td>
<td>Prevention and Preparation for Measles in Cincinnati</td>
<td>Sharon Hutchins,</td>
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<td>Objective of Presentation:</td>
<td>Ph.D., MPH</td>
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<td>1. Outline approach and activities by CHD to prevent and prepare.</td>
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<td>2. Detail partners: Cincinnati Public Schools (CPS) and Southwest Ohio Public Health Region.</td>
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<td>Overall Approach is an Internal Preparation Focus and Partner and Regional Coordination Focus.</td>
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vaccination laws and instructions in the event of an outbreak. Also communicating with school staff about measles.

Working with South West Ohio Public Health Region (SWOPHR)'s Regional Epidemiologists and Disease Investigators (REDI) Group in messaging healthcare providers and general public.

2018-2019 CPS School year – 38,478 students were vaccinated. 1,532 had unknown status, were noncompliant or were exempt (437). Data for the 2019-2020 school class released on July 5, 2019. The current incoming students who are noncompliant is a little over 8% but with further review of data, that number is expected to be slightly lower.

Action Steps:
1. Summer letter to parents
2. Identification of students who are unvaccinated and are non-compliant
3. School nurses and aides will begin contacting parents of children without proper documentation.
4. Coordination with Communicable Disease staff.
5. Coordination with CPS Director of Student Services to discuss outreach.
6. Standardization of communicable disease action plan.

Within the CHD there is an early draft of a Standardized outbreak response process.
Regional Coordination: SWOPHR/REDI.
1. Two sub-committees formed. Pre-Event:
   - Coordination of common messages and talking points based on guidance from CDC, ODH and other jurisdictions. Response Preparation: Review and supplementation of regional response plans.
2. Coordination of common messages and talking points/Legal Authorities. Two priorities are for Health care professional and General Public
3. Review and supplementation of regional response plans.
**DISCUSSION:**

Question/Comment: Students who are not vaccinated – who are they?  
Under Ohio law there are philosophical, religious or medical exemption that must be documented.  
Question/Comment: The importance of measles and its complications.  
It is more than a rash based illness. 2 in 1000 children die from measles. Long-term consequences including a type of brain injury that can lay dormant for decades.

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<tr>
<th>Vital Records</th>
<th><strong>Motion</strong> to Approve Commissioner Moore recommendation of Ms. Tunu Kinbrew as the new Vital Records Registrar</th>
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| Tobacco 21    | **Motion** to Approve Waiving of the three readings for approving the Resolution for Board of Health Regulation #00084 – Licensing of Tobacco Retailers and prohibiting Tobacco Product Sales to Individuals Under the Age of Twenty-one (21).  
**Motion** to Approve Resolution Adopting Board of Health Regulation #00084 – Licensing of Tobacco Retailers and Prohibiting Tobacco Product Sales to Individuals Under the Age of Twenty-one (21) |
| Financial Report | Dashboard is updated through the end of the fiscal year with regard to revenue. The expense report is updated through the month of May 2019.  
Through May 2019 – we are starting with revenue cycle metrics that have been a concern. Specifically, the number of days in A/R continues to grow. The percent of claim from third party payors greater than 90 days also continues to grow.  
They are beginning a deeper look at the revenue cycle issues that are driving these numbers. In general, there are several structural impediments that we must overcome. One item in particular driving those metrics is the credentialing process. Once the providers are credentialled and licensed, the second phase, which is not under our control, is to have them credentialed with our insurance providers. This has proven to be a challenge due to time delays. There are providers in the health centers practicing, however we are unable to file their claims until all insurance company credentialing requirements have been satisfied. In some cases, this process can take months. |
We are working diligently to get our providers credentialed in a much quicker way. Recently several thousand claims that were being held have been released. We have identified the primary drivers that are increasing these numbers and working towards solutions to resolve that issue.

On the clinical expenses side year to date, we are approximately $1 million ahead of schedule which is due, in large part, to still having vacant provider positions.

On the school-based sites – our medical and dental visit are slightly ahead of projection. The expenses are slightly above the projection.

Revenue generated by medical and dental visits in the health centers through the fiscal year was just shy of $15 million. Revenue for school-based sites was $5.6 million. Total revenue was $20.4 million.

We have additional revenue streams in the form of a HRSA grant that helps support salaries and expenses and a $600,000 reproductive health grant.

The revenue cycle has not been managed vigorously in the past. We have a relationship with OCHIN that provides us with data and access to other FQHCs from around the country which allows us to develop peer-to-peer relationships. The relationship also enables us to compare various aspects of our financial performance with other FQHCs in the collaborative. With regards to these metrics, we are performing average to below average. Our goal is to improve our performance with respect to all these metrics within the next fiscal year.

DISCUSSION:

Questions/Comments: Dr. Jones – Information regarding the revenue from the public health side of the CHD.

The CHD budget is $55 million. We have $30-32 million is community and school-based sites, roughly $17 million in general fund support. That $17 million goes a long way towards support the general health initiatives. The remainder of $5-7 million is made up of grants and contracts and other revenue sources. Vital records generate approximately $600 - $700 thousand a year.
Dr. Phil Lichtenstein: What is the relative contribution of the delay at levels above us that we have no control over compared with internal operational processes that we have the power to fix.

Mr. Robinson: There is a fair amount we can do and we are continuing to look at the issues and the solutions that are within our control that will improve the process.

Mr. Hagopian: Confirming that the projected costs for year is an amount submitted by the city.

Presentation/Motion

The CHD’s Lead Program has existed for 45 years. CLPPP has had 3 highly successful multi-million dollar grants. This opportunity is from HUD Lead Hazard Reduction Grant Program NOFA. We are eligible to apply for funds. The increased funding with assist low-income families to create safe homes, reduce lead poisoning in children, replace leaded water service lines with GCWW, improve housing stock, increase employment rate by training Section 3 workers/contractors.

DISCUSSION:

Questions: Ms. Schroder – How did we decide on the amount of funding to request? And has the overall amount of federal funds changed in this round?

We have always had a $3.4 million dollar grant and it was decided to stay with that amount.

Dr. Hackworth: Are we comfortable that although 83% of our housing stock is old – that those are under control and being checked regularly.

Ms. Yungbluth: Please talk about Healthy Homes and lead in plumbing fixtures.

Healthy Homes grant funds include injury prevention, lead in water and others.

GCWW has been in a lot of schools providing filters for those with high lead levels in their water. They have also identified and replaced lead containing faucets and valves.

Dr. Jones: The primary cause of lead poisoning in children is still paint. Since we do have 83% of old homes, lead in paint will continue to be an issue.
Dr. Lichtenstein: 10-15% of the children he sees at Children’s Home (children with behavioral issues, intellectual compromise, etc.) have a history of lead exposure.

Motion: Approval to submit a grant application to apply for resources to remediate lead hazards on properties.

| Finance Committee Report | At the last Finance Committee Meeting, there was a presentation on the ongoing pilots around Chronic Care Management (CCM). Looking at improvement in compensation for time spent by staff engaged in non face-to-face encounters with patients who qualify for the CCM program. We are comparing costs, revenue generation and patient satisfaction with two systems, one that is contained within our existing EMR, the other (Phamily) being a software program that is being marketed by a private company.

Closed out the fiscal year at the end of June and there is expected to be an update at the next meeting to look at the full fiscal year. |
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<td>Contracts &amp; Grants</td>
<td>Contract 05X10353 – Christian Community Health Services, Inc. dba Crossroad Health Center. Subrecipient of CHD under our HRSA grant. The agreement amount is $450,000 effective October 1, 2019.</td>
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<tr>
<td>Contracts &amp; Grants</td>
<td>Contract 05X10352 – Cincinnati Public Schools. The CHD will provide 17.5 FTE PHN IIs for school health services at CPS for 2019-2020 school year. The agreement amount is $1,849,290.17 effective August 1, 2019.</td>
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<tr>
<td>Contracts &amp; Grants</td>
<td>Contract 05X10350 – Ohio Department of Job and Family Services – Refugee Program. Agreement between CHD and ODJFS to provide health screenings for all eligible participants. The agreement amount is $50,858.00 and is effective June 30, 2019 to September 30, 2019.</td>
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<td>Contracts &amp; Grants</td>
<td>Contract 65X10158-3 – The Children’s Home of Cincinnati. The CHD will provide a PHN II for school health service at the Children’s Home of Cincinnati. The agreement amount is $47,409.12 and is effective August 1, 2019 to July 31, 2020.</td>
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<td>Personnel Actions</td>
<td>Motion: That the Board of Health Approve the personnel actions on the list identified as Attachment 6 dated June 25, 2019.</td>
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<td>Presentation</td>
<td>Overview of Reportable Infectious Diseases in Cincinnati. Infectious Disease Surveillance in the collection, analysis and interpretation of health-related data need for the</td>
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Motion: Lichtenstein Second: Schroder Passed

Motion: Lichtenstein Second: Hackworth Passed

Motion: Lichtenstein Second: Douglas Passed

Motion: Lichtenstein Second: Schroder Action: Passed Lichtenstein: Abstained

Board of Health

Motion: Lichtenstein Second: Bhati Action: Passed

Sharon Hutchins, Ph.D., MPH
planning, implementation and evaluation of public health practices.

There are several laws related to infectious diseases in Ohio. The main law requires providers, laboratories and certain other individuals who are responsible for reporting diagnosis or positive lab report for a certain set of infectious diseases to the health department where the patient resides. The CDC has a list that suggest the what reportable diseases are worth monitoring nationally, but ultimately it is up to the state and local government to adopt the list. Ohio has its own list – The ABC list which is amended each year as needed.

Roles and Responsibilities locally – The CHD and CDC conduct public health surveillance; investigate cases and outbreaks and implement intervention, 24/7 as mandated by law; and work regionally.

The CHD is not the only health department in Hamilton County. Hamilton County Public Health covers all areas that are not incorporated cities. They also contract with incorporated cities and take on those cities as well.

Mandated disease reporting, syndromic surveillance and sentinel influenza surveillance are done by both CHD and HCPH. TB, STDs and HIV are handled by HCPH.

Current and Recent Infectious Disease Trends in Cincinnati – The number of confirmed and probable case reports have increased significantly each year since 2013. The vast majority of cases are Viral Hepatitis – partially due to expansion of testing for Hepatitis C, resulting in old cases that were never diagnosed. This year has seen a slow down in these cases. Another area of concern is vaccine-preventable. Food or waterborne cases have risen – primarily due to the increase of Legionnaires’ disease.

Most Vector borne cases are in people who travel abroad. Locally we are doing mosquito surveillance as well as larvae siting.

We are currently experiencing an outbreak of cyclosporiasis. It has been nationally linked to certain produce that is imported into the country, although locally we are unsure of the source.

There is a projected increase in the vaccine-preventable and food or waterborne categories. The primary source of vaccine preventable disease is Influenza A.
There has been a dramatic increase in the number of Cincinnati-based outbreak investigations in progress by year. It is crucial that people continue to report outbreaks so the spread can be stopped. Early recognition and early implementation are key to keeping infectious disease low.

DISCUSSION:

Questions: How many influenza cases were fatal?

The total for Ohio was 4. Adult deaths are not reported. Only pediatric deaths are officially reported. Adult influenza is in the top 10 causes of death for adults.

Dr. Jones: recognizes Dr. Hutchins for her work with CHD.

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

Health Commissioner Comments:

- We are sharing the presentation from Chronic Care Management Pilot.
- Accreditation Action Plan was approved. We have one year to demonstrate all activities in the action plan. July 23, 2020 is the cutoff.
- Recognition of Rashmi V. Aparajit for the lead program grant.
- We will need to schedule an emergency/special meeting in anticipation of the Professional Management Services Operating Agreement ready with UC.
- Second meeting relating to Opioids and expanding with our current partners. Development of strategy to draw down funding from any possible grants.
- Safe Places Cincy is being expanded with a contractual agreement with Butler County. They are going to provide us with a care coordinator.
- Nurse Practitioner has volunteered to become an HIV provider.
- Thank you to Shane Satterfield regarding Caracole, one of our partnering agencies on an MOU as it relates to the Harm Reduction Program and our MAT program at Northside. Dr. Mitchell and Commissioner Moore will meet with our mental health providers to structure the model similar to Safe Place Cincy for behavioral and mental health within our six health centers.
- Through education we want the pharmacists to provide disposable bags to the patients for medication disposal.
- Walnut Street has one of the fewest patient encounters. Working with Talbert House to determine what the Walnut Street will look like – what services will we have.
- Exploring opportunities to work with library kiosks as it relates to birth certificates.
- Safe Places Cincy - Report
Board Member Comments:

- Mr. Hagopian – Before there is an emergency meeting on the UC contract that the board have enough time to review it before any meeting.
- Dr. Mitchell – recognizes Dr. Jones for her work as a public servant for Cincinnati.
- Dr. Bhati – recognizes Dr. Jones.
- Ms. Yungbluth – congratulates Dr. Jones on her retirement and thanks the Commissioner for providing the informative presentations about the work we are doing.
- Ms. Douglas – recognizes Dr. Jones and the presentations.
- Ms. Schroder – recognizes Dr. Jones commitment and service. Recognition of the Cincinnati Health Improvement Plan process. Are we doing everything we can as a health department and a community concerning gun violence?

Comment by Commissioner Moore: We are entering into a Collective Impact Initiative with fire, police, health, MSD, water, human services, public safety in presenting to the mayor and city manager.

Chairperson’s Comments:

- Recognition of Dr. Jones
- The process for conducting the Commissioner’s Performance Review is underway.
- CHIP process – working on an action plan for the Health Department with focus on accessibility for children at younger ages. Allison Franklin is leading these efforts.
- Compliance regarding nomination of officers for the coming year. The current bylaws state that nominations for chair and vice chair are made in the August meeting and voting will take place in September.

8:07 p.m. Meeting adjourned.

This meeting is available online: c:\Board of Health 7-23-19 Meeting

Next meeting: Tuesday, August 27, 2019, 6:00 p.m.

Minutes Prepared by:

Angela J. Bredestege, Clerk
Cincinnati Board of Health

Minutes Approved by:

Dr. Philip Lichtenstein
Chairperson, Board of Health