# Hamilton County General Health District
## REGULAR MEETING – BOARD OF HEALTH
## February 9, 2026 – 4 p.m.
## Minutes

1. **Call to Order**

At 4 p.m., Dan Meloy called to order the regular session of the Board of Health of Hamilton County General Health District followed by the Pledge of Allegiance.

2. **Roll Call of Members**

Members Present: Dan Meloy, President
Elizabeth A. Kelly, M.D., Vice-President
Tracey A. Puthoff, Esq.
Eric Knapp
Max Miller

District Staff Present:
Greg Kesterman, Health Commissioner
Jackie Lindner, Assistant Health Commissioner
Craig Davidson, Assistant Health Commissioner
Jeremy Hessel, Director of Environmental Health
Tucker Stone, Supervisor of Environmental Health
Rebecca Stowe, Performance Management & Grants Coordinator
Allison Babka, Public Information Officer
Nee Fong Chin, Chief Assistant Prosecuting Attorney
Greg Varner, Finance Officer
Stephen Feagins, M.D. Medical Director

Guests Present: Tigest Zewde, UC College of Nursing
Angela Theil, UC College of Nursing
Howard Dettmer, Village of Elmwood Place
Lynn Schulte, Board of Health Candidate
Mark Rosenbergr, Board of Health Candidate

3. **Pledge of Allegiance**

4. **Clean Kitchen Awards**

Assistant Health Commissioner Craig Davidson read the list of Clean Kitchen Award recipients and congratulated them for their efforts to maintain a high level of sanitation and staff education.

5. **Approval of Minutes**

**Dr. Kelly** moved to approve the minutes of the January 12, 2026, Board of Health meeting.
**Mr. Knapp** seconded the motion.
**Roll Call Vote – All Aye**

6. **Public Comment:** None

7. **Board of Health Candidates**

**a. Lynne Schulte**

Lynn Schulte introduced herself to the board and listed reasons why she would like to be part of the board. She noted that she is a lifelong resident of Hamilton County and that she would like to join the board as an opportunity to give back to the community. She noted that she has past board of director experience and that she can take in information, digest the information, gather all facts, and look at all perspectives before making a decision. She also noted that she is easy to work with and believes she would be a good contributor to the board.

**b. Mark Rosenberger**

Mark Rosenberger introduced himself to the board and listed reasons why he would like to be part of the board. He said that he wants to be part of the board because he sees it as important to the community. He noted that he would bring a technical aspect to the board due to his past experience of being involved with several water quality and environmental projects. In addition, he currently serves on the Hamilton County Board of Zoning Appeals.

8. **Evidentiary Hearing Related to Proposed Retail Food Establishment License Revocation: Adama I Pam**

Transcript taken by court recorder regarding the Board of Health Order Revoking the Retail Food Establishment License of Adama I Pam located at 717 W. Wyoming Avenue, Cincinnati Ohio 45215.

9. **Reports**
**a. Health Commissioner**

Commissioner Kesterman began his report by congratulating and recognizing Dr. Stephen Feagins for being selected as the 2026 Lifetime Achievement Award recipient for the *Cincinnati Business Courier*'s annual Health Care Heroes awards series.

Mr. Kesterman informed the board of two upcoming conferences that he is required to travel to and requested approval from the board for him to attend. These include The Ohio Department of Health and Association of Ohio Health Commissioners (AOHC) annual conference in Columbus April 27 – April 29 and the AOHC annual conference September 21-23.

Mr. Kesterman invited the board members to the annual District Advisory Council meeting on March 10, 2026.

Mr. Kesterman introduced Rebecca Stowe, performance management and grants coordinator, to the board to present the agency's community health improvement plan.

**i. Community Health Improvement Plan, Rebecca Stowe**

Ms. Stowe began her presentation by providing information on the public health accreditation board (PHAB) standards relating to the development of a community health improvement plan. The community health improvement plan is data-driven roadmap that guides how we and our partners will work to improve the health of our community.

She explained that a regional community health needs assessment is conducted every three years in partnership with hospital systems, community organizations, and public health departments with leadership from The Health Collaborative. The 2024 assessment covered 18 counties in southwest Ohio, southeast Indiana, and northern Kentucky. The assessment identified 17 significant health needs in the region, with three regional priorities chosen for collective action: suicide and overdose prevention, HIV and STI treatment and prevention, housing, and heart disease and stroke prevention.

Ms. Stowe discussed that a county-level community health assessment was completed for Hamilton County to understand how regional issues show up in our communities. This allowed HCPH to look more closely at local data, community input, and county-specific needs. The county assessment found that health behavior and outcome data aligned closely to that of the region, with one additional priority area of need identified.

Ms. Stowe provided an overview of each of the selected priorities noted above.

Ms. Stowe said that the next step is turning priorities into action: assigning leads and roles, developing annual implementation plans, doing quarterly check-ins to assess progress, using the data and feedback, and documenting outcomes and reporting results.

Dr. Kelly asked about where we would obtain the morbidity and co-morbidity data and how it would be used.

Ms. Stowe responded that the epidemiology team would like to obtain this data from hospital systems. We previously had access to some hospital data, but there has been a gap since The Health Collaborative's data governance committee dissolved. The data would be used to get a better understanding as to what health conditions individuals are living with and how interventions could best support chronic disease management and prevention efforts. Mr. Kesterman further explained that he is working with partners to recommend legislative changes that would assist with data access.

Mr. Miller asked if we are looking at data from 2022 and 2023 and is this data accurate with real time? Has it gotten worse or better? Ms. Stowe explained that the data shared in the presentation was from the 2024 health assessment and includes

finalized data. Updated data can lag until it is validated and finalized. Our epidemiology team continues to monitor all available data.

Mr. Knapp asked if we are looking at data that includes the COVID-19 pandemic? Ms. Stowe said that those numbers are included in the data.

Ms. Stowe's presentation shall be counted as 35 minutes of continuing education.

**b. Medical Director**

Dr. Feagins began his report by discussing a shift in influenza A (H3N2) from subclade J to subclade K and explained that it reduces the effectiveness of immunity from past infections and the current vaccine. He noted that there was a huge uptick in cases and hospitalizations in January, but that number has come down very quickly.

Dr. Feagins noted that influenza B is causing more pediatric hospitalizations.

Dr. Feagins reported that there has been an increase in norovirus cases beginning in late 2025 and continuing through February 2026. He noted that 22 cruise ships had outbreaks due to the high transmissibility.

Dr. Feagins discussed data regarding emergency department testing for HIV and syphilis and said that testing results are delayed by 1-2 days. He reported that the health department disease investigators follow up on all positive HIV and syphilis cases.

Dr. Feagins explained why humidity levels play a factor in airborne transmission of viruses. He said that low humidity within indoor spaces increases the spread of viruses while high humidity decreases the chances of transmission. When it comes to bacterial infections, lower humidity reduces risk of infections and is kept between 30-60% in operating rooms.

**c. Community Health Services**

Ms. Lindner started her report by giving information on the changes to how the funds for the Overdose Data to Action(OD2A) grant can be used after the recent executive order and an additional conversation with the CDC. She explained what services can be funded using the federal funds and gave examples of "in bounds and out-of-bounds" items.

Ms. Lindner shared that approved services include fentanyl test strips and overdose education, while unapproved items include the syringe exchange program.

Ms. Lindner said staff titles changed in order to align with the new federal guidelines. Changes also will include document changes and updated language.

Mr. Kesterman provided information regarding alternate funding for the services that are unapproved for federal funding. He noted that he has already had conversations with the city of Cincinnati health commissioner to adjust contracts for funding of programs like the syringe exchange program.

**d. Environmental Health Services**

Mr. Davidson began his report by informing the board of updates to environmental sanitation regulations 1-67 and I-47. He said that over the last year, the department has done a deep dive into these regulations due to them being out of date with current language, standards, and practices. He reported that both of these regulations were adopted in 1947 and 1967, included language like "milk delivery," and needed to be reviewed and updated.

Mr. Davidson shared that a survey about updates to the regulations was sent to more than 190 stakeholders at Hamiton County Job and Family Services, Legal Aid Society of Greater Cincinnati, Cincinnati Metropolitan Housing Authority, local elected officials of the jurisdictions served by HCPH via the District Advisory Council contact list, and representation from local rental property owners. Of the emails sent, 79 were opened and had 23 clicks on the links to the revised regulation or the survey form. This survey was open for two weeks, and no feedback was received.

Mr. Davidson recommended a public hearing be scheduled before the next board meeting regarding these regulation changes.

10. **Finances**

The January 2026 disbursement reports are included in the board packet.

**Mr. Miller** moved to approve the monthly disbursements.
**Mr. Knapp** seconded the motion.
**Roll Call Vote – All Aye**

11. **New Business**

**Ms. Puthoff** moved to authorize the health commissioner to travel to and attend the AOHC conferences in April and September 2026.
**Mr. Miller** seconded the motion.
**Roll Call Vote - All Aye**

**Mr. Miller** moved to authorize the holding of a public hearing for the proposed housing and environmental sanitation regulation to be held at 3:45 p.m. on March 9, 2025, at Hamilton County Public Health offices located at 250 William Howard Taft Road, Cincinnati, OH.
**Ms. Puthoff** seconded the motion.
**Roll Call Vote – All Aye**

12. **Executive Session**

**Dr. Kelly** moved to go to Executive Session to discuss personnel matters at 5:20 p.m.
**Mr. Miller** seconded the motion.
**Roll Call Vote – All Aye**

The Board of Health came out of executive session at 5:55 p.m. where no decisions were made.

**Ms. Puthoff** moved to authorize the Board of Health president to work with the human resource officer to provide a one-time salary adjustment for the health commissioner.

**Dr. Kelly** seconded the motion.
**Roll Call Vote – All Aye**

13. **Adjournment**

**Mr. Knapp** moved to adjourn the meeting at 5:57 p.m.
**Mr. Miller** seconded the motion
**Roll Call Vote – All Aye**

Next Board of Health meeting: March 9, at 4 p.m.

Dan Meloy, President

Greg Kesterman, Secretary
Health Commissioner