KENT CITY HEALTH BOARD MEETING
Kent City Health Department
201 E. Erie Street
5:30 – 7:00 PM
June 14, 2022

MISSION: To improve the overall health of the community by preventing disease and injury, promoting health and wellness, and connecting Kent City residents to public health services.

AGENDA

1. ROLL CALL

2. MINUTES – April 19, 2022, May 10, 2022

3. OPEN COMMENTS/GUEST COMMENTS

4. REPORTS
   A. PHEP/Nursing and Communicable Disease Reports
   B. Statistical Report for May 2022
   C. Health Department Report

5. DISCUSSION ITEMS
   A. SB6 Regulations
   B. HB383 Food Regulations
   C. Calendar for City Council Attendance

6. ACTION ITEMS
   A. Expenditures and Encumbrances for April 2022 and May 2022
   B. Voting for Board Offices
   C. Contract-Medical Director
   D. City Council Letter
   D. EXECUTIVE SESSION - to consider matters of personnel

   E. ADJOURN MEETING

If you require assistance to attend this meeting, please contact the Health Department at (330) 678-8109.

cc: Health Board
City Manager
Clerk of Council
Health Staff
Mayor
News Media
Post
File

Kent City Health Department
201 - G E. Erie St
Kent, Ohio 44240
HEALTH BOARD MINUTES
April 19, 2022

Board Members Present	Absent	Staff Present
Jack Amrhein	Michelle Frederick	Joan Seidel
Louise Frederick	Pam Ferguson	Angela DeJulius
Christopher Woolverton		Sandra Knezevich
Emily Mattern		

Guests
Rose Ferraro (Call in) – Portage County Nursing Director
Thomas Quade - Guest

Mr. Christopher Woolverton called to order the Kent City Health Board Meeting of April 19, 2022 at 5:33 p.m.

Motion: A motion to excuse Michelle Frederick and Pam Ferguson was made by Jack Amrhein and seconded by Louise Frederick. With no further discussions or objections, the motion passed.

The Kent City Health Board Meeting minutes from the March 8, 2022 meeting were distributed and reviewed prior to the meeting. Noted: Louise Frederick was present, arrived at 5:40 p.m. on March 8, 2022.

Motion: A motion to approve the minutes from the March 8, 2022 meeting was made by Emily Mattern and seconded by Jack Amrhein. With no further discussions or objections, the motion passed.

Opening Comments/Guest Comments – A welcome to guests by Chris Woolverton. Thomas Quade introduced himself. Mr. Quade has spent 25 plus years in Public Health. He's been a previous Health Commissioner, Deputy Health Commissioner and Interim Director of Health.

PHEP/Nursing and Communicable Disease Report – Rose Ferraro reported on the Portage County Nursing Report. The dashboard for Portage County and Kent City is available on the Portage County website. The COVID 19 cases currently are 5,447 COVID cases, 4,143 confirmed cases, 1,304 probable cases, 29 deaths, 157 hospitalizations and 23 ICU admissions. These numbers are beginning March 2020. As of 4/17/22 Kent City has shown an increase of 25%. On a seven day average, 18 and over are 3.63 cases and the 17 and younger cases are 1.5.

Rose Ferraro reported that a case of Hepatitis E from City of Kent was not on the report. A young child contracted Hepatitis E while being treated for a transplant. The child received their own organ, a total gut repair is what was reported. The reason ODRS did not catch this case, is the repair was in February and the labs were in March. After speaking with the mother, the child was very pale and very itchy. A hepatitis panel was done. More information will be investigated.

PCHD is offering Booster vaccines on Tuesdays all day until 4:00 p.m. They are continuing to work with homebound 50 and over offering Pfizer and Moderna boosters to those they provided homebound services.

Statistical Report for March – No comments.

Health Department Report –

COVID - Joan Seidel reported COVID cases are continuing to remain low, hospitals have returned to normal operations. There are approximately 10 cases per week, a slight increase. The test kits we have are non-proctored so there may be more cases out there that we are not aware of due to people testing positive not reporting themselves. Some are calling in self reporting. Currently seeing older age range in cases. Spreading among families. There was a positive clergy case but no spread to the congregation or staff. Kent Fire experiencing routine call volumes. Information regarding the waste water monitoring; gene copies have risen for Kent City. Franklin Mill's information was not available. KCHD continues to work with Kent City Schools and Kent State University. Chris Woolverton reported that Kent State mask mandates are removed except for in classroom activities, which is expected to expire at the end of the semester.

A vaccine booster clinic is scheduled for Kent City Schools for Friday April 22, 2022, 3:00 pm – 5 pm in the music room. Expecting 60-65 scheduled. Louise Frederick and Dr. DeJulius volunteered to come help at the clinic. Joan Seidel continues to provide vaccines to the homebound.

The COVID Case Investigator continue to work on cases as they come in.

Demand for home test kits, vaccines and boosters are down. KCHD still continues to provide boosters and first time doses.

A position was offered to an RN-EMT with background in Psych, Emergency and Pediatrics on the Workforce Development Grant. Her start date will be 5/2/22. The 32 hours will be split between Fire Department (16hrs) and KCHD (16hrs). An intern from Kent State University working on her Ph.D. will also be brought on board.

Food Service – Kent State University is now offering new options in dining plans. They are now increasing the meal plan $100.00 which can be used for downtown restaurants.

Housing Inspections – Community Development is involved in a legal case. There are landlords that are concerned with Community Development program. Because Community Development uses KCHD Ordinances to run their inspections, KCHD is being brought into court as well. Kyle Kelly will be a representative for KCHD. Kyle Kelly knows the ordinances very well and will be representing KCHD on April 26, 2022. Joan Seidel will be in court as an observer.

Body Arts & Pools – No new updates.

Vital Statistics – No new updates.

Grants – An additional award of $14,000 was given to KCHD.

Tobacco –
Jalessa Caples has submitted for TU23. Jalessa continues to work with PCHD. Some deliverables were given to PCHD. The second round of compliance checks have been completed. KCHD hired a Registered Respiratory Therapist for cessation classes and other grant deliverables.

Accreditation – Jalessa Caples will need to attend PHAB training, she has already completed the first online training for new domains which will affect our first annual report.

Other – An appropriation request has been submitted to cover lease for the clinic space with City Manager, City Attorney, and Administrative Assistant to City Manager. A meeting has been scheduled with PARTA and this item will be discussed.

Staff has been advised that KCHD will be participating in city KCHD can have a presence, from Farmers Markets to Wizardly World.

Discussion Items:

Health Equity – Dr. Angela DeJulius discussed the letter of support requested from the board regarding the NAACP letter to City Council to create an anti-racism Commission. Louise Frederick volunteered to work with Dr. DeJulius in drafting a letter after the City Council Meeting on 5/4/22.

Civic Clerk – Joan Seidel informed the board of the new Civic Clerk program. This program will be a new way to upload and view Agendas, Minutes and Board packets.

Annual Financial Report - Ms. Seidel reported this is an annual report required by the State of Ohio was completed within the deadline prescribed. It has both financial and quality components.

Action Items:

Expenditures and Encumbrances March 2022

3/1/2022	Ohio Division of Real Estate	Burial Permit Transmittal Fees for February 2022	$117.50
3/10/2022	Ohio Dept. of Agriculture	RFE Transmittal Fees for February 2022	$896.00
3/10/2022	Treasurer, State of Ohio	FSO Transmittal Fees February 2022	$2,618.00
3/10/2022	Bissler & Sons Funeral Home	Cremation Services for Indigent Kent Resident 2022 #2	$1,000.00
3/23/2022	Microsoft	Repair for Surface Pro7	$340.00
3/23/2022	Ohio Business Machines	Toner Cartridges for Food & Housing	$187.54
3/28/2022	PHAB - Public Health Accreditation Board	Annual Accreditation Services Fee - Category 1	$5,600.00
3/31/2022	Hometown Bank - City CC	Health Fair Handouts - Positive Promotions	$205.45

Motion: A motion to approve the expenditures and encumbrances for March 2022 was made by Emily Mattern seconded by Louise Frederick. With no further discussion the motion passed.

Contract with Portage County Health District -

Motion: A motion to approve the contract with Portage County Health District for Private Water Systems; and for Household Sewage Treatment Systems was made by Jack Amrhein and seconded by Emily Mattern. With no further discussion the motion passed.

Voting for Board Offices:

Chis Woolverton will be ending his term as President at the end of April. There needs to be an election for new President and new Vice President. Since 2 board members are missing this vote will be delayed until next meeting.

Executive Session:

Motion: A motion to move into Executive Session to discuss Personnel Action was made by Emily Mattern and seconded by Louise Frederick. With no further discussion the motion passed with a voice vote. Woolverton: aye; L. Frederick: aye; Amrhein: aye; Mattern: aye. The Board went into Executive Session at 6:36 p.m.

Motion: A motion to move out of Executive Session was made by Jack Amrhein and seconded by Emily Mattern. With no further discussion the motion passed with a voice vote. Woolverton: aye; L. Frederick: aye; Amrhein: aye; Mattern: aye. The Board came out of Executive Session at 6:50 p.m.

Adjourn:

Motion: A motion to adjourn the health board meeting of April 19, 2022 was made by Emily Mattern and seconded by Jack Amrhein. With no further discussion the motion passed. Meeting adjourned at 6:50 p.m.

Approved:

Emily Mattern, Vice President

Joan C. Seidel

Joan Seidel, Secretary

Kent City Health Department
414 E. Main St. POB 5192
Kent, Ohio 44240
HEALTH BOARD MINUTES
May 10, 2022

Board Members Present	Members Absent	Staff Present
Emily Mattern	Louise Frederick	Joan Seidel
Pam Ferguson	Michelle Frederick	Jalessa Caples
Jack Amrhein		Sara Slanina
		Sandra Knezevich

Guests:

Rose Ferraro, Nursing Director – Portage County Health District
Priya Madha Ph.D. Student Intern-Epidemiology from Kent State University
Julianna Smith, MPH Intern – Epidemiology from Kent State University

Emily Mattern called to order the Kent City Health Board Meeting of May 10, 2022 at 5:40 p.m.

Motion: A motion to excuse Louise Frederick and Michelle Frederick was made by Jack Amrhein and seconded by Pam Ferguson. With no further discussions or objections, the motion passed.

The Kent City Health Board Meeting minutes from the April 19, 2022 meeting were distributed and reviewed prior to the meeting. A motion for approval was not requested due to a lack of a quorum.

Motion: A motion to approve the minutes from the April 19, 2022 meeting was not made since there was no quorum. This item will be carried forward to the June meeting.

Opening Comments/Guest Comments - Guests were introduced and welcomed.

Statistical Report for April 2022 – No Comments

Health Department Report – COVID-19 Update was given by Joan Seidel. Covid-19 cases continue to be low, but are on a steady small rise. We are still seeing some cases in the older ages, and at least 3 or 4 elementary schools have seen an outbreak, as well as a church. The hospitals continue to function under normal operations. Kent Fire Department experiencing routine call volumes.

Waste water monitoring is showing gene copies for Kent City have risen, but no longer reporting data for Franklin Mills. We continue to work with Kent City Schools and Kent State University on classes, events and cases.

Demand for boosters is slightly up. A booster clinic was held on 4/22/22, 52 vaccines were given. 57 vaccines were given at Kentway on 5/6/22. Boosters were provided to City Council meeting on 4/20/2022.

Demand for Covid-19 test kits have risen slightly. 100 kits were sent Kent City Schools.

We continue to have one case investigator to work on the cases, a second case investigator has been requested due to the rise in cases.

Nick Cecil is working on IT upgrades for the clinic space.

Sara Slanina started 5/2/22 on the Workforce Development Grant. She continues her on boarding process.

Food Service – the food truck ordinance revisions ongoing have been removed from the City Council Agenda 5/4/22. Ms. Seidel is working on pricing for the ASFSCME uniforms. An appropriations memo will be submitted once a price is determined.

Housing Inspections – No new updates.

Body Art & Pools – No new updates.

Vital Statistics – More people seem to be doing the online ordering through Permitium. Several other vital statistic offices have shown interest in Permitium due to our success.

Grants – An additional $14,000.00 was awarded for the EO22 grant.

Tobacco – Jalessa Caples sent a survey to City Council as part of a deliverable for the TU22 grant. This grant is wrapping up in June. Shari Fleming completed the minimum 10 survey interviews with former smokers. We continue to work with PCHD.

Sara Slanina is working on creating Fall Reduction Program. Sara's time is split 16 hours at KCHD and 16 hrs with KFD. Sara is working with intern Julianna Smith.

Accreditation – Jalessa found a Community Health Worker Grant. We have had one CHW student this past semester and will have another in May. This is a great opportunity to extend our reach while offering experience and possibly jobs to Kent State University CHW students and graduates. Information meeting 5/2/22, application deadline June 2022.

The accreditation celebration on 4/23/22 at the KSU hotel went well. Joan thanked the Board for their support and attendance.

Jalessa coordinated and attended a Health Fair at Skeels 4/29/22 and attended a KSU job fair.

Other news – 5 Interns for epi and medical clinic, 3 for mosquito program.

PHEP/Nursing and Communicable Disease Report – Rose Ferraro reported on the COVID19 statistics. As of 5/9/22 Kent City has a 7 day average of 7.5 cases which is a 62.1% increase. The 7 day average for 17 and under is 1.5 cases, as of the 9th there are 4 cases. At this point cases are manageable but Ms. Ferraro feels that there are a lot of people not testing.

Ms. Ferraro reported she had contacted the state regarding the Hepatitis E case reported at the prior meeting regarding a 9 year old. This case does not fit the criteria of the reported outbreak of Hep E being seen around the world. This case is related to surgery, the others were related to the Adenovirus.

Ms. Ferraro also reported there are 2 TB cases residing in Kent. One was located, the other they were not able to locate. These cases are now closed.

PCHD is trying to increase their immunization rates. They are wanting to bring the Immunization Coalition up again, it's been 5 years, bringing in Ms. Seidel in as well. They have a day for just COVID vaccines, and a day dedicated to all other vaccines. They have reopened the Windham clinic to help increase those vaccine rates.

Discussion Items:

Ms. Seidel gave an update on Health Equity.

A hand out was given for the 2022 State of Ohio County Rankings and Road Map.

Priya Madha, Ph.D. Student Intern-Epidemiology from Kent State University, delivered a Power Point presentation reviewing her Cancer Cluster Research at White Hall, Kent State University.

Julianna Smith, MPH Intern – Epidemiology from Kent State University, delivered a Power Point presentation reviewing her project on creating a Falls Prevention Program at Kent City Health Department.

Jalessa Caples, Accreditation Coordinator presented her survey for the deliverables for TU22 grant. The surveys were passed out to the board members.

Action Items: No Action Items were reviewed due to not having a quorum. These items will be revisited at the June meeting.

Expenditures and Encumbrances

Expenditures and Encumberances April 2022			
4/1/2022	Ohio Division of Real Estate	Burial Permit fees for March 2022	$202.50
4/5/2022	Ohio Dept. of Agriculture	RFE Transmittal Fees for March 2022	$168.00
4/5/2022	Treasurer, State of Ohio	FSO Transmittal Fees March 2022	$896.00
4/5/2022	Kent City Health Department	Petty Cash Receipts- Supplies for Vaccination Clinic	$32.95
4/5/2022	Kent City Health Department	Petty Cash Receipts- T21 Compliance Checks	$16.74
4/6/2022	Treasurer, State of Ohio	Vital Statistics Technology Fees for January - March 2022	$44,769.36
4/13/2022	Portage County Health Dept.	Public Health Nursing Services January - March 2022	$11,179.65
4/18/2022	Hometown Bank - City CC	Registration April Conference - Justin Smith	$177.00
4/20/2022	National Pen	KCHD Pens	$621.96
4/21/2022	Amazon LLC	Office Supplies - Banker Boxes, labels	$42.61
4/27/2022	Ryan Staffing	Staffing for Tobacco Grant Deliverables and Cessation Classes	$1,000.00
4/28/2022	Ohio Public Health Combined Conference	Ohio Public Health Combined Conf. May 23-25, 2022-Joan Seidel	$220.00
4/28/2022	Hilton Columbus/Polaris	2022 Ohio Public Health Conf. May 23-25 Hotel Stay	$367.61

Motion: Motion not made. This item will be revisited at the June meeting.

Executive Session – No session was held.

Motion: A motion to adjourn the health board meeting of May 10, 2022 was made by Pam Ferguson and seconded by Jack Amrhein. With no further discussion the motion passed. Meeting adjourned at 7:03 PM.

Approved:

Emily Mattern, Vice President

Joan Seidel, Secretary

Vision: Empowered people, safer environments, and healthier communities.

Health Department Report
June 14, 2022

1. COVID-19 Update
    a. Case counts
        i. Cases continue to be low, but steady and persistent
            1. Both K-12 and Secondary are out for the Summer
            2. Summer programs and classes, may still contribute to load
        ii. Hospitals functioning under normal operations
        iii. Kent Fire with routine call volumes
        iv. Waste water monitoring, gene copies have held steady for Kent City
    b. Work with Kent City Schools (KCS) & Kent State (KSU) will be event related until August
    c. Contact tracing
        i. 3 Case Investigators continues to work on cases.
    d. Testing
        i. Demand for home test kits low to moderate
        ii. We continue to receive allocations from the State
    e. Clinic
        i. Working with Nicholas Cecil for IT upgrades in clinic space.
        ii. Demand for vaccines and boosters low to moderate
    f. Workforce Development Grant
        i. Sara working with Kent Social Services doing BP screens, also utilizing our Community Health Worker student from KSU

2. Food Service Organizations (FSOs)
    a. Food truck ordinance removed and reverted back to prior ordinance and handling. There does need to be some guidance and expectations in place and time spent assuring operators are compliant (from Health and Fire) need to be compensated, but also need to include mobile operators in any future planning.
    b. Ongoing issues with owners who make renovations and then become frustrated when they find out they are not approved. As you recall last year we revised the plan review policy. There was supposed to be a check list when a new business starts that indicates when to contact KCHD. Since this seems to be a revolving issue I would like to work with Tom Wilke and Bridget Susel to make sure we have plain communication with new and current businesses so they are aware without question when to contact us.
    c. One FSO who has repeatedly been non-compliant over several years with multiple (35) items of concern each time, also a shared concner with KFD, appears to be getting back on track. Owner rarely present, frequent staff turn over add to issues with consistency.
    d. Trash complaint from resident regarding debris under Haymaker Parkway
    e. Uniforms for ASFCME

3. Housing Inspections - No new updates

4. Body Art & Pools - No new updates

5. Vital Statistics – No new updates

6. Grants –
    a. CT21 –
    b. EO21 –
    c. CN22 –
    d. WDG – Lanika Mustach MPH hired for community outreach positon instead of a clerk
    e. HEAL – Healthy Eating and Active Living Grant – Jalessa applied for this grant we were selected!
    f. Community Health Worker Grant – working with Axcess Pointe they will be the lead agency and we will be assigned on CHW from them
    g. Falls Prevention Grant – Applied for May 25, 2022, up to $4,000.00 asked to cover SAIL training, grab bars, night lights, lock boxes. Kentway already interested in this program.

7. Tobacco –
    a. Please do not forget to fill out your Tobacco Survey if you have not already for TU22
    b. We were notified we were awarded the TU23 grant – as expected, but still great to know
    c. We will bring a Tobacco Retail License to City Council in July
    d. Working with PCHD their deliverable for this grant

8. Accreditation –
    a. Jalessa is scheduling with department to organize on 2023 reaccreditation timeline and workflow
    b. Jalessa will also work with Dr. De Julius since equity is a robust portion of reaccreditation
    c. Jalessa coordinating with VISTA program to allow for paid internships in our department – so even KSU interns could now be paid for their time while gaining experience.

9. Other –
    a. Down to 2 mosquito interns, Justin attempting to hire another. This makes it very tight in terms of more staff time – which is not covered by the grant will need to be added to take up the workload.
    b. Additional concerns with another KSU building will be working with Doug Pearson.
    c. AOHC conference was very good, some interesting speakers – noted concerns with gun violence
    d. Iternational Town and Gown Association in Clemson was another great opportunity to find new practices that are workg in other municiaplites with universities – e.g. Find Help
    e. Will plan on Health Commissioners Univesity and Finances for HC in the Fall

KENT CITY HEALTH DEPARTMENT
STATISTICAL REPORT 2022

HEALTH DEPT. $ COLLECTED		May-22	YTD 2022	May-21	YTD 2021
Family Abuse Fund		$ 1,198.50	$ 7,525.50	$ 1,348.50	$ 7,258.50
Vital Statistics Revenue		$ 8,389.50	$ 54,822.50	$ 9,439.50	$ 50,929.50
Child Abuse Fund		$ 2,397.00	$ 15,051.00	$ 2,697.00	$ 14,517.00
State Vital Statistics		$ 7,191.00	$ 45,153.00	$ 8,091.00	$ 43,551.00
Burial Permit Fee Revenue		$ 20.50	$ 162.50	$ 39.50	$ 171.50
Burial Permit Fee State		$ 102.50	$ 812.50	$ 197.50	$ 857.50
Retail Food Establishments		$ 650.00	$ 19,888.25	$ 525.00	$ 19,380.00
Food Service Operations		$ 2,625.00	$ 91,925.74	$ 3,310.00	$ 77,846.28
		$ -	$ -	$ -	$ -
Trash Tickets		$ -	$ 680.00	$ 30.00	$ 760.00
Housing		$ 12,651.25	$ 36,242.50	$ 7,833.75	$ 37,456.25
Swim Pools		$ -	$ 10,445.00	$ 2,725.00	$ 9,375.00
Solid Waste Haulers		$ 1,250.00	$ 1,500.00	$ 1,350.00	$ 1,500.00
Body Art Establishments		$ -	$ 1,350.00	$ -	$ 2,250.00
Miscellaneous:	Other	$ -	$ 371.56		$ 25.00
	Convenience/Mailing Fees	$ 369.25	$ 1,745.65	$ 81.00	$ 218.00
	Overpayments	$ 1.01	$ 15.11	$ -	$ 22.00
	Mass Gathering Citations	$ -	$ -	$ 150.00	$ 2,350.00
	T21 Citations	$ -	$ -	$ 500.00	$ 2,000.00
Smoke Free Complaints		$ -	$ 125.00	$ 500.00	$ 500.00
MAC Claiming		$ -	$ -	$ -	$ 1,760.14
FDA Grant		$ -	$ -	$ -	$ -
Tobacco Grant			$ 6,725.00	$ 22,250.00	$ 32,350.00
Mosquito Grant		$ -	$ -	$ 25,000.00	$ 25,000.00
COVID Grants		$ 1,063.84	$ 47,502.90	$ 46,268.12	$ 46,268.12
Workforce Development Grant		$ -	$ 8,444.44	$ -	$ -
State Subsidies			$ 11,964.88	$ -	$ 7,984.88
TOTAL COLLECTED		**$ 37,909.35**	**$ 362,453.03**	**$ 132,335.87**	**$ 384,330.67**

TO STATE					
Family Abuse Fund		$ 1,162.55	$ 6,077.30	$ 1,308.06	$ 7,040.81
Retail Food Establishments			$ 2,842.00	$ -	$ 1,645.00
Burial Permits		$ 102.50	$ 812.50	$ 197.50	$ 857.50
Child Abuse Fund		$ 2,325.09	$ 14,599.47	$ 2,616.09	$ 14,081.49
Vital Statistics		$ 7,191.00	$ 37,953.00	$ 8,091.00	$ 43,551.00
Food Service Operations		$ 56.00	$ 3,822.00	$ 112.00	$ 3,572.00
Swim Pools		$ -	$ 1,420.00	$ 350.00	$ 1,420.00
Wells		$ -	$ -	$ -	$ -
TOTAL		$ 10,837.14	$ 67,526.27	$ 12,674.65	$ 72,167.80
TOTAL ASSETS		**$ 27,072.21**	**$ 294,926.76**	**$ 119,661.22**	**$ 312,162.87**
+Admin fee to Vital Stats		**$ 107.87**	**$ 677.31**	**$ 121.37**	**$ 653.29**
-3% Family Abuse		$ 35.96	$ 225.78	$ 40.46	$ 217.78
-3% Child Abuse		$ 71.91	$ 451.53	$ 80.91	$ 435.51

STATISTICAL REPORT Continued

		May-22	YTD 2022	May-21	YTD 2021
PERMIT/License					
Retail Food Establishments		1	43	0	40
Food Service Operations		4	139	6	130
Food Service Operations- Vending		0	7	0	12
Home Sewage		0	0	0	0
Housing		30	118	30	126
Solid Waste Haulers		25	30	27	30
Swim Pools		0	19	5	19
Septic Haulers		0	0	0	0
Body Art Establishments		0	3	0	5
Other		0	0	0	0
TOTAL		60	359	68	362
MOSQUITO					
	Interns	Staff	Total		
Surveillance Hours	15.0	38.8	53.8	65.0	65.0
Larvicide Hours	71.0	0.0	71.0	52.5	52.5
Adulticide Hours	0.0	0.0	0.0	0.0	0.0
Office Hours	26.5	0.0	114.5	30.5	54.8
Sites Visited		165	165	24.0	24.0
COMPLAINTS					
Received		0	71	12	98
Abated		0	37	8	89
COMMUNICABLE DISEASE- See PCHD Nursing Rpt.			1254	71	1066
IMMUNIZATIONS- COVID		22	224	0	0
Child- Over 12 yoa		0	102	0	0
Adult		22	122	0	0
IMMUNIZATIONS- INFLUENZA		0	0	0	0
Child- Over 12 yoa		0	0	0	0
Adult		0	0	0	0
IMMUNIZATIONS- Administered by PCHD		0	5	0	0
Child- Newborn to 18 yoa		0	5	0	0
Adult		0	0	0	0
BIRTH Certified Copies Issued		364	1831	404	1909
DEATH Certified Copies Issued		435	3186	495	2930

HEALTH EQUITY UPDATE

"Do Nothing About Me, Without Me"

Kent City Health Department – June, 2022

KCHD'S equity activities & opportunities to date include:

- The Enact Health Equity in all Health Related Policy Act (HB 653) has been introduced in the Ohio House by Reps Catherine Ingram (Cincinnati) and Shayla Davis (Cleveland). The bill is in committee. would require the Legislative Services Commission to prepare health impact statements for proposed bills, and would create a Health and Equity Interagency Team within ODH and including a liaison from each state agency. More information here: https://ohiohouse.gov/legislation/134/hb653.

- The Ohio Public Health Association/Health Equity Network of Ohio's **Health Equity Assessment Tool** has been published (see attached). Using a version of this tool, a preliminary review of selected KCHD policies for potential health equity impact has been initiated.

- **Inclusivity Commission Proposal:** the Portage County NAACP has asked Kent City Council to form an inclusivity commission. City Council has moved to instead create a equity and inclusion liaison role within city government. A letter of support has been drafted for consideration (see attached).

- **2022 Portage County Community Health Assessment:** (in collaboration with PCHD and UH Portage) the CHA steering committee has expanded the youth survey to include more categories of gender identity, and added a question on discriminatory experiences related to gender identity, race, and other traits.

- **ODH Tobacco Prevention Grant** (county-wide) – led by Jalessa Caples – the workgroup is developing a 5-year strategic plan which will include specific health equity objectives to decrease disparities in tobacco use, cessation, and prevention. The workgroup has identified low-income adults and youth as the target population, based on their higher rates of tobacco use.

- **Ohio Department of Health Community of Health Equity Learning & Practice (C-HELP)** – bi-weekly discussions & trainings. ODH is developing a Toolkit for LHDs to include data and resources for communications, community engagement, & partnerships. They are also developing "Health Equity 101" training; when available, this would be a starting point for KCHD and other city employees.

HEALTH EQUITY - DEFINITION:

> *"A situation in which all people have the opportunity to achieve their full health potential, with no-one at a disadvantage because of socially determined circumstances. Health equity is the absence of systematic and potentially changeable differences in health (or in major social determinants of health) between socially, economically, demographically, or geographically defined populations."*

KCHD Strategic Plan:

> *(Objective 3.1.1: KCHD will be an essential partner and resource in city/Portage county policy and program decisions, bringing a health equity and Health in All Policies approach to leadership.)*

Portage County 2020-22 Community Health Improvement Plan:

> *Equity is a "cross-cutting" priority, with the stated goals of:*
> *1) advocacy for anti-discrimination ordinances, and*
> *2) delivery of implicit bias training.*

Health Equity Network of Ohio

Children's Defense Fund – Ohio • Healthy Community Partnership of Mahoning Valley • Network for Public Health Law • Ohio Consumers for Health Coverage • Ohio Poverty Law Center • Ohio Public Health Association • Policy Matters Ohio • UHCAN Ohio

A Health Equity Assessment Tool for State and Local Governments
May 2022

The Need for Health Equity Assessments

The places we live, learn, work and play affect our health and yet they are far too often overlooked. Therefore, considering health and equity in all policies, at every level, is so important. Unfortunately, Ohio consistently falls in the bottom quartile in most national health rankings and this trend continues despite efforts to improve health status. It is imperative to look at the inequitable environmental and socioeconomic factors that may contribute to Ohio's poor health outcomes.

For example, although building new roads or highways might reduce traffic congestion, the project may simultaneously displace families and neighborhoods and impede transportation for low-income families who cannot afford to own, operate, and maintain a personal vehicle to access healthy foods, public transportation, schools, and employment. Likewise, relaxing zoning and construction laws may attract more businesses, but it might also negatively impact the air and water quality of certain neighborhoods. Health implications stem from a broad range of policies. A health equity assessment tool can help legislators and administrators make more informed policy decisions.

The disproportionate toll of COVID-19 on Ohio's low-income families and people of color, largely due to the toxic and cumulative impacts of chronic poverty and racism, tells us that now is the time for Ohio policymakers to leverage the vast collection of data and other resources across public and private enterprises in a collaborative approach to improve the health outcomes of all Ohioans, raise Ohio's national health ranking, and reduce healthcare spending.

The **Health and Equity in All Policies (HEiAP)** initiative provides state and local officials with an opportunity to apply a health and equity lens at the early and conceptual stages of policy development. This assessment tool is intended to inform policymakers of any potential negative health and equity impacts, prior to making any final decisions, and is designed to complement existing legislative and administrative processes.

Much like the State of Ohio's *Common-Sense Initiative* (CSI) - which requires all relevant rules and regulations from cabinet-level agencies and state boards and commissions to be reviewed from a business-friendly perspective - incorporating health equity assessments into decision-making processes would promote better understanding of the health and equity implications of policy.

Through widespread adoption of this health equity assessment tool among state and local decision-makers, we can begin working together to embrace our state's shared values of opportunity, efficiency, and equality regardless of income, race, class, ethnicity, gender, or status.

Analytical Tool for Decision-Making Process:
Consideration of a Policy's Potential Impact on Health and Equity

Purpose

To qualify, quantify, and provide transparency in the decision-making process - legislative or administrative - by undertaking a comprehensive health equity assessment of proposed policies. This tool examines a proposed policy's potential health impacts, both direct and indirect, including a comprehensive assessment of the more fundamental "determinants of health," defined below. This tool can be used to inform decision makers prior to making final decisions on proposed ordinances, legislation, rules, spending decisions, project planning and community/economic development approaches, etc., referred to in this document as "LEGISLATIVE or ADMINISTRATIVE DECISIONS."

Definitions for the Purposes of this Tool

- ***Health*** - "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[1]

- ***Determinants of Health*** - "The range of personal, social, economic, and environmental factors that influence health status."[2] Determinants include, but are not limited to, income, education, family, housing, food security, environment, community, and access to transportation. Structural discrimination (e.g., racism, ageism, sexism, ableism) is a root cause of differences in these factors across populations.[3]

- ***Health Equity*** - "Assurance of the conditions for optimal health and well-being for all people."[4] Achieving health equity requires valuing all people equally, rectifying historical injustices, and providing resources based on need.[5] Equity is demonstrated by the absence of avoidable or remediable differences among groups of people.[6]

The Importance of Considering the more Fundamental Determinants of Health

Policy decisions impact the determinants of health - and ultimately the health of a community - and should be considered in the decision-making process. The determinants of health include, but are not limited to, the following:

- ***Income*** - Effect on employment/income level, security of employment, the portion of the population living in relative or absolute poverty, and income inequality

[1] Constitution of the World Health Organization. Geneva: World Health Organization; 1948.
[2] U.S. Office of Disease Prevention and Health Promotion. (Updated 2022). *Determinants of Health.* Retrieved March 30, 2022, from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health.
[3] Collaborative for Anti-Racism & Equity. (2022). *Definitions.* Retrieved March 30, 2022, from https://antiracismandhealth.org/definitions/
[4] *Id*.
[5] *Id*.
[6] World Health Organization. (n.d.). *Health Equity.* Retrieved March 30, 2022, from https://www.who.int/health-topics/health-equity#tab=tab_1

- ***Family*** - Effect of social infrastructure and family support systems, or lack thereof, on early childhood development and cycle of poverty, including, but not limited to, quality and proximity of childcare, and availability of other resources for parents
- ***Housing*** - Effect on housing affordability and stability, adequacy of housing supply, quality and safety of housing, and racial/ethnic/income segregation of housing
- ***Food Security and Nutrition*** - Effect on the supply or cost of nutritious food, food security, and access to healthy foods
- ***Education*** - Effect on quality, access, and capacity of pre-, primary and secondary schools and wrap around services, access to trade schools, college, and other post-secondary education, and lifelong learning, and career pathways to employment earning a living wage
- ***Environment*** - Effect on the level of hazardous chemical and biological pollutants in outdoor air, soil, and drinking water, and the risk and response to fire hazards, natural disasters, spills of hazardous materials, etc.
- ***Community*** - Effect on the quality and proximity of goods and services, diversity of a community's workforce, educational resources, green space, recreation facilities, health services, financial institutions, and parks/public spaces
- ***Transportation*** - Effect on traffic volume or vehicle speeds, safe pedestrian and cycling infrastructure, and on availability and proximity of public transportation.

Health Equity Assessment

Use the *Determinants of Health* to analyze and inform the impact of the legislative and/or policy decision.

Summary of the Legislative or Administrative Proposal: Briefly describe key points of the proposal and provide a link to a summary.

- Identify the geographical area(s) impacted.
- Identify the specific population(s) or group(s) impacted.

Background:

- What problem is the legislative or administrative proposal trying to address?
- How does it address the problem?

Impact to Health Questions:

- Does the legislative or administrative proposal directly impact the health of the community? If so, how?
- Does the legislative or administrative proposal have a positive, negative, or neutral impact on the determinants of health (see definition, above) in the community?
- Describe the beneficial or adverse impact the legislative or administrative proposal would have on different groups based on demographics (including age {infancy and throughout the life span}, gender, race, ethnicity, sexual orientation, geographic location, disability status).

Cite all sources.

Scoring System

It is common to describe health impacts in terms of likelihood, degree, scale, and distribution.[7]

1. **Likelihood**: degree of certainty that an effect will occur
2. **Degree**: importance and intensity of the effect on an individual
3. **Scale**: how much the outcome might change because of a decision or course of action. Scale may be a function of many factors, including:
   - Size of the population
   - Baseline frequency of disease, injury, illness, or mortality in the population
   - Size of the change in the health risk or resilience factor
   - Size or strength of association between an affected health risk factor and health outcomes (relative risk)
4. **Distribution**: whether the effects are shared equitably across populations.

Each factor helps quantify the importance of the factor to population health. For example, likelihood can range anywhere from "unlikely/impossible" to "very likely/certain" while degree ranges from "low" to "high." Each factor can also assume the value of "insufficient evidence/not evaluated" if needed. For more sophisticated analysis, confidence level can also be assigned to the value of each of the four factors once all the data have been collected.

OPTIONS FOR CONSIDERATION: [8]

1. **LIKELIHOOD**

Likelihood	**With what degree of certainty will the legislative or administrative proposal affect health outcomes?**
Unlikely / Implausible	Logically implausible effect; substantial evidence against mechanism of effect
Possible	Logically plausible effect with limited or uncertain supporting evidence
Likely	Logically plausible effect with substantial and consistent supporting evidence and substantial certainty
Very Likely/Certain	Sufficient evidence for a causal and generalizable effect
Insufficient evidence and / or not applicable	Describe any resources considered and what additional data or evidence is needed to make a determination

[7] Bhatia, Rajiv. (2011). Health Impact Assessment: A Guide for Practice.

[8] National Research Council (US) Committee on Health Impact Assessment. Improving Health in the United States: The Role of Health Impact Assessment. Washington (DC): National Academies Press (US); 2011. 3, Elements of a Health Impact Assessment. Available from:https://www.ncbi.nlm.nih.gov/books/NBK83540

2. DEGREE

Significance or Depth of Impact	What is the importance and/or intensity of the legislative or administrative proposal on the health of the individual?
Low	Acute, short-term effects with limited and reversible influence on function, well-being, or livelihood that either: • Negatively impact health but are tolerable or entirely manageable within the capacity of the health system, OR • Minimally improve health
Medium	Acute, ongoing, or permanent effects that substantially affect function, well-being, or livelihood that either: • Negatively impact health but are largely manageable within the capacity of the health system OR • Negatively impact health through acute, short-term effects on function, well-being, or livelihood that are not manageable within the capacity of the health system OR • Moderately improve health
High	Acute, ongoing, or permanent effects that either: • Negatively impact health through potentially disabling or life-threatening effects, regardless of health system manageability, OR • Negatively impact health through effects that impair the development of children or harm future generations, OR • Significantly improve health
Uncertain	Describe any resources considered and what additional data or evidence is needed to make a determination

3. SCALE

Scale or Magnitude	What is the magnitude of change at the population level that might occur as a result of the proposed legislative or administrative proposal? Note: the percentages below are for illustrative purposes only and should be adjusted as appropriate to meet needs
Limited	A negative or positive change in a health outcome for less than 1% in the reference population
Moderate	A negative or positive change in a health outcome for between 1% and 10% in the reference population
Substantial	A negative or positive change in a health outcome for greater than 10% in the reference population
Unknown	Describe any resources considered and what additional data or evidence is needed to make a determination

4. DISTRIBUTION

Distribution	Will the effects of the legislative or administrative proposal, whether adverse or beneficial, be shared equitably across populations? Will the legislative or administrative proposal reverse or undo baseline or historical inequities?
Disproportionate Harms	The proposed change will result in disproportionate adverse effects to populations defined by demographics, culture, or geography
Disproportionate Benefits	The proposed change will result in disproportionate beneficial effects to populations defined by demographics, culture, or geography
Restorative Equity Effects	The change will reverse or undo existing or historical inequitable health-relevant conditions or health disparities

Background of this effort

The World Health Organization's Health in All Policies (HiAP) initiative is an innovative approach to creating and implementing public policies that systematically account for the health implications of policy decisions. In addition, by emphasizing the need to collaborate across sectors to achieve common health goals, HiAP is further defined as a change in the systems that determine how decision-makers in local, state, and federal governments ensure that policies have neutral or beneficial impacts on the determinants of health. [9]

Ohio's Health and Equity in All Policies (HEiAP) approach expands this concept to focus on how decisions affect equity as well as health, because inequities are critical factors in determining health outcomes. The HEiAP approach forces a more critical look at the overall context in which Ohio's most vulnerable populations are affected by determinants of health such as education, housing, safe neighborhoods and environment, food security, transportation, employment, and income.

Similar to Ohio's *Common Sense Initiative* – which requires all relevant rules and regulations from cabinet-level agencies, state boards and commissions to be reviewed from a business-friendly perspective - HEiAP shines a spotlight on and seeks to ensure that policies at all levels of government have a neutral or beneficial impact on the determinants of health and are evaluated through a health and equity lens. The HEiAP tool brings potential public health impacts and considerations to the decision-making process for plans, projects and policies that fall outside the traditional public health arenas, such as transportation, public safety, and commerce.

In 2015, the Ohio Public Health Association adopted HEiAP as an organizational value and formed a HEiAP Committee to address poor health outcomes and social inequities in Ohio. OPHA, in partnership with the Network for Public Health Law, Ohio Consumers for Health Coverage, and the Health Equity Network of Ohio (HEN), a coalition of state and local organizations dedicated to issues of health equity, have further refined the concept to bring it current.

[9] World Health Organization. (2014). Health in All Policies (HiAP) Framework for Country Action, January 2014. Retrieved **http://www.who.int**/cardiovascular_diseases/140120HPR**HiAPFramework**.pdf?ua=1

Economic Impact of Achieving Health Equity

According to the Health Policy Institute of Ohio (HPIO), Ohio ranks 47th nationally on a composite measure of health value.[10] In 2016, the Ohio Chronic Disease Collaborative reported that chronic diseases cost the state almost $32 billion in direct medical costs.[11] While it is yet to be determined how much Ohio would save if legislative and administrative actions were assessed for their health and equity impact, numerous studies show a direct correlation between public health investments, improved health and substantial cost savings.

For example, an economic analysis by the California-based Prevention Institute showed that investments in activities that were assessed for their impact on health and equity - like creating physically active communities and increasing access to healthy foods - could result in a return on investment of 4.8:1 in just 5 years.[12] Likewise, a 2008 return-on-investment (ROI) analysis of community-based prevention programs calculated that Ohio could potentially save $685 million in health care spending by investing in programs to increase physical activity, improve nutrition and prevent tobacco use.(A 6:1 ROI.)[13]

Policymakers across Ohio must be deliberate and more aggressive in efforts to reduce costs while improving the overall health outcomes of its residents. Adopting policies without considering their impact on health and populations may produce long-term costs that far outweigh the policy's immediate, short-term benefits. By investing the time and energy upfront to assess impacts on health and equity, more expensive problems can be prevented.

Status and Next Steps

At the request of the Ohio Public Health Association, legislation embracing the HEiAP concept was introduced in both the 132nd and 133rd Ohio General Assemblies. The legislation required that each bill introduced in the General Assembly and each rule introduced before the Joint Committee on Agency Rule Review undergo a HEiAP analysis, including a health impact statement. The bill also directed the Ohio Department of Health to create the Health and Equity Interagency Team to ensure collaboration between all state agencies. Upon request from a legislator, and in collaboration with that legislator, the Legislative Services Commission worked to develop a potential health assessment of pending legislation. Unfortunately, the pandemic hit and neither bill was ultimately moved out of committee.

A revised version of the original legislation is expected to be introduced in the Ohio House of Representatives. Simultaneously, work is underway to expand the HEiAP concept and tool for use by county and municipal officials who recognize the importance of assessing health and equity impacts of local decisions. **For additional information, please email: ohiopha.org**.

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[10] Health Policy Institute of Ohio. (2021). Health Value Dashboard. Retrieved at https://www.healthpolicyohio.org/2021-health-value-dashboard

[11] The Ohio Chronic Disease Collaborative. (2014). Ohio's Plan to Prevent and Reduce Chronic Disease (2014-2018). http://www.healthy.ohio.gov/~/media/HealthyOhio/ASSETS/Files/Chronic%20Disease%20Plan/IS09934_State_Plan_Report_Design_WEB_vFIN.ashx

[12] Prevention Institute and Trust for America's Health, (2008). Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Found at: http://www.preventioninstitute.org/component/jlibrary/article/id-75/127.html

[13] Health Policy Institute of Ohio. Ohio Public Health Basics. Executive Summary. Retrieved from: http://health.bcohio.us/document_center/About%20Us/publichealthbasics_execsummary.pdf

Expenditures and Encumbrances April 2022

4/1/2022	Ohio Division of Real Estate	Burial Permit fees for March 2022	$202.50
4/5/2022	Ohio Dept. of Agriculture	RFE Transmittal Fees for March 2022	$168.00
4/5/2022	Treasurer, State of Ohio	FSO Transmittal Fees March 2022	$896.00
4/5/2022	Kent City Health Department	Petty Cash Receipts- Supplies for Vaccination Clinic	$32.95
4/5/2022	Kent City Health Department	Petty Cash Receipts- T21 Compliance Checks	$16.74
4/6/2022	Treasurer, State of Ohio	Vital Statistics Technology Fees for January - March 2022	$44,769.36
4/13/2022	Portage County Health Dept.	Public Health Nursing Services January - March 2022	$11,179.65
4/18/2022	Hometown Bank - City CC	Registration April Conference - Justin Smith	$177.00
4/20/2022	National Pen	KCHD Pens	$621.96
4/21/2022	Amazon LLC	Office Supplies - Banker Boxes, labels	$42.61
4/27/2022	Ryan Staffing	Staffing for Tobacco Grant Deliverables and Cessation Classes	$1,000.00
4/28/2022	Ohio Public Health Combined Conference	Ohio Public Health Combined Conf. May 23-25, 2022-Joan Seidel	$220.00
4/28/2022	Hilton Columbus/Polaris	2022 Ohio Public Health Conf. May 23-25 Hotel Stay	$367.61

Expenditures and Encumbrances May 2022

5/2/2022	Ohio Division of Real Estate	Burial Permit fees for April 2022	$120.00
5/2/2022	Treasurer, State of Ohio	FSO Transmittal Fees April 2022	$252.00
5/2/2022	Ohio Dept. of Agriculture	RFE Transmittal Fees for April 2022	$56.00
5/2/2022	Treasurer, State of Ohio	Public Swimming Pools Transmittal Fees	$1,420.00
5/11/2022	Amazon LLC	Laptop Bag - Sara Slanina	$43.00
5/11/2022	Amazon LLC	Office Supplies Binders, Dividers	$106.38
5/13/2022	EP OPCO USA LLC (Veseris)	Altosid XR ingot (2cases), Altosid 30 dayBriquettes (2cases)	$2,575.20
5/19/2022	Ohio Business Machines, LLC	Freight Charge for Printer Toner	$14.50
5/19/2022	Swift First Aid	First Aid kit replacement items	$50.15
5/20/2022	Memorial Animal Hospital	Raccoon Specimen Prep for Rabies Testing	$95.00
5/27/2022	Ryan Staffing	Intern Staffing for Mosquito Program	$10,000.00

Letter to Kent City Council
Re: Establishment of a distinct role in the City of Kent to address racism and inclusivity
June 14, 2022

The Kent City Health Department is committed to health equity and values the health of every resident of our city. Accordingly, we support all actions by City Council that may improve health outcomes or decrease health disparities in our community. We applaud the efforts City Council has made thus far and encourage the continuation of action taking.

Council has illustrated the desire for Kent to be an inclusive and welcoming place for all. We improve where we focus our energy. Focusing on equity and inclusivity would not only bring needed change to those who have been historically marginalized, it would lift all individuals. In order to maintain a focus on the issue of racism and its impact on health, the Kent City Health Department supports any efforts to reveal, define, address, and work together to resolve, racism in the city. In order to have the most positive impact, efforts should be coordinated with clearly defined goals. The proposal to incorporate a distinct role for Racism and Inclusivity would represent an action step to further the goals of Council's previous resolutions. The importance of this work requires the foundational support of City Council. The World Health Organization states, "Health is ultimately shaped by the distribution of money, power, and resources – all of which are political decisions."

During the Covid-19 pandemic, Governor DeWine recognized the extent of health inequities and disparities among Ohio's citizens. He created the statewide Community of Health Equity Learning and Practice (C-HELP), of which KCHD is a member. CHELP begins with education so that all can speak the same language and have access to resources for their community. Akron has likewise done work investigating and prioritizing equity concerns, establishing a Racial Equity and Social Justice Task Force. Many other cities and counties are seeing the progress of equity work and we can learn from their efforts. There is still time to be on the leading edge of this work for communities our size while thoughtful consideration is given to how this individual role would best fulfill the goals and needs of Kent. Because racism is a public health concern, influencing the key social determinants of health, the Kent City Health Department is already involved; we support the City's initiatives to the fullest extent possible in working with those who are impacted and collaborating on interventions which would truly make Kent a city of diversity, safety, equity, and inclusion.

Respectfully,

Emily Mattern, RN, MPH
President, Kent City Board of Health

Joan Seidel, MA, BSN, RN
Health Commissioner, Kent City Health Department

Angela DeJulius, MD, MPH

Medical Director, Kent City Health Department

KENT CITY HEALTH DEPARTMENT

414 E. MAIN ST., P.O. BOX 5192, KENT, OHIO 44240 (330) 678-8109 FAX (330) 678-2082

MEDICAL DIRECTOR'S CONTRACT

It is hereby agreed upon by and between the Board of Health of the City of Kent, hereinafter referred to "the Board", and, **Angela DeJulius, MD, MPH,** hereinafter called the "Medical Director" that the said Board has and does hereby employ the said **Angela DeJulius, MD, MPH** as Medical Director beginning October 1, 2021 and ending December 31, 2022. Both parties agree that said employee shall perform the duties of Medical Director in and for the Board of Health of the City of Kent as prescribed by the laws of the State of Ohio and by the rules, regulations, and position descriptions adopted by the Board.

IN WITNESSETH WHEREOF, said Medical Director agrees to perform faithfully the duties of Medical Director of said Board and that the Medical Director shall:

1. Consult with Health Department staff, the Board of Health, and contracted Nursing Staff on matters needing medical decisions.
2. Attends at least one statewide conference related to Public Health Concerns.
3. Licensed physician in the State of Ohio.
4. Attend monthly or quarterly meetings with the KSU health center on infectious disease outbreak planning (meningitis, large scale influenza outbreak, etc.) and current health concerns.
5. Be able to write prescriptions for rabies vaccines and other scripts as needed.
6. Assist with the planning of the Medical aspects of the academic health department model.
7. Coordinate and meet with the Portage County Medical Director as needed on current health trends and concerns. Also assist in infectious disease planning for the City of Kent and Portage County.
8. Assist with public health emergencies such as a disease outbreak.
9. Have monthly meetings with health commissioner and attend board meetings as needed or requested.
10. Assist in policy development for the agency in meeting the accreditation standards (i.e. HIPPA Policy).
11. Assist in the community health assessment and the community health improvement plan.

The Medical Director further agrees that throughout the term of this contract, the Medical Director shall be subject to administrative remedies including termination of this contract by the Board for gross inefficiency or immorality; for willful and persistent violations of reasonable regulations of the Board; or for other good and just causes; provided, however, the Medical Director shall have right to service of written charges, a hearing before the Board after reasonable notice, and such other rights as may be provided by law.

It is agreed that the Medical Director shall devote a minimum of 5 hours per month to said employment during the terms of this contract, and that the Board shall reimburse the Medical Director **$6,000.00 in Quarterly payments of $1,500.00** payable to **Angela DeJulius, M.D. 198 Woodsong Way, Chagrin Falls, Ohio 44023.** If additional Medical Director hours are required per month, an hourly rate of $110 per hour will be provided to the Medical Director and all work will be agreed upon by the Health Commissioner and Medical Director prior to the additional hours being granted. All actual and necessary travel and other expenses required in the performance of Medical Director official duties during employment under this contract is subject to limitations as provided by Board policy, and that the Board and the Medical Director shall fulfill all aspects of this contract, any exception thereto being by mutual consent of the Board and Medical Director. In addition, continuing medical education costs up to $500.00 will be provided as well as any costs related to the application of hospital privileges to University Hospitals. Also, the Board and City of Kent shall provide Medical Malpractice Liability insurance coverage for Angela DeJuilus M.D.,M.P.H.in the amount of $2,000,000 through the Public Entities Pool of Ohio, as outlined in the coverage description, attached hereto as Exhibit "A" and made a part hereof.

SIGNATURES: **KENT CITY BOARD OF HEALTH**

_____ _____

Witness Date Emily Mattern R.N., President Date

_____ _____

Witness Date Angela DeJulius M.D, M.P.H. Date

APPROVED AS TO FORM:

_____ _____

Date Hope Jones,
City of Kent Law Director

CERTIFICATE OF DIRECTOR OF BUDGET AND FINANCE

It is hereby certified that the amount of ($_____) required to meet the contract, agreement, obligation, payment or expenditure, for the above, has been lawfully appropriated or authorized or directed for such purposes and is in the City Treasury or in the process of collection to the credit of _____ Fund free from any obligation or certificates now outstanding.

_____ _____

Date Rhonda Hall
City of Kent Budget and Finance Director