# AGENDA BOARD OF HEALTH LAKE COUNTY GENERAL HEALTH DISTRICT June 27, 2022

1.0	Call N	Aeeting to Order, President Randy Owoc
2.0	Openi	ng of Meeting
	2.01 2.02 2.03	Citizen's Remarks
3.0	Board	of Health
	3.01	Minutes, Regular Meeting May 16, 2022
4.0	Health	n District Staff Reports
	4.01 4.02 4.03 4.04 4.05 4.06	Finance and HR Director
5.0	Comn	nittee Meetings
	No Re	eports
6.0	Old B	usiness
	6.01	Board of Health Tracking

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## 7.0 New Business

- 7.01 Resolutions
  7.01.01 Certification of Monies, Resolution 22-06-07-01-01-100
  7.01.02 Increase/Decrease Appropriations, Resolution 22-06-07-01-02-100
- 7.02 Permission to Accept the Medical Reserve Corps (MRC) Covid-19 Respond, Innovate, Sustain and Equip (RISE) Award Grant, \$50,000
- 7.03 Permission to Accept the Tobacco Use Prevention and Cessation Program (TU23) Grant, \$264,000
- 7.04 Permission to Contract with Park Center LLC for Chardon WIC Clinic Location
- 7.05 Permission to Accept the Capacity Building for Healthy Eating and Active Living (HEAL) Grant, Up to \$46,000
- 7.06 Request For Legal Action Against Thomas Buth, 7008 Brakeman Rd., Painesville, OH 44077
- 7.07 Permission to Accept the Public Health Emergency Preparedness (PHEP)/Cities Readiness Initiative (CRI) Grant, \$333,560.00
- 7.08 Permission to Reimburse Geauga Public Health for Public Health Emergency Preparedness (PHEP)/Cities Readiness Initiative (CRI) Grant, Not to Exceed \$120,216.00

## 8.0 Adjournment

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## 1.0 Call to Order

The regular meeting of the Board of Health of the Lake County General Health District was called to order at 3:00 p.m. on Monday, June 27, 2022, by President Randy Owoc. The meeting was held at the Lake County Health District office located at 5966 Heisley Road, Mentor, Ohio.

# 2.0 Opening of Meeting

#### 2.01 Declaration of Quorum

The following members were present constituting a quorum:

Roger AndersonBrian KatzAna PadillaDr. Alvin BrownNicole JelovicDr. Lynn SmithDr. Irene DruzinaPatricia MurphyDavid Valentine

Rich Harvey Randy Owoc

Absent: Steve Karns and Lindsey Virgilio

Minutes were recorded by Gina Parker, Deputy Registrar.

Also present from the Health District staff:

Dyan DenmeadeMuhammad JafarDenise PowellAmani DewanAdam LitkeMariann RusnakRon GrahamChris LoxtermanPaul StrompLiz HomansChristine MargalisJessica WakeleeGrant HochstetlerKathy MiloChris Wilson

Also in attendance: Richard Piraino, Geauga Public Health Board President; Thomas Buth; Larry Armstrong; Bryson Durst from the News-Herald.

## 2.02 <u>Citizens' Remarks</u>

Larry Armstrong noticed that the Pledge of Allegiance is not said at the Board of Health meetings. He said his first time of attending a meeting was the one held regarding mask mandates. He was thankful that the word "recommend" was chosen instead of "require". He heard a lot of doom and gloom about the predictions of what could happen with COVID-19, although none of it came true. He asked how the Board feels today reflecting on the decisions and predictions made that day. Where do we go from this? He asked if any board members have 100% confidence in the CDC. After all the back and forth and the political winds, changing their narrative almost daily some times. Why have state and county health departments? He believes the CDC lost a lot of credibility. He said the future that's been painted politically is horrible. He said he's trusting people to make the right decisions.

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## 2.03 Certification of Delivery of Official Notices

Certification of delivery of the official notices of the regular meeting of the Board of Health on June 22, 2022, was made by Health Commissioner Ron H. Graham.

#### 3.0 Board of Health

#### 3.01 Approval of Minutes

Dr. Alvin Brown moved and Roger Anderson seconded a motion that the minutes of the May 16, 2022, Board of Health meeting be approved as written; motion carried.

# **4.0 Health District Staff Reports**

<u>4.01</u>

**Community Health Services** 

## 4.01.01 <u>Division Director's Report</u>

#### 4.01.01.01

## **Updates and Special Topics**

On May 23<sup>rd</sup>-May 25<sup>th</sup>, CHS management attended the 2022 Public Health Combined Conference in Columbus. Among the many Diversity and Inclusion lectures over the three days, breakout sessions of "Advancing Health Equity in Ohio", "Managing SHIP and CHIP Performance", "Trauma as Public Health Professionals", and "The State of Ohio's Health Before and After COVID: 2021 Health Value Dashboard and the Role of Public Health", were attended. Additional vendors and information booths were available, such as Prevent Blindness Ohio.





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With the recent staffing changes and staff returning from leaves, CHS has been working as a team to update and revise our procedures for scheduling routine immunizations, confirming appointments, how an appointment flows, and scheduling TB tests. We have also been working with Dr. Patel to complete the required paperwork and trainings to provide international travel vaccines.

Local Public Health Services Collaborative has updated their vaccine fees and other services fees for 2022. Both tables include fees for services we do not currently provide, the tables are sent to all Health Departments in the collaborative, many of whom provide additional services based on their area needs. Both tables are included at the end of this report for ease of viewing. We are working to update the website with our nursing service fees for increased transparency and ease of use for the public. We are also developing a costs spreadsheet that will allow us to efficiently determine visit costs over the phone when scheduling appointments. This is still in preliminary stages at this time. We are hoping to have this completed by the end of summer.

## Meetings Attended:

May 2, 3- AOHC Financial Training

May 4- Lake County Community Health Needs Prioritization

May 5- Epidemiology/Communicable Disease Discussion

May 6- Nurse's Day Lunch

May 9- Executive Meeting

May 10, 11, 12- AOHC Health Commissioners University Training

May 16- Board of Health Meeting

May 17- LPHSC Frontline Meeting

May 17, 31- Nurse Management Meeting

May 19- CHS Division Meeting

May 23, 24, 25- AOHC Public Health Combined Conference

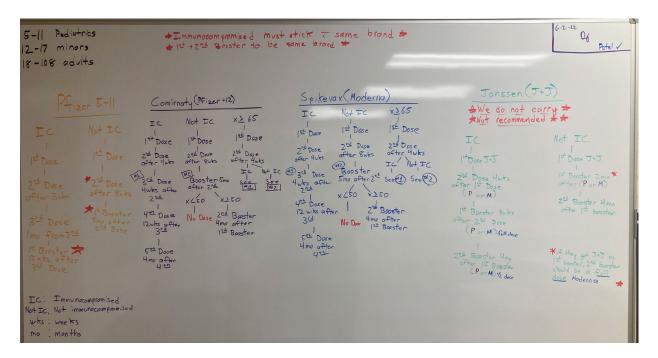
May 26- CHS Process Updates

May 31- Back to Basics Day 3

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## **COVID-19 Updates**

The most current vaccine flowchart is below.



The FDA's vaccine specific group, Vaccines and Related Biological Products Advisory Committee (VRBPAC) is meeting 6/7 to discuss a new COVID-19 vaccine by Novavax, 6/14-6/15 to discuss COVID-19 vaccines for 6 months-17 years, and 6/28 to discuss if the composition of COVID-19 vaccines needs modified. There are, at the time of this writing, no scheduled CDC meetings to discuss the FDA recommendations after their meetings.

As a reminder, all vaccines must go through the FDA before the CDC will advise a vaccine. A vaccine cannot be administered until the CDC provides an official recommendation and the appropriate paperwork is updated and dispersed.

ODH has had us reserve the number of doses of 6month-5year vaccine that we would like initially. We have elected to receive 200 doses of Moderna's 6month-5year vaccine, should it receive FDA approval and an ACIP recommendation.

## **Divisional Quality Improvement Activities**

The School Health Services Program is working on a quality improvement project related to staff orientation and initial training. They have started having virtual meetings called "Back to Basics" to review material and allow staff to ask questions.

We are continuing to work on our data modernization and digitalization project related to eClinicalWorks.

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We are continuing to implement changes to our vaccine and inventory management system as we review our own data and process changes.

#### **Grants**

## **Get Vaccinated Ohio (GVO)**

GVO 2022 is on track with its grant cycle ending 6/30/2022. The final report is due 7/15/2022. The May report has been submitted.

GVO 2023 has been officially awarded, and its grant cycle runs from 7/1/2022-6/30/2023. Training sessions for the grant have already been scheduled. Brittany Rowan will be attending the in person trainings for MOBI and TIES in Columbus on July 13, 2022. We have not heard when the IQIP training for the 2023 grant cycle will be. Both Brittany and Lexi have been working to update and modernize the processes used for the reminder recall system of the grant and routine vaccines in general.

## **COVID-19 Vaccinations (CN22)**

Progress on CN22 continues to be underway.

## 4.01.02 School Health Services Program

#### 4.01.02.01

#### **School Health Services Manager's Report**

We are currently serving 12 different schools in 5 public school districts and 1 private school district. 9 out of 12 school clinic nurses are completing competency training, which is self-paced, including 39 school trainings (3 are yearly through ODH) and 12 CHS trainings. The self-paced courses taken by the staff throughout the month of May includes: ODH new school nurses conference day 3, trainer the trainer: epinephrine auto injector, immunizations, over the counter medication policies, neurological assessment, self-injury/cutting, medication administration, MAT 1A, MAT 1B, MAT 2A, MAT 2B, MAT 2C, communicable diseases, you call the shots vaccine administration, you call the shots vaccine storage and handling, you call the shots general best practice guidelines, ODH new school nurses conference day 1, care for pediatric LGBTQ patients, Public health 101, Opioids and Ohio children and childhood trauma in the opioid epidemic, CHS division meeting, Back to basics day 1, Back to basics day 2 and back to basics day 3.

When school is not in session, non-seasonal school nurses work at the health department completing education, assisting with COVID calls, COVID-19 vaccine clinics, billing, Children with Medical Handicaps, and will be working with childhood immunization clinics. We have seen a rise in COVID cases recently which has affected staffing and sub nurses have been

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deployed to cover clinics for ill staff. All school districts will be on summer break by June 8. We assisted Madison local schools by supplying nurses to attend field trips to Washington DC, Columbus, Niagara Falls, Cleveland and the James A. Garfield house in Mentor. Perry school district and Our Shepherd Lutheran have confirmed they want to continue their services for the 2022-2023 school year. All other school districts are not yet confirmed for the 2022-2023 school year and will be contacted in the month of June for revision of services or needs. After surveying school staff about confidence and orientation in their current roles it was determined to conduct an optional, and encouraged, general orientation training. The purpose was for everyone to have the same training we provide and to be more confident in their role as school clinic nurses. These trainings were a duration of 1 hour each over a course of 3 days and titled "Back to Basics". Brittany, Dyan and Lexi went over different topics in the duration of these trainings which included; Infinite campus overview and documentation, immunization reporting requirements and use of Impactsiis, vision screening requirements, hearing screening requirements, school policies, first aid and role as LCGHD staff. These topics are a part of our standard procedure when orienting new school staff since August 2021. We had 7 participants out of 13 total staff.

## Meetings Attended by Lexi:

May 6- Nurse's Day Lunch

May 10- Vision Screening Meeting

May 16- Board of Health Meeting

May 17, 31- Nurse Management Meeting

May 19- Division Meeting

May 20- Tele-ICAR

May 23, 24, 25- AOHC Public Health Combined Conference

May 26- CHS Process Updates

May 26, 27, 21- Back to Basics

#### Meetings Attended by Brittany:

May 6- Nurse's Day Lunch

May 10- Vision Screening Meeting

May 17, 31- Nurse Management Meeting

May 19- Division Meeting

May 23- AOHC Public Health Combined Conference

May 24- AOHC Public Health Combined Conference

May 25- AOHC Public Health Combined Conference

May 26- CHS Process Updates

May 26, 27, 31- Back to Basics

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# **4.01.03 Community Health Services Programs**

## 4.01.03.01

## **Community Health Services Program Reports**

## **Immunization Clinics**

## **Childhood/Adult**

Childhood and adult clinics have been scheduled through the end of 2022. We are currently working on plans to hold offsite clinics for both children and adults in high SVI areas and areas of need. We are also working with community partners to secure vaccine locations and determine public need and interest.

## COVID-19

## **Immunization Count per IMPACTSIIS**

January	1538	July	
February	337	August	
March	391	September	
April	650	October	
May	288	November	
June		December	

Adult vaccination numbers have decreased this month, while pediatric (aged 5-11) have increased for the first time since January.

# **Homebound per week**:

1/1-1/8	18	2/1-2/5	0	3/1-3/5	0	4/1-4/2	0	5/1-5/7	12
1/9-1/15	28	2/6-2/12	11	3/6-3/12	7	4/3-4/9	6	5/8-5/14	11
1/16-1/22	19	2/13-2/19	8	3/13-3/19	1	4/10-4/16	14	5/15-5/21	9
1/23-1/29	16	2/20-2/26	3	3/20-3/26	2	4/17-4/23	3	5/22-5/28	14
1/30-1/31	13	2/27-2/28	4	3/27-3/30	6	4/24-4/30	0	5/29-5/31	0
Total	94	Total	26	Total	16	Total	23	Total	46

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# May Clinic Schedule with vaccine counts:

	Clinic		#
Weekday	Hours	Clinic Location	Vaccinated
		Homebounds, Lake	
M	8A-4P	County	12
	9A-		
T	10A	NEOCAP, Painesville	4
W	9A-3P	LCGHD, Mentor	80
R	9A-3P	LCGHD, Mentor	20
F	9A-3P	LCGHD, Mentor	2
		Homebounds, Lake	
M	8A-4P	County	8
W	9A-3P	LCGHD, Mentor	38
R	9A-3P	LCGHD, Mentor	18
F	9A-3P	LCGHD, Mentor	5
		Homebounds, Lake	
M	8A-4P	County	16
W	9A-3P	LCGHD, Mentor	36
R	9A-3P	LCGHD, Mentor	25
F	9A-3P	LCGHD, Mentor	7
		Project Hope,	
F	8P-10P	Painesville	2

May's COVID-19 vaccine clinic schedule was unexpectedly lighter than previous months due to building construction and the vaccination mobile unit being out of commission while in the repair shop.

# **Children with Medical Handicaps (CMH)**

All available and eligible CHS staff will be attending a CMH virtual orientation provided by ODH in July and August regarding the inner workings of the program and billing.

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## **Communicable Disease**

Kristina has been working with our community partners to determine offsite testing locations and preparing to restart the TB testing surveillance program.

May	
# Active TB on	
treatment	0
# Latent TB	4
#of new cases	0
# of Total TB	4
# of DOTs	0

# Car Seat Program (OBB) and Cribs for Kids

Community Car Seat Check Days have been scheduled at the Health Department on the 4<sup>th</sup> Saturday of June, July, August and September. These days will allow those with a car seat to have their car seat inspected for safe installation, and any errors can be remedies at time of service by trained staff. We are currently working on plans for a more consistent schedule for 2023 based on data collected from these four dates. The September date is on National Car Seat Check Day, and it is anticipated that many providers in the area will also be offering car seat checks that day.

Nine car seats were given out in May, and we are continuing to work with WIC to distribute car seats and cribs.

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# **Local Public Health Services Collaborative, LLC Consolidated Fee Schedule by CPT**

CPT Code	House Code	Description	Service Type	Current Fe
36415	36415	Venipuncture	Lab	\$10.00
36416	36416	Lead blood level lab test	Lab	\$15.00
57500	57500	Biopsy of cervix	Lab	\$192.00
58100	58100	Biopsy of endometrium	Lab	\$166.00
80048	80048	Basic Metabolic Panel	Lab	\$11.00
80053	80053	Comprehensive Metabolic Panel	Lab	N/A
80061	80061	Lipid Panel	lab	N/A
80069	80069	Renal function panel	Lab	\$11.00
80074	80074	Hepatitis panel screen (lab draw)	Lab	\$52.00
80076	80076	Hepatic function panel	Lab	\$11.00
80307	80307	Nicotine Metabolite	Lab	N/A
81002	81002	Urinalysis	Lab	\$5.00
81025	81025	Pregnancy test	Lab	\$14.00
82043	82043	Microalbumin (Urine)	lab	N/A
82120	82120	Amines, Vaginal	Lab	\$7.00
82306	82306	Vitamin D, 25-Hydroxy	lab	N/A
82565	82565	Creatinine (Blood)	Lab	\$6.00
82570	82570	Creatinine (Urine)	Lab	N/A
82607	82607	Vitamin B12	Lab	N/A
82728	82728	Ferritin	Lab	N/A
82746	82746	Folate (Folic Acid)	Lab	N/A
82950	82950	Glucola	Lab	\$10.00
82951	82951	Glucose Tolerance	Lab	\$21.00
82962	82962	Blood Glucose (finger stick)	Lab	\$5.00
83026	83026	Hgb	Lab	\$5.00
83036	83036	HgbA1C	lab	N/A
83525	83525	Insulin	Lab	N/A
83540	83540	Iron	Lab	N/A
83550	83550	Iron, Total Binding Capacity	lab	N/A
83986	83986	Assay PH	Lab	\$5.00
84153	84153	PSA	Lab	N/A
84436	84436	Thyroxine (T4) Free	lab	N/A
84443	84443	TSH	Lab	\$49.00
84479	84479	T3 Uptake	Lab	\$49.00
84550	84550	Uric Acid (Blood)	Lab	N/A

T.				
85018	85018	Hemoglobin	Lab	\$5.00
85025	85025	CBC w/ diff + platelets	Lab	\$10.00
85027	85027	CBC w/o diff	Lab	N/A
85610	85610	PTT	Lab	N/A
85651	85651	Sedimentation Rate	Lab	N/A
86140	86140	C-Reactive Protein	Lab	N/A
86317	86317	Hepatitis B Surface Antibody Immunity	y, Qı Lab	N/A
86431	86431	Rheumatoid Arthritis	lab	N/A
86480	86480	Quantiferon gold	Lab	\$246.00
86592	86592	VDRL	Lab	\$9.00
86593	86593	Syphilis test (RPR)	Lab	\$9.00
86696	86696	Antibody, herpes simplex, type 2	Lab	\$40.00
86703	86703	HIV Testing	Lab	\$29.00
86704	86704	Hepatitis B core AB, total	Lab	N/A
86706	86706	Hepatitis B virus AB	Lab	\$10.00
86708	86708	Hepatitis A AB	Lab	N/A
86735	86735	Mumps, IgM	lab	N/A
86762	86762	Rubella	Lab	\$30.00
86765	86765	Measles, IgG and IgM	Lab	N/A
86769	86769	SARS-COV-2 COVID-19 ANTIBODY	Lab	\$53.00
86780	86780	Syphilis test (FTA)	Lab	\$28.00
86787	86787	Varicella Titer	lab	N/A
86803	86803	Hepatitis C virus AB	Lab	\$33.00
87081	87081	GC	Lab	\$14.00
87086	87086	Urine Culture (C&S)	Lab	\$17.00
87210	87210	Wet prep for growth of organisms	Lab	\$9.00
87220	87220	KOH Prep	Lab services	\$7.00
87252	87252	Herpes Culture	Lab	\$54.00
87320	87320	Chlamydia, enzyme	Lab	\$25.00
87491	87491	Chlamydia, nucleic acid	Lab	\$73.00
87536	87536	HIV PCR Qualitative	Lab	\$137.00
87591	87591	Gonorrhea	Lab	\$73.00
87621	87621	High risk HPV testing	Lab	\$73.00
87806	87806	HIV - Antibodies 1/2 Ag/Ab	Lab	
87808	87808	Rapid Trichomonas vaginalis for infecti	ous Lab	\$25.00
87905	87905	Infectious agent enzematic activity (Ra	pid Lab	\$24.00
88164	88164	Cytopathology, cervix or vaginal	Lab	\$22.00
88305	88305	Tissue, exam by pathologist	Lab	\$101.00
10060	10060	Incision and Drainage- simple (1)	Procedure	\$228.00
10061	10061	Incision and Drainage- complex or mult	tiple	\$382.00
				3.0

	11981	11981	Nexplanon Insertion (device separate)	Procedure	\$202.00	
ı	11982	11982	Nexplanon Removal	Procedure	\$228.00	
l	11983	11983	Nexplanon Removal and insertion	Procedure	\$314.00	
l	46900	46900	Destry anal lesion	Procedure	\$362.00	
١	54050	54050	Removal penile lesion	Procedure	\$195.00	
l	57061	57061	Destroy vaginal lesion (simple)	Procedure	\$171.00	
	57065	57065	Destroy vaginal lesion (extensive)	Procedure	\$291.00	
1	57170	57170	Diaphragm or cervical cap fitting	Procedure	\$68.00	
١	57420	57420	Colposcopy exam	Procedure	\$175.00	
l	57454	57454	Colposcopy exam w bx of cervix & ECC	Procedure	\$232.00	
l	57455	57455	Colposcopy exam w bx of cervix	Procedure	\$216.00	
l	57456	57456	Colposcopy exam w ECC	Procedure	\$204.00	
	58110	58110	Endometrial bx w colpo exam	Procedure	\$73.00	
	58300	58300	IUD insertion	Procedure	\$102.00	
l	58301	58301	IUD removal	Family Planning	\$145.00	
l	59425	59425	Antepartum care only 4-6 wks	Prenatal	\$705.00	
l	59426	59426	Antepartum care only 7+ wks	Prenatal	\$1,258.00	
l	59430	59430	Post-partum visit	Pregnancy-related	\$285.00	
l	71045	71045	Chest X-Ray - Single View	Diagnostic	\$35.00	
l	71046	71046	Chest X-Ray - 2 views	Diagnostic	\$45.00	
l	71047	71047	Chest X-Ray - 3 views	Diagnostic	\$45.00	
l	89220	89220	Sputum specimen collection	Well Child	\$25.00	
l	90460	90460	Inj admin <19 yrs; 1st	Inj Admin	\$28.00	
l	90460	90460-1	Inj admin <19 yrs; 1st (subseq for ODM/M	Inj Admin	\$15.00	
l	90461	90461	Inj admin <19 yrs; 2nd + inj	Inj Admin	\$15.00	
l	90471	90471	Injection admin >18; 1st	Inj Admin	\$28.00	
l	90472	90472	Injection admin>18; 2nd + inj	Inj Admin	\$15.00	
l	G0008	G0008	Administering flu vaccine, 1st - Medicare	Immunizations	\$28.00	
l	G0009	G0009	Administering pneu. Vaccine, 1st - Medica	Immunizations	\$28.00	
	G0010	G0010	Administering Hep - Medicare	Immunizations	\$28.00	
l	90473	90473	Intranasal - Oral admin, 1st	Inj Admin	\$28.00	
l	90474	90474	Immune Admin Oral/Nasal Add'l	Inj Admin	\$15.00	
l	92081	92081	Vision Screening	Well Child	\$51.00	
	92283	92283	Color vision examination	Well Child	\$68.00	
	92507	92507	Therapy (individual)	Speech	\$105.00	
	92508	92508	Therapy (group)	Speech	\$31.00	
	92521	92521	Evaluation	Speech	\$132.00	
	92540	92540	Basic vestibular evaluation	Well Child	\$147.00	
	92552	92552	Hearing Screening, pure tone	Well Child	\$46.00	
	92557	92557	Comp. Hearing Test	Speech	\$55.00	

95115 95117 96110	95115 95117	Allergy Shot	Inj Admin	\$17.00
	95117			
96110		Allergy shot 2+ shots	Inj Admin	\$30.00
1	96110	Developmental Testing	Well Child	\$25.00
96127	96127	Depression Screening	Well	\$8.00
96372	96372	Injection - Therap/Prophyl/Diag	Well Child	\$36.00
99173	99173	Visual Acuity Screen	Well Child	\$7.00
99195	99195	Phlebotomy, theraputic	Well Child	\$144.00
99201	99201	New minimal visit	Sick visit	\$64.00
99202	99202	New moderate visit	Sick visit	\$109.00
99203	99203	New detailed visit	Sick visit	\$158.00
99204	99204	New comprehensive visit	Sick visit	\$242.00
99205	99205	New Complex visit	Sick visit	\$300.00
99211	99211	Established minimal visit (nurse visit) *ind	Sick visit	\$30.00
99212	99212	Established moderate visit	Sick visit	\$64.00
99213	99213	Established detailed visit	Sick visit	\$106.00
99214	99214	Established Comprehensive visit	Sick visit	\$156.00
99215	99215	Established Complex visit	Sick visit	\$209.00
99243	99243	Consultation	Sick visit	\$177.00
99381	99381	Infant (age under 1 year)	Well Child New	\$160.00
99382	99382	Early Childhood (age 1-4 year)	Well Child New	\$167.00
99383	99383	Late Childhood (age 5-11 years	Well Child New	\$174.00
99384	99384	Adolescent (age 12-17 years)	Well Child New	\$197.00
99385	99385	Age 18-39 years	Well Adult New	\$191.00
99386	99386	Age 40-65 years	Well Adult New	\$222.00
99387	99387	Age 65+ years	Well Adult New	\$241.00
99391	99391	Infant (age under 1 year)	Well Child Est	\$144.00
99392	99392	Early Childhood (age 1-4 year)	Well Child Est	\$154.00
99393	99393	Late Childhood (age 5-11 years	Well Child Est	\$154.00
99394	99394	Adolescent (age 12-17 years)	Well Child Est	\$168.00
99395	99395	Age 18-39 years	Well Adult Est	\$171.00
99396	99396	Age 40-65 years	Well Adult Est	\$183.00
99397	99397	Age 65+ years	Well Adult Est	\$197.00
99401	99401	Counseling, risk factor reduction (15 min)	Counseling	\$53.00
99402	99402	Counseling, risk factor reduction (30 min)	Counseling	\$92.00
99406	99406	Behav chng smoking 3-10 min	Counseling	\$21.00
99407	99407	Behav chng smoking >10 min	Counseling	\$40.00
99408	99408	Overdose SBIRT, 15-30 min	Counseling	\$53.00
G0396	G0396	Overdose SBIRT, 15-30 min (Medicare)	Counseling	\$54.00
H0050	H0050	Overdose SBIRT, 15-30 min (Ohio Medicai	Counseling	\$54.00

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G0442	G0442	Annual alcohol screen	HCPCS Code	\$27.00
G0443	G0443	Brief alcohol misuse counsel	HCPCS Code	\$38.00
G0107	G0107	Hemocult	Lab services	\$10.00
J1050	J1050	Depo-Provera vaccine (150 units)	<b>HCPCS Code</b>	\$64.50
J1056	J1056	Lunel injection	<b>HCPCS Code</b>	\$28.00
J1580	J1580	INJECTION GARAMYCIN GENT TO 80 MG	HCPCS Code	\$54.00
J3490	J3490	Unspecified drug admin - emergency con	t HCPCS Code	\$30.00
J7297	J7297	LILETTA	HCPCS Code	\$150.00
J7298	J7298	Mirena- IUD	HCPCS Code	\$490.00
J7300	J7300	IUD- Paragard Hormone Free	HCPCS Code	\$526.00
J7303	J7303	Contraceptive supply, vaginal ring - Nuva	F HCPCS Code	\$18.00
J7307	J7307	Etonogesterel implant - device (insertion	s HCPCS Code	\$829.00
S0610	S0610	New patient GYN Exam	<b>HCPCS Code</b>	\$100.00
S0612	S0612	Established patient GYN Exam	HCPCS Code	\$90.00
S9436	S9436	Group Counsel-Lamaze	HCPCS Code	\$15.00
S9452	S9452	Nutrition Invention	HCPCS Code	\$30.00
S9453	S9453	Smoking cessation class	Counseling	\$21.78
S9470	S9470	Prenatal nutrition counseling	Prenatal	\$40.00
S4993	\$4993	Oral contraceptive (1-mo supply)	HCPCS Code	\$10.00
X5400	X5400	Risk Assess. Form	HCPCS Code	\$15.00
X5411	X5411	Pregnancy Counseling - Individual	HCPCS Code	\$15.00
X9380	X9380	Pre-delivery visit to physician	HCPCS Code	\$35.00

# **2022 LPHSC Vaccine Fee Schedule**

Last Updated: 3/22/22

**EFFECTIVE 3/15/2022** 

				LITECTIVES	, ==, ====
HCPCS	Vaccine	Trade Name	Mfr	2022 Self Pay Amount- 25% discount applied	2022 Fee
86580	TD okin toota	Tubousel	C.D.	40.00	
86380	TB skin tests	Tubersol	SP Qual	\$9.00	\$12.00
86580	TB skin tests	Tubersol	Care	\$9.00	\$12.00
90619	Meningicoccal	MenQuadfi	Sanofi	\$125.00	\$166.00
90620	Meningococcal	Bexsero		\$156.00	\$208.00
90621	Meningococcal	Trumenba		\$148.00	\$197.00
90632	Hep A Adult	Vaqta	Merck	\$70.00	\$93.00
90632	Hep A Adult	Havrix	GSK	\$68.00	\$90.00
90633	Hep A Ped/Adol	Vaqta	Merck	\$28.00	\$37.00
90633	Hep A Ped/Adol	Havrix	GSK	\$28.00	\$37.00
90636	НерА/Нер В	Twinrix	GSK	\$94.00	\$125.00
90647	HIB	PedvaxHIB	Merck	\$28.00	\$37.00
90648	нів	ActHIB	SP	\$11.00	\$14.00
90648	нів	Hiberix	GSK	\$11.00	\$15.00
90649	HPV	Gardasil 4	Merck	\$165.00	\$220.00
90651	HPV	Gardasil 9	Merck	\$264.00	\$352.00
90670	Pneumococcal	Prevnar 13	Pfizer	\$234.00	\$312.00
90675	Rabies	Imovax	SP	\$354.00	\$472.00
90675	Rabies	Rabavert	GSK	\$318.00	\$424.00
90677	Pneumococcal	Prevnar 20	Pfizer	\$278.00	\$370.00
90680	Rotavirus	Rotateq	Merck	\$85.00	\$114.00
90681	Rotavirus	Rotarix	GSK	\$103.00	\$137.00
90691	Typhoid	Typhim Vi	SP	\$125.00	\$166.00

					V =
90696	DTaP/Polio	Quadracel	SP	\$47.00	\$62.00
90696	DTaP/Polio	Kinrix	GSK	\$45.00	\$60.00
90697	Dtap/IPV/Hib/HepB	Vaxelis	Sanofi	\$137.00	\$182.00
90698	DtaP/Polio/HIB	Pentacel	SP	\$71.00	\$95.00
90700	DTaP	Daptacel	Sanofi	\$20.00	\$27.00
90700	DTaP	Infarix	GSK	\$21.00	\$28.00
90702	Dt	Dipt-Tetanus Toxoids	Sanofi	\$65.00	\$87.00
90707	MMR	MMRII	Merck	\$88.00	\$117.00
90710	MMRV	Proquad	Merck	\$256.00	\$342.00
90713	Polio	Ipol	SP	\$26.00	\$35.00
90714	Td	Tenivac	SP	\$35.00	\$46.00
90715	Tdap	Boosterix	GSK	\$37.00	\$49.00
90715	Tdap	Adacel	SP	\$37.00	\$49.00
90716	Varicella	Varivax	Merck	\$156.00	\$208.00
90717	Yellow Fever	YF-VAX	SP	\$183.00	\$244.00
90723	DTaP/Polio/HepB	Pediarix	GSK	\$65.00	\$86.00
90732	Pneumococcal	Pneumovax 23	Merck	\$124.00	\$165.00
90733	Meningococcal	Menomune	SP	\$139.00	\$185.00
90734	Meningococcal	Menactra	SP	\$121.00	\$161.00
90734	Meningococcal	Menveo	GSK	\$104.00	\$139.00
90736	Shngls/Hrps Zstr	Zostavax	Merck	\$227.00	\$303.00
90738	Japanese Encephalitis			\$281.00	\$375.00
90739	Hep B/Adult 2 Dose	Heplisav-B	Dynavax	\$122.00	\$162.00
90744	Hep B Ped/Adol	Engerix-B	GSK	\$18.00	\$24.00
90744	Hep B Ped/Adol	Recombivax HB	Merck	\$20.00	\$27.00
90746	Hep B Adult	Energix-B	GSK	\$49.00	\$65.00

	\$11.00 (second +)	\$15.00 (second +)
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Dyan Denmeade provided the following highlights:

- Held a routine immunization clinic today. All went well. Appointments are scheduled out to December.
- The Vaccines for Children (VFC) Inspection has been completed. LCGHD passed and was praised by the Ohio Department of Health (ODH).

#### 4.02

## **Environmental Health**

#### 4.02.01 Division Director's Report

#### 4.02.01.01

#### **Updates and Special Topics**

As Memorial Day typically starts the summer, beach sampling has also begun. Lake County General Health District has a contract with the Ohio Department of Health to sample Lake Erie water at two beaches, Headlands State Park and Fairport Harbor beach. One of the items that summer staff look for each summer is evidence of a Harmful Algae Bloom or HAB.

Harmful algae and cyanobacteria, sometimes called blue-green algae, can produce toxins (poisons) that can make people and animals sick and affect the environment. Blooms sometimes look like foam, scum, mats, or paint on the surface of the water. They can even make the water appear different colors, including green, blue, red, or brown.

Blooms are more likely when water is warm, slow-moving, and full of nutrients such as nitrogen or phosphorous. Nutrients get into water when fertilizer, sewage, or runoff from cities and industrial buildings washes into lakes, rivers, or oceans—for example, during rainstorms. Blooms of algae or cyanobacteria can harm people, animals, or the environment if the blooms:

- Make toxins
- Become too dense
- Use up the oxygen in the water
- Release harmful gases

Effects of climate change, such as warmer water, might be making blooms worse. People and animals (including pets, livestock, and wildlife) can get sick when they have contact with water or food that contains certain types of algae, cyanobacteria, or their toxins.



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People and animals can get sick if they:

- Swim, wade, or play in or near contaminated water
- Eat contaminated fish, shellfish, or supplements
- Drink contaminated water

Symptoms in people can include

- Stomach pain, vomiting, or diarrhea
- Headache, fever, tiredness, or other general symptoms
- Skin, eye, nose, or throat irritation
- Neurological symptoms such as muscle weakness or dizziness

Exposure to some toxins—particularly cyanobacterial toxins—can also harm your liver and kidneys.

If a HAB is reported to the Health District, a response plan is in place to work with local agencies and the Ohio Department of Health to restrict access to the beaches, notify the public, and sample the water to confirm the presence of any toxins. Unfortunately, time is the only method to get rid of the toxin from the water. People who are exposed should consult with their doctor.

## **<u>4.02.02</u> <u>Air Pollution Control Programs</u>**

#### 4.02.02.01

**Unit Supervisor's Report** 

#### **Air Pollution Control**

Staff participated in the monthly Technical Services Organization meeting on May 17. Discussion items included updates to the state air data reporting system and statewide calibration procedures.

Air Pollution and clerical staff continued to work on the new time accounting system reports.

#### Field Monitoring Team

The staff selected to be in this years graded exercise have been training in the vans at the EOC.

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## 4.02.03 General Environmental Health Programs

#### 4.02.03.01

# **Unit Supervisor's Report**

## **Food Safety**

The staff conducted 174 restaurant inspections, 12 restaurant re-inspections, 8 food complaint investigations, and 44 pool inspections in May.

Staff participated in the Ohio Mosquito and Vector Control Association spring conference on May 4. Topics included mosquito control and tick diseases surveillance.

Staff participated on the following conference calls in May:

- Ohio Retail Standards
- Ohio Department of Health/Ohio Department of Agriculture food program call
- Building a Coalition of Food Safety Culture

The Clean Inspection Awards video was finished and posted to social media. As of June 1<sup>st</sup> only one food service has failed to get their license. We are working on this and hope to have one issued soon.

## **Housing**

#### Lake County Elder Interdisciplinary Team

Staff attended the May monthly meeting of the inter-disciplinary team hosted by Job and Family Services.

#### 4.02.04 Vector-borne Disease Program

## 4.02.04.01

#### **Unit Supervisor's Report**

#### **Mosquito Control**

Our larval crew this year consists of 5 energetic staff; 2 are returning for their second season and 3 are new hires. They were trained with a new PowerPoint presentation on the life cycle of mosquitoes and how LCGHD tries to interrupt the cycle before they can become biting adults. Pesticide and driving safety were reviewed along with an overview of our surveillance program.

C. Armstrong was interviewed for a segment on Our Aging World in May. She discussed our program with emphasis on the larval control portion. She also discussed how residents can protect themselves from mosquito bites.

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The videos that I presented to you last month were finalized and will be shared via social media as needed throughout the summer.

We are planning on increasing our trap locations throughout the county. We currently have 20 approved locations identified.

We continue to look for night time adulticiding drivers. We currently have 6 hired and plan on holding a training in June.

## 4.02.05 Water and Waste Programs

#### 4.02.05.01

**Unit Supervisor's Report** 

## **Continuous Quality Improvement (CQI)**

An exercise and PowerPoint presentation on Quality Improvement updates and performance measures was given during the all staff meeting held on June 17<sup>th</sup>.

## **Storm Water**

Messages on car maintenance (oils) and household chemical disposal were posted on Facebook and Twitter with a reminder to use the Lake County Solid Waste District Special Collection Events for free disposal on June 11<sup>th</sup> & September 24<sup>th</sup> of 2022.

Storm water Best Management Practices (BMP's) posters were distributed to twelve food services (Eastlake, Mentor and Willowick, Perry Village, Willoughby, and Madison) to educate managers and employees on potential pollution with a talk on BMPs to help reduce pollution from their facilities. Lake County Storm Water's poster was updated to include a section on the proper cleaning of hood systems and contracting with a reputable company that is aware of the community's storm water rules and policies.

Five residential illicit discharge complaints were received; one was not detected and four are being investigated as sewage complaints. It is possible there could be several more homes (up to 20) on Newell St. in Painesville Twp. with their septic tied into the storm sewers. Staff will be working with Lake County Utilities to eliminate the sewage illicit discharge.

Our summer intern Lauren Grundy has been trained and has started field screenings throughout the county with Kristen Fink.

The 2022 Annual Ohio Stormwater Conference was attended at Kalahari Resort in Sandusky on May 11<sup>th</sup> through May 13<sup>th</sup>. Staff attended an ODH HAB presentation on May 16<sup>th</sup>.

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## **Sewage Treatment**

The Director participated in the monthly Ohio Dept. of Health conference call and Technical Advisory Committee.

Tyrin Morris, Rachel Weber, George Minger, and Garrett Boczar are our other summer EH Technician/interns for the NPDES program. They will be conducting our sampling program for our entire household discharging septic systems in the NPDES program. We currently have over 480 discharging systems that must be sampled yearly to verify their performance and prevent pollution of the waters of the State. They will be sampling systems Monday through Thursday throughout the summer. They are all students at Lake Erie College. We continue to contract with the College in conducting this program.

## H2Ohio/Water Pollution Control Loan Fund

In April bids went out and contracts were signed in May for the following applicant properties:

2516 Kennelly Dr., Willoughby Hills 7894 South Ridge Rd., Madison 3016 Oakview Rd., Willoughby Hills 7203 Euclid Chardon Rd., Kirtland 2975 Perry Park Rd., Perry

#### **Solid Waste**

The monthly inspection was conducted at the Lake County Solid Waste Facility Landfill in Painesville Township.

#### **Water Quality**

#### Bathing Beach

The beach program began on May 23<sup>rd</sup> and the recreation season officially started on Memorial Day. Staff has worked hard to update the predictive modelling program that we utilize to predict when the lake water may pose a bacterial hazard to swimmers.

Lauren Grundy, our summer EH Technician/intern, will be performing most of the beach duties including surveying/sampling the beaches at Mentor Headlands and Fairport Harbor as well as entering all the data into the modelling program.

The bathing beach pages on our website have been updated and redesigned to provide user friendly information to beach goers. Daily monitoring results are also posted on our social media pages.

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## **4.02.06 Board Action Status**

Note: New entries are bold faced

Program	Name	Pol. Sub.	BOH Ref. Date	Status

Chris Loxterman provided the following highlights for Dan Lark:

• The USGS NowCast program and website used for surveying the Lake County beaches was explained. NowCast site was developed by the United States Geological Survey (USGS). The site and software is used in a modeling program that monitors conditions and records data from each day's beach survey to predict the water conditions each day. The results of the prediction determine whether the beaches should be posted safe (a low likelihood of illness) or poor (a greater likelihood of illness). The ongoing yearly data collected helps with prediction accuracy. E-coli should be at 236 or below to post the beach safe for all to swim. Hard (or grab) samples are taken every 2-3 days for validation. We also use the Ohio BeachGuard website through ODH for posting results to the public. Daily surveys can now be entered using a tablet instead of paper and that information can be uploaded instead of manually entered.

#### Discussion:

Randy asked if the water temperature was conducive to algae blooms. Chris Loxterman said it's hard to predict with the changing weather. The temperature rises and stays up for a longer period of time more towards the end of August and September. There are also other factors that go into the bloom. The Metro Parks do a great job at checking. We stay updated with The Ohio State University and Stone Lab.

Brian Katz asked if the evening spraying has begun. Chris Loxterman said it has not. The counts are really low and there has been no rain. No date has been set as of yet for evening spraying. Paul Stromp agreed that there are low mosquito counts due to lack of rain. He said we are working with the geographic information system (GIS) for more efficient driving routes. We anticipate the vocal turn by turn spraying route will be easier for the drivers. Trucks travel at 15-20 mph for spraying.

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## <u>4.0</u>3

## Finance and HR Director's Report

#### 4.03.01 Miscellaneous

- 1. Elevator work is still ongoing.
- 2. The audit from Auditor of State is ongoing.
- 3. The audit from Ohio Department of Health is ongoing.
  - a. This is an audit only on COVID dollars.

#### 4.03.02 **Divisional Quality Improvement Activities**

- 1. Working on revamping the process for staff and management reviews.
- 2. Talk with staff daily regarding status of finances, grants, etc.

## 4.03.03 Employment

- 1. Open Positions
  - a. Registered Dietician
  - b. PHN II
  - c. Head District Nurse
  - d. Licensed Practical Nurse
- 2. New Hires
  - a. None
- 3. Promotions
  - a. Cady Stromp Environmental Health Supervisor June 8, 2022
- 4. Lay-Offs / Terminations
  - a. None
- 5. Retirements
  - a. Loree Albright Registered Dietician June 30, 2022
- 6. Resignations
  - a. Mackenzi Diperna Registered Sanitarian June 16, 2022
  - b. Linda Thompson Head District Nurse June 8, 2022
  - c. Liz Mazur Marketing & Communications Coordinator June 8, 2022
  - d. Megan Mehicic Public Health Nurse II May 20, 2022
- 7. Job Abolishment
  - a. None
- 8. Cancelled Positions
  - a. None

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Lake County General Health District  MONTHLY FINANCIAL REPORT  RECEIPTS  Environmental Health Receipts  Public Health Nursing	\$ May-22						
Environmental Health Receipts	\$ VTD						
Environmental Health Receipts	\$ VTD						
Environmental Health Receipts	\$ VTD				YTD LESS		
-	\$ טוז	I	BUDGET	% RECD	BUDGET		
Public Health Nursing	1,144,953	\$	1,318,500	87%	\$	(173,547)	
U	\$ 4,709	\$	41,000	11%	\$	(36,291)	
Federal Grants	\$ 709,084	\$	2,242,045	32%	\$	(1,532,961)	
State Grants	\$ 437,820	\$	950,000	46%	\$	(512,180)	
Local Contracts	\$ 570,883	\$	679,000	84%	\$	(108,117)	
Vital Statistics	\$ 182,400	\$	382,100	48%	\$	(199,700)	
Miscellaneous	\$ 160,282	\$	96,000	167%	\$	64,282	
Tax Dollars	\$ 1,420,120	\$	2,840,241	50%	\$	(1,420,121)	
Rental Income	\$ 44,723	\$	86,136	52%	\$	(41,413)	
Capital Improvement	\$ -	\$	-	#DIV/0!	\$	-	
TOTAL RECEIPTS	\$ 4,674,974	\$	8,635,022	54%	\$	(3,960,048)	
Beginning Cash Balance	\$ 7,482,407	\$	6,206,680	121%	\$	-	
TOTAL - ALL FUNDS	\$ 12,157,381	\$	14,841,702	82%	\$	(3,960,048)	
DISBURSEMENTS							
Salaries	\$ 1,695,026	\$	4,126,050	41%	\$	(2,431,024)	
Fringe Benefits	\$ 572,675	\$	1,586,550	36%	\$	(1,013,876)	
Contract Services	\$ 219,949	\$	577,950	38%	\$	(358,001)	
Program Supplies, Marketing, Health Ed.	\$ 120,990	\$	457,950	26%	\$	(336,960)	
Office Supplies and Postage	\$ 19,274	\$	95,100	20%	\$	(75,826)	
Transportation and Travel	\$ 18,846	\$	77,650	24%	\$	(58,804)	
Building Expense	\$ 132,908	\$	158,525	84%	\$	(25,617)	
Equipment	\$ 118,513	\$	309,000	38%	\$	(190,487)	
Returns	\$ 896	\$	6,900	0%	\$	(6,004)	
Operating Expenses	\$ 212,697	\$	558,750	38%	\$	(346,053)	
Contingency	\$ -	\$	250,000	0%	\$	(250,000)	
Capital Improvement	\$ -	\$	400,000	0%	\$	(400,000)	
SUB TOTAL	\$ 3,111,773	\$	8,604,425	36%	\$	(5,492,652)	
Obligations from previous year	\$ 413,731	\$	413,731	100%	\$	-	
TOTAL DISBURSEMENTS	\$ 3,525,503	\$	9,018,156	39%	\$	(5,492,652)	
CARRYOVER	\$ 8,631,878	\$	5,823,546	67%	\$	2,808,331	
# MONTHS & % OF YEAR	5		12	41.67%			

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		MAY				
Fund #	Fund Name		2022		2021	
001	Health Payroll Reserve Fund	\$	500,168.00	\$	250,168.00	
002	Immunization Action Plan	\$	48,633.10	\$	39,383.24	
003	Manufactrd Homes, Parks, Camps	\$	14,820.00	\$	10,370.00	
004	Water Systems	\$	54,338.50	\$	39,449.50	
005	WIC	\$	228,088.08	\$	143,644.42	
006	Swimming Pool	\$	80,315.22	\$	44,017.07	
007	Board of Health	\$	3,601,275.58	\$	2,899,763.72	
008	Vital Statistics	\$	225,747.07	\$	161,159.40	
009	Tuberculosis Record Program	\$	-	\$	-	
010	Food Service	\$	534,485.04	\$	551,155.57	
011	Health Promotion and Planning	\$	154,481.03	\$	154,481.03	
012	Health Budget Stabilization Fund	\$	500,000.00	\$	250,000.00	
013	Public Health Nursing	\$	237,835.57	\$	664,059.20	
014	Air Pollution Control	\$	15,690.92	\$	136,883.37	
015	Solid Waste Site	\$	258,486.94	\$	161,106.14	
016	Help Me Grow	\$	-	\$	-	
017	Public Health Infrastructure	\$	264,061.78	\$	265,310.12	
018	Safe Community Program	\$	65,620.47	\$	48,480.96	
019	Ryan White Title I	\$	-	\$	-	
020	HIV Prevention Grant	\$	18,655.45	\$	18,655.45	
021	Child and Family Health Services	\$	1,218.86	\$	1,218.86	
022	Family Children First Council	\$	-	\$	-	
023	Sewage Treatment Systems	\$	424,482.04	\$	390,663.57	
024	Dental Sealant	\$	-	\$	-	
025	Carol White Grant	\$	3,794.84	\$	3,794.84	
026	Permanent Improvement	\$	734,110.43	\$	341,751.19	
027	FDA Food Service	\$	93,610.54	\$	77,431.69	
028	Tobacco Use Prevent & Cessation	\$	210,722.97	\$	116,866.38	
029	Office of Health Policy & Performance	-	359,500.60	\$	502,193.85	
997	AFLAX/Voya	\$	1,734.55	\$	1,734.55	
	Total Cash	\$	8,631,877.58	\$	7,273,742.12	

General Fund (Fund 007) has increased approximately 24.19% compared to this time last year. The Health District staff continues to maximize revenues and pursue additional funding sources. The Health District is also monitoring the current economic outlook and preparing for additional changes that could occur in the near future.

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Adam Litke provided the following highlights:

- A letter of appreciation for Ron Graham was received from the superintendents. Adam Litke accepted it on Ron's behalf. Ron Graham said we are great partners with the schools.
- Mariann Rusnak and Dan Lark have been instrumental in helping Geauga Public Health with their changes.

#### Discussion:

Rich Piraino from Geauga Public Health is thankful for the assistance from LCGHD. Ron Graham said we appreciate the partnership.

#### 4.04

# **Health Education and Outreach**

#### 4.04.01.01

#### **Division Director's Report**

The State WIC Department continues to update the WIC Directors every Monday. Staff is trying their best to assist moms during this crisis. State WIC is preparing waivers that will take place in June. The baby formula plant in Sturgis, Michigan started production on June 4, 2022. Elecare and Alimentum powdered are the two formulas being made at this plant.

CareSource, a Medicaid company has offered FREE transportation for all of their clients who need to get to a store to obtain formula or will provide transportation to a WIC to make formula changes on their WIC Nutrition Card (WNC). Transportation is very much needed during this difficult time.

The Director finished the Leadership Lake County Program and graduated on June 1. Thank you for the opportunity to experience Leadership Lake County and grow as a professional.

The WIC Nutrition – snacks video is complete and will be shared with Hannah's Home. Along with the video, cooking kits will be distributed to those who participate in the video/discussion activity. This is part of the Leadership Lake County project that the Director was involved with. Since this video is very versatile, it will be the first of many that will be shared with Broadmoor School, day cares, and other organizations that deal with families. The link is below: <a href="https://youtu.be/jdK70-o4VUk">https://youtu.be/jdK70-o4VUk</a>

#### Meetings and trainings attended:

May 2 – CLAS Committee

May 5 – letters to all HCP about formula shortage

May 9 – Executive meeting

May 9 - WIC Formula shortage call

May 10 – CLAS Committee

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May 11 – Leadership LC Program Day

May 16 - WIC Formula shortage call

May 13 – WIC brochures to Health Educators for health fairs in June, 2022

May 18 – MRDD site visit – transition staff

May 18 – WIC video meeting

May 19 – CLAS Committee

May 20 - Lake Geauga United Head Start Policy Committee

May 20 – WIC brochures to OB department for Lake Health/UH hospitals

May 23 – WIC Staff Meeting

May 23 - WIC Formula shortage call

May 23 – Chardon Site Visit

May 25 – MRDD site visit

## **Divisional Quality Improvement Activities:**

The Continuous Quality Improvement (CQI) Project for Women, Infants, and Children (WIC) is to increase the caseload in Wickliffe WIC. No updates.

## 4.04.02 Women, Infants and Children (WIC) Unit Report

# **Nutrition Education**

Farmer's Market is fast approaching. WIC will have tables at the Painesville Market and at the Willoughby Outdoor Market in both July and August. Coupon delivery from the state has been delayed but should be arriving by the end of June. The State has again provided WIC with the purple shopping bags pictured below.



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# **Breastfeeding Update**

The State has rolled out a new breastfeeding curriculum training for the entire staff. This training is online and it is being recorded. Most of the staff are able to attend the live trainings. This will be the training that is used to train future staff.

Lake-Geauga WIC will host a BAM (Breastfeeding Awareness Month) event on August 4. We are planning to have a small event with our pregnant mom's. We will be teaching an infant feeding class and have a raffle for some giveaways that we have collected from the community. The participants will be able to get their card loaded and shop at the Painesville Farmer's Market.

	<b>Breastfeeding Initiation Rates</b>	Breastfeeding Rates
October 2021	52%	28%
November 2021	51%	28%
December 2021	55%	27%
January 2022	41%	23%
February 2022	42%	22%
March 2022	47%	23%
April 2022	51%	27%
May 2022	49%	26%

# **State WIC Updates**

Clinic Caseload: May 2022

CLINIC	FY22 Assigned Caseload	May Caseload	% Caseload
Painesville	1,265	1,208	95%
Wickliffe	798	789	99%
Madison	317	299	94%
Huntsburg	244	239	98%
Middlefield	145	139	96%
Caseload	2,749	2,674	

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Clinic Show Rate: May 2022

CLINIC	January Show Rate	February Show Rate	March Show Rate	April Show Rate	May Show Rate
Painesville	93%	86%	95%	90%	86%
Wickliffe	85%	82%	82%	78%	81%
Madison	78%	89%	92%	95%	82%
Huntsburg (G)	83%	88%	78%	92%	80%
Middlefield (G)	70%	76%	100%	81%	82%

Clinic Activity in: May 2022

Activity	Scheduled	Attended	Show Rate %
Re-certifications	166	138	83%
Certifications	218	199	91%
Individual Educations	636	515	81%
High Risk Clients	114	96	84%

## Kathy Milo provided the following highlights:

- Introduced Liz Homans, Breastfeeding Peer Helper. Liz lives in Chagrin Falls. She is very helpful at setting up peer groups.
- The farmers markets have started. Each family receives \$30.00.
- We are down three staff members.

#### Discussion:

Randy Owoc asked why there are low numbers for the car seat program. Kathy Milo stated the Car Seat Program is under the Nursing Division, not Health Education and Outreach. She said Yolanda Mercado is a translator on Thursdays and she brings car seats and cribs with her. The car seat and crib programs are used to boost numbers. Dyan Denmeade said a car seat refresher course will be held on Wednesday, June 29, 2022, for staff. Next Saturday will be a car seat distribution and COVID-19 vaccine clinic. Hopefully, this will help increase numbers. Ron asked about cribs grant. Dyan said that the child fatality numbers are down and our agency does not qualify.

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#### 4.05

# **Population Health and Emergency Planning**

#### 4.05.01

#### **Population Health Coordinator**

Progress continues toward reaccreditation. Written narratives and examples documentation are still being submitted by staff members, with most needing several rounds of revision before ready for submittal. All completed documentation is due by all staff members by the end of July. LCGHD will submit its reaccreditation application by the end of September, and once approved, will have six months to upload all supporting documentation.

Christine Margalis and Jessica Wakelee continued to meet weekly with representatives from Conduent and University Hospitals as completion of the Community Health Needs Assessment (CHNA) draws near. The CHNA Steering Committee met on May 16 to update community representatives on completion status and planned to reconvene in July/August as the Community Health Improvement Cycle begins.

During May, Christine Margalis supported Health Educator Nikesha Yarbrough as she met with representatives from Congressman David Joyce's office regarding an initiative to place naloxone boxes in hotels. Christine also guided Health Educator Emily Kolacz as she wrote her first grant application to Ohio Department of Health for its Capacity Building for Healthy Eating and Active Living (HEAL) funding opportunity. Marketing & Communications Coordinator Liz Mazur resigned her position effective June 8, and interviews to fill that position are taking place.

#### 4.05.02

#### **Health Education**

#### **Tobacco Youth/Cessation**

Emily Kolacz continued to work on the Tobacco Use Prevention and Cessation Program (TUPCP) Grant deliverables. Emily Kolacz assisted in orienting Christine Schriefer to the deliverables in the TUPCP grant. The cessation ad for the Ohio Tobacco Quit Line continued to run on Facebook. Social media posts continued to run on LCGHD's Facebook page and the posts reached 2,250 people in the month of May. The strategic plan, created by the Lake County Health Equity Tobacco Workgroup, has been approved by the Ohio Department of Health. Tobacco compliance checks have been completed in Mentor-on-the-Lake and are in progress in Mentor.

The following TUPC grant deliverables were submitted to ODH:

- Deliverable Objective CR1B Activity 4 Q4 Community Readiness Activity Spreadsheet
- Deliverable Objective Y3E Activity 3 Two Lesson Plans and Pretest Results
- Deliverable Objective Y3E Activity 4 Two Lesson Plans and Posttest Results
- Deliverable Objective Y3E Activity 5 Achieve Objective
- Deliverable Objective Y3E Activity 6 Evaluation Report and Final Results
- Deliverable Objective Y3D Activity 2 Parent Presentation

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- Deliverable Objective Y3C Activity 4 Preliminary Assessment of Decision Maker Knowledge
- Deliverable Objective M4C Activity 1 Media Campaign
- Deliverable Objective M4C Activity 2- Media Administration Activities
- Deliverable Objective C5B3 Activity 2 Disparate Numbers 36% to 48%
- Deliverable Objective C5B2 Activity 3 Quit Line Numbers 71% to 90%

#### Meetings/Trainings/Presentations/Events Attended:

- Bike to School Day- 5/4, 5/5, 5/6
- MRC Well Check Webinar- 5/3
- MRC New Leader Orientation- 5/5
- Population Health & Emergency Planning Division Meeting- 5/9
- Mentor High School Prom Blitz- 5/10
- Lake County Tobacco Grantee One on One Call- 5/10
- Vaping Presentation at Riverview Elementary School- 5/12
- LCGHD Buckle Down- 5/17
- ODH Tobacco Grant Monthly Call- 5/17
- Mentor-on-the-Lake Compliance Checks- 5/18
- Summit Academy Community Fair- 5/20
- McDonald's Buckle Down- 5/23

Christine Schriefer assisted Emily Kolacz with completing the Tobacco Use Prevention and Cessation Program (TUPCP) Grant deliverables and learning the grant process as well. Christine Schriefer attended the following webinars to learn about the tobacco cessation program through ODH, vaping in the community and ODH grant Kickoff trainings discussing each deliverable. Christine Schriefer attended the Bike to school days in the beginning of May.

#### Meetings/Trainings/Presentations Attended:

- ODH One on One Monthly Call- 5/10
- Mentor PD Compliance checks meeting- 5/11
- Vaping Presentation at Riverview Elementary with Emily- 5/12
- Board of Health Meeting: 5/16
- Population Health and Emergency Planning Division meeting- 5/16
- Lunch and Learn/ Inclusive Communication (webinar)- 5/17
- ODH All Hands Monthly Call- 5/17
- Mentor on the Lake Compliance Checks- 5/18
- Summit Academy Community Fair-5/20
- The Surgeon General's Report on E-Cigarette Use among Youth and Adults (webinar)-5/31
- The Great State Update: Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings- 5/31

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#### **Safe Communities**

- All deliverables are on schedule
- April car crash fatalities- 1 Car Struck Parked Vehicle on Roadway (Data Source: SAU Fatal Crash Database)
- May car crash fatalities 1 Motorcycle (Data Source: SAU Fatal Crash Database)
- Public Information & Education
  - Motorcycle social media posts 7
  - Click It or Ticket social media posts 7
- Interactive Divided Attention Game Educational game created to demonstrate how the human brain can switch between tasks easily. However, speed, accuracy, or cognitive responses will be negatively affected depending on the range of tasks being performed.
  - o Target Audience 34 Teens (14-18 years of age at Mentor High School)
  - o Evaluation feedback:
    - Over all game was fun...
      - Agree -28 Neutral -1 Disagree-1 N/A -4
    - The game showed how distractions divide a person's attention...
      - Agree 30 Neutral 4 Disagree-1
    - This game showed how divided attention causes delays in reaction time...
      - Agree 28 Neutral 2 Disagree 2 N/A 2
    - LCGHD should continue to offer this game...
      - Agree 32 Neutral 2 Disagree-0
  - o Target Audience 41 Teens (14-18 years of age at Lake Catholic High School)
  - o Evaluation feedback:
    - Over all game was fun...
      - Agree –39 Neutral 2 Disagree 0
    - The game showed how distractions divide a person's attention...
      - Agree 37 Neutral 2 Disagree-2
    - This game showed how divided attention causes delays in reaction time...
      - Agree -33 Neutral -3 Disagree -0 N/A -5
    - LCGHD should continue to offer this game...
      - Agree -35 Neutral -4 Disagree-1 N/A -1

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• Lake County General Health District Employee Buckle Down Event – May 17

Total Motor Belted - 33
Vehicle
Passengers: Unbelted - 1

97% Belted

			Drivers		Front I	Passengers
Lake County						
<b>General Health</b>						
District Event-						
5/17/22	# of Cars	# Surveyed	Belted	Unbelted	Belted	Unbelted
Parking Lot Main						
Entrance	33	34	32	1	1	0
Total	33	34	32	1	1	0

- Click It or Ticket Kick Off May 20
  - o Virtual 30 second PSA uploaded to social media
  - o Speaker Sgt. Jerrold Infalvi of the Lake County Sheriff's Office
  - Videographer Cassidy Glasier of LCGHD
- Click It or Ticket Events May 23-25
  - Mentor Officers Tracey Woodward & Scott Bell of the Mentor Police Department,Sgt. Jerrold Infalvi of the Lake County Sheriff's Office & Andreja Didovic of LCGHD
  - Madison Teresa Ackerman of the Madison Township Police Department and Emily Kolacz of LCGHD
  - o Thank you to Mandovi Enterprises, Inc. for their generous donations and event participation.

Total Motor Belted - 402 Vehicle Passengers: Unbelted - 83

83% belted			Drivers		Front Passengers		Backseat Passengers	
		#				<u> </u>		5
McDonald's Location	# of Cars	Surveyed	Belted	Unbelted	Belted	Unbelted	Belted	Unbelted
Broadmoor- 5/25/22	139	174	111	28	12	5	17	1
Madison- 5/23/22	100	119	71	29	12	3	3	1
Mentor- 5/24/22	154	192	139	15	17	1	20	0
Total	393	485	321	72	41	9	40	2

#### Meetings/Trainings attended:

- Mentor High School Prom Blitz May 10 (Did not attend, but gathered materials)
- Click It or Ticket PSA taping May 12
- Lake County General Health District Buckle Down Event May 17
- McDonald's Buckle Down Events (Madison) May 23 (Did not attend, but gathered materials & planned activities)
- McDonald's Buckle Down Events (Mentor-Mentor Ave) May 24 (Did not attend, but gathered materials & planned activities)
- McDonald's Buckle Down Events (Mentor-Broadmoor Ave) May 25 (Did not attend, but gathered materials & planned activities)

#### **Project DAWN/Integrated Naloxone (IN23)**

- All deliverables are on schedule
- # of Naloxone kits distributed: 15 kits distributed
- # of people trained: 12
- # of reversals: 2 known
- Meetings/Presentations/Webinars Attended:
  - o Ohio Overdose Prevention Network, Data Subcommittee May 3
  - Ohio Overdose Prevention Network, Harm Reduction Workgroup May 4
  - o Ohio Overdose Prevention Network, Primary Prevention Subcommittee May 5
  - Ohio Injury Prevention Partnership (OIPP) Meeting May 6
  - Ohio Overdose Prevention Network Quarterly Meeting May 6
  - o Naloxone Meeting with Congressman David Joyce's Office May 9
  - Ohio Overdose Prevention Network, Overdose Fatality Review Subcommittee -May 10
  - o Painesville Treatment Services Open House Event May 11
  - o RecoveryOhio Drug Trends Meeting May 17
  - o Buckeye Relief Training (Standard & Service Entity Presentation) May 17
  - o Alpha Key Digital Meeting for Naloxone Advertisement May 18
  - o Suicide Prevention Coalition May 20

#### Additional Highlights:

- Mail order insights items requested through the online mail order process. (Items are not advertised outside of mail order.)
  - Medicated Assisted Treatment Services 1
  - o Harm Reduction Resources (fentanyl test strips) 1

#### **Ohio Department of Mental Health & Addiction Services Allocation**

- # of kits provided to LE agencies: 0
- # of law enforcement naloxone administration reported: 0
- # of doses needed: 0
- # of ER transports reported: 0
- # of lives saved: 0

#### **Other Programming Efforts**

- Leadership Lake County Community Builders Class
  - $\circ$  Meeting 5/2
- LCGHD Sponsored Bike Event
  - o Meetings 5/3, 5/4
  - $\circ$  Bike to School Events 5/4, 5/5
- Cultural Competency & Linguistics Committee (CLAS)
  - o Meetings -5/10, 5/19
- Additional Meetings/Trainings
  - Commercial Determinants of Health: A New Framework for Improving Population Health and Reducing Health Inequities Webinar – May 3
  - Addressing LGBTQ Health Risk and Resilience in the Southeast Webinar May
     10
  - Alliance for Working Together (AWT) Foundation Opportunity Lake County Meeting – May 16
  - The Center for Community Solutions: The Benefit Cliff Webinar (2.19.2021) –
     May 16

#### Marketing & Communications / Community Health Improvement Plan

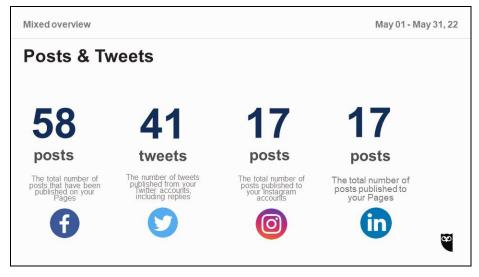
At the end of May, Marketing & Communications Coordinator Liz Mazur resigned her position. Her last day is June 8. Throughout the month work continued on identified priorities for the implementation of the marketing and communications function for LCGHD. Early in the month, she attended the Public Information Officer Conference, hosted by the Ohio Department of Health, in Columbus. Additionally, Liz continued to work with CDC PHAP Associates Amani Dewan and Sarah Tompkins on the updated newsletter efforts. Liz and Sarah met with Ron Graham to present an overview of workflow, roles, and responsibilities, and he signed off allowing them to move forward. The goal is for the first newsletter to come out in late July or early August.

The Community Health Improvement Plan continues to be worked on by work plan leads. The next quarterly meeting will take place in July 2022, and will be led by Health Educator Emily Kolacz. As this iteration of the CHIP concludes, the group will continue to carry out strategies as written, while ultimately working on the next CHIP for 2023-2025 after the CHNA process concludes.

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#### **May Social Media Statistics**





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Mixed overview May 01 - May 31, 22

#### Page & Post Engagement

629

57

15

2

#### engagements engagements engagements

total number of interactions
tions, comments, and shares)
tived by your Pages' posts as
s by other posts on Facebook
mention your Pages (that is,

The total number of interactions (retweets, replies, quotes, and likes) received for

The total number of likes, comments, and saves received by the photo, video, and carousel posts published in the

The total number of likes, comments, and shares received on content associated with your Pages











Mixed overview May 01 - May 31, 22

### **Page & Post Content Clicks**

13K 815

Content Clicks

The number of clicks on any of your Pages' posts (link clicks, photo views, video plays, clicks that generated stories)

Post Clicks

The number of clicks inside your posts (link clicks, photo news, video plays, and more) that did not generate a story

Clicks

The number of clicks on any of your Page's posts in the selected time frame

- 40 -

Clicks





The total number of clicks on the posts published during the selected time frame

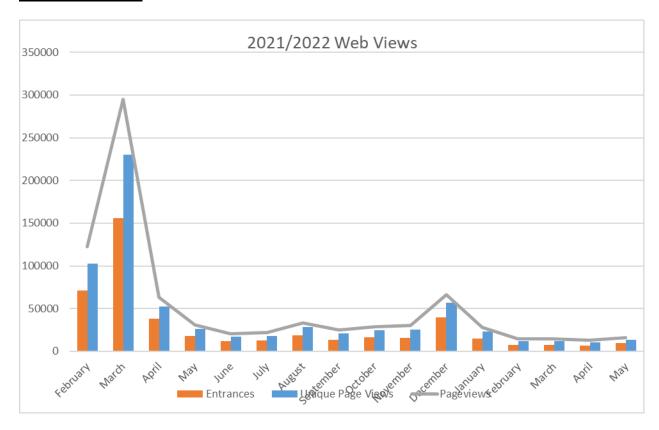




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#### **Website Analytics**



#### **Quality Improvement Updates**

The Quality Improvement Council (QuIC) finalized and release an updated Quality Improvement Plan to all staff on May 31. New features in this revision include a revised QI Team Charter, new performance management resource documents, and an updated work plan. QuIC members Kristen Fink and Kristi Pinkley will highlight changes during LCGHD's all-staff meeting on June 17 at Lakeland Community College.

#### 4.05.03

#### **Emergency Preparedness and Epidemiology Manager**

Jessica Wakelee worked with Deputy Finance Director Brian Wollet to submit a budget revision naming personnel for the Workforce Development Grant on May 4<sup>th</sup>. As of early June, the Ohio Department of Health has yet to approve this budget revision so that LCGHD can expense for these personnel. The revision included the naming of all personnel hired for positions on the grant: Hunter Blessing (Sanitarian), Marketing and Communications Specialist (Liz Mazur), Brian Wollet (Deputy Finance Director), and Jake Marvin (Epidemiologist). Stephen Walsh (IT Intern) was also added to the grant, and LCGHD anticipates time for a part-time emergency planner to assist with the update of numerous emergency plans following COVID-19 response to be added at a later time. The intent of the Workforce Development grant is to increase capacity

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at local health departments for shortcomings identified in COVID-19 response. The grant runs through June of 2023, and a multiple-year extension is anticipated at that time, based on available funding.

An initial budget and work plan for the 2022 COVID-19 Enhanced Operations grant, totaling \$490,000.00 were prepared and submitted to the Ohio Department of Health on May 26<sup>th</sup>. This grant will begin on August 1, and activities include continued COVID-19 response activities including communication, administrative activities (hiring, purchasing, payroll, IT, etc.), targeted case investigation, outbreak investigation, and contact tracing activities focused on schools and long term care facilities, infection prevention and control activities with long term care facilities and potentially other congregate settings (e.g. daycares).

#### 4.05.04

#### **Emergency Preparedness**

Preparedness Specialist Dawn Cole compiled and issued two internal situation reports in May. Both were mainly COVID-19 focused but also addressed emerging issues such as the recent adenovirus and monkeypox concerns.

The following Public Health Emergency Preparedness (PHEP) grant deliverables were submitted to Ohio Department of Health (ODH):

- CRI Deliverable-Objective 3.4 Medical Countermeasures Action Plan
- PHEP 1 Deliverable-Objective 5.4 Outbreak Reporting
- PHEP 1 Deliverable-Objective 2.2 Information Sharing and Volunteer Deployment Performance Measures
- PHEP 1 Deliverable-Objective 4.2 Whole Community Planning (Community Partner Meeting Workbook)
- PHEP 1 Deliverable-Objective 12.1 After-Action Report Improvement Activity Report
- PHEP1 Deliverable-Objective 13.4 Tactical Communications Strategy

The following PHEP and/or CRI grant deliverables were approved by ODH:

- PHEP Deliverable-Objective 1.1 Environmental Health Response Annex
- CRI Deliverable-Objective 3.4 Medical Countermeasures Action Plan
- PHEP Deliverable-Objective 5.4 Outbreak Reporting
- PHEP Deliverable-Objective 12.1 After-Action Report Improvement Activity Report
- PHEP Deliverable-Objective 13.4 Tactical Communications Strategy

#### Meetings/Trainings Attended:

- Dawn Cole participated in weekly COVID-19 update conference calls with ODH every Wednesday in May.
- Dawn Cole participated in all COVID-19 Public Information Officer calls with ODH in May.
- Dawn Cole attended the Northeast Ohio Healthcare Coalition (NEOHCC) Meeting on May 6, 2022. PHEP, which chairs the NEOHCC Public Information work group, provided a work group update.

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- Dawn Cole attended an *Overview of the BioWatch Program* webinar on May, 2022.
- Dawn Cole attended the BioWatch Action Committee meeting on May 17, 2022.
- Dawn Cole attended the webinar Introducing VIRA: A Bilingual, Customizable Chatbot that Answers COVID-19 Vaccine Questions.

News Releases 2022	Date Released
Click It or Ticket Campaign Reminds Drivers: Buckle Up	May 19, 2022
May 23-June 5, and Every Day	
Lake County General Health District Announces Clean	May 26, 2022
Inspection Award Recipients	
Lake County General Health District Kicks Off Beach Season	May 27, 2022
With Daily Beach Monitoring	

#### Marketing Committee

The Marketing Committee met on May 11, 2022 to discuss free media opportunities, the plain language policy, Safe Space signage, and document translation. Several newly-created videos were also viewed. The Branding Strategy Subcommittee met on May 11, 2022 to continue the process to update the Branding Strategy. Review of current content in the Branding Strategy has been reviewed and revised for accuracy. The next meeting will be to incorporate new templates and other updates.

#### Medical Reserve Corps (MRC)

Jessica Wakelee resubmitted the National Association of County & City Health Officials (NACCHO) Medical Reserve Corps (MRC) Respond, Innovate, Sustain, Equip (RISE) grant for additional \$25,000 (\$50,000 total) on May 9. The revised proposal was approved by NACCHO on May 25<sup>th</sup>, and Jessica Wakelee submitted the first invoice in the amount of \$17,500 for successful submission of the budget and work plan on May 25<sup>th</sup>.

On May 19, 16 members of the Lake County MRC attended an annual training sponsored by the Perry Nuclear Power Plant at the Lake County Emergency Operations Center in collaboration with the Lake County Citizen Corps. The training included a light meal, updates from the MRC and Citizen Corps, and two main presentations: an overview of emergency planning for the Perry Nuclear Power Plant and a refresher training about the Incident Command System provided by the Lake County Emergency Management Agency. This assists members in maintaining their ongoing training requirements for the MRC and to be familiar with local emergency considerations.

#### **Quality Improvement Updates**

A summary of the Potassium Iodide Continuous Quality Improvement (CQI) project will be presented by Jessica Wakelee for this month's Board of Health Education.

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#### 4.05.05

#### **Epidemiology**

Jessica Wakelee, Muhammad Jafar, and Jake Marvin met with Health Commissioner Ron Graham and Director of Nursing Dyan Denmeade on May 5 to better define roles for the Epidemiology Team and Communicable Disease Nurse. The Epidemiology Team will be responsible for the majority of investigations for reportable disease, with the Communicable Disease Nurse leading those with ties to long term care facilities or requiring clinical follow up, including tuberculosis, CP-CRE, C. Auris, Perinatal Hepatitis B and C, and any immigration investigations (majority are for tuberculosis). The Epidemiology Team will investigate anomaly alerts from EpiCenter, the state syndromic surveillance system and monitor the Realtime Outbreak and Disease Surveillance system (RODS), develop surveillance and data reports, and provide education in the course of outbreak investigations. The Communicable Disease Nurse will work to set up school surveillance systems through the School Nursing program. The Epidemiology Team will assist Environmental Health with investigating foodborne outbreaks, and the Communicable Disease Nurse will coordinate lab specimen collection and processing. Both the Epidemiology Team and the Communicable Disease Nurse will collaborate to strengthen Infection Prevention and Control with nursing and long term care facilities.

Activities for the National Association of County and City Health Officials (NACCHO) Infection Prevention Control Advanced Training award officially began with a 45 minute kickoff call on April 26<sup>th</sup> with the NACCHO Team and consultant. Muhammad Jafar, Jake Marvin, Tania Nanavati, Yusra Fawad, Jessica Wakelee, Dawn Cole, and CD Nurse Kristina Breakall attended the kick off call. This was followed by a two hour training call held May 11, attended by Muhammad Jafar, Jake Marvin, Tania Nanavati, Yusra Fawad, Jessica Wakelee, and Kristina Breakall. The training focused on the enhanced tele-ICAR process. The consultant will lead 1-2 training tele-ICARs with local facilities, and LCGHD staff will lead an additional 1-2, monitored by the consultant as part of the project. LCGHD will provide notes and reports for the completed tele-ICARs, and will participate in lessons learned discussions with other awardees. It is anticipated the first training tele-ICAR will be held in June with Deepwood.

PCG is continuing to provide case investigation and contact tracing support for COVID-19 through the month of June when the contract concludes. Contact tracing data for 2022 are below.

Table 1: Monthly Contact tracing numbers of individuals identified as close contacts of COVID-19 cases.

Jan	Febr	M	A	N	J
uary	uary	arch	pril	ay	une
18	51	2	5	1	
0		2	5	06	

During the month of May, Lake County had a total of 1,458 COVID-19 cases reported, more than twice the number of cases reported during the month of April. Daily cases peaked in Lake County around mid-month.

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Table 2: COVID-19 cases during the month of May 2022

Dates	Cases
5/1-5/7	281
5/8-5/14	359
5/15-5/21	383
5/22-5/28	335
5/29-5/31	100

**Total** 1,458

During the month of May, Tania Nanavati investigated nine COVID-19 outbreaks in long term care facilities. As of June 10, a total of 30 staff and 36 resident cases were identified among the nine facilities, but these numbers are subject to change as facilities have begun outbreak testing protocols. LCGHD staff participated with Cardinal Woods on May 20<sup>th</sup> following an outbreak at that facility.

CDC Foundation Epidemiologist Yusra Fawad has continued working to prepare data reports including the monthly COVID-19 surveillance report and weekly influenza surveillance reports since mid-April. She has also been working to prepare an annual Communicable Disease Report, and is obtaining and reviewing data for new projects looking at car crashes and access to health care and recreation in Lake County. Jake Marvin has been working on reviewing data for COVID-19 cases, hospitalizations, and deaths for 2020 vs. 2021 and reviewing outcomes for vaccinated vs. unvaccinated persons in 2021 as an update to the Lake County Community Health Assessment.

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Communicable Diseases reported among Lake County residents through May 2022 are provided below.

													2022		
													Year to		
													Date	2021	2020
													(1/1/22 to	Year	Year
													current	End	End
Communicable Disease Report	JAN	FEB	MAR	APR	MAY	JUNE.	JULY	AUG	SEPT	OCT	NOV	DEC	date)	Totals	Totals
Babesiosis	0	0	0	0	0								0	0	0
Campylobacter	1	2	1	3	2								9	31	22
CP-CRE	2	1	4	1	0								8	25	35
Chikungunya	0	0	0	0	0								0	0	0
Chlamydia	40	40	38	41	39								198	591	647
COVID-19	6552	476	278	702	1458								9466	28435	13100
Coccidioidomycosis	0332	0	0	0	2								2	2	2
Cryptosporidiosis	0	0	0	0	0								0	5	0
Cyclosporiasis	0	0	0	0	0								0	2	2
E. Coli 0157:H7	0	0	0	0	2								2	7	4
Erlichiosis/anaplasmosis	0	0	0	0	0								0		0
•		-	-	-	_								-	1	-
Giardia	1	0	0	0	2								3	6	11
Gonorrhea	9	2	11	3	5								30	237	246
Haemophilus Influenza	0	0	0	0	1								1	0	0
Hepatitis A	1	0	0	0	0								1	8	11
Hepatitis B (perinatal)	0	0	0	0	0								0	3	3
Hepatits B acute	0	0	0	0	0								0	1	0
Hepatitis B (chronic)	7	9	2	2	1								21	41	12
Hepatitis C (acute)	0	0	0	0	0								0	0	0
Hepatitis C (chronic)	14	15	12	11	14								66	177	169
Hepatitis C (peri-natal)	0	0	1	0	0								1	1	1
Hepatits E	0	0	0	0	0								0	2	0
Influenza-Hospitalized	1	3	3	14	11								32	2	200
La Crosse Virus Disease	0	0	0	0	0								0	0	0
Legionnaires Disease	0	1	0	0	1								2	20	11
Listeriosis	0	0	0	0	2								2	1	0
Lyme Disease	1	0	0	1	1								3	43	15
Malaria	0	0	0	0	0								0	0	1
Meningitis-aseptic/viral	0	0	0	0	0								0	0	4
Meningitis, Bacterial not Neisseria	2	0	0	0	0								2	12	1
MIS-C associated with COVID-19	0	0	0	0	0								0	1	1
Mumps	1	0	0	0	0								1	0	0
Mycobacterium Tuberculosis	1	1	0	0	0								2	3	0
Pertussis	2	0	1	0	3								6	4	18
Rocky Mountain spotted fever	0	0	0	0	0								0	0	0
Salmonella	0	1	1	2	1								5	32	19
Shigellosis	0	0	1	1	0								2	3	2
Staph Aureus VRSA	0	0	0	0	0								0	0	0
Streptococcal Group A (GAS)	2	1	3	2	0								8	13	6
Streptococcal Group B Newborn	0	0	0	0	0								0	0	0
Streptococcus Pneumonai(ISP)	2	0	1	3	3								9	18	9
Syphilis	1	0	0	0	0								1	25	38
Tetanus	0	0	0	0	0								0	0	0
Varicella	4	2	1	0	0								7	17	10
Varicella Vibriosis	0	_	0	_	0								0		
		0		0	_								-	0	0
West Nile Virus	0	0	0	0	0			-					0	1	2
Creutzfeldt-Jakob Disease	0	1	0	0	0								1	1	0
Yersinia	0	0	0	1	0								1	1	0
Totals	6644	555	358	787	1548								9892	29772	14602

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Christine Margalis provided the following highlights:

- The health educators are out more in the community. They have been attending events and will be attending the Lake County Fair.
- We received \$18,000 funding for the Healthy Eating and Active Living (HEAL) grant. There is larger funding through ODH and LCHGD has not been eligible prior, but it is rumored that they are changing the funding eligibility. This smaller grant will put us in a better position to apply for the larger grant, if eligible.
- Anna Wilson will be the new Marketing Coordinator starting on July 11, 2022.

#### Discussion:

Ron Graham congratulated Christine Margalis and her staff on getting the new grants. Dr. Alvin Brown asked if one grant application could be used for grants in cooperation with Geauga Public Health to get that funding we are ineligible for alone. Christine Margalis said it would depend on the criteria for each.

Dr. Irene Druzina asked if the car seats will be on the website for the fair. Christine Margalis said we can discuss advertising on the website as we typically use social media as a way to advertise

Jessica Wakelee provided the following highlights:

- The epidemiologist (epi) position is currently vacant.
- The Centers for Disease Control and Prevention (CDC) Foundation epi contract extension beyond July 2022 is unclear. There was indication that it would be extended at least through October 2022, but that has not been confirmed.

#### 4.05.06

#### **Board of Health Education: Potassium Iodide**

Emergency Preparedness & EPI Manager Jessica Wakelee began her presentation at approximately 3:53 p.m. She provided a presentation on the Potassium Iodide (KI) Program Continuous Quality Improvement (CQI) project.

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# Potassium Iodide (KI) Program Continuous Quality Improvement (CQI) Project

Jessica Wakelee, MPH Emergency Preparedness & Epidemiology Manager

Dawn Cole Preparedness Specialist, Public Information Officer

> Yusra Fawad CDC Foundation Epidemiologist



# What is Potassium Iodide (KI)?

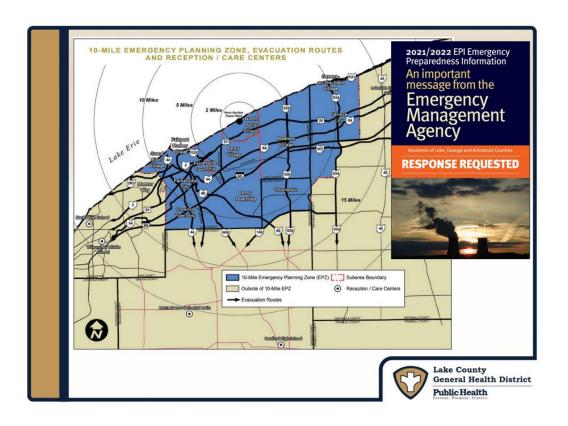
- Stable salt in tablet form
- Taken when directed by public health or emergency officials during a nuclear emergency
- Saturates the thyroid gland with stable iodine to block absorption of radioactive iodine
- · Prevents thyroid cancer







#### Potassium Iodide (KI) Program Perry Nuclear Power Plant (Perry) Ann Arbor Lake Toledo Cleveland Geauga Ashtabula ayne **Davis-Besse Nuclear Power Station** OHIO (Oak Harbor) Ottawa Columbus Lucas incinnati **Beaver Valley Power Station** WEST (Shippingport, PA) VIRGINIA Columbiana Lake County General Health District Public Health





## LCGHD's KI Program

- Receive KI allocation (August 2021) 112,800 dose packs
- Break down and pack KI for distribution
- Provide requested KI to residents and businesses in the Lake County portion of the EPZ
- Maintain inventory
- Maintain supply for Care Centers at North High School, Willoughby Middle School, and Alternate Care Sites



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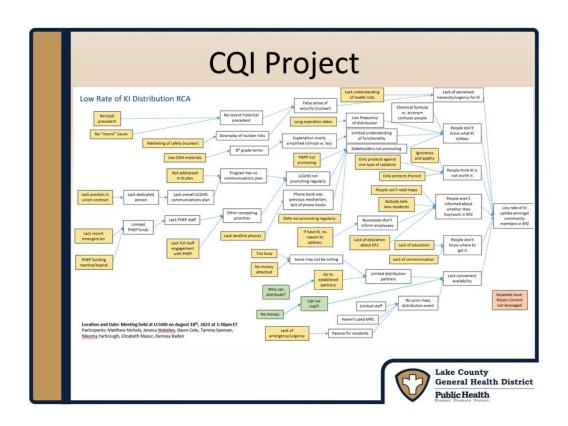
## 2014-2021 Allocation Distribution

- Front Desk 1,200 Dose Packs
- Pharmacies 1,879 Dose Packs
- Businesses/ Daycares/Schools 14,230
   Dose Packs

17,309 Dose Packs Distributed



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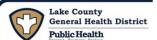


# **Project Target**

- Increase awareness of KI
  - Purpose
  - Program



 Increase KI Distribution to residents and businesses by 50% over 2014-2021 distribution within 1 year of receiving allocation (August 1, 2022)



## **Businesses**

- · Began with list from past distribution
- Updated to best of knowledge, removed businesses outside of EPZ
- Direct mailing opt in to rebuild list
- Developed web form to streamline orders and maintain inventory
- Log form for businesses that actually pick up orders
- Drive Through Pick Up Oct. 22, 2021



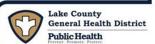
## **Business Distribution**



- Oct 22, 2021 Drive Through Event
  - 55 Businesses
  - 14,767 Dose packs
- Front Desk
  - 40 Businesses
  - 6,976 Dose packs

21,743 Total Dose Packs

= 53% Increase



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## **Pharmacies**

- Began with list from past distribution
- Removed Pharmacies outside of EPZ/County
- Total 15 Pharmacies, each given 600 dose packs
- 3 Pharmacies requested additional supply
  - =10,800 Dose Packs



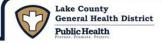


# Municipalities

- North Perry Village Hall
- Perry Township Trustees
- Madison Village Hall
- Madison Township

= 800 dose packs





# **Election Day 2021**

- North Perry Village Hall 226
- Perry Community Center 1,294
- Perry Technical Center 479
- Madison South Elementary 402
- Madison Board of Education 311
- Cornerstone Friends Church 676
- Lifeline Church 309

= 3,697 dose packs



## Other Events

- Residents at KI Kaizen Event 121
- Misc Employee Events 68
- DAC Meeting 32

= 221 Dose Packs

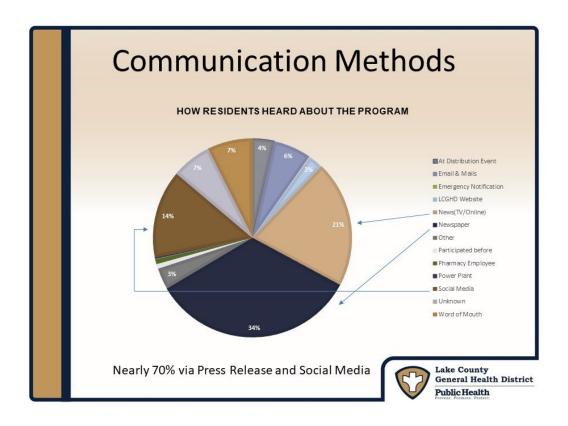


# Total Distribution as of 5/1/22

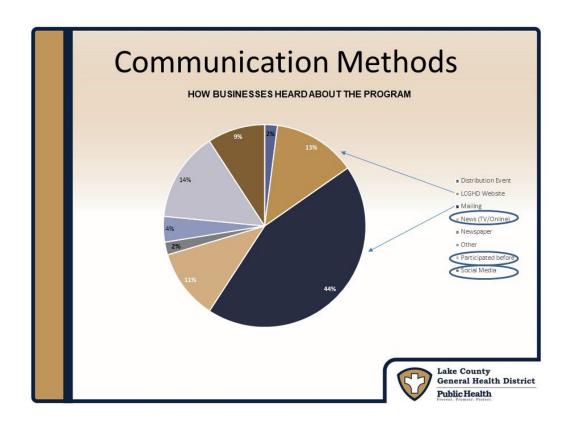
- Businesses 21,743
- Events 3,918
- Pharmacies 10,800 allocated/ 1,800 distributed
- Municipalities 800 allocated
- Front Desk 1,200

= 38,461 dose packs distributed/in distribution 122% Increase





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## Changes to Program

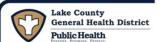
## Effective March 16, 2022

- Require proof of residence for EPZ
- Increased data collection to include name, address to deter/detect repeats
- Updated website to reflect eligibility, restrictions, and offer alternate sources for those not eligible for program



## How did we leverage this work?

- Operation Break It Down PHEP Staff Call Down Drill/ PHEP Grant Match
- Staff packaging PHEP Grant Match
- KI Kaizen PHEP Staff Notification,
   Assembly, and Set Up Drills (deliverable)
- Training/Prep for future Anthrax CRI Full Scale Exercise
- Focus Group PHAB



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## **Ongoing Work**

- Collect Pharmacy data
- Review saturation statistics by Zip Code
- Target events in areas with low saturation
- Revisit Election Day in November



## Questions?

Special Thanks to Matt Nichols, Tammy Spencer, Liz Mazur, Ramsey Baden, Nikesha Yarbrough, Amani Dewan and Sarah Tomkins for participating in this CQI project, Yusra Fawad for reviewing and tabulating data, and the Lake County Medical Reserve Corps for assistance in packaging and distribution!



The presentation ended at approximately 4:16 p.m.

#### Discussion:

Ana Padilla said she knows of the program. On prior distributions of KI to schools, there were papers for parents to sign in both English and Spanish authorizing schools to dispense in case of emergency. This has not been done with this distribution. Jessica Wakelee said she will follow up with the schools, they would be the ones to require permission.

Nicole asked if the pharmacies advertise that they can distribute KI. Jessica Wakelee said people just stop in; there is no official advertising. Participating locations are posted on LCGHD's website.

Nicole Jelovic asked if there is a new supply every seven years. Jessica Wakelee said the supply received is based on the expiration date and extensions to that date. Allocations have been made in 2014 and 2021 most recently. The new supply provided in 2021 expires in October 2029. Ana Padilla asked how the KI is distributed to the Spanish-speaking community. Jessica Wakelee said she is working with organizations, such as Hispanos Organizados de Lake y Ashtabula (HOLA) and Catholic Charities.

#### 4.06

#### **Health Commissioner's Report**

#### 4.06.01

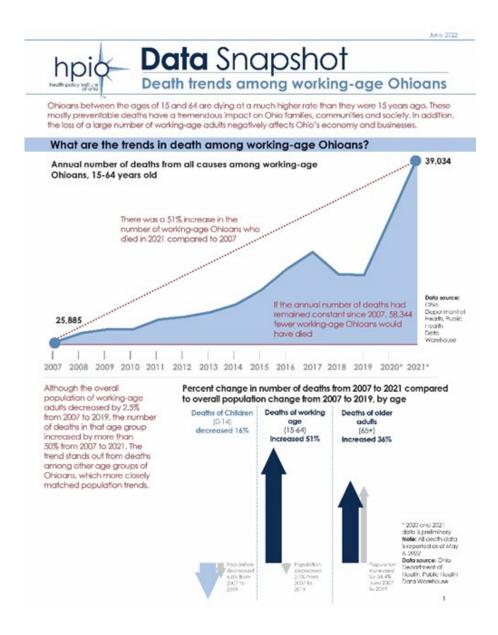
#### **Death Trends among Working-Age Ohioans**

Ohioans between the ages of 15 and 64 are dying at a much higher rate than they were 15 years ago, according to analysis from the Health Policy Institute of Ohio.

The analysis, which is compiled in a new data snapshot, "Death Trends among Working-age Ohioans," found that the number of deaths among working-age Ohioans increased 51% from 2007 to 2021, from 25,885 to 39,034. If the annual number of deaths had remained constant since 2007, 58,344 fewer working-age Ohioans would have died.

The increasing death rate for working-age Ohioans is part of a long-term trend, starting in the early 2000s, in which Ohio is doing worse than the U.S. overall. That trend, combined with the long-term decline in Ohio's labor force participation rate and recent factors related to the pandemic, have made it more difficult for Ohio employers to fill open positions.

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#### 4.06.02

#### White House Issues Plan for Under 5 COVID-19 Vaccinations

The White House <u>announced an operational plan</u> to ensure that vaccines, if authorized by the FDA and recommended by the Centers for Disease Control and Prevention (CDC), are readily available for children under 5. The administration is preparing for vaccinations to start as early as the week of June 20 and has procured an initial supply of 10 million vaccines, with millions more available. The administration described working with stakeholders, including local health departments, to make vaccinations available in convenient locations and leveraging federal programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to reach parents with information about the vaccine. The administration also outlined partnerships with national organizations to launch a public education campaign about the vaccine. The FDA's vaccine advisory committee is scheduled to discuss Moderna and

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Pfizer/BioNTech's requests for emergency use authorization for their vaccines for children as young as 6 months old on June 15, and the CDC's advisory committee will meet to consider them on June 17 and 18.

#### 4.06.03

#### **USDA Offers Nationwide Waiver for Infant Formula**

The U.S. Department of Agriculture (USDA) announced a nationwide waiver allowing families with WIC benefits to purchase formula that is not typically approved for use in the program. WIC recipients can obtain infant formula for free with their benefits, but are generally restricted by type, size, and brand they select. The nationwide waiver ensures that families are not restricted from accessing formula that the administration imports from other countries as part of Operation Fly Formula.

#### 4.06.04

#### Morbidity and Mortality Weekly Report (MMWR) Review and Synopsis

An assessment of 2019 data from the NAVIPPRO Addiction Severity Index-Multimedia Version (ASI-MV®) tool administered upon admission to a substance use treatment facility (collected from 399 treatment centers in 37 states) revealed that alcohol was the most commonly self-reported substance used in the past month (35.8%), followed by Cannabis (24.9%) and prescription Opioid misuse (18.5%.). 32.6% reported using multiple substances. Substance usage was linked to severe problems with other drugs for 45.4% of respondents, followed by psychiatric problems (35.2%), legal problems (28.8%), medical issues (27.4%), employment difficulties (25.0%), alcohol problems (24.2%), and family problems (22.8%.) Treatment/care needs to include consideration of assistance with these other factors.

According to data from the National Immunization Survey Adult COVID Module (NIS-ACM), a random-digit—dialed cellular telephone survey of adults 18 and over, racial and ethnic disparities in Covid vaccination coverage and mortality decreased from December 2020—November 2021.

#### Potential actions:

- o Efforts to ensure equitable access are thought to be responsible for the closing gap
- Continued gaps likely due to ethnical attitudes as opposed to access issues, so targeted culturally competent messaging is key

Per CDC investigations, May 2022 experienced Monkeypox outbreaks in nine states, with 17 identified cases, and most (16) occurring in gay/bisexual individuals (thought to perhaps be simply due to earlier reporting due to interconnected social networks and more established connections to sexually transmitted infections services). Investigations are continuing worldwide, with person-to-person community spread suspected. Health Alert Network (HAN) advisory, call center, and clinical recommendations have been issued.

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#### Potential actions:

O Issue messaging educating people about the stats of it, and advising hygiene/prevention/control measures, and what to do/who to contact if suspected

Using data from the National School COVID-19 Prevention Study (NSCPS) web-based survey (420 schools), February 14–March 27, 2022, CDC found ventilation improvement strategies among K–12 public schools most commonly reported (67-73%) were low-cost measures like opening windows and doors, relocating activities outside, or inspecting HVAC systems. Costlier measures like replacing or upgrading HVAC systems or using HEPA filtration systems were only reported by 28-38% of schools, despite available Federal funding for such improvements. Support efforts should be directed particularly to higher-poverty school districts to ensure they are aware of federal funding opportunities and guided on how to best implement them.

Malawi, Southeastern Africa, had a confirmed case February 16, 2022, of polio and paralysis in a 3 year old child who'd only had 1 of 5 recommended vaccine doses. Surveillance and vaccination efforts were immediately strengthened among all neighboring countries. Mozambique had an additional case confirmed on April 1, 2022.

Per 2020 National Health Interview Survey (NHIS) survey, the prevalence of heart disease among adults was higher among those living in nonmetropolitan areas (8.8%) compared with those living in metropolitan areas (5.8%)

An assessment of data from the American Association of Poison Control Centers' National Poison Data System (NPDS) across 10 years from 2012 to 2021 revealed a 530% increase in annual melatonin ingestions by those age 19 and younger. Most (94.3%) were unintentional. Most cased were asymptomatic, but 1.2% had serious outcomes with 2 children dying.

#### Potential actions:

- As this sleep aid becomes more popular over-the-counter, children are more at risk for potential side effects if given inappropriately or access unintentionally
- o LCGHD could issue messaging educating people/parents on the potential risks to children, and safe storage and appropriate use of melatonin

An analysis of data from the Alaska Department of Health and Social Services (AKDHSS) Section of Epidemiology during March 12, 2020–December 31, 2021, showed a 2 to 3 times higher rate of Covid cases, hospitalizations, and deaths among American Indian or Alaska Native people compared to white people.

#### Potential actions:

- These disparities may be due to structural racism or remote living/decreased access
- Ensure culturally competent health promotion and services to, and with input from, various populations.

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The Advisory Committee on Immunization Practices (ACIP) in November 2021, unanimously voted in favor of JYNNEOS as an alternative to ACAM2000 for primary vaccination and booster doses recommended for pre-exposure prophylaxis against orthopoxvirus (such as Monkeypox) infection among persons at occupational risk for such exposures (laboratory personnel, response team members, and orthopoxvirus-associated healthcare personnel). Both vaccines are now available as options (with JYNNEOS being recommended over ACAM2000 for most persons.)

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) found elevated blood lead levels across a family of five, attributed to the use of traditional glazed ceramic ware purchased in Mexico for cooking, storing meals, and making coffee.

#### Potential actions:

- o Traditional ceramic ware from around the world has been found to contain lead at levels thousands of times higher than regulatory limits in the US
- o Targeted messaging to ethnic families to advise of the potential risks

Los Angeles County Department of Public Health (LACDPH) experienced an influenza outbreak from a school banquet. The school had recently lifted mask mandates for Covid. No effected individuals tested positive for Covid. 84% reported not having had the flu vaccine.

Per 2020 NHIS survey, 12.3% of men and 29.0% of women age 18 and over always used sunscreen when outside on a sunny day for more than an hour. Percentages were lowest among 18-29 year olds for both sexes.

4.06.05 <u>Vital Statistics Sales and Services Rendered</u>

	May	YTD	Same Period
			2021
Birth Certificates Issued	575	2755	2932
Death Certificates Issued	734	4601	5074
Fetal Death Certificates Issued	0	1	0
Burial Permits Issued	53	368	347
Birth Certificates Filed	113	592	590
Death Certificates Filed	162	1016	1061
Fetal Death Certificates Filed	0	5	3

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#### Ron Graham provided the following highlights:

- Congratulations to Nicole Jelovic on her new job.
- The customer service at LCGHD is very positive. Keep it up.
- Our all-staff meeting was held on Friday, June 17, 2022. We had trainings for Diversity, Equity, and Inclusion (DEI) and LGBTQ. We also held a staff ice breaker.
- We are still waiting for a replacement Board Member from the City of Willowick.
- The CDC Foundation is interested in how we started the Family Resource Center Program.
- The Data Committee through ODH is starting back up. Data and technology upgrades has started lagging over the last few years.
- Ron sent an email to the Board of a letter from Joel Lucia, who would like LCGHD to take over the Drug Repository Program due to financial difficulty. It will be discussed with the Policy Committee for further review.

#### Discussion:

Dr. Alvin Brown said that it was a good All Staff meeting. Betty Jacobs' presentation will help staff be more inclusive.

Dr. Irene Druzina said she refers a lot of people to the Drug Repository Program. There are some other programs available, as well.

Brian Katz asked for an update on the LCGHD website. Chris Wilson said we continue to work on it as there are significant changes. Brian would like to see improvements in the next few months.

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<u>6.0</u>

## **Old Business**

<u>6.01</u>

## **Board of Health Tracking**

Date of BOH Meeting	Department	New Business Item Number	Department Recommendations	Board Action (Approved/Disapproved /Tabled)	Further Action Needed From BOH	Date BOH Informed of Outcome	Informed of Outcome & Method	Date Closed
			Permission to Purchase Two Trucks for the					
			Environmental Health Programs, Not to Exceed					
05/17/21	EH	7.11	\$35,000.00 Each	APPROVED	N	1/24/2022	On hold. No trucks available.	
			Permission to Submit FY23 Public Health					
			Emergency Preparedness/ Cities Readiness				Submitted, pending	
12/20/21	OHPPI	7.04	Initiative (PHEP/CRI) Grant, \$333,560.00	APPROVED	N	2/28/2022	review/approval	
			Permission to Submit for an Ohio Environmental					
			Protection Agency Mosquito Control Grant,					
01/22/22	EH	7.08	\$25,000	APPROVED	N	6/27/2022	Did not receive	6/27/2022
			Permission to Submit Tobacco Use Prevention and					
02/28/22	PH&EP		Cessation Program (TU23) Grant, \$264,000.00	APPROVED	N			
			Permission to Submit State Farm Neighborhood					
02/28/22	PH&EP	7.04	Assist Grant, \$25,000.00	APPROVED	N	6/27/2022	Did not receive	6/27/2022
			Permission to Submit MRC Covid-19 Respond,					
			Innovate, Sustain and Equip (RISE) Award Grant,				Resubmitted for increased	
03/21/22	PH&EP	7.02	\$25,000	APPROVED	N	6/27/2022	funds in May 2022 (7.05)	6/27/2022
			Permission to Submit COVID-19 Enhanced					
03/21/22	PH&EP	7.05	Operations (EO22) Grant, \$490,000.00	APPROVED	N			
			Permission to Submit Lake and Geauga Women,					
04/18/22	HEO	7.05	Infants and Children (WIC) Grant, \$826,609	APPROVED	N			
			Permission to Re-Submit a Proposal for MRC RISE					
05/16/22	PH&EP	7.05	Award Grant, \$50,000	APPROVED	N			
			Permission to Submit FFY 2023 Lake County Safe					
05/16/22	PH&EP	7.06	Communities Grant, \$38,500	APPROVED	N			
			Permission to Submit Capacity Building for Healthy					
			Eating and Active Living (HEAL) Grant, Up to					
05/16/22	PH&EP	7.07	\$46,000	APPROVED	N	6/27/2022	Submitted. Pending.	

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#### 7.01

#### 7.01.01

#### Certification of Monies, Resolution 22-06-07-01-01-100

Brian Katz moved and Dr. Lynn Smith seconded a motion to adopt Resolution 22-06-07-01-01-100 to approve payment of bills, as listed in the recapitulation sheets attached to these minutes, be adopted; motion carried.

#### 7.01.02

#### **Increase/Decrease Appropriations, Resolution 22-06-07-01-02-100**

Roger Anderson moved and Nicole Jelovic seconded a motion to adopt Resolution 22-06-07-01-02-100 to Increase/Decrease Appropriations, as listed in the recapitulation sheets attached to these minutes, be adopted; motion carried.

#### 7.02

#### <u>Permission to Accept the Medical Reserve Corps (MRC) Covid-19 Respond, Innovate,</u> Sustain and Equip (RISE) Award Grant, \$50,000

Roger Anderson moved and Nicole Jelovic seconded a motion to accept from the National Association of City and County Health Officials for the MRC Covid-19 Respond, Innovate, Sustain and Equip (RISE) Award grant in the amount of \$50,000.00. The grant period is from May 1, 2022 to December 31, 2022; motion carried.

This award will prioritize building capacity for the MRC to respond, innovate to evolving requirements, sustain staffing requirements, and equip MRC units with resources needed to support their mission.

#### 7.03

#### <u>Permission to Accept the Tobacco Use Prevention and Cessation Program (TU23)</u> Grant, \$264,000

Dr. Alvin Brown moved and Brian Katz seconded a motion to accept from the Ohio Department of Health for the Tobacco Use Prevention and Cessation Program (TU23) grant in the amount of \$264,000.00. The grant period is from July 1, 2022 - June 30, 2023; motion carried.

The purpose of this grant is to increase the readiness of Lake and Geauga counties to initiate and engage in tobacco control and cessation strategies. Lake-Geauga Recovery Centers will continue to contract for services in Geauga County, and this is a competitive grant on a three-year cycle.

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#### Discussion:

Patricia Murphy asked for what the funds will be used. Christine Margalis said half to Lake-Geauga Recover Centers, policy work, and health care providers.

#### 7.04

# Permission to Contract with Park Center LLC for Chardon WIC Clinic Location, Not to Exceed \$55,983.12

Dr. Alvin Brown moved and Nicole Jelovic seconded a motion to contract with Park Center LLC for five years, August 1, 2022 – September 30, 2027, not to exceed \$55,983.12. This is the new WIC clinic location that will be located in Chardon. The rent will be \$900/month for the first two years. Years 3, 4, and 5 will have a 3% increase; motion carried.

The breakdown of rent is as follows:

August 2022 – no charge

Sept 1, 2022 to Aug 31, 2023 - \$900.00 per month

Sept 1, 2023 to Aug 31, 2024 - \$900.00 per month

Sept 1, 2024 to Aug 31, 2025 - \$927.00 per month

Sept 1, 2025 to Aug 31, 2026 - \$954.81 per month

Sept 1, 2026 to Aug 31, 2027 - \$983.45 per month

#### Discussion:

Brian Katz asked where the clinic will be located. Kathy Milo said it will be across from Sage's Apples in Chardon.

#### 7.05

# Permission to Accept the Capacity Building for Healthy Eating and Active Living (HEAL) Grant, Up to \$46,000

Patricia Murphy moved and Dr. Alvin Brown seconded a motion to accept from the Ohio Department of Health for the Capacity Building for Healthy Eating and Active Living (HEAL) grant in the amount of up to \$46,000. The grant period is from July 1, 2022 - June 30, 2023; motion carried.

The objective of this project is to provide funding for community assessment and engagement with local community residents, implementing food service guidelines in worksites, community organizations, and/or food pantries; and/or write and adopt a Complete Streets Policy and/or Active Transportation Plan while working toward sustainability and expansion of these efforts within the county/jurisdiction. Priority will be given to projects located in High Vulnerability in Ohio Health Improvement Zones.

#### Discussion:

Christine Margalis said we received \$18,000 funding for the Healthy Eating and Active Living (HEAL) grant.

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#### 7.06

# Request For Legal Action Against Thomas Buth, 7008 Brakeman Rd., Painesville, OH 44077

Brian Katz moved and Dr. Alvin Brown seconded a motion to refer Thomas Buth to the Lake County Prosecutor for legal action with the recommendation of the Environmental Health staff to have the authority to follow through as needed; motion carried. Nicole Jelovic opposed.

#### **AGAINST**

#### LOCATION

Thomas Buth 7008 Brakeman Rd. Painesville, OH 44077 7008 Brakeman Rd. Painesville, OH 44077

#### VIOLATIONS:

Failure to repair and comply with orders issued to correct violations of the Ohio Administrative Code Chapter 3701-29 relating to the Home Sewage Treatment System (HSTS) located at 7008 Brakeman Rd.

#### OAC 3701-29 HOUSEHOLD SEWAGE DISPOSAL SYSTEMS

- (E) A STS or GWRS shall comply with the following performance requirements and prohibitions:
- (1) Shall be maintained in proper working condition.
- (2) Shall comply with the conditions specified in an installation and/or operation permit issued by the board of health.
- (3) No STS or GWRS or part thereof shall create a public health nuisance, as defined in section 3718.011 of the Revised Code, or safety hazard. No STS or GWRS or part thereof shall cause an exceedance of water quality standards for surface water or drinking water.

#### **INVESTIGATION SUMMARY:**

- 11/10/21 Kristen Fink received an anonymous complaint of white/grey discharge in the road ditch near 7008 Brakeman Rd. that smelled of sewage. Referred to Grant Hochstetler.
- 11/19/21 Grant Hochstetler went to the property to inspect the HSTS at 7008 Brakeman Rd. The homeowner, Mr. Buth, willingly allowed me to inspect the system. Mr. Buth told me that the aerator was not running because he had removed it 3 days

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beforehand to replace a bolt on the mounting bracket. He told me that he would contact me by the end of the following week to verify that the system was repaired and was in working order. Upon inspection, the system was found to be discharging untreated sewage to the road ditch. Mr. Buth was told to reinstall the aerator as soon as possible and call for a reinspection.

- Grant Hochstetler called Mr. Buth as Mr. Buth had not contacted LCGHD yet. He told me that the bolts he needed to fix the aerator were backordered but assured me that it would be fixed within the week. On the advice of Chris Loxterman, I asked Mr. Buth to send proof that the parts were ordered, such as a receipt or a screenshot of an order email, but Mr. Buth never sent anything in.
- 12/9/21 Grant Hochstetler attempted to contact Mr. Buth since no contact was made in the previous week but had to leave a voicemail.
- 12/10/21 Grant Hochstetler sent a Notice of Violation to Mr. Buth giving him a further 30 days to repair and reinstall the aerator and to contact LCGHD when the work was completed to verify.
- 1/14/22 Mr. Buth did not contact LCGHD. Grant Hochstetler sent a letter requesting that Mr. Buth attend an administrative hearing on 1/28/22.
- 1/27/22 Mr. Buth called Grant Hochstetler and left a message stating that the aerator had been reinstalled and was running.
- 1/28/22 Grant Hochstetler called Mr. Buth. Mr. Buth stated that he would not be attending the administrative hearing but gave me permission to reinspect the system. Upon inspection, an Ultra-Air brand aerator was reinstalled in the aeration chamber but was connected via an extension cord and was not running. The electrical components did not appear to be in working order. The failsafe system was also found to have been bypassed as the pump was running and discharging untreated sewage to the road ditch. The concrete lid to the pump tank was also found to be broken and replaced with a large rock, causing a safety hazard. A new Notice of Violation was sent with orders to repair the system and all components within 14 days.
- Mr. Buth emailed Grant Hochstetler stating that the system was not repaired yet. He also stated that he had Judd Septic inspect the system and that he had ordered a new lid from Sidley. Another letter was sent that he attend an administrative hearing on 2/25/22.
- Mr. Buth did attend the administrative hearing. Mr. Buth, Dan Lark, Dan Sinclair, Chris Loxterman, and Grant Hochsteller attended the meeting. We explained to Mr. Buth about the safety hazards posed by his non-functioning system and what the appropriate steps were to address the ongoing issues. He stated that Mack Industries would be inspecting the system on 2/28/22 and would be conducting

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the repairs. He also stated that he would contact us after Mack was out to inform us of the situation, but that the repairs should be completed within 30 days.

- Mr. Buth never called with any updates. Grant Hochstetler called and spoke with Mr. Buth. Mr. Buth stated that Mack Industries told him that the electrical system for the HSTS would need to be replaced. He also said that he had not yet contacted anyone to do the work to repair the system.
- 3/9/22 LCGHD received an anonymous complaint regarding 6950 Brakeman Rd. regarding sewage in the road ditch. Grant Hochstetler and Dylan Kager investigated the road ditch. Upon inspection, there were large puddles of sewage in the road ditch, but I (Grant) was able to visually trace the sewage up the road ditch to 7008 Brakeman, where the HSTS was still failing and discharging untreated sewage. I spoke with Mr. Buth while I was at the property and he informed me that no work had been done on his system yet. He stated that he was trying to contact Trax Excavating to dig the new trench for the electrical work. He had also not gone to get a new lid for his pump tank. He stated that he will call us with updates.
- 3/31/22 Mr. Buth had not contacted us with updates and would not return our calls. Chris Loxterman recommended that Grant Hochstetler send Mr. Buth a final Notice of Violation giving him another 30 days to complete the repairs.
- Mr. Buth had not contacted us to schedule a reinspection to verify that the HSTS had been repaired. Notice of referral to the Lake County Board of Health was sent to Mr. Buth. A sample of the road ditch water was collected and tested above the limit for a nuisance condition for E. coli.

#### **ACTION REQUESTED:**

Referral to the Lake County Prosecutor for appropriate legal action.

#### Discussion:

Chris Loxterman said, since the request, owner Thomas Buth has been able to schedule with MACK Industries. They will fix the issues tomorrow. Since this will take place after the Board Meeting, LCGHD would like the Board's permission to forward it to the Prosecutor's Office if it doesn't get replaced or fixed tomorrow. If MACK needs to come back out after tomorrow, we expect them to inform us on the owner's behalf. We did not want to have to wait another month to be revisited by the Board if there was a problem.

Randy Owoc stated that he recognizes there was some time involved in this process, but doesn't feel there is an issue with moving forward.

Dr. Alvin Brown asked Mr. Buth how much time he needed. Thomas Buth said MACK expects it to be repaired tomorrow.

Dr. Alvin Brown asked Chris Loxterman how much time he would need. Chris Loxterman said we have given him some deadlines and he has had some troubles, but Mr. Buth did not stay in

June 27, 2022 - 71 -

contact with the health department and he did not follow up. MACK Industries indicated they will have it fixed tomorrow.

Dr. Alvin Brown asked if MACK Industries is a reputable company. Thomas Buth said it is; he received a quote from them that was forwarded to LCGHD. Chris Loxterman said it should be done tomorrow. Thomas Buth said a new septic lid will come from Sidley's.

Dave Valentine said MACK Industries has had trouble getting things done on the job. Thomas Buth said contractors don't call back.

Brian Katz asked if LCGHD just wanted the ability to go to the prosecutor if necessary. Chris Loxterman said that was correct.

Thomas Buth asked if the product fails, does he get some leeway. Chris Loxterman said MACK Industries would contact the health department if there was an issue.

Nicole Jelovic said she is opposed to sending something falsely to the prosecutor. She asked the homeowner to stay in good communication with Chris Loxterman.

#### 7.07

#### <u>Permission to Accept the Public Health Emergency Preparedness (PHEP)/Cities</u> Readiness Initiative (CRI) Grant, \$333,560.00

Roger Anderson moved and Dr. Alvin Brown seconded a motion to accept from the Ohio Department of Health/Centers for Disease Control and Prevention for the Public Health Emergency Preparedness (PHEP)/Cities Readiness Initiative (CRI) grant in the amount of \$333,560.00. The grant period is from July 1, 2022, to June 30, 2023; motion carried.

These grant dollars are to support and enhance local public health infrastructure that is critical to public health preparedness and responses, such as strengthening community resilience, incident management systems, information management, countermeasures and mitigation, surge management, and biosurveillance. LCGHD will administer the grant for both Lake and Geauga counties.

#### **7.08**

Permission to Reimburse Geauga Public Health for Public Health Emergency Preparedness (PHEP)/Cities Readiness Initiative (CRI) Grant, Not to Exceed \$120,216.00

Dr. Alvin Brown moved and Ana Padilla seconded a motion to reimburse Geauga Public Health for successfully approved FY23 Public Health Emergency Preparedness/Cities Readiness Initiative grant deliverables, not to exceed \$120,216.00 for the budget period of July 1, 2022 – June 30, 2023; motion carried.

Lake County General Health District administers the Public Health Emergency Preparedness and Cities Readiness Initiative grant.

June 27, 2022 - 72 -

#### Discussion:

Rich Harvey said he spent two weeks in Scotland. He needed a COVID test when he came back to the US. Ten tested positive, four wore masks. 47.6% tested positive.

Ana Padilla stated having nurses at every school partnering with LCGHD has been amazing. Rich Harvey requested that a Board of Health Educational topic be School Nurse Program. Dyan Denmeade stated it is scheduled for August.

# <u>8.0</u>

# Adjournment

Roger Anderson moved and Dr. Alvin Brown seconded a motion to adjourn the meeting at approximately 4:25 p.m.; motion carried.

Secretary

President

### BOARD OF HEALTH LAKE COUNTY GENERAL HEALTH DISTRICT Date June 27, 2022

The Board of the Lake County General Health District met this day, June 27, 2022, in a regularly scheduled meeting with the following members
present:
The same of the sa
MV.VY MWY
2000 21/11/10X2
That I would Patricea mershy
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Rubul L Hawn
Brian ratz presented the following resolution and named its adoption.
1 desperon.
RESOLUTION TO: APPROVE CURRENT BILLS FOR PAYMENT
WHEREAS, the Board of the Lake County General Health District hereby finds and determines that all formal actions relative to the adoption of this resolution were taken in an open meeting of this Board of Health, and that all the deliberations of this Board of Health and of its committees, if any, which resulted in formal actions, were taken in meetings open to the public, in full compliance with applicable legal requirements, including Section 121.22 of the Revised Code, and
WHEREAS, the Board of Health, by this resolution, approves the payment of current bills as indicated on the attached recapitulation sheets.
BE IT RESOLVED by the Board of Health in and for the Lake County General Health District, that as evidenced by the Certification of Funds signed by the Lake County Auditor, the Health Commissioner is hereby authorized to forward a certified copy of this resolution and attached recapitulation sheets to the Lake County Auditor for payment of current bills during the fiscal year ending December 31, 2022.
Dr. Lynn Smith seconded the resolution and the vote being called upon its adoption, the vote resulted as follows:
"AYES" O
CLERK'S CERTIFICATION
I, Ron Graham, Health Commissioner of the Board of Health do hereby certify that this is a true and accurate copy of a resolution adopted by the said Board on

Witness my hand this 27th day of June 2022.

June 27, 2022.

Secretary, Board of Health

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# BOARD OF HEALTH LAKE COUNTY GENERAL HEALTH DISTRICT

Date: June 27, 2022

The Board of the Lake County General Head June 27, 2022, in a regularly scheduled r	
present:	leeting with the following members
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Aucha X Naw	
KOGER HNDERSON presented the follow	ving resolution and named its adoption.
RESOLUTION TO: INCREASE/DECREASE appropri	ations in Health District Funds
WHEREAS, the Board of the Lake County G	
determines that all formal actions relative to	
in an open meeting of this Board of Health, and Health and of its committees, if any, which res	
meetings open to the public, in full compliance	with applicable legal requirements,
including Section 121.22 of the Revised Code, a Board of Health and,	and were taken in an open meeting of this
WUEDERC the Board of Hoolth has regulate	on more brongfor founds from any day to the
appropriation to another item, reduce or increa	
additional appropriations or reduce the total a	
support of Health District controlled funds in Revised Code.	accordance with Section 3/09.28 of the
BE IT RESOLVED by the Board of Health i	n and for the Lake County General Health
District, that adjustments in appropriations for	or various Health District fund line items be
made as indicated on the attached schedule. The forward a certified copy of this resolution to	
NICOLE Selovic seconded the resolute adoption, the vote resulted as follows:	ion and the vote being called upon its
"AYES" / O "NAYS"	0
CLERK'S CERTIFICATION	
I, Ron Graham, Health Commissioner of the B is a true and accurate copy of a resolution add	
Witness my hand this 27th day of June 2022.	

Secretary, Board of Health

# BOARD OF HEALTH LAKE COUNTY GENERAL HEALTH DISTRICT Date June 27, 2022

The Board of the Lake County General Health District met this day, June 27, 2022, in a regularly scheduled meeting with the following members present:

Droph African Patricia Murphy.

Worungur.

And James J

Recorder Sov presented the following resolution and named its adoption.

RESOLUTION TO: Transfer OF FUNDS AS FOLLOWS:

From:

Fund 00700911 911 Board of Health

\$ 50,000.00

To:

Fund 01400045 451 Air Pollution Control

\$ 50,000.00

WHEREAS, the Board of the Lake County General Health District hereby finds and determines that all formal actions relative to the adoption of this resolution were taken in an open meeting of this Board of Health, and that all the deliberations of this Board of Health and of its committees, if any, which resulted in formal actions, were taken in meetings open to the public, in full compliance with applicable legal requirements, including Section 128.22 of the Revised Code, and were taken in an open meeting of this Board of Health and,

WHEREAS, the Board of Health, by resolution, may transfer funds from one item in there appropriation to another item, reduce or increase any item, create new items, make additional appropriations or reduce the total appropriations, and transfer revenue in support of Health District controlled funds in accordance with Section 3709.28 of the Revised Code.

BE IT RESOLVED by the Board of Health in and for the Lake County General Health District, that as indicated below the following transfer of revenue be done and that the Health Commissioner is hereby authorized to forward a certified copy of this resolution to the Lake County Auditor.

# Transfer OF FUNDS AS FOLLOWS:

	From: Fund 00700911 911 Board of Health		\$	50,000.00
	To: Fund 01400045 451 Air Pollution Control	L	\$	50,000.00
	Nicole Jelovic seconded the rescupon its adoption, the vote resulted as	olution and the versions follows:	rote	being called
	"AYES" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rs"	_	
cert	CLERK'S CERTIFICATION  I, Ron Graham, Health Commissioner of the control of the c			

Witness my hand this 27th day of June, 2022.

Ron Graham
Secretary, Board of Health

Resolution No. 22-06-07-01-01-100

said Board on June 27, 2022.

# Increase/Decrease in Revenues

Fund	Fund Number	Fund Description	Account	Amount
014	01400045 451	Air Pollution Control	Transfer In	\$ 50,000.00
013	01300035 351	Public Health Nursing	Federal Grant	\$ 200,000.00
023	02300020 222	Sewage Treatment Systems	Receipts	\$ 100,000.00

Net Change in Estimated Resources	\$	350,000.00
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# **Increase/Decrease in Appropriations**

Fund Fund Number Fund Description	Account Amount	
007 00700911 911 Board of Health	Transfer Out \$ 5	50,000.00
013 01300761 755 Public Health Nursing	Other Costs \$ 20	00,000.00
023 02300761 755 Sewage Treatment Systems	Other Costs \$ 15	50,000.00

Net Change in Appropriations	\$	400,000.00



# Lake County General Health District

5966 Heisley Road Mentor, Ohio 44060



Painesville: **(440) 350-2543** Cleveland: **(440) 918-2543** Madison: **(440) 428-4348 x12543** Fax: **(440)** 350-2548

Ron H. Graham, MPH, Health Commissioner www.lcghd.org

June 27, 2022

# **COVID-19 Supplemental Update**

COVID-19 vaccinations started for state of Ohio, 62.91%

Counties with highest percentages of COVID-19 vaccinations started:

- 1. Delaware, 78.68%
- 2. Cuyahoga, 68.48%
- 3. Warren, 68.42%
- 4. Lake, 68.39%
- 5. Franklin, 67.84%

# **LCGHD COVID-19 Vaccination Update**

1/1-1/8	437	3/1-3/5	57	5/1-5/7	21
1/9-1/15	621	3/6-3/12	63	5/8-5/14	114
1/16-1/22	220	3/13-3/19	148	5/15-5/21	69
1/23-1/29	228	3/20-3/26	47	5/22-5/28	84
1/30-1/31	31	3/27-3/31	76	5/29-5/31	0
				6/1-6/4	30
2/1-2/5	96	4/1-4/2	8		
2/6-2/12	73	4/3-4/9	170	6/5-6/11	99
2/13-2/19	97	4/10-4/16	140	6/12-6/18	72
2/20-2/26	64	4/17-4/23	103	6/19-6/25	59
2/27-2/28	7	4/24-4/30	228*	6/26-6/30	3
Total	1,874	Total	337	Total	551

<sup>\*=</sup>incomplete data transfer of 4/30, still working with state on

\*\*= data collection in process

# **PCG Contact Tracing**

PCG Contacts Traced	
6/1-6/4	11
6/5-6/11	18
6/12-6/18	10
6/19-6/25	10
June (to date)	49

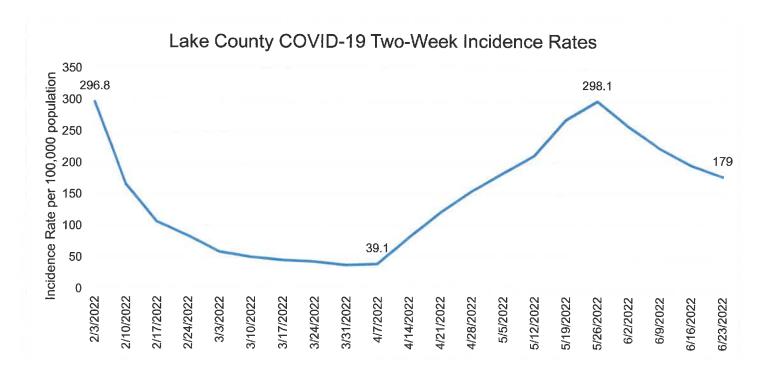
<sup>\*=</sup>data transfer issue

# **COVID-19 Cases and Incidence**

<b>COVID-19 Case Numbers</b>	
6/1-6/4	174
6/5-6/11	250
6/12-6/18	233
6/19-6/25	185
June (to date)	842

\*Data Collection in Progress

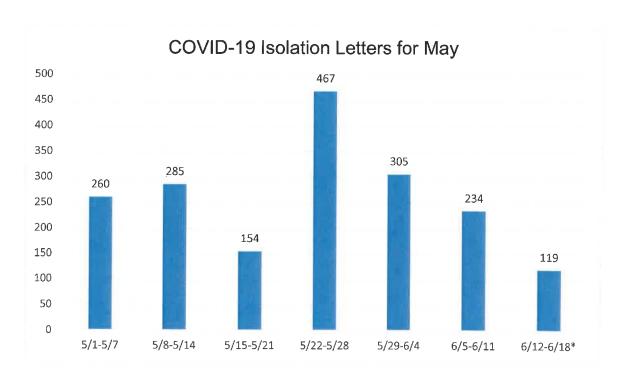
As of Thursday	Includes incident cases between (based on event date)	Number of new cases (rate)		
4/7/22	3/24-4/6	90 (39.1)		
4/14/22	3/31-4/13	186 (80.8)		
4/21/22	4/7-4/20	277 (120.4)		
4/28/22	4/14-4/27	355 (154.2)		
5/5/22	4/21-5/4	421 (182.9)		
5/12/22	4/28-5/11	486 (211.2)		
5/19/22	5/5-5/18	617 (268.1)		
5/26/22	5/12-5/25	686 (298.1)		
6/2/22	5/19-6/1	595 (258.5)		
6/9/22	5/26-6/8	515 (223.8)		
6/16/22	6/2-6/15	454 (197.3)		
6/23/22	6/9-6/22	412 (179.0)		



<sup>\*</sup>Preliminary and subject to change as more cases are investigated.

Event date = earliest known date associated with a case. When the case is initially reported, this is by default the date of test specimen collection. Once the case is determined positive and reported to the local health department, PCG makes up to 3 attempts to contact the case for interview (this procedure may be amended

during surge). If the case (or case's point of contact) completes the interview, Event Date is then backfilled with the self-reported date of symptom onset. Because of time it takes for case to have symptoms, get tested, get results, results to be reported into the system, and then contacted for interview, this number lags and backfills. This is why last 2-3 weeks are considered preliminary.



\*Discontinued Letters 6/14

#### **COVID-19 Outbreaks**

LCGHD has been investigating one currently active outbreak in a daycare facility, including 1 suspected staff (has symptoms, but refuses testing, so is in quarantine), and 3 children.

LCGHD has been investigating three currently active outbreaks in long term care facilities including one in Painesville, one in Wickliffe, and one in Mentor, totaling 30 cases.

- 1. Painesville 6 staff, 6 residents
- 2. Wickliffe 4 staff, 6 residents
- 3. Mentor -1 staff, 7 residents

No hospitalizations or deaths have been reported in association with any of these outbreaks.

LCGHD has scheduled a training ICAR with Deepwood through the NACCHO IPC grant, which due to several scheduling conflicts is now scheduled for July 11.

Mr. Ron Graham Health Commissioner Lake County General Health District 5966 Heisley Road Mentor, Ohio 44060

#### Dear Ron:

The Lake County General Health District's moto of, Public Health, Prevent, Promote, Protect is admirable. To me this moto gives clarity to the mission of the health district. This also give clear guidelines to the Board of Health for the public health services that it should provide to the community.

The Lake County Prescription Assistance Program <u>prevents</u> death, illness and hospitalization, <u>promotes</u> health and <u>protects</u> the public. This program provides prescription medicine to those unable to afford the medicine prescribed by their caregiver. In accordance with Ohio Law, there is no charge for the prescription medicine. Over the years the program has provided free prescription medicine to thousands of those who would otherwise gone without their medicine.

When evaluating public health services it is important to evaluate two criteria, public health importance and number of people served. The health district recently awarded the Fine Arts Association ten thousand dollars to support the "Theater for Health Living". First I would argue that this program does not meet the criteria established by the Board of Health for public health services. Second the services of mental health are well served by other community organizations. I would argue that Lake County would have been better served if these monies would have been granted to the Prescription Assistance Program.

The Lake County Prescription Assistance Program provides a vital service to Lake County. There are no other such services in the tri-county area. The Lake County Free Clinic uses the services of the program.

The Prescription Assistance Program recently lost a funding source that would have sustained the program for another three years. Without additional funding the program will cease operation in July of this year. Over eight hundred of our Lake County residents currently being served , mostly seniors, will either stop taking their prescription medicine or will not take it as prescribed by their health caregiver. In many cases this will result in re-hospitalization, illness or worse.

On your website are listed twenty-six services provided by the health district including services such as mosquito control and body art to mention a few. It would be hard to justify how these two programs prevents, promoted or protects the health of the public. In comparison to many of the health district programs, when the criteria of public health importance and number of people served are applied the Prescription Assistance Program comes out on top.

Ok, what is my point and where am I going with all of this? If additional funding is not secures the services of the Lake County Prescription Program will cease to operate by the summer of this year (2022). The program currently has access to three sources of free prescription medicine, staff including two Pharmacist, and volunteers. If the program closes it is doubtful that it will ever be resurrected.

Your and Denise's help in trying to find funding are appreciated. I am trying to get am meeting with the Lake County Administrator, Jason Boyd. I spoke at the Senior Council meeting as you recommended.

Since this is clearly a public health program that meets the criteria of the health districts moto, I make the following recommendation. This program become one of the services either funded or directly provide by the Lake County General Health District. Our Board of Directors and staff will commit to working directly with the District in a transition.

Sincerely:

Joel Lucia, MPH, MS 6871 Auburn Road, Unit 30 Concord Twp., Ohio 44077 440-487-5100 Organization Name: Lake Health District Fund

DBAs (doing business as), organizations fiscally sponsored, and/or named programs

controlled by the organization: Prescription Assistance Program of Ohio

Employer identification number (EIN): 34-1598598

Address line 1: 7757 Auburn Rd Ste 7

Address line 2:

City: Concord Twp

State: Ohio

**ZIP code: 44077** 

County: Lake

Country: United States

**Telephone:** (440)350-2547

Web address: https://papofohio.com/

Date of formation: 07/04/1988

Organization type: 501(c)(3)

Description of Organization's Purpose: Care of Sick and to Promote Health

Is the organization's registration status current? No

The financial information below is from the organization's most recent filing within the online system. If the items below are blank, the organization has not yet filed information online or they may be exempt from filing an annual report.

Reporting Year: 2020

**Reporting Start Date: 7/1/2019** 

Reporting End Date: 6/30/2020

**Total Revenue:** \$78,684.62

**Total Expenses:** \$77,577.83

**Total Program Expenses:** \$65,004.17

**Percent of Total Expenses: 84%** 

**Total Assets:** \$96,203.80

### Director or Board member List (3):

Jane Anthony Jeffrey Campbell Joel Lucia

This Organization has the following Chapters (0):

https://papofohio.com/

# To Qualify for the Prescription Assistance Program:

- 1 Be a resident of Ohio
- 2 No reasonable means to pay for the drug prescribed, or be a patient of a nonprofit clinic.
- 3 Complete and return the attached application to: Prescription Assistance Program of Ohio, 7757 Auburn Road, Suite 6, Concord Twp., Ohio 44077

Cost are kept to a minimum thanks to the generous support of United Way of both Lake and Geauga County, Lake County Medical Alliance, Visiting Nurses Association of Ohio and First Choice Home Care. There is no charge for the medicine. The only charge may be the cost of mailing since all prescription are mailed to the client.

The pharmacy fills prescriptions once a week, usually on Thursdays. You may be asked to leave a message on the phone. We make every attempt to return the call as soon as possible.

Prescription medicine on hand will vary monthly, so those using the program should always be prepared to get their medication from another source.

Note: we do not carry any controlled substances.

Our Goal: To improve health and wellness of those unable afford their medicine

Phone: <u>1-440-352-1999</u> Fax: 1-440-350-1471

Email: papofohio@gmail.com

Dawn Nickerson. MEd.

Pharmacist Richard Sementelli

**Pharmacist Scott Nuti** 

Richard Barbey
RSVP Volunteers

Annual Budget	July 20 to June 21	July 21 to June 22 July 22 to J		
Expenses				
Staffing Expense				
Intake/Counseling/Pharm Operation	\$34,944	\$34,944	\$34,944	
Pharmacist	\$10,400	\$10,400	\$10,400	
Pharmacist Back-up	\$1,250	\$1,250	\$0	
Pharmacist Assist	\$4,992	\$4,992	\$4,992	
Wages w/payrole tax	\$51,586	\$51,586	\$50,336	
Employee benefits	\$4,743	\$4,743	\$4,743	
B. Total Salary Exp	\$56,329	\$56,329	\$55,079	
Rent/Mortage	\$7,200	\$7,200	\$7,200	
Phone/Utilities	\$3,360	\$3,360	\$3,360	
Building Insurance	\$3,289	\$3,289	\$3,289	
Other occupancy Security System	\$300	\$300	\$300	
C. Total Occupancy	\$14,149	\$14,149	\$14,149	
Printing & Publications	\$0	\$0	\$0	
Mileage/Truck Rental/Med Pick-up	\$4,400	\$3,500	\$3,500	
Shredding	\$2,000	\$2,000	\$2,000	
Postage	\$3,500	\$3,000	\$3,500	
Program Supplies	\$2,000	\$1,200	\$1,000	
D. Total other Programs	\$11,900	\$9,700	\$10,000	
Professional & Liability	\$11,197	\$11,197	\$11,197	
Consulting Fee	\$0	\$0	\$0	
Legal Fees	\$0	\$0	\$0	
E. Total Professional Fees/Computers	\$11,197	\$11,197	\$11,197	
F. Total Specific Assistance	\$0	\$0	\$0	
G.) Total Misc	\$0	\$0	\$0	
Total/Other Expense	\$37,246	\$35,046	\$35,346	
Salary/Other Expence Total	\$93,575	\$91,375	\$90,425	

Income			
First Choice Donation	\$0	\$60,000	\$0
DRP Income	\$5,000	\$5,000	\$5,000
Geauga United Way	\$2,000	\$2,000	\$0
Lake County United Way	\$13,000	\$15,000	\$13,000
Around The Clock Conribution	\$5,000	\$0	\$0
VNA Donation	\$50,000	\$0	\$0
Carry over		\$9,375	\$72,000
Total Income	\$75,000	\$91,375	\$90,000
Total Expense	\$93,575	\$91,375	\$90,425
Expenses vs Income	(\$18,575)	\$0	(\$425)

drug	cos	t/month	generic	cos	t	Rx Assistance	
Eliquis	\$	525.00	no	na		yes	
Atorvastatin			yes	\$	3.25		
Amlodipine			yes	free	e		
Advair Inhaler	\$	110.00	yes	\$1	.00.00	yes	
Breo Inhaler	\$	300.00	no	na		yes	
Xarelto	\$	525.00	no	na		yes	
Albuterol Inhaler			yes	\$	9.00		
Pantoprazole			yes	\$	2.00		
Gabapentin			yes	\$	6.00		
Tamsulosin			yes	\$	2.00		

There are three types of program participants. 156 people use in on a monthly basis, 272 at least one a year. Some use it once or twice then move on. Over any tghree year period there are over 850 mostly Lake County people that use the program

monthly	fee		monthy		annual	
150	\$	20.00	\$3,000.00	12	\$36,000.00	
850	\$	20.00			\$17,000.00	
					\$53,000.00	





614/436-4154 fax: 614/436-0939 www.ohea.org

e-mail: ohca@ohca.org

February 28, 2006

TO:

**OHCA Members** 

FROM:

Stephen L. Mould, APR Director of Public Affairs

SUBJECT:

Ohio's Drug Repository Program (Karon's Law)

The Ohio General Assembly passed HB 221 in 2003, establishing the Ohio Drug Repository Program after a legislator was contacted by a constituent who wanted to donate his wife's medications following her death, but was unable to do so due to the law at the time. The legislation has been deemed "Karon's Law" in recognition of this individual. Effective in April 2004, the Ohio Board of Pharmacy (OBP) rolled out rules for the new program, with the goal of the donated drugs benefiting Ohioans who are not able to meet the cost of their prescription medications.

OHCA supports this program as good public policy, and as a positive program that can generate goodwill in the community, in the media, and with legislators, regulators and others. The Association has been working with the Ohio Association of Free Clinics (OAFC) to assist facilities and clinics in their efforts to implement and promote the program.

The program, overseen by OBP, allows drugs that have been previously dispensed to a patient, but that have been in the possession of a health care professional, to be donated to an Ohio pharmacy, hospital or non-profit clinic to be re-dispensed to patients meeting certain criteria. Controlled substances and drug samples may not be donated. The drugs must be in their original sealed and tamper-evident unit dose packaging. The donation can be made by a pharmacy, a wholesaler, or directed by an individual or guardian through an inpatient facility, including nursing homes. The law also extends immunity from prosecution to facilities and others participating in the program in good faith.

Enclosed in this packet is a copy of the OBP rules implementing the program; a question and answer sheet; copies of sample forms that may be used by donors and drug recipients; a listing of OAFC members and federally qualified health centers that might be interested in parterning with nursing facilities in this effort; and a sample set of procedures to be followed in implementing the program. We also recommend that facilities work with their institutional pharmacy to implement the program.

As this program is a positive public policy initiative, we have also enclosed a sample press release you may use for the opportunity to promote your facility's participation in the program.

OHCA members who are interested in donating unused drugs that would otherwise be destroyed may wish to contact one of the clinics listed or their institutional pharmacy about participating in this program and assisting with the drug donation process. A list of clinics in Ohio is also available at www.ohiofreeclinics.org/CurrentMembers.htm. To learn more about this program, please visit the Ohio Board of Pharmacy's website at www.pharmacy.ohio.gov, select "What's New," and scroll down to the section titled "Drug Repository Program Rules." If you have any questions about the rules, please contact Mark Keeley, R.Ph., at the Board of Pharmacy, 614/466-4143, <a href="mailto:mkeeley@bop.state.oh.us">mkeeley@bop.state.oh.us</a>. For additional information please contact Stephen L. Mould, APR (<a href="mailto:smould@ohca.org">smould@ohca.org</a>), 614/540-1325.

# Ohio's Drug Repository Program (Karon's Law) Questions & Answers

# February 14, 2006

# Q: Is the Drug redistribution program mandatory?

A: No. The program allows drugs that have been dispensed to a patient, but that have been in the posession of a health care professional, to be donated; a facility is not required to participate in the program. Likewise, a patient within a participating facility must authorize the donation, but is not required to do so.

## Q. What drugs may be donated?

A. The law allows the donation of all dangerous drugs, except controlled substances and drug samples, provided they meet specific requirements regarding packaging and storage, and that have not been in the posession of the ultimate user.

## Q. Who owns the drugs, and does this affect donation?

A. In general, the drugs are "owned" by the patient; this is why a donation consent form is required from patients to participate in the program. The patient or a person designated by durable power of attorney, a guardian or other individual responsible for the care and well-being of a patient may make the decision to donate an eligible dangerous drug.

### Q. Does the method of payment affect donations?

A. Drugs from any payer may be donated as long as there is patient consent; facilities may want to consult with their institutional pharmacy, however, as credit may be given to the facility for drugs from certain payers (Medicare Part A, managed care). The resident may also receive a credit from the pharmacy if they are private pay.

# Q. Is the facility liable for prosecution if drugs are bad, labeled incorrectly, or for any misuse of the drugs?

A. The law specifically extends to all parties immunity from criminal prosecution; liability in tort or other civil action for injury, death, or loss to person or property; or professional disciplinary action for matters related to donating, accepting, or dispensing drugs under the program.

# Q. How much paperwork is involved in the drug redistribution program?

A. The facility must obtain a signed donor form from residents wishing to donate drugs (a blanket consent form for all eligible drugs may be included in the admissions packet), and record all information for each donated drug (a copy of label or medication card information is usually adequate). Records must be maintained for three (3) years. The paperwork is comparable to that done for drugs returned to a pharmacy following the discharge/death of a resident.

# Q. What about privacy requirements?

A. Identifying resident information should be removed or blacked out from all medication records to ensure compliance with HIPAA requirements.

# Q. Who is responsible for delivering or picking up donated drugs?

A. This is an arrangement between the donating facility and pharmacy or clinic accepting donated drugs. In general, the facility notifies the recipient that drugs are available for pickup. The facility stores the drugs to be donated in a secure/locked area until they are picked up.

#### Q. Where do I get additional information?

A. Copies of the rules, forms, sample procedures, a listing of free clinics and other information is included in this packet, or is available from OHCA. Other information is available at the Ohio Board of Pharmacy website at <a href="www.pharmacy.ohio.gov">www.pharmacy.ohio.gov</a>; select "What's New" and scroll down to "Drug Repository Program." Questions about the rules should be directed to Mark Keeley, R.Ph., at the Board of Pharmacy (mkeeley@bop.state.oh.us), 614/466-4143. You may also contact your local free clinic or visit the Ohio Association of Free Clinics website (<a href="www.ohiofreeclinics.org">www.ohiofreeclinics.org</a>), or the Ohio Primary Care Association web site (<a href="www.ohiopca.org">www.ohiopca.org</a>).

# Sample Procedures to Implement Karon's Law

Following are the procedures used by one Ohio facility to implement the drug repository program (Karon's Law). OHCA recommends that facilities review procedures to implement the program with their institutional pharmacy, participating clinic and legal counsel prior to implementation.

- Upon admission, explain the program to the resident/legal guardian, and ask the resident if they would be interested in participating in the Karon's law program.
- If they agree, have the resident or legal guardian sign the consent form, and include the form in the resident's records.
- During review of discharged residents, the individual's medication is pulled and stored it in a secure/locked area by the assistant director of nursing services (ADNS), or other assigned individual.
- All discharged resident's narcotics are destroyed per policy.
- The ADNS (or assigned individual) then assures that the medication is not that of a private pay or insurance-paid resident.
- All Medicare Part A and managed care residents' medication is returned for credit.
- A copy is made of all the discharged resident's medication cards with the name blackened out to meet HIPPA requirements.
- The ADNS (or assigned individual) files the copied medication cards and consent form.
- The medication is boxed and stored in a secure/locked area until the free clinic picks them up. The clinic is contacted for pickup; pickup usually occurs the same day.
- The process may take an hour a week.

# DRAFT PRESS RELEASE FOR FACILITIES PARTICIPATING IN OHIO DRUG REPOSITORY PROGRAM

Type on facility letterhead and fill in the appropriate information where indicated

FOR IMMEDIATE RELEASE

CONTACT: (administrator, facility)

(phone number, email address)

(date)

## (City) Nursing Facility Participates in Medication Donation Program

A (city) nursing home has teamed with area (free clinic/pharmacy/hospital) to donate unused medications to Ohioans who are not able to meet the cost of their prescription drugs.

(Nursing home) is making its donations of unused medications through the Ohio Board of Pharmacy's (OBP) Drug Repository Program. Deemed "Karon's Law," the program was named in recognition of the woman whose death prompted the legislature to enact the measure, when her husband was unable to donate her unused medications.

The program, overseen by OBP, allows unused medications that have been dispensed to a patient, but that have been in the possession of a health care professional, to be donated to an Ohio pharmacy, hospital or non-profit clinic to be re-dispensed to patients meeting certain criteria. (*Nursing home*) donates the unused drugs, with the prior approval of the patient, to (*pharmacy/clinic/hospital*).

"We believe this program will significantly benefit the needy in our community," said (administrator), administrator at (nursing home). "With the advent of Karon's Law, we are able to donate (hundreds/thousands) of dollars in medications each (month/year) that would previously have been destroyed."

The voluntary program allows the donation of all dangerous medications, except controlled substances and drug samples, provided they meet specific requirements regarding packaging and storage, and that have not been in the possession of the ultimate user. These restrictions help ensure the quality of the medications to be redispensed. The law also extends immunity from prosecution to facilities and others participating in the program in good faith.

Details regarding the program are available by contacting (administrator, nursing facility), or through the Ohio Board of Pharmacy web site at <a href="www.pharmacy.ohio.gov">www.pharmacy.ohio.gov</a>; select "What's News" and click on the section titled "Drug Repository Program Rules."



# **Operating a Drug Repository Program**

## **Updated 10/3/2019**

<u>Section 3715.87 of the Revised Code</u> permits a licensed terminal distributor of dangerous drugs (TDDD) to operate a drug repository program. A drug repository program is a program that receives eligible donated drugs to provide to patients who have no reasonable financial means to pay for the drug or who are patients of a nonprofit clinic.

All rules governing drug repository programs are located in Chapter 4729:5-10 of the Administrative Code (select the rule number in the table to access a copy of the rule):

Rule Number	Rule Title
4729:5-10-01	Definitions - drug repository programs.
4729:5-10-02	Eligibility requirements for a pharmacy, hospital, or nonprofit.
4729:5-10-03	Donating drugs.
4729:5-10-04	Eligible drugs.
4729:5-10-05	Eligibility requirements to receive drugs.
4729:5-10-06	Donor and recipient forms.
4729:5-10-07	Record keeping and handling fee.

**NOTE:** Drug repository rules in <u>OAC 4729-35</u> are no long applicable, as they have been rescinded. Licensees should comply with the requirements in OAC 4729:5-10.

For questions regarding the operation of a drug repository program, please review this document. If you need additional information, the most expedient way to have your questions answered will be to e-mail the Board office by visiting: <a href="http://www.pharmacv.ohio.gov/contact.aspx">http://www.pharmacv.ohio.gov/contact.aspx</a>.

#### 01) Are there any significant changes in the new rule chapter?

The general operation of a drug repository program has not changed substantially in OAC 4729:5-10. However, rule <u>4729:5-10-04</u> does expand the type of drugs that may be collected by a repository to include the following:

Orally administered cancer drugs that are not in original sealed and tamper-evident unit
dose packaging. "Orally administered cancer drug" means either of the following: (1) An
orally administered dangerous drug that is used to treat cancer or its side effects; or (2) An
orally administered dangerous drug that is used to treat the side effects of a dangerous



- drug used to treat cancer. Orally administered cancer drugs do not include controlled substances or drugs that require refrigeration, freezing, or storage at a special temperature.
- Controlled substances in a long-acting or extended-release form used for the treatment of opioid dependence or addiction.

#### Q2) Who is permitted to operate a drug repository program?

An Ohio pharmacy, hospital, or nonprofit clinic licensed as a terminal distributor of dangerous drugs (TDDD) may elect to operate a drug repository program. **NOTE:** A TDDD does not have to make any modifications to its license in order to operate a repository program.

Per section 3715.87 of the Revised Code, a "nonprofit clinic" means a charitable nonprofit corporation organized and operated pursuant to Chapter 1702. of the Revised Code, or any charitable organization not organized and not operated for profit, that provides health care services to indigent and uninsured persons as defined in section 2305.234 of the Revised Code. "Nonprofit clinic" does not include a hospital as defined in section 3727.01 of the Revised Code, a facility licensed under Chapter 3721. of the Revised Code, or a facility that is operated for profit.

#### Q3) Who may donate eligible drugs to a drug repository program?

The following may donate eligible drugs to a pharmacy, hospital, or nonprofit clinic that elects to operate a drug repository program:

- A licensed terminal distributor of dangerous drugs.
- A licensed drug distributor (i.e. manufacturer of dangerous drugs, outsourcing facility, thirdparty logistics provider, repackager of dangerous drugs, or wholesale distributor of dangerous drugs).
- A person who was legally dispensed a dangerous drug pursuant to a patient-specific drug order. IMPORTANT: Except for orally administered cancer drugs, the person must not have taken custody of the drug prior to the donation. The person must direct the donation through a terminal distributor of dangerous drugs. This may include drugs maintained by an institutional facility that are not in the possession of the ultimate user. See OAC 4729:5-10-03 for more information.

#### 04) What types of drugs are eligible to be donated to a drug repository program?

For drugs contained in their original sealed and tamper-evident unit dose packaging:

1. The packaging must be unopened except that the drugs packaged in single unit doses may be accepted and dispensed when the outside packaging is opened if the single unit dose packaging is undisturbed. If the drugs were packaged by a pharmacy, the name of the pharmacy and any other pharmacy identifiers must be removed from the packaging prior to dispensing or personally furnishing to a recipient patient. This may be accomplished by

- removing the drug from the pharmacy packaging or by removing the name from the outside packaging of a multiple dose, unit dose packaging system.
- 2. The drugs have been in the possession of a licensed healthcare professional, terminal distributor of dangerous drugs, or drug distributor and not in the possession of the ultimate user (i.e. patient or caregiver).
- 3. The drugs have been stored according to federal and state requirements. The drugs must have an expiration date of six months or greater.
- 4. The repository program has developed and implemented standards and procedures to determine, based on a basic visual inspection, that the drugs appear to be unadulterated, safe, and suitable for dispensing.
- 5. The packaging must list the lot number and expiration date of the drug.
- 6. The drugs must not have any physical signs of tampering or adulteration.
- 7. The drug packaging must not have any physical signs of tampering.
- 8. All confidential patient information must have been removed from the drug packaging.
- 9. Except for controlled substances in a long-acting or extended-release form used for the treatment of opioid dependence or addiction, the drugs must not be controlled substances.
- 10. The drugs must not be samples.

# For orally administered cancer drugs that are not in original sealed and tamper-evident unit dose packaging:

- 1. The repository program has developed and implemented standards and procedures to determine, based on a basic visual inspection, that the drugs appear to be unadulterated, safe, and suitable for dispensing.
- 2. The drugs have been stored according to federal and state requirements.
- 3. The drugs must have an expiration date of six months or greater.
- 4. The packaging must list the expiration date of the drug.
- 5. The drugs must not have any physical signs of tampering or adulteration.
- 6. The drugs must not be controlled substances or drug samples.

**REMINDER:** Orally administered cancer drugs mean either of the following: (1) An orally administered dangerous drug that is used to treat cancer or its side effects; or (2) An orally administered dangerous drug that is used to treat the side effects of a dangerous drug used to treat cancer. Orally administered cancer drugs do not include controlled substances or drugs that require refrigeration, freezing, or storage at a special temperature.

#### Q5) Who is eligible to receive drugs from a repository program?

A person must meet the following requirements to receive drugs from a drug repository program:

Is a resident of Ohio, and either:

- 1. Has no reasonable financial means to pay for the drug prescribed; or,
- 2. Is a patient of a nonprofit clinic (see Q2 for a definition of a non-profit clinic).

**NOTE:** Residency is not defined. It is up to the program to set standards on who is considered an Ohio resident.

# Q6) What type of documentation is necessary for a person to donate a drug to a drug repository program?

Each donor must sign a form stating that the donor is the owner of the drug and intends to voluntarily donate the drug to the drug repository program. The donor form must be completed prior to any donation and include at least the following:

- 1. The name of the person that was originally dispensed the drugs or the name of the terminal distributor of dangerous drugs or drug distributor that owns the drugs.
- The signature of the donor, which may include the person designated by durable power of attorney, a guardian, an individual responsible for the care and wellbeing of a patient, or the signature of the responsible person or the responsible person's designee of a terminal distributor of dangerous drugs or a drug distributor.
- 3. The date the form was signed.

**NOTE:** A repository program may opt to have a patient sign a donor form in advance of receiving treatment in the event the patient discontinues treatment or misses a certain number of appointments.

**IMPORTANT:** The Board does not offer sample forms, nor does it approve forms. It is up to the repository program to comply with this requirement.

## Q7) Is any additional information required to be maintained regarding a donor?

Yes. The following donor information must also be documented:

- 1. The brand name or generic name of the drug donated and either the name of the manufacturer or the national drug code number (NDC#).
- 2. The strength of the drug donated.
- 3. The quantity of the drug donated.
- 4. The date the drug was donated.

This information may be documented on the original signed donor form or on an alternate record. If an alternate record is used, the record must include the name of the donor.

# **Q8)** What type of documentation is necessary for a person to receive a donated drug from a drug repository?

Prior to receiving donated drugs from a drug repository program, each recipient must sign a form stating they understand the immunity provisions of the program pursuant to division (B) of section 3715.872 of the Revised Code, which states the following:

- (B) For matters related to donating, giving, accepting, or dispensing drugs under the drug repository program, all of the following apply:
- (1) Any person, including a pharmacy, drug manufacturer, or health care facility, or any government entity that donates or gives drugs to the drug repository program shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property.
- (2) A pharmacy, hospital, or nonprofit clinic that accepts or dispenses drugs under the program shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct.
- (3) A health care professional who accepts or dispenses drugs under the program on behalf of a pharmacy, hospital, or nonprofit clinic, and the pharmacy, hospital, or nonprofit clinic that employs or otherwise uses the services of the health care professional, shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the health care professional, pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct.
- (4) The state board of pharmacy and the director of health shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the board or director constitutes willful and wanton misconduct.

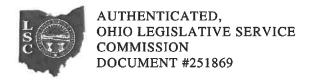
**IMPORTANT:** The Board does not offer sample forms, nor does it approve forms. It is up to the repository program to comply with this requirement.

### 09) What type of records must be maintained by a drug repository program?

<u>Rule 4729:5-10-07 of the Ohio Administrative Code</u> includes all the record keeping requirements for the operation of a drug repository program.

**NOTE:** This rule references requirements that pharmacies and prescribers document the dispensing or personally furnishing of a repository drug in accordance with division 4729:5 of the Ohio Administrative Code. Until such rules governing dispensing/personally furnishing are finalized in OAC 4729:5, licensees should adhere to current requirements governing the dispensing/personally furnishing of dangerous drugs.

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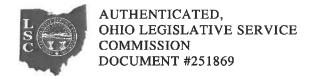
# Ohio Revised Code

Section 3715.87 Drug repository program for donated prescription drugs - definitions.

Effective: September 10, 2012

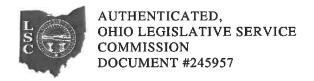
Legislation: House Bill 487 - 129th General Assembly

- (A) As used in this section and in sections 3715.871, 3715.872, and 3715.873 of the Revised Code:
- (1) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.
- (2) "Health care facility" has the same meaning as in section 1337.11 of the Revised Code.
- (3) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.
- (4) "Nonprofit clinic" means a charitable nonprofit corporation organized and operated pursuant to Chapter 1702. of the Revised Code, or any charitable organization not organized and not operated for profit, that provides health care services to indigent and uninsured persons as defined in section 2305.234 of the Revised Code. "Nonprofit clinic" does not include a hospital as defined in section 3727.01 of the Revised Code, a facility licensed under Chapter 3721. of the Revised Code, or a facility that is operated for profit.
- (5) "Prescription drug" means any drug to which the following applies:
- (a) Under the "Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend, "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription.
- (b) Under Chapter 3715. or 3719, of the Revised Code, the drug may be dispensed only upon a prescription.
- (B) The state board of pharmacy shall establish a drug repository program to accept and dispense



prescription drugs donated or given for the purpose of being dispensed to individuals who are residents of this state and meet eligibility standards established in rules adopted by the board under section 3715.873 of the Revised Code. Except as provided in division (C) of this section, all of the following conditions shall apply to the program:

- (1) Only drugs in their original sealed and tamper-evident unit dose packaging may be accepted and dispensed;
- (2) The packaging must be unopened, except that drugs packaged in single unit doses may be accepted and dispensed when the outside packaging is opened if the single unit dose packaging is undisturbed;
- (3) A drug shall not be accepted or dispensed if there is reason to believe that it is adulterated as described in section 3715.63 of the Revised Code.
- (C) Orally administered cancer drugs that are not controlled substances and that do not require refrigeration, freezing, or storage at a special temperature may be accepted and dispensed even if not in original sealed and tamper-evident unit dose packaging, subject to rules adopted by the board pursuant to section 3715.873 of the Revised Code.
- (D) Subject to the limitations specified in divisions (B) and (C) of this section, unused drugs dispensed for purposes of the medicaid program may be accepted and dispensed under the drug repository program.



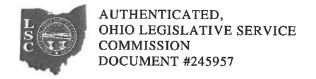
# Ohio Administrative Code

Rule 4729:5-10-01 Definitions - drug repository programs.

Effective: October 15, 2019

As used in Chapter 4729:5-10 of the AdministrativeCode:

- (A) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.
- (B) "Distributor of dangerous drugs" or "drug distributor" has the same meaning as in rule 4729:6-1-01 of the Administrative Code.
- (C) "Dangerous drug" has the same meaning as in section 4729.01 of the Revised Code.
- (D) "Drug repository program" means a program authorized to accept prescription drugs donated or given for the purpose of being dispensed or personally furnished to individuals who are residents of this state and meets eligibility standards established in this chapter.
- (E) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.
- (F) "Institutional facility" has the same meaning as defined in agency 4729 of the Administrative Code.
- (G) "Licensed health care professional" has the same meaning as in section 3715.872 of the Revised Code.
- (H) "Nonprofit clinic" has the same meaning as in section 3715.87 of the Revised Code.
- (I) "Orally administered cancer drug" means either of the following:
- (1) An orally administered dangerous drug that is used to treat cancer or its side effects; or
- (2) An orally administered dangerous drug that is used to treat the side effects of a dangerous drug



used to treat cancer.

- (J) "Original sealed and tamper-evident unit dose packaging" includes single unit dose packaging of oral medications from a manufacturer or a repackager registered with the federal food and drug administration, or from a pharmacy licensed as a terminal distributor of dangerous drugs, and includes injectables, topicals, and aerosols in the manufacturer's or repackager's unopened original tamper-evident packaging.
- (K) "Prescription drug" has the same meaning as in section 3715.87 of the Revised Code.
- (L) "Readily retrievable" means that records maintained in accordance with this chapter shall be kept in such a manner that, upon request, they can be produced for review no later than three business days to an agent, officer or inspector of the board.