

October 16, 2024 | 12:30pm – 2:00pm

**MUNICIPAL SERVICES CENTER, 3600 TREMONT ROAD
LOWER LEVEL MEETING ROOM**

1. Call to order of regular meeting
2. Old Business
 - a. Approval of July 17, 2024 meeting minutes
3. New Business
 - a. Review FCPH recommendations on topics of focus and discussion. Recommendations found in the Epidemiology & Data report.
4. FCPH Reports
 - a. Epidemiology & Data
 - b. Environmental Health
 - c. Health Systems & Planning
 - d. Prevention and Wellness

ADJOURNMENT

**Date of Next Meeting:
January 15, 2025 12:30 pm
3600 Tremont Road – Lower Level Conference Room
Upper Arlington, Ohio 43220**

-AGENDA SUBJECT TO CHANGE-

Wednesday, July 17, 2024 | 12:30

Members Present

	John Kulewicz- Council Member		Betty Giammar
	Dr. J. Nick Baird		
	Dr. Richard Vesper		
	Dr. Gil Liu		

Guests:

- Jackie Thiel, City of UA**
- Alaina Uscio, City of UA**
- Chris Zimmer, City of UA**
- Sarah Jensen, FCPH**
- Sarah Muntzing, FCPH**
- Unity Johnson, FCPH**
- Abby Boeckman, FCPH**
- Eva Wollerman, FCPH**
- Scott Brewer, FCPH**
- Radhika Iyer, FCPH**

Members Absent

MINUTES

1. Call to order of regular meeting
2. Old Business
 - a. Approval of April 17, 2024 meeting minutes
 - i. Motion Dr. J. Nick Baird
 - ii. Second Dr. Gil Liu
 - iii. Motion passed
3. New Business
4. FCPH Reports
 - a. Environmental Health

- i. One person in UA was exposed to rabies and had the required follow-ups and vaccinations and at this time they are fine
 - ii. Were the three UA public pools in good standing?
 - 1. Yes, there have not been any issues
 - iii. Does the heat pose any challenges to pool maintenance?
 - 1. Yes, the chlorine burns off quicker as the temperature rises and the number of people using the pool can impact the chemistry of the pool
 - iv. Can you give more details on the raccoon rabies situation?
 - 1. It was not necessarily a bite, we consider a bite or uncertain exposure to be unsafe.
 - v. As of June 30th, there have been no WNV+ mosquitos found in UA
 - vi. What happened with the warning letter for the unlicensed facility?
 - 1. If there is a change of ownership, sometimes the new owners don't realize they need to get a new license, so we issue a warning letter to ensure they obtain a new license.
 - vii. Are there requirements for grease disposal for restaurants?
 - 1. Requirement for grease trap, sometimes people dump grease down drains that don't connect to the grease trap, or directly down a storm drain. We work hard to educate our facilities on proper grease disposal.
- b. Health Systems & Planning
- i. Not specifically UA, but the Overdose Fatality Review Committee met in June
 - ii. Highlighted TRL availability and is open to working with UA
 - iii. Demonstrated CARES Dashboard and gave background on where the data comes from and where to direct any questions
 - iv. How do Upper Arlington naloxone distribution numbers compare to other communities?
 - 1. We can compare to any zip codes you would like and get back to you.
 - v. Wasn't there something in the paper about a reduction in overdoses across Ohio?
 - 1. It's improving overall, but those improvements are mostly seen among the white community
 - vi. Do your Community Health Workers coordinate with Upper Arlington Cares?
 - 1. I don't know that answer right now, but can get that information and bring it back
 - 2. Chief Zimmer spoke on the relationship between UA Cares and County services
 - vii. Our Emergency Preparedness team was very busy with the eclipse in April, and we didn't need to utilize those plans.



- viii. What's the Stop the Bleed program?
 - 1. We can come out and train lay people on how to potentially stop large wounds. How to use tourniquets, how to use them, and what to do in those scenarios.
 - 2. UAFD also has multiple STB trainers that we are happy to partner with for training
- ix. UA CHAT is working with UA High School on mindfulness rooms for students to give them space to destress throughout the school day. Also working on emergency preparedness kits to distribute throughout the community in September
- x. Have you had any contact with UA Parks and Rec dept on health promotion programming for the new community center? It's due to open Spring 2025.
 - 1. We have not but will be sure to reach out to get some health promotion/mindfulness programming together over there
- c. Prevention & Wellness
 - i. Our clinic space has been recently remodeled and we had an open house.
 - ii. 17 families in UA served through our CMH program from April 1- June 30
 - iii. Review of H5N1 numbers. The risk to the general population is low, but we should still take precautions with fair season, petting zoos, backyard farms. We are in close contact with Franklin County Fair officials around testing for animals and subsequent human monitoring.
 - 1. Do we have any outstanding risk in UA being close to the OSU farm?
 - a. Not at this time.
 - iv. COVID Report
 - 1. This report is from May 31st because we moved to quarterly reports after this one. The July 31st report will give more detail on recent trends.
 - 2. The CDC is no longer requiring hospitals to track COVID numbers, so we don't have as much data to work with.
 - a. Accuracy is an issue right now since we don't have that hospital data anymore, and rely more on self-reporting and information from doctor's offices.
 - 3. Do they test any other infectious diseases in wastewater testing?
 - a. COVID, Flu A and B, and they're talking about looking at norovirus and RSV.
 - 4. We know there are going to be reporting changes around COVID, but we don't yet know how they will be reported.



There is talk of only reporting hospitalization due to COVID, but nothing is confirmed for sure.

- d. General Discussion
 - i. The UA Board may want to determine what is most important and beneficial to UA, and have more focused conversations during these meetings? Going over all of the updates is great, but is there a way we can have conversations around issues specific to UA?
 - 1. Our Data and Epi team is happy to make some recommendations on what issues the data points toward different priorities.
 - a. CARES has a section on best practices from other communities
 - 2. Possible focuses
 - a. Mental health for our young people
 - b. Aging in place
 - c. Tobacco
 - d. Overdose
 - e. STIs
 - ii. Next steps would be to determine areas of focus
 - 1. Under new business for next meeting should be to review recommendations from FCPH to see where we go moving forward
- e. New Business for next meeting
 - i. Recommended community focuses from FCPH for UA board to discuss and determine what they want to focus on

ADJOURNMENT

Motioned: Dr. Gil Liu

Seconded: Dr. J. Nick Baird

Motion Passed

Meeting was adjourned at 1:47





About Upper Arlington

Upper Arlington (UA) was home to an estimated 35,694 community members in 2023.¹ While the median age in UA is 5 years higher than in Franklin County, more than 1 in 4 UA residents is a child.² Overall, 8% of residents were born outside of the United States.²

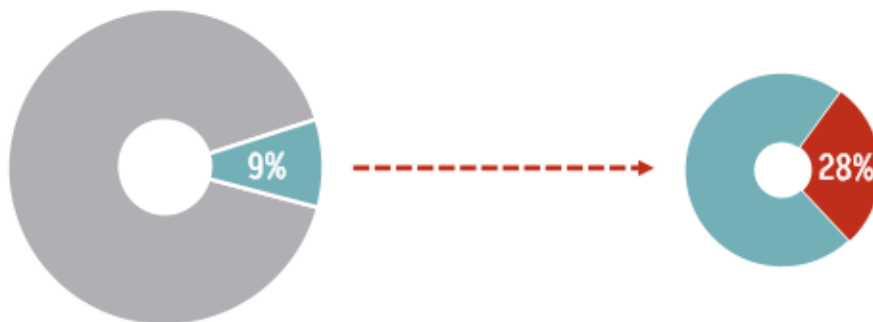
Basic Needs & Social Determinants of Health

Housing Cost Burden: In UA, 1 in 10 (10.5%) households are burdened by the cost of their housing, meaning they spend 30% or more of their total income on housing alone.² These households may have fewer resources to allocate toward health and wellbeing. In UA, households who rent are more likely to be housing cost-burdened than households who own.² Single-parent households and nonfamily households are more likely to rent as well as Asian, Black/African American, and multiracial households.²

Language: 1 in 10 (9.4%) UA residents speak a language other than English at home.² Of those residents, 28% speak English "less than very well," amounting to nearly 900 community members.² Community members who speak Asian and Pacific Island languages reported the least proficiency with English.²

In Upper Arlington, **9%** of residents speak a **language other than English** at home. Of these residents, **1 in 4** speak English **less than "very well."**

US Census American Community Survey, Upper Arlington, 2022



Half of residents who speak Asian or Pacific Island languages at home speak English less than "very well."



¹ [Mid-Ohio Regional Planning Commission \(MORPC\) Central Ohio Population Resource Hub](#)

² [US Census Bureau American Community Survey \(ACS\) 2022 5-Year Estimates Data Profiles](#)

Poverty: Overall, 2.6% of all UA residents are living below the poverty level, amounting to 285 children (2.8%), 525 adults ages 18-64 years (2.7%), and 134 older adults ages 65 years and over (2.1%).² In UA, the risk of poverty differs depending on where you live and other sociodemographic factors. Black/African American and Asian residents of UA are more likely to live below the poverty level than White residents.² Residents without a college degree are also less likely to live in poverty, with poverty rates decreasing as educational attainment increases.² In UA, the poverty rate ranges from 0.6% to 6.8% depending on the neighborhood where you live.²

Black or African American residents are 20 times more likely than **White** residents to live below the poverty level. **Asian** residents are 3 times more likely than **White** residents to live below the poverty level.

US Census American Community Survey, Upper Arlington, 2022

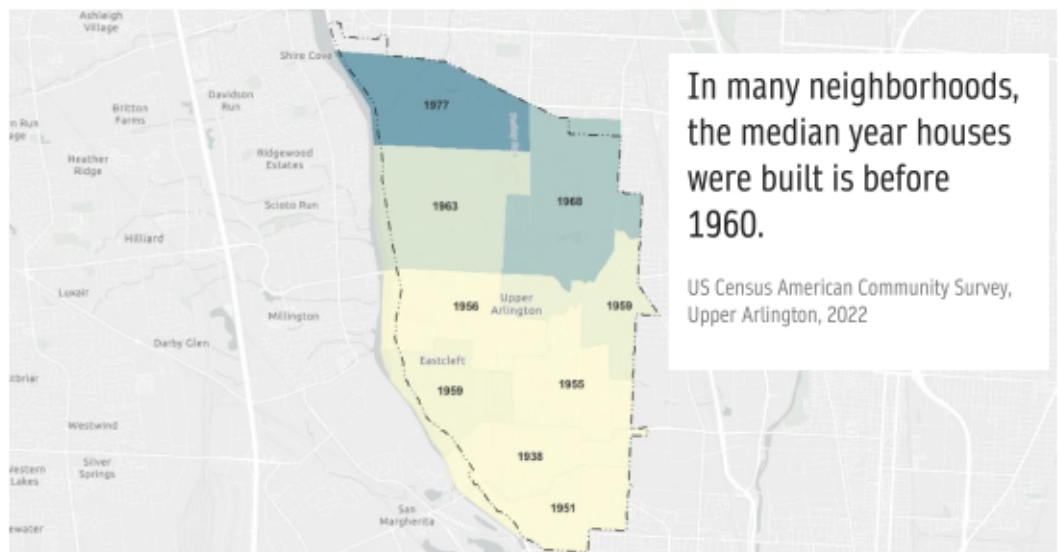


Environmental & Climate Health

Perspectives on Environment: While an estimated 67% of UA residents are interested in how to help the environment, 44% feel hopeless to protect the environment.³

Lead Exposure:

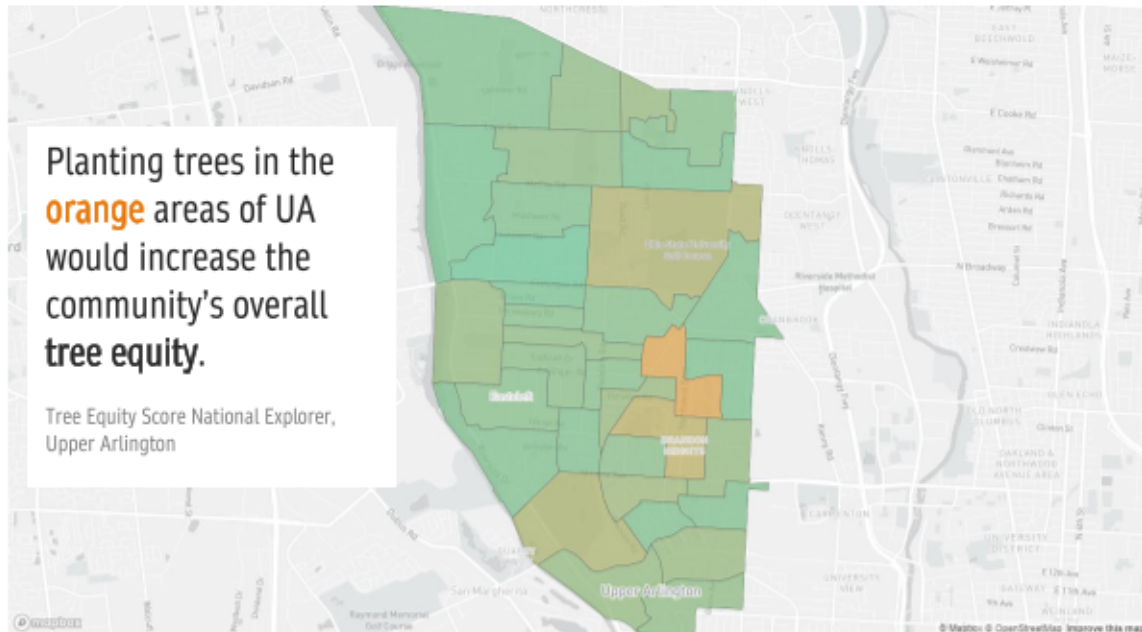
7,705 occupied housing units in UA were built before 1960, meaning they are at higher risk for containing lead-based paint.² In 2022, 466 resident children of zip codes 43220 and 43221 had their blood lead levels tested, and 3% tested positive for an elevated result.⁴



³ Esri Market Potential 2024

⁴ Ohio Department of Health Healthy Housing and Lead Poisoning Surveillance System

Tree Canopy Coverage: UA has one of the highest scores for tree equity among cities in Franklin County (93 out of 100).⁵ Within UA, tree canopy coverage is generally well-distributed. All UA census block groups have a tree equity score of 75 or higher.⁵ UA could plant additional trees to increase the tree equity scores of all UA census block groups.⁵ To ensure that all UA census block groups have a tree equity score of 80 or higher, UA would have to plant 387 trees. To increase the tree equity score to 90 or higher for all UA census block groups, UA would have to plant 6,400 trees.

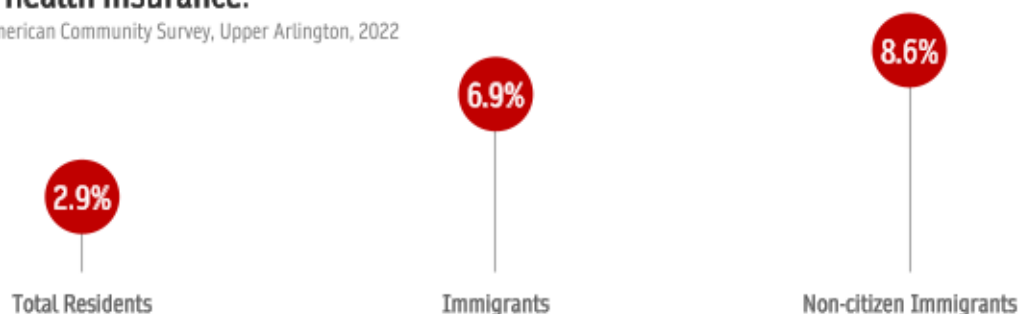


Chronic Conditions & Access to Care

Health Insurance: In UA, nearly 750 residents are without health insurance, making up 2.1% of the total population.² Immigrant/New American residents are less likely to have health insurance (6.9% uninsured), with even higher uninsured rates among residents who are not citizens (8.6%).²

Non-citizen immigrant residents of Upper Arlington are most likely to be **without health insurance.**

US Census American Community Survey, Upper Arlington, 2022



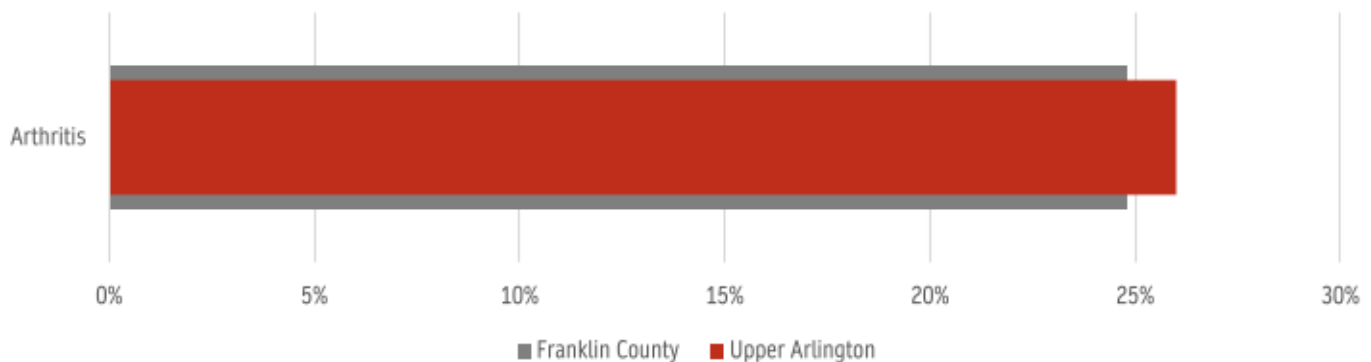
⁵ [Tree Equity Score Locality Report: Upper Arlington, OH](#)

Preventative Care: In 2022, 21.4% of UA adults did not receive an annual checkup.⁶ Similarly, 19.0% of women aged 50-74 years did not receive a mammogram and 28.5% of adults aged 50-75 years did not receive colorectal cancer screening.⁶

Chronic Conditions: Among UA adults, 33.7% have high cholesterol, 27.9% have high blood pressure, and 25.7% have arthritis.⁶

Arthritis in **Upper Arlington** is **more prevalent** than in Franklin County.
1 in 4 Upper Arlington adults experiences arthritis.

PLACES: Local Data for Better Health, Upper Arlington, 2022



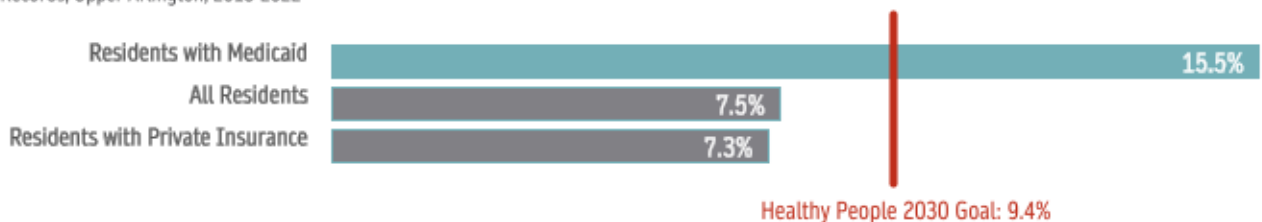
Maternal & Child Health

Prenatal Care: From 2018 to 2022, 90.5% of live births to UA residents received prenatal care during the first trimester.⁷ This means 9.5% of live births either received no prenatal care or received prenatal care later than recommended.

Preterm Birth: From 2018 to 2022, 7.5% of babies born to UA residents were born preterm (<37 weeks).⁷ Black/African American residents had a higher prevalence of preterm birth (17.2%) compared to White residents (7.5%), though it was lower among Asian residents (4.8%).⁷ Preterm birth rates were also higher among residents with Medicaid (15.5%) than residents with private insurance (7.3%).⁷

Residents with **Medicaid** are more than **two times** as likely to give birth **preterm** compared to residents with private insurance.

Ohio Birth Records, Upper Arlington, 2018-2022



⁶ PLACES: Local Data for Better Health 2020-2022

⁷ Ohio Department of Health Bureau of Vital Statistics

Perinatal Hypertension: In 2022, 11.2% of UA residents who gave live birth experienced some form of hypertension (high blood pressure) before or during pregnancy, including pre-pregnancy hypertension, gestational hypertension, pre-eclampsia, and eclampsia.⁷

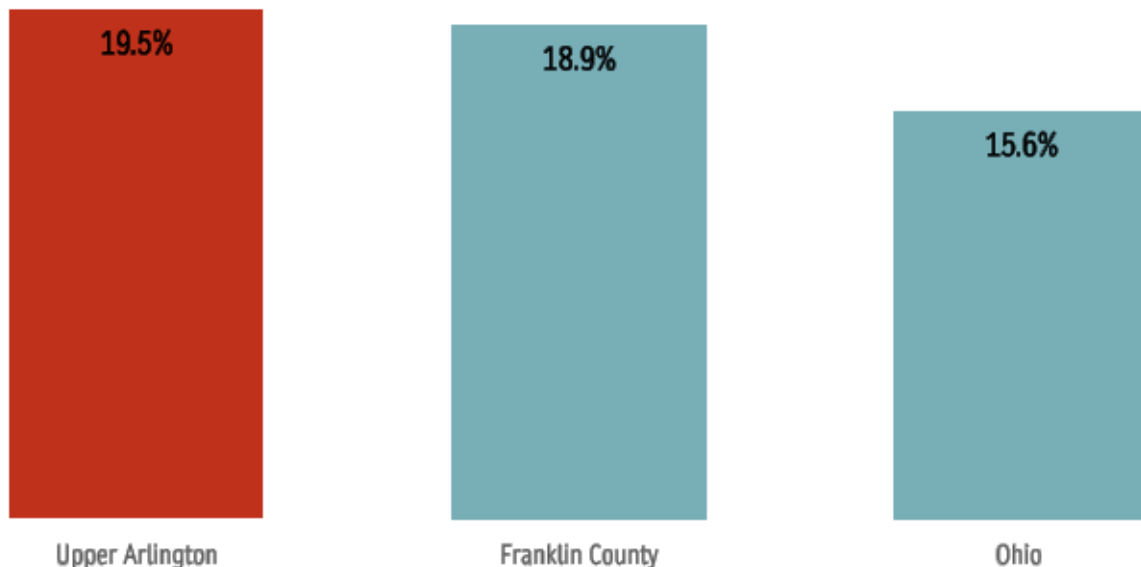
Youth Data: Data about youth in UA is largely unavailable. Participation in the Ohio Health Youth Environment Survey (OHYES!) and data sharing with Franklin County Public Health would allow for FCPH to share information about adverse childhood experiences, mental health, substance use, social support, and more about students in UA City School District.⁸

Behavioral Health

Binge Drinking: In 2022, 19.5% of UA adults reported binge drinking in the past 30 days, falling within the worst 25% of all Ohio and US cities and villages.⁶ This is higher than both Franklin County (18.9%) and Ohio (15.6%) overall. The binge drinking prevalence in UA appears to have increased overall since 2018 (17.5%).⁶ Those who report binge drinking are 14 times more likely to report alcohol-impaired driving.⁹

In 2022, the percentage of **Upper Arlington** adults who reported **binge drinking** in the past 30 days was **19.5%**, which is **higher** than both Franklin County and Ohio.

PLACES: Local Data for Better Health, Upper Arlington, 2022



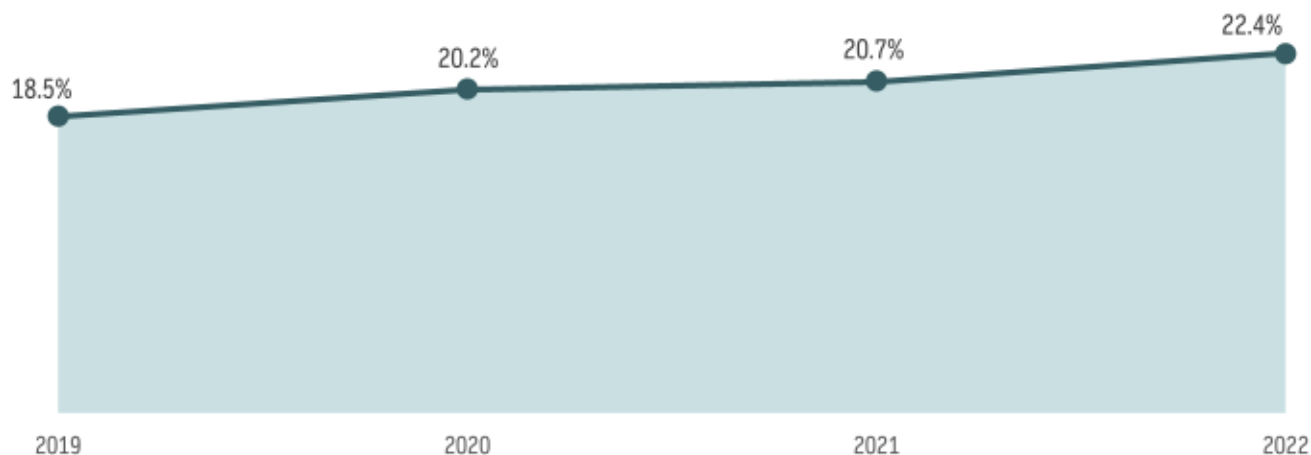
⁸ [Ohio Youth Surveys Ohio Health Youth Environment Survey \(OHYES!\)](#)

⁹ [Rapid Drinking is Associated with Increases in Driving-Related Risk-Taking](#)

Depression & Mental Health: In 2022, 1 in 5 (22.4%) adults in UA had ever been diagnosed with depression.⁶ This is lower than in Franklin County (24.4%) but higher than in the United States (19.5%). The percentage of UA adults diagnosed with depression has continued to increase since 2019.⁶ Despite 22.4% of adults being diagnosed with depression, only 9% of households reported receiving mental healthcare services and only 13.8% of adults bought medication for anxiety or depression in 2023.¹⁰

Adult depression diagnoses in Upper Arlington are increasing.

PLACES: Local Data for Better Health, Upper Arlington, 2022



Smoking: In 2022, 8.9% of UA adults reported currently smoking, amounting to an estimated 2,350 residents.⁶ While this is lower than smoking rates in Franklin County and the US, it is higher than the Healthy People 2030 goal of 6.1%. In one UA neighborhood, the current smoking rate is 11.1%.⁶

Injury & Death

Substance-Involved Injury: From 2020 to 2023, residents of zip codes 43220 and 43221 visited the emergency department (ED) 408 times for alcohol-related injuries.¹¹ In 2023, there were 113.1 ED visits per 100,000 residents of zip codes 43220 and 43221 for unintentional overdose.¹¹ This is lesser than the rate in Franklin County (292.9). In 2023, emergency medical service providers reported administering 39 doses of naloxone (Narcan) in zip codes 43220 and 43221.¹²

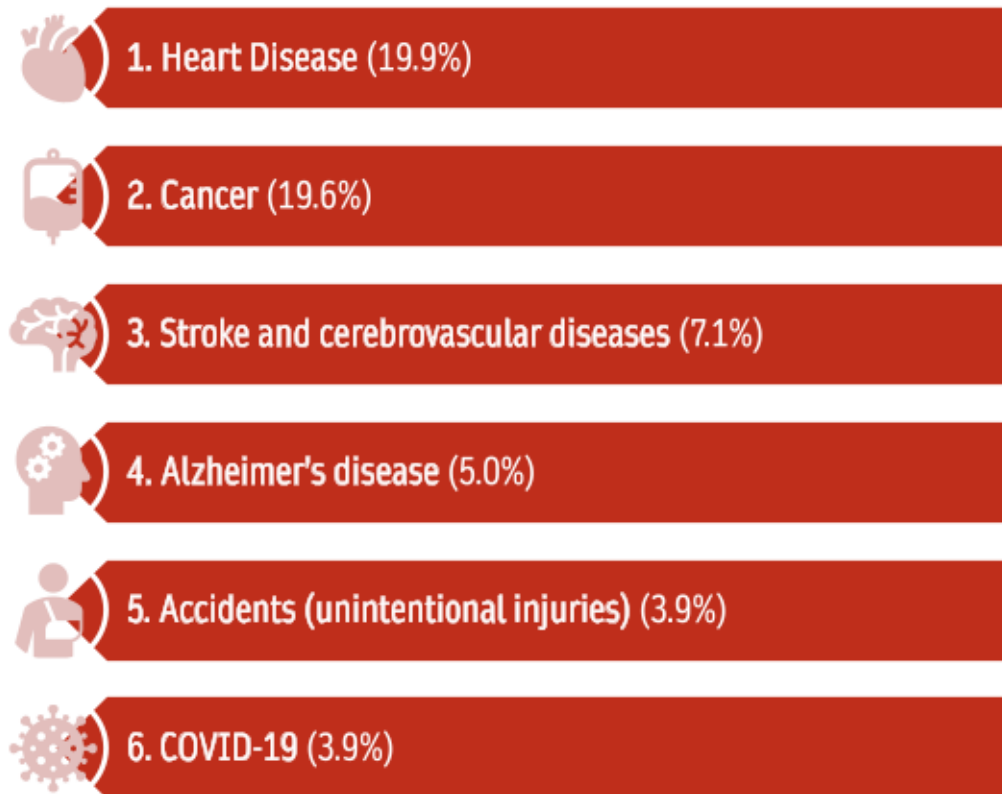
Self-Harm Injury: From 2020 to 2023, residents of zip codes 43220 and 43221 visited emergency departments over 800 times for self-harm, including self-harm, suicidal ideation, suicide attempt.¹²

¹⁰ [Claritas Consumer Profiles](#)

¹¹ [Ohio Department of Health EpiCenter Health Monitoring System](#)

¹² [Ohio Emergency Medical Services \(EMS\) Naloxone Watch](#)

Leading Causes of Death: The leading causes of death among residents of Upper Arlington are similar to those among residents of Franklin County and the United States. Among the UA deaths due to unintentional injuries, 36.4% were caused by a fall and 36.4% were due to unintentional overdose.⁷ All UA residents who died from falls were 75 years of age or older.⁷



These data were provided by the Center for Public Health Statistics and Informatics, Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Recommendations & Local Resources

Increase annual check-ups & preventative screenings

Residents should be encouraged to regularly access preventative healthcare by receiving annual checkups and regular cancer screenings. Maintained relationships with healthcare providers could also improve the time at which residents receive prenatal care during pregnancy and associated family planning efforts may increase the likelihood that hypertension is addressed before pregnancy and decrease the risk for preterm birth.

Address mental health and substance use in the community

To prevent overdose, UA could promote [harm reduction materials](#) like naloxone (Narcan) and fentanyl test strips, both of which can be provided by FCPH through mail or through community trainings. Stigma surrounding SUD can be a significant barrier to seeking help. By understanding and challenging these misconceptions, UA can create a more compassionate and supportive environment for individuals in recovery. FCPH also provides [Peer Support Services](#) to connect individuals seeking recovery with someone who understands their situation and can provide support and guidance. UA leadership can also engage with county-wide collective impact efforts as part of the Columbus & Franklin County Addiction Plan ([C&FCAP](#)). This is a community action plan designed to decrease overdoses, overdose deaths, and infectious diseases like Hepatitis C and HIV/AIDS. In addition, so SUD, FCPH also supports tobacco cessation efforts. Franklin County and Ohio provide a variety of [smoking cessation resources](#) to residents of UA stop using tobacco products.

Many people who suffer from depression do not have access to treatment or seek treatment. However, effective treatment for depression is important to prevent it from becoming a chronic disease. UA could focus on reducing stigma around mental health and seeking treatment to increase the amount of people receiving mental healthcare services. Suicide and self-harm are preventable. UA could promote the [988 Lifeline](#) as well as partner with the [Franklin County Suicide Prevention Coalition](#), who provides evidence-based suicide prevention training to the community.

UA could also focus on reducing binge drinking in the community. UA can connect with the Franklin County Alcohol, Drugs, and Mental Health Board ([ADAMH](#)) to learn more about resources and opportunities to partner on safe alcohol consumption and recovery resources.

The Franklin County Board of Commissioners provides a community site for seeking resources called [Credible Mind](#). This site can be utilized by UA community members and organizations to locate and engage with resources on a variety of topics related to health and well-being.

Improve health literacy & language accessibility efforts across Upper Arlington

UA residents may benefit from translation and literacy efforts throughout the community. UA could engage with community organizations, schools, and healthcare providers to assess and fill gaps in language accessibility, particularly for Asian and Pacific Islander languages. Local organizations and

healthcare providers could also be encouraged to participate in [organizational health literacy assessments](#) to improve their service to the community.

Encourage UA CSD to participate in OHYES! with a Data Use Agreement

Participation in the [Ohio Health Youth Environment Survey \(OHYES!\)](#) and data sharing with Franklin County Public Health would allow for FCPH to share information about adverse childhood experiences, mental health, substance use, social support, and more about students in UA City School District. UA has routinely participated in the OHYES! Survey but partnering with FCPH to analyze data would also allow a deeper dive into the data on UA youth and request reports as needed. This would also improve health equity in the UA community, as resources could be tailored to youth who are at highest risk for adverse outcomes.

Increase economic stability among residents at higher risk

Poverty and housing affordability go hand in hand. Economic stability is a social determinant of health that can improve many health outcomes, including preterm birth, depression, and overdose. UA could improve economic stability among UA residents at higher risk, including single-parent households, community members with lower educational attainment, and racial/ethnic minority households. [FCPH Community Health Workers \(CHWs\)](#) can connect UA residents to medical and social services throughout the community.

Implement safety & wellness programming for older adults

UA could engage older adult residents in fall prevention programming. Regular exercise can also prevent falls, as well as mitigate the symptoms of chronic conditions like arthritis. Engaging with the [Franklin County Office on Aging](#) may also provide older adults in UA with opportunities to stay active and maintain their health.

Increase health insurance coverage among New American residents

Efforts to increase health insurance coverage among the immigrant/New American community in UA could improve overall access to care and equity in the community. [FCPH Community Health Workers \(CHWs\)](#) can connect UA residents to medical and social services throughout the community in multiple languages.

Ensure lead screening among Upper Arlington youth at highest risk

Children should be tested for lead exposure at age 1 and 2 years, and up to 6 years if the children are at [higher risk](#). UA residents can request a free [lead-based paint screening](#) from FCPH and receive home renovations if they qualify.

Engage Upper Arlington community members in improving environmental health

UA residents are interested in impacting the environment but might not know how. Community efforts to promote environmental wellbeing may increase community engagement in UA.



Community Environmental Health

- Rabies Control** – 133 exposure events in Franklin County were reported to Franklin County Public Health during this quarter. The following eight animal exposures in Upper Arlington were investigated during June 1, 2024, to September 30, 2024, and are in the table below. Four bat exposures occurred during this period. All bats were submitted to the Ohio Department of Health Lab and tested negative for rabies.

Incident Date	Species	Breed	Quarantine Status
7/1/2024	Dog	German Shepherd Dog	Released
7/5/2024	Cat	Mix	Released
7/6/2024	Dog	Bulldog	Released
8/1/2024	Dog	Lab Mix	Released
8/3/2024	Dog	Medium Mix	Released
8/6/2024	Bat	Brown	Euthanized/Negative for Rabies
8/13/2024	Dog	Mini Aussie	Released
8/18/2024	Dog	Cairn Terrier Mix	Released
8/20/2024	Dog	Shepherd Mix	Released
8/21/2024	Bat	Brown	Euthanized/Negative for Rabies
8/26/2024	Cat	DSH	Unknown/Stray
8/26/2024	Bat	Brown	Died/Negative for Rabies
8/28/2024	Cat	DSH	Released
9/2/2024	Bat	Brown	Died/Negative for Rabies
9/11/2024	Cat	DSH	Released
9/12/2024	Dog	Husky	Unknown/Stray
9/14/2024	Dog	Australian Shepherd	Released
9/15/2024	Dog	English Springer Spaniel	Released
9/19/2024	Squirrel	-	Unknown/Wild

- Public Swimming Pools** –

Franklin County Public Health currently has 395 licensed recreational water facilities. There are 28 licensed pools, spas, or special use pools in Upper Arlington. The licensing year is from June 1, 2024, to May 31, 2025. Standard pool inspections will be conducted at least twice per licensing year. Pool equipment inventory inspections are conducted once per year. Inventory inspections document pool equipment including pool pumps, filters, chemical feeders, drain covers, and other facility specific equipment. 46 inspections took place in Upper Arlington during this quarter at the locations listed below:

Date	Facility	Inspection Type
07/02/2024	Kenbrook Village Pool	Standard & Inventory
07/02/2024	Lane Lofts	Standard & Inventory
07/02/2024	Reed Road Water Park	Standard & Inventory
07/02/2024	Reed Road Water Park Tot Pool	Standard & Inventory
07/02/2024	Upper Arlington High School	Standard & Inventory
07/12/2024	Arlingtowne Condominiums Pool	Standard
07/12/2024	Scioto Country Club #1 Upper Pool	Standard & Inventory
07/12/2024	Scioto Country Club #2 Lower Pool	Standard & Inventory
07/12/2024	Scioto Country Club #3 Attached Pool	Standard & Inventory



07/12/2024	Scioto Country Club #4 Unattached Pool	Standard & Inventory
07/12/2024	Swim & Racquet Club	Standard & Inventory
07/23/2024	Carriage Hill Arlington Pool	Standard & Inventory
07/23/2024	Carriage Hill Arlington Wading Pool	Standard & Inventory
08/08/2024	Devon Diving Pool	Standard
08/08/2024	Devon Swimming Pool	Standard
08/08/2024	Devon Wading Pool	Standard
08/08/2024	Kenbrook Village Pool	Standard
08/08/2024	Lane Lofts	Standard
08/08/2024	Reed Road Water Park	Standard
08/12/2024	Kenbrook Village Pool	Standard
08/12/2024	Lane Lofts	Standard
08/12/2024	Reed Road Water Park	Standard
08/16/2024	Scioto Country Club #1 Upper Pool	Standard
08/16/2024	Scioto Country Club #2 Lower Pool	Standard
08/16/2024	Scioto Country Club #3 Attached Pool	Standard
08/16/2024	Scioto Country Club #4 Unattached Pool	Standard
08/27/2024	Arlingtowne Condominiums Pool	Standard & Inventory
08/27/2024	Berkley House Pool	Standard
08/27/2024	Branford Village Condominiums Pool	Standard & Inventory
08/27/2024	Carriage Hill Arlington Pool	Standard
08/27/2024	Carriage Hill Arlington Wading Pool	Standard
08/27/2024	The Landings	Standard

• **Body Art –**

Franklin County Public Health currently has 100 body art facilities. The licensing period is from January 1, 2024, through December 31, 2024. Body art includes traditional tattoo and body piercing, but it also includes permanent make-up or reconstructive procedures such as microblading, micro-needling, scalp micropigmentation, and scar camouflage. FCPH licenses two tattoo businesses in Upper Arlington, both of which perform permanent makeup and/or reconstructive procedures. FCPH inspects body art facilities at least once during the licensing period. No standard inspections were conducted during the third quarter of 2024.

- **Vector Control –** Over 150 traps are set throughout Franklin County each week. Upper Arlington is divided into three zones which are listed in the table below with total mosquitos collected for West Nile Virus (WNV) testing. The numbers in the table reflect only female mosquitos. This is because only female mosquitos bite and are capable of transmitting WNV. As mosquitos test positive for WNV, the area is treated to reduce the number of adult mosquitos.

Zone	Total Mosquitos Collected and Tested	WNV+ Pools	ULV truck sprays
UA North	1,049	3	3
UA Central	548	2	2
UA South	272	1	1



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Environmental Health Services Upper Arlington

Reporting Period: July 1, 2024-September 30, 2024

Food Safety

Two sets of plans were reviewed. One warning letter was issued and one hearing was ordered. Compliance was achieved and the hearing was cancelled.

Total Licensed Facilities			
Mobile	FSO/RFE	Vending	Schools
3	133	1	11

Inspections Conducted	
Standard	42
Follow-Up	1
Complaint	2
Consultation	3
Foodborne	8
Schools	0

Complaints Investigated	
Giant Eagle 9/13	Salad Bar, unconfirmed. Complaint closed
Amazing Wok 8/7	UA NOV, electrical issues

Plumbing and Medical Gas

Type	Inspections
Residential	210
Commercial	46
Medical Gas	1

Sustainability

Public Health has not received Nuisance complaints from Upper Arlington. We continue to work with MORPC on Air Quality Monitoring throughout the region.

Respectfully submitted by: Sarah Jensen; Assistant Health Commissioner & Environmental Health Director – 10/04/2024.



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Department of Health Systems & Planning

Upper Arlington Services (Q3 2024)

Last Edited: 10/01/2024

HSP Services July 2024 – September 2024

Administration

In the summer of 2025, Franklin County Public Health (FCPH) will host its bi-annual "ACEs, PACEs, and Addiction" Summit to explore the roots of addiction in adverse childhood experiences (ACEs) at both the interpersonal and community level. This Summit will also explore the role that protective and compensatory experiences (PACEs) play in mitigating the impact of ACEs.

This is a Franklin County initiative, and we will host our first planning meeting with external partners before the end of 2024. If you are interested in participating on the planning committee, please submit your information via this

link: <https://forms.office.com/Pages/ResponsePage.aspx?id=4SzFk3UNY0KauZwofiiieGfK58lnDpHpAmMxRhYdR4QIUODNaUFROR1o3RUdWRTVWT0VaVVZQVDdDMY4u>

Behavioral Health & Addiction Services

- In Quarter 3, 12 naloxone kits and 26 fentanyl test strips were distributed to residents of zip codes 43220 and 43221. There was 1 naloxone community training attendee that reported either 43220 or 43221 as their residential zip code. It's possible more residents of Upper Arlington received these resources, but it's not required for recipients to report their zip code of residence.
- Quarter 3 overdose data has not been finalized and cannot be included in this report.
- Franklin County CARES is a surveillance platform that offers access to local data on overdose, addiction, and community health indicators. Visit the [Upper Arlington Community Profile](#) for more information.
- The Health Systems and Planning tobacco team provided 1 community training to 49 community residents within Franklin County. While none of these trainings were conducted in zip codes 43320 or 43221, tobacco trainings can be requested at any time.
- The city of Upper Arlington has had initial discussions of TRL and an initial flavor ban policy discussion but has not yet passed the policies for the city.

Care Coordination

- Health Systems and Planning Community Health Workers received 4 referrals in zip codes 43220 and 43221 and these referrals are still in process.



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Department of Health Systems & Planning

Upper Arlington Services (Q3 2024)

Last Edited: 10/01/2024

- The CHWs served 4 residents in Quarter 3 from zip codes 43220 and 43221. These clients completed 9 checklists and 21 pathways, including education on parenting and guidance, exercise, and nutrition.
- The Care Coordination team started receiving referrals regarding a housing crisis in Franklin County at the beginning of 2024 and received 5 referrals in Quarter 3 that were started and completed.

Health Promotion

- In Quarter 3, the Clinton Township Produce Market provided fresh produce to 8 individuals from 2 households in zip code 43220 and 8 individuals from 2 households in zip code 43221.
- The Health Promotion team in HSP engaged with 2,240 community members through 16 different community events. These events included community training and education events and health fairs. While none of these events were held in Upper Arlington, it is possible that members of the city attended the events.

Emergency Preparedness

- The Emergency Preparedness team holds and participates in many county-level planning efforts that impact residents of Upper Arlington.
- The team trained 86 individuals in Stop the Bleed in Quarter 3; 5 individuals were residents of Upper Arlington. To request a Stop the Bleed training, please follow this [link](#).



Upper Arlington Immunization Data

From July 1, 2024, to September 30, 2024, a total of 17 patients from Upper Arlington received vaccinations from Franklin County Public Health, collectively receiving 52 vaccinations. Among these vaccines, 2 were updated COVID-19 vaccines.

Upper Arlington Maternal and Child Health Data

From July 1, 2024, to September 30, 2024 public health nurses provided comprehensive case management services to 49 families of children with complex medical conditions residing in Upper Arlington.

Infectious Disease Section

H5 Bird Flu: Current Situation

- H5 bird flu is widespread in wild birds worldwide and is causing outbreaks in poultry and U.S. dairy cows with several recent human cases in U.S. dairy and poultry workers.
- While the current public health risk is low, CDC is watching the situation carefully and working with states to monitor people with animal exposures.
- CDC is using its flu surveillance systems to monitor for H5 bird flu activity in people.
<https://www.cdc.gov/flu/avianflu/mammals.htm>

Humans

Total Reported Human Cases in the United States: **15** (since 2022)

4 following exposures to dairy cows (reported between 4/1/2024 and 7/3/2024) | [Full Report](#)

10 following exposures to poultry (reported between 4/28/2022 and 7/25/2024) | [Full Report](#)

States with Reported Case(s): **4**

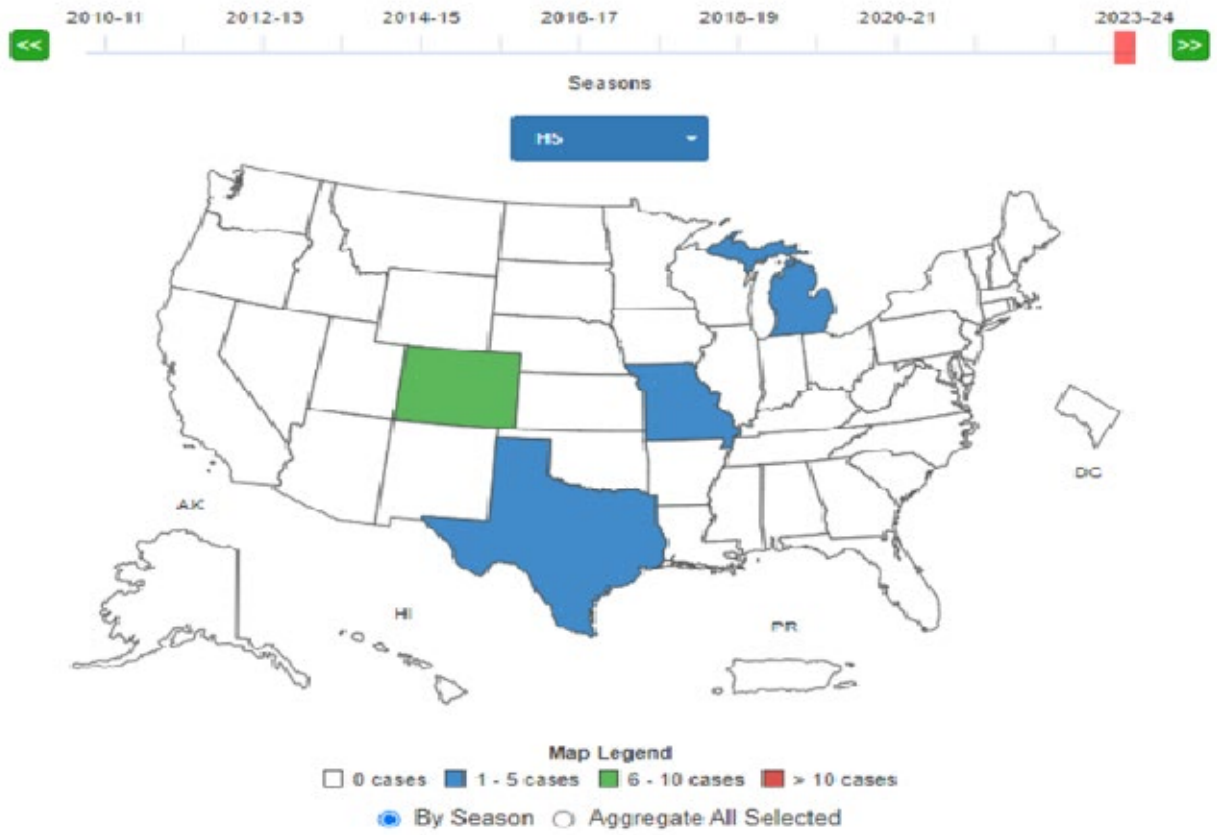
***9 of the 14 H5 human cases reported in the US have been confirmed as H5N1.**



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Division of Prevention & Wellness Upper Arlington Board of Health Report October 2024

Novel Influenza A Virus Infections





Targeted H5 surveillance (since March 24, 2024)

Total people monitored 4,900+ after exposure to infected animals	Total people tested 230+ after exposure to infected animals	Human cases 14 total reported human cases in the United States
Wild Birds Detected 10,286 as of 9/24/2024 Full Report >	Poultry Affected 100,778,951 as of 9/20/2024 Full Report >	Dairy Herds Affected 237 as of 9/25/2024 Full Report >
Jurisdictions with Bird Flu in Wild Birds 51	States with Outbreaks in Poultry 48	States with Outbreaks in Dairy Cows 14

These data will be updated daily, Monday through Friday, after 4 p.m. to reflect any new data.

Cumulative data on wild birds have been collected since January 20, 2022. Cumulative data on poultry have been collected since February 8, 2022. Cumulative data on humans in the U.S. have been collected since April 28, 2022. Cumulative data on dairy cattle have been collected since March 25, 2024.

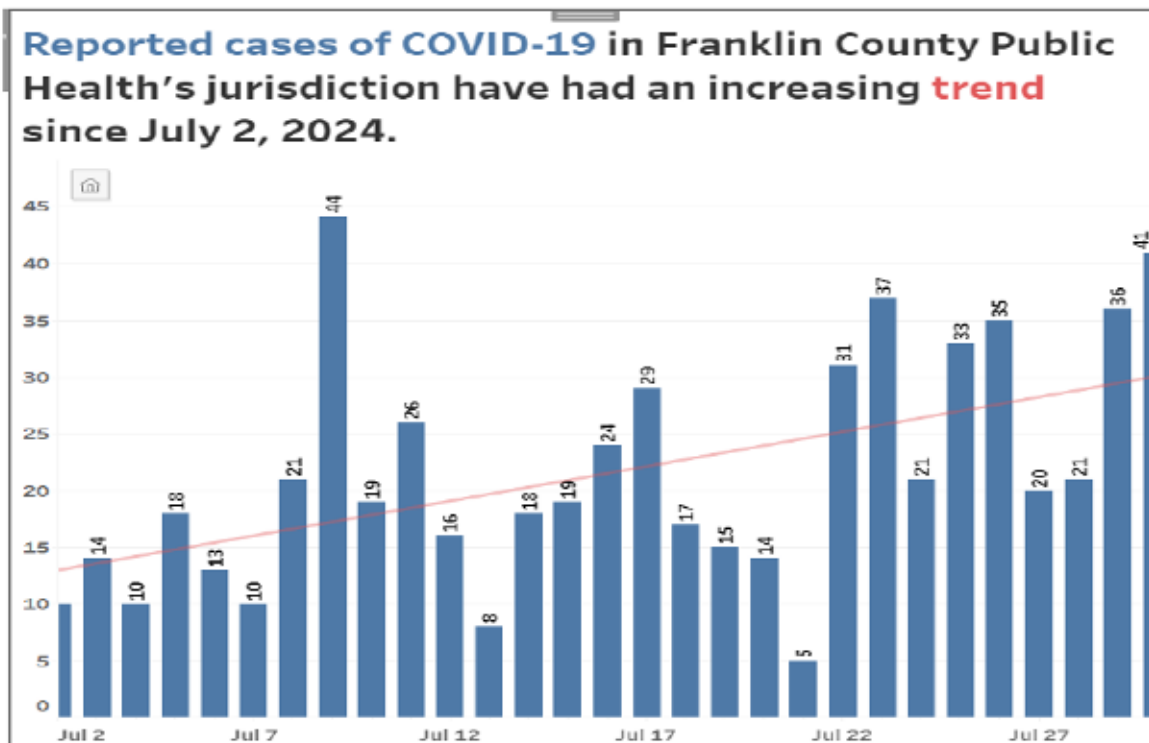


Epidemiology Update for COVID-19 Franklin County Public Health July 31, 2024

Please note: Due to underreporting of COVID-19 testing and cases, please interpret data with caution on this report. The true number of cases are likely higher. Data are pulled from the Ohio Disease Reporting System and the Ohio Department of Health.

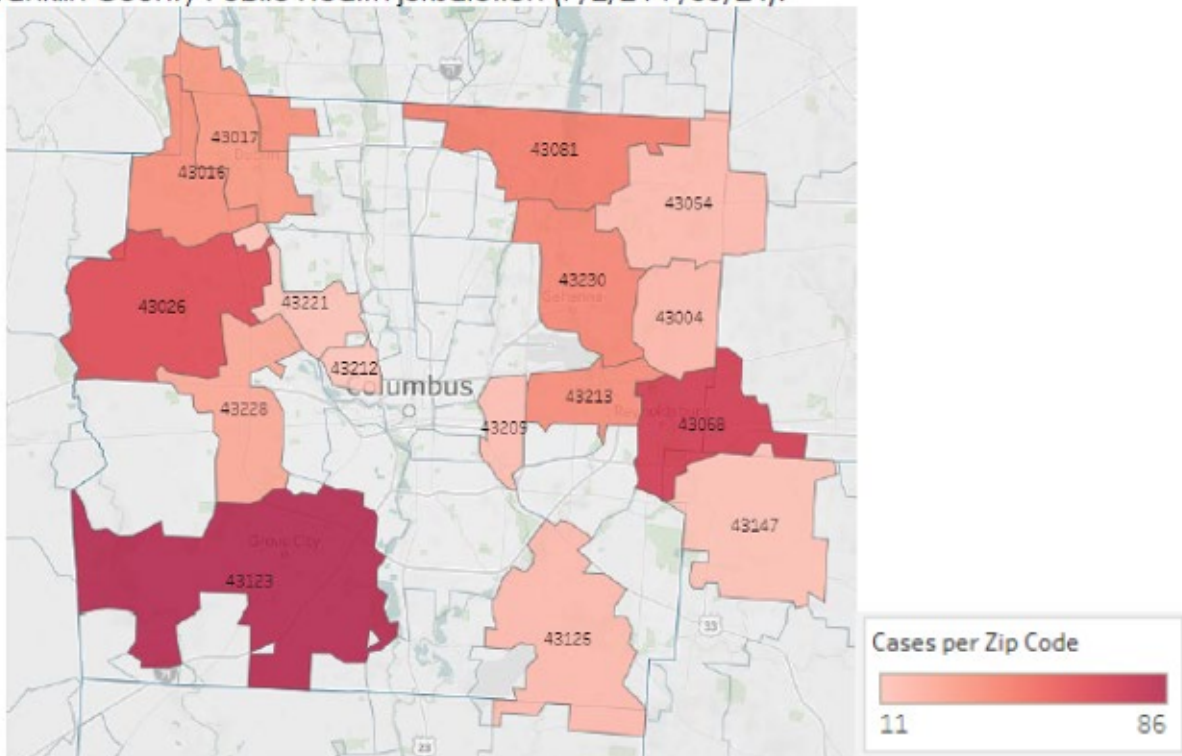
COVID-19 Cases Reported by Year and Sex, Franklin County Public Health Jurisdictions						
	2020	2021	2022	2023	2024	Grand Total
Female	15,233	22,795	28,577	6,442	2,292	75,339
Male	13,674	20,216	22,660	4,389	1,638	62,557
Blank	200	162	364	32	5	763
Unknown	53	148	240	20	6	467
Grand Total	29,160	43,321	51,841	10,883	3,941	139,146

Effective May 1, 2024, hospitals are no longer required to report COVID-19 hospital admissions, hospital capacity, or hospital occupancy data to HHS through CDC's National Healthcare Safety Network (NHSN). The data will be archived as of May 10, 2024, and available at [Weekly United States COVID-19 Hospitalization Metrics by County](#) and [Weekly United States COVID-19 Hospitalization Metrics by Jurisdiction](#).





Over the past 4 weeks, 43123 and 43068 have seen the majority of COVID-19 Cases in Franklin County Public Health jurisdiction (7/2/24-7/30/24).

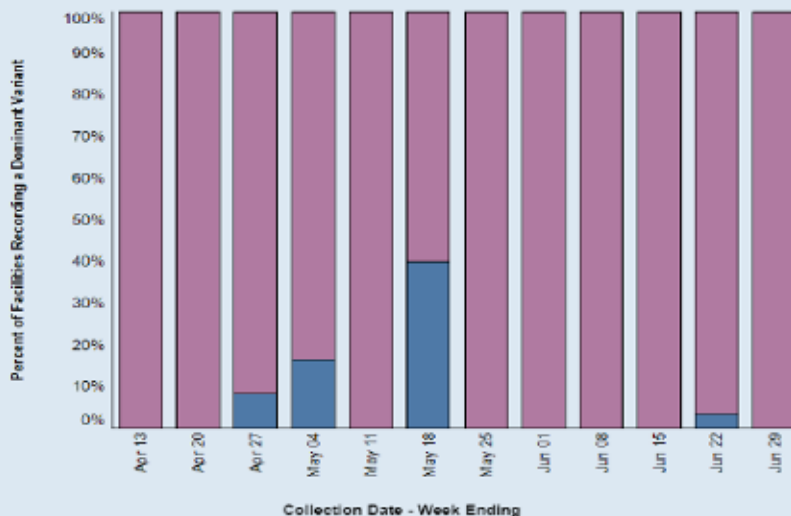


Wastewater surveillance shows variant JN.1 has been the most found variant in Ohio over the last 4 weeks.

State of Ohio | COVID-19 Dominant Variants in Wastewater

Last Updated: 7/25/2024
 Updated Thursdays

This dashboard calculates the highest proportion (i.e., dominant) variant at each wastewater facility with sufficient levels of SARS-CoV-2 to allow for successful sequencing in a given week. The figure shows the proportion of sites with dominant variants circulating in Ohio each week.



Top Lineages

Select weekly interval(s) with the slider tool below to filter table.

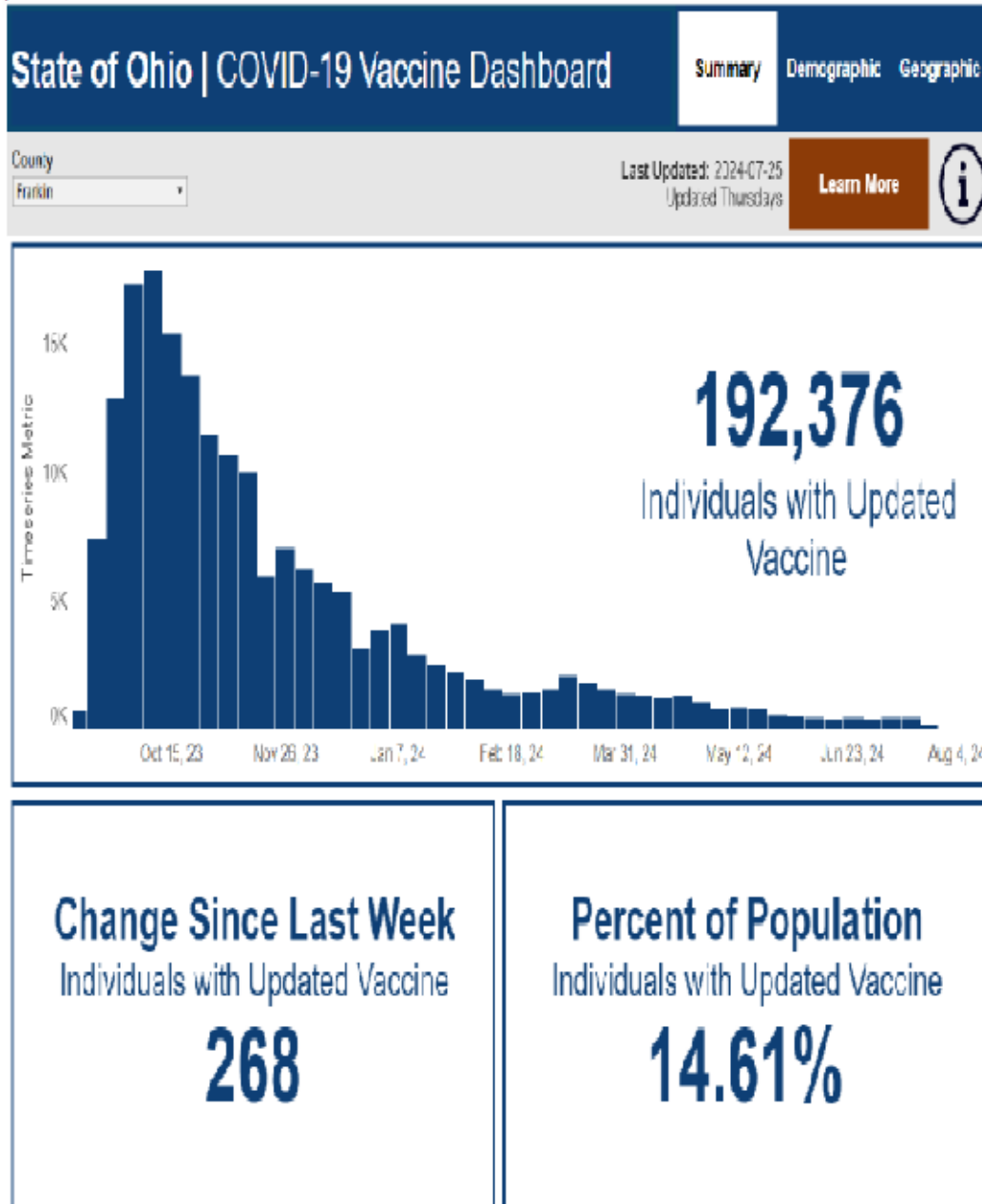
Collection Date for Week Ending

6/29/2024

Variant	% of Total
JN.1	100.00%



In Franklin County, 14.61% of the population has received an updated vaccine. Please note that vaccine data are no longer required to be reported by Ohio by vaccine providers.



For additional information on COVID-19 vaccine and wastewater data, please visit the [Ohio Department of Health COVID-19 Dashboard](#).

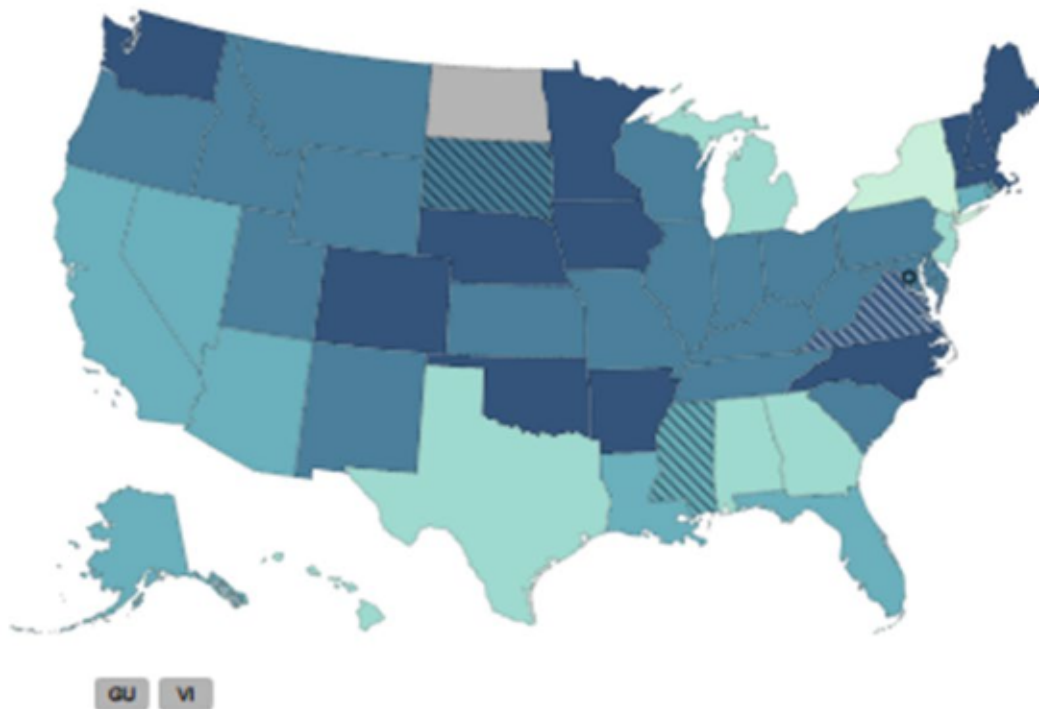
COVID-19 Current Wastewater Viral Activity Levels Map

COVID-19 Wastewater Monitoring in the U.S.

[Print](#)

This interactive map shows the current wastewater viral activity level of SARS-CoV-2 (the virus that causes COVID-19) for each state or territory.

Time Period: September 15 - September 21, 2024



SARS-CoV-2 Wastewater Viral Activity Levels

Select a level to add or remove from map.

Very High
 High
 Moderate
 Low
 Minimal
 No Data
 *Limited Coverage

Source: <https://www.cdc.gov/nwss/rv/COVID19-currentlevels.html>

Wastewater COVID-19 State and Territory Trends

COVID-19 Wastewater Monitoring in the U.S.

State
Ohio



This is the median of all wastewater sites in the state / territory. See the map for current levels at specific sites.

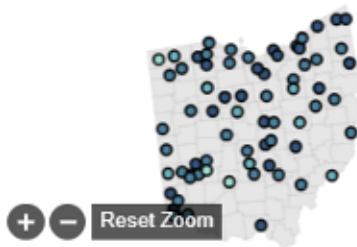
In Ohio, the wastewater viral activity level for COVID-19 is currently **High**.

Sites reporting in the last week:
70
Sites reporting in the last 30 days:
71

Current Site Levels

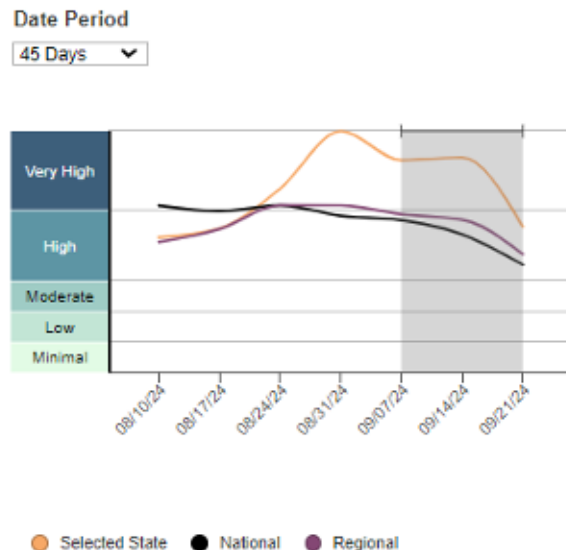
This map shows current wastewater viral activity levels of SARS-COV-2 at individual wastewater treatment plants or sampling locations reporting in the last week.

Time Period: **September 15 - September 21, 2024**



Trends over Time

This chart shows trends of SARS-COV-2 viral activity levels in wastewater. For comparison, you can also see trends for the national and regional trend.



Source: <https://www.cdc.gov/nwss/rv/COVID19-statetrend.html?1%20Year=45%20Days>

COVID-19 Variants in Wastewater

COVID-19 Wastewater Monitoring in the U.S.

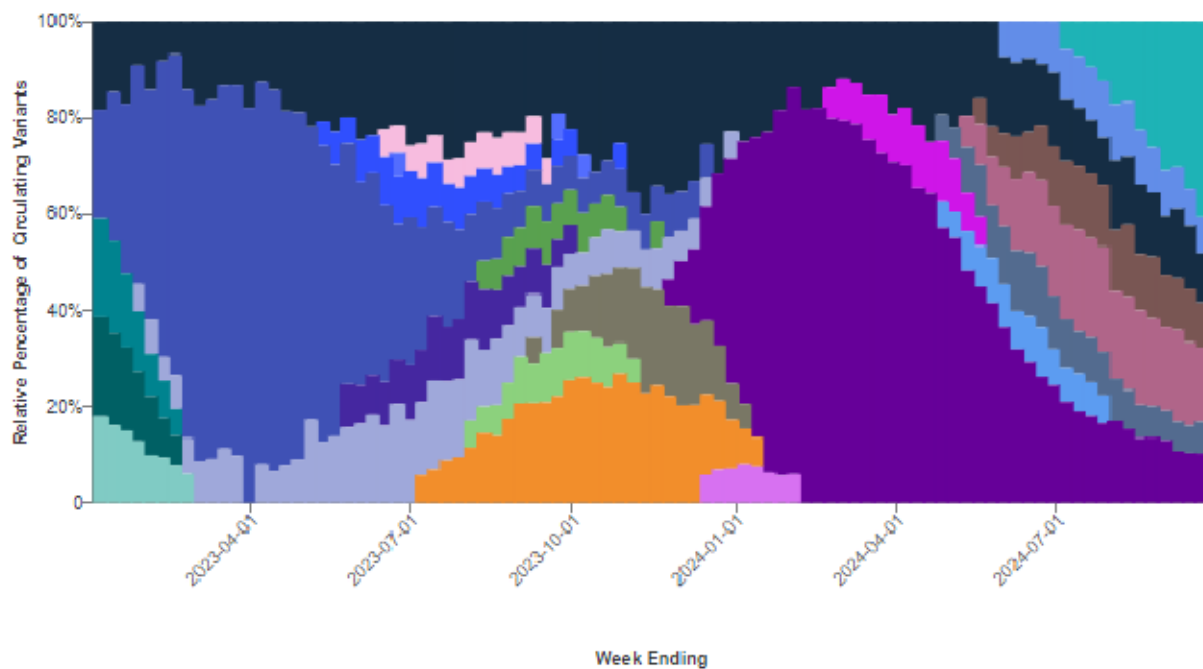
[Print](#)

This chart shows the average relative proportions of SARS-COV-2 virus variants in wastewater at the national level. Variants constituting less than 5% abundance are categorized as "Other."

Predominant Variant

KP.3.1.1

All lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango statement of nomenclature rules.



Select a variant to add or remove it from the visualization.

- BA.2
- BA.2.86
- BA.5
- BQ.1
- BQ.1.1
- EG.5
- FL.1.5.1
- HK.3
- HV.1
- JN.1
- XBB
- XBB.1.16
- XBB.1.16.1
- XBB.1.16.6
- XBB.1.5
- XBB.1.5.1
- XBB.1.5.60
- XBB.1.9.1
- XBB.1.9.2
- XBB.2.3
- JN.1.11.1
- JN.1.7
- JN.1.8.1
- KP.2
- KP.1.1
- KP.3
- LB.1
- Other
- KP.2.3
- KP.3.1.1

Data from the most recent weeks may be incomplete due to delays in data reporting. These data sets are subject to change.

Data last updated 2024-09-27

Respiratory Illnesses Data Channel

This site is updated on Fridays. New data and features added throughout the fall.

WHAT TO KNOW

- As of September 27, 2024, the amount of respiratory illness (fever plus cough or sore throat) causing people to seek healthcare is low nationally.
- Seasonal influenza and RSV activity are low nationally and COVID-19 activity is elevated.



Overall respiratory virus activity in **Ohio**

Minimal

Based on healthcare visits for fever and cough or sore throat. [Read more »](#)

Wastewater viral activity level in **Ohio**

COVID-19

High

Flu†

Minimal

RSV

Limited Coverage

Wastewater (sewage) monitoring may provide an early warning that levels of infections are increasing or decreasing in your community, even when people don't have symptoms.

[Read more »](#)

† Flu levels are for Influenza A only.

Emergency department visits in **Ohio**

COVID-19

Decreasing ↘

Flu

Increasing ↗

RSV

No Change

Emergency department data is used to monitor changes in people seeking medical care.

[Read more »](#)



Weekly National Summary

Seasonal influenza and RSV activity are low nationally, but COVID-19 activity is elevated.

COVID-19

There are continued signs of declines in COVID-19 activity in many areas. COVID-19 test positivity, emergency department visits, and rates of COVID-19-associated hospitalizations are decreasing. There are many [effective tools](#) to prevent spreading COVID-19 or becoming seriously ill.

Influenza

Nationally, seasonal influenza activity remains low. Additional information about current influenza activity can be found at: [Weekly U.S. Influenza Surveillance Report | CDC](#).

RSV

Nationally, RSV activity remains low.

Vaccination

Vaccinations to prevent fall respiratory virus have started for the 2024-25 respiratory illness season with 4.5% of adults 18 years and older reporting receipt of the updated 2024-25 COVID-19 vaccine and 9.6% reporting receipt of an influenza vaccine. Among adults 75 years and older, 34.0% reported ever receiving an RSV vaccine. RSV, influenza, and COVID-19 vaccines are [available](#) to provide protection during the 2024-25 respiratory illness season.

Season Outlook






CDC expects the upcoming fall and winter virus season will likely have a similar or lower peak number of combined hospitalizations from COVID-19, influenza, and RSV compared to last year. However, peak hospitalizations from all respiratory viruses remain likely to be substantially higher than they were before the emergence of COVID-19. COVID-19 activity this fall and winter will be dependent on the progression of the ongoing summer COVID-19 wave. Influenza and RSV seasons generally begin in October, although they can vary in timing and burden. [Read the entire 2024-2025 Respiratory Season Outlook](#).

CDC will update this outlook every two months during the fall and winter virus season and if there are big changes in how COVID-19, flu, or RSV are spreading.




Source: <https://www.cdc.gov/respiratory-viruses/data/index.html>

Respiratory Virus Guidance Snapshot

Core prevention strategies

<div style="border: 1px solid green; border-radius: 10px; padding: 5px; display: inline-block;"> CORE STRATEGIES </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">Immunizations</p> 	<p style="text-align: center; font-weight: bold;">Hygiene</p> 	<p style="text-align: center; font-weight: bold;">Steps for Cleaner Air</p> 	<p style="text-align: center; font-weight: bold;">Treatment</p> 	<p style="text-align: center; font-weight: bold;">Stay Home and Prevent Spread*</p> 
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Additional prevention strategies

<div style="border: 1px solid blue; border-radius: 10px; padding: 5px; display: inline-block;"> ADDITIONAL STRATEGIES </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">Masks</p> 	<p style="text-align: center; font-weight: bold;">Distancing</p> 	<p style="text-align: center; font-weight: bold;">Tests</p> 
--	--	---

Layering prevention strategies can be especially helpful when:


- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

*Stay home and away from others until, for 24 hours BOTH:




Your symptoms are getting better

+



You are fever-free (without meds)



Then take added precaution for the next 5 days

CDC's respiratory virus guidance consists of 5 core and 3 additional prevention strategies.

Clade I Mpox Outbreak Originating in Central Africa

<https://www.cdc.gov/poxvirus/mpox/outbreak/2023-drc.html>

- Since January 2023, the Democratic Republic of the Congo (DRC) has reported more than 27,000 suspect mpox cases and more than 1,300 deaths.
- **On August 14, 2024, the World Health Organization (WHO) declared the outbreak a [Public Health Emergency of International Concern \(PHEIC\)](#).**
 - WHO's highest level of global alert
 - Potential threat this virus poses to countries around the world.
 - Focuses international attention on acute public health risks
 - Will require coordinated mobilization of extraordinary resources by the international community for prevention and response.

There are two types of mpox, clade I and clade II.

- Clade I usually causes a higher percentage of people with mpox to get severely sick or die compared to clade II.
- Both clades can spread through direct contact with infected wild animals, through close contact (including intimate or sexual contact) with a person with mpox, and through contact with contaminated materials.
- Clade I mpox occurs regularly, or is endemic, in DRC.
- The current outbreak is more widespread than any previous DRC outbreak.
- Clade I mpox has spread to some neighboring countries, including Burundi, Central African Republic, Republic of the Congo, Rwanda, Uganda, and a travel-



associated case in Kenya. These countries are all reporting cases of clade I mpox, and some of them have links to DRC.

Risk to United States

- No cases of clade I mpox have been reported in the United States at this time.
- The risk of mpox coming into the United States is low.
 - *CDC has made this assessment due to the limited number of travelers and no direct commercial flights from DRC or its neighboring countries to the United States. The risk might change as more information becomes available, or if more cases appear outside central and eastern Africa.*
- Mpox needs close or intimate contact to spread, so casual contact like you might have during travel is not likely to cause the disease to spread.
- Best protection against mpox is two doses of the JYNNEOS [vaccine](#) if you're eligible.
- People can also protect themselves by:
 - Avoiding close contact with people who are sick with signs and symptoms of mpox, including those with skin lesions or genital lesions.
 - Avoiding contact with wild animals (alive or dead) in areas where mpox regularly occurs.
 - Avoiding contact with contaminated materials used by people who are sick (such as clothing, bedding, or materials used in healthcare settings) or that came into contact with wild animals.

Avoiding eating or preparing meat from wild animals (bushmeat) or using products (creams, lotions, powders) derived from wild animals.



CDC mpox prevention recommendations

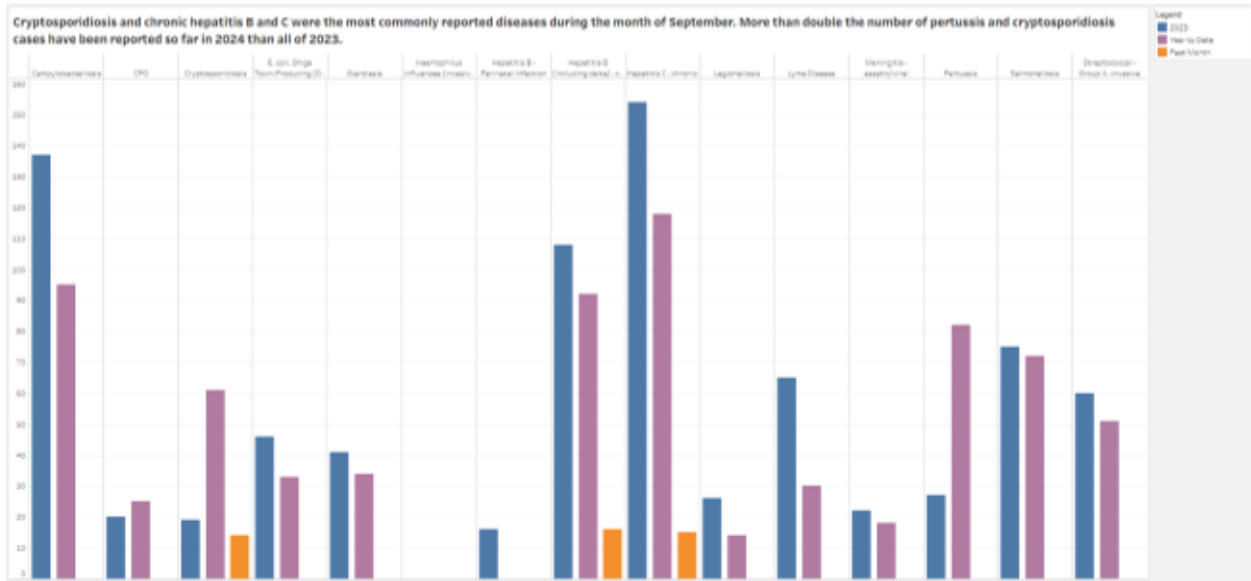
Learn more about [which activities may put you at increased risk of exposure](#) when you travel to a country where clade I MPXV is spreading: avoid close contact with people who are sick with [signs and symptoms of mpox](#), including those with skin or genital lesions; and avoid contact with contaminated materials used by people who are sick (such as clothing, bedding, toothbrushes, sex toys, or materials used in healthcare settings).

CDC has updated vaccination recommendations for people traveling to countries with clade I outbreaks. [Get vaccinated with two doses of JYNNEOS](#) if you anticipate experiencing any of the following: 1) Sex with a new partner 2) Sex at a commercial sex venue, such as a sex club or bathhouse 3) Sex in exchange for money, goods, drugs, or other trade 4) Sex in association with a large public event, such as a rave, party, or festival).

As of September 19, 2024, these countries include: Burundi, Central African Republic, Democratic Republic of the Congo, Republic of the Congo, Rwanda, and Uganda.



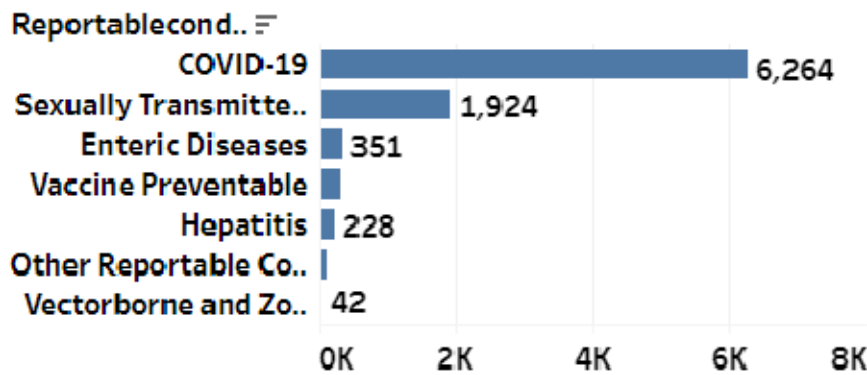
FCPH Reportable Diseases/Conditions Data



Contains suspected, probable, and confirmed cases. Does not include STI (including HIV and syphilis) or COVID-19 data. Values below 10 have been hidden for confidentiality purposes.

Reportable Condition by Category

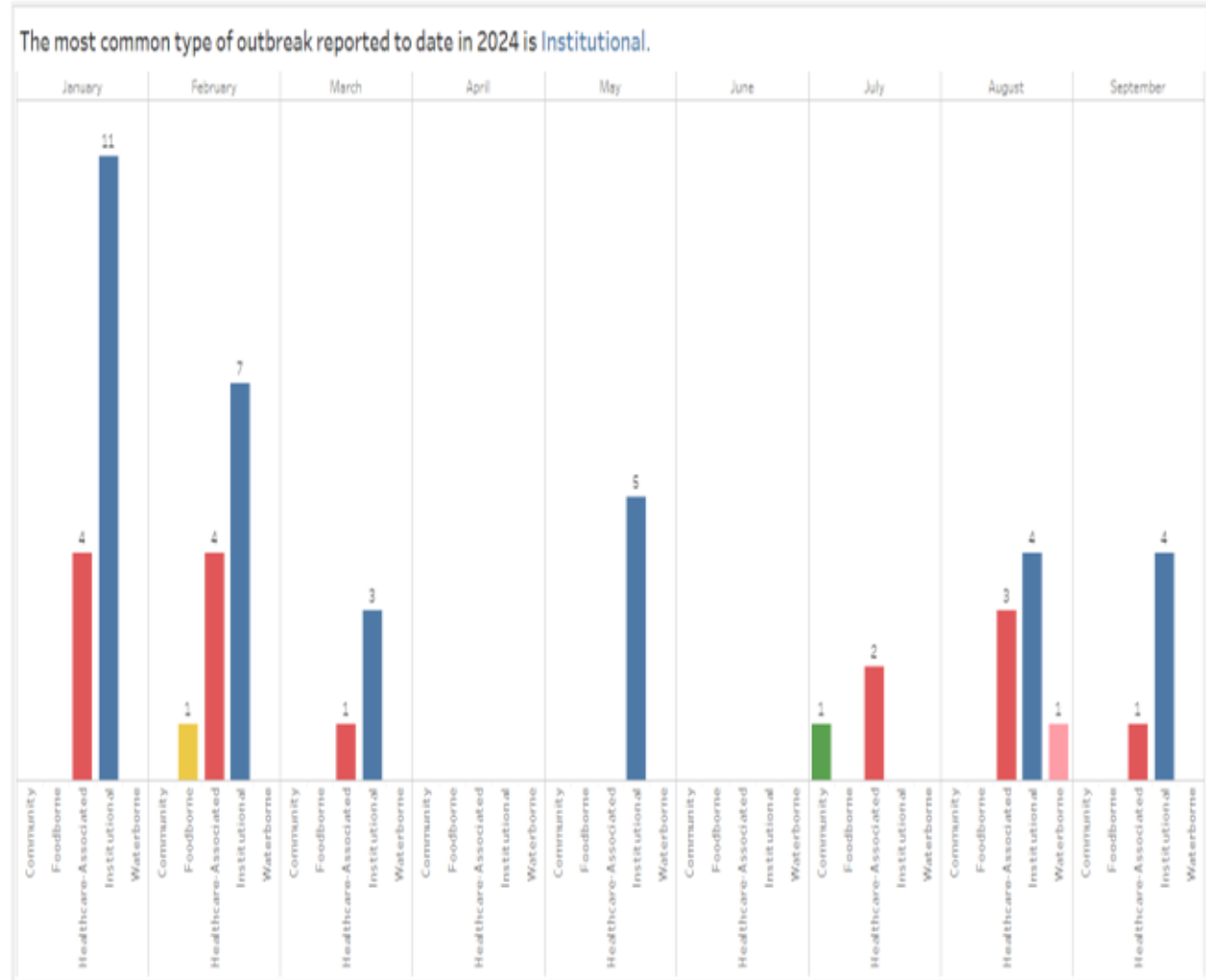
So far in 2024, excluding COVID-19, sexually transmitted infections were the most common group of diseases reported.



HIV data was excluded from STI category.



Outbreaks



Data are current as of 9/30/2024.
 Contains Suspected, Probable, and Confirmed cases.
 Cases counts labeled as <10 due to confidentiality purposes.
 Counts do not include cases in cities of Columbus and Worthington; only FCPH jurisdictions are included.
 HIV data is excluded.

Respectfully submitted by Alex Jones, Assistant Health Commissioner/Director of Prevention & Wellness, October 3, 2024