

DATE: February 9, 2024
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for March 12, 2024**

City of Middletown Board of Health & Environment will meet in regular session **March 12, 2024** at 7:30AM in Conference Room 2C at the City Building with the following agenda. If you are unable to attend the meeting, please call 513-425-1818.

MEETING CALLED TO ORDER

ROLL CALL- Motion to excuse absent members

CITIZEN COMMENTS

APPROVAL OF MINUTES -February 2024

RECEIVE AND FILE FINANCIAL REPORT -February 2024

EDUCATION PRESENTATION

2024 Total Eclipse-Chandra Corbin, BSN, RN

NEW BUSINESS

1. Travel Authorizations-Sarah Chaney, EHS-IT
2. 2024 Public Health Week, April 1st-7th

REPORTS

Health Commissioner
Medical Director
Director of Nursing
Environmental Health Director

ADJOURNMENT

The Next Board of Health Meeting is scheduled for April 9, 2024 at 7:30am

it is the policy of the City of Middletown to make all public hearings and meetings accessible to all persons, in accordance with state and/or federal laws. If you have a disability which requires accommodation in order for you to attend and/or participate in this meeting, please contact us at 425-7851 or 425-7705 (TDD) at least forty-eight hours prior to the time of the meeting to advise the need for accommodation, and reasonable efforts shall be made to provide the same.

CITY OF MIDDLETOWN
BOARD OF HEALTH
Minutes
February 13, 2024

The City of Middletown Board of Health met in regular session at 7:30 AM on February 13, 2024.

Members Present

Mayor, Elizabeth Slamka
Jeff Bonnell
Sally Kash, MS, RN
Ruth Lolli
Emily Miller, BSN, RN
Dr. Scott Zollett, MD

Health Department Staff Present

Jackie Phillips Carter, MPH, BSN, RN
Carla Ealy, BS, REHS
Chandra Corbin, BSN, RN
Dr. Paul Jennewine, MD
Amanda McDonald, Vital Statistics Registrar

Absent and Excused

Joseph Richmond, MBA

ROLL CALL

Motion: Ms. Kash moved, seconded by Ms. Lolli to excuse Mr. Richmond from the Board of Health meeting.
Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES – January 2024

Motion: Ms. Kash moved, seconded by Ms. Sibcy to approve the January 2024 minutes.
Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

RECEIVE AND FILE FINANCIAL REPORT-January 2024

Ms. Phillips Carter explained to board members that the Finance Department is still entering in revenue and expenses. A more complete and up-to-date report will be provided at the next meeting.
Motion: Mayor Slamka moved, seconded by Ms. Lolli to approve the January 2024 financial report.
Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

Education Presentation- Air Quality-Southwest Ohio Air Quality Agency-James Nymberg

Mr. Nymberg explained to the BOH that Southwest Ohio Air Quality Agency (SWOAQA) serves Butler, Clermont, Clinton, Hamilton and Warren counties. SWOAQA monitors air quality and regulates industrial air emissions for Ohio EPA and U.S. EPA and was established in the late 1880s.
SWOAQA works with local, state and federal government agencies, businesses, communities and citizens to achieve and maintain healthy air quality. SWOAQA permits, inspects and monitors air quality.
Air Quality Index (AQI) is a color-coded scale that illustrates multiple air pollutants, making air quality easily communicated to the public. The Air Quality Index is the Environmental Protection Agency's (EPA's) tool for communicating daily air quality. The EPA has issued a national index for air quality since 1976 to provide an easy-to-understand daily report on air quality. There's a U.S. AQI for five major pollutants that are regulated by the Clean Air Act:

ozone, particle pollution (also called particulate matter), carbon monoxide, nitrogen dioxide and sulfur dioxide. The AQI for each pollutant is generally based on the health-based national ambient air quality standard for that pollutant and the scientific information that supports that standard.

Mr. Nymberg explained that the wildfires in Canada in summer of 2023 impacted the Greater Cincinnati air quality as well as the entire Midwest region. June 27-29, 2023 Southwest Ohio experienced its highest PM2.5 concentration in 20 years. AQI reached 185 on June 28, 2023. An AQI over 150 is considered "Unhealthy." The U.S. EPA recommends that people limit strenuous outdoor activity as they may experience health effects; children, older adults and those with respiratory illnesses experience more serious health effects.

Mr. Nymberg explained that the areas of Middletown that are extensively monitored are: Amanda, BPG, Hook Field, MADE, Ohio Bell and Yankee. Mr. Nymberg stated that overnight spikes in particulate matter have been found at the BPG monitor (located at 3214 Yankee Road) and an investigation is ongoing.

Mr. Nymberg shared a graph illustrating the number of complaints that have been made annually in Middletown since 2016. The number of complaints made has trended downwards with occasional spikes. Mr. Nymberg informed the BOH that air quality complaints can be made any time by calling 513-946-7777 or by registering a complaint online at southwestohioair.org. SWOAQ investigates the following complaint types: particulate, odor, fugitive dust, open burning, smoke, CFC and anti-tampering.

NEW BUSINESS

Travel Authorizations

There were no travel authorizations requested.

Approval of the Health Commissioner to Issue Refunds of Fees Received by the Health Department Related to Licenses for the Sale of Tobacco Products as set in MBHE Ordinance No. 2023-03 Due to the Recent Veto Override of House Bill 68

Ms. Phillips Carter and Ms. Ealy explained to the board that due to the recent veto override of House Bill 68, CMHD will not be licensing tobacco retailers. The BOH needs to approve CMHD refunding T21 license payments to tobacco retailers.

Motion: Ms. Lolli moved, seconded by Ms. Sibcy to approve the Health Commissioner issuing refunds of fees received

Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

Approval of Agreement between Butler County General Health District & CMHD-Community Health Improvement Plan (CHIP) with Moxley

Motion: Ms. Lolli moved, seconded by Ms. Sibcy to approve the agreement.

Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

Approval of Agreement between Board of County Commissioners, Hamilton County, Ohio (County) on behalf of the Hamilton County Department of Environmental Services-Southwest Ohio Air Quality Agency

Ms. Ealy explained to the BOH that in the past this agreement has been renewed every three years, this new agreement will be effective for five years.

Motion: Ms. Kash moved, seconded by Ms. Sibcy to approve the Southwest Ohio Air Quality Agreement.

Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

Approval of Personnel Appointment-Brandy Barner, Environmental Health Specialist In-Training

Ms. Phillips Carter informed the BOH that Ms. Barner will be the new Environmental Health Specialist In-Training. Ms. Barner is ready to begin work on February 20th once the BOH has approved her appointment.

Motion: Ms. Lolli moved, seconded by Ms. Sibcy to approve the appointment of Brandy Barner as Environmental Health Specialist In-Training.

Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

Approval of Personnel Appointment-Stephanie Leon, Administrative Assistant

Ms. Phillips Carter informed the board that Stephanie Leon will be the new Administrative Assistant. Ms. Leon is bilingual in English and Spanish. Ms. Leon is ready to begin work on February 20th once the BOH has approved her appointment.

Motion: Ms. Lolli moved, seconded by Ms. Sibcy to approve the appointment of Stephanie Leon as Administrative Assistant.

Roll call vote: Yes-5 (Bonnell, Kash, Lolli, Miller, Zollett). No-0. **Motion Passed.**

2023 Annual Report

Ms. Phillips Carter explained to the board that Ohio Department of Health requires an Annual Report be submitted by each local health district to the state yearly by January 15th. A copy of the 2023 Annual Report was included in the BOH packet.

REPORTS

Health Commissioner

Ms. Phillips Carter informed the board that the meeting minutes from OneOhio were included in the packet illustrating how much opiate money each region will receive from ODH. These funds are restitution from drug companies in response to the opiate crisis that severely impacted the State of Ohio, and Butler County. City of Middletown is part of Region 14, meetings will be held monthly to determine how to best use the funds.

Ms. Phillips Carter informed the board that eclipse information was included in the packet as well, Ms. Corbin is working with Butler County EMA on eclipse planning and information sharing.

Ms. Phillips Carter informed the board that the Point-In-Time (PIT) Count has been completed. There were 1200 unhoused persons in Butler County as compared to previous years of 217. There were 800 unhoused children included in this count. Ms. Phillips Carter reminded BOH that unhoused does not necessarily mean living on the streets, it means no permanent residence.

CMHD 2024 goals were included in the packet. Ms. Phillips Carter stated that CMHD's goals are aligned with Destination Middletown. Destination Middletown met with the Amanda area community to hear the community's concerns.

Ms. Phillips Carter informed the board that CMHD will begin Diversity, Equity and Inclusion training on April 12th. Trainings will be held weekly on Friday's from 3pm-5pm for four weeks. The office will be closed during this time.

Medical Director

Dr. Jennewine reported the January Communicable Disease cases.

Chlamydia infection	28
Coccidioidomycosis	1
COVID-19	218
E. Coli, Shiga Toxin-Producing	1
Gonococcal Infection	6
Haemophilus influenzae (invasive disease)	1
Hepatitis B	3
Hepatitis C	6
HIV	1
Influenza-associated hospitalization	26
Pertussis	2
Salmonellosis	1
Shigellosis	1
Streptococcal-Group A-invasive	4
Streptococcus pneumoniae-invasive	1

Director of Nursing

Ms. Corbin informed the board that in January, there were 26 Middletown residents hospitalized for the flu. Ms. Corbin stated that while most hospitalizations were due to flu A, there has been an increase in flu B among school aged children. Ms. Corbin reported to the board that there was a case of salmonella typhoe-related typhoid fever reported. Ms. Corbin is still gathering information; the patient had recently traveled.

Ms. Corbin stated that the eclipse will occur on April 8th at approximately 3pm for 2-2 ½ minutes. More information will be provided at the next BOH meeting.

Environmental Director

Ms. Ealy noted that the 2023 Air Quality Report was included in the BOH packet.

Ms. Ealy informed the board that Irie Smoothie Bar has been licensed and plans for PAC WorldWide MicroMarket have been approved.

Ms. Ealy stated that CMHD is on track for completing all inspections by the end of the licensing period on February 29th.

Ms. Ealy stated that she is working with Ms. Chaney on larger facilities such as Atrium Medical Center and facilities that may utilize special processes.

Ms. Ealy informed the board that Mobiles now have two different fee categories, high and low risk. The low risk fee is 50% of the high risk fee.

Discussions

Ms. Phillips Carter informed the board that septic system conversations have begun. Ms. Phillips Carter stated that she wanted to be very clear that any information shared should be factual, not speculation. Ms. Phillips Carter and Ms. Ealy will be meeting with the EPA and Public Works to further discuss and gather information. Moving forward, the BOH will be intrinsically involved in the process.

ADJOURNMENT

The meeting was adjourned at 8:37 AM. The next meeting will be held on March 12, 2024 at 7:30AM in Conference Room 2C.

Jacquelyn D. Phillips Carter, MPH, BSN, RN
Secretary

Elizabeth Slamka, President
City of Middletown Board of Health



City of Middletown Health Department February 2024 Financial Notes

Vital Statistics

- \$7,555.80 Revenue Earned for February 2024
- 645 Certificates Sold for February 2024
- 58 Burial permits Processed for February 2024

Environmental

- \$61,877.98 Revenue Earned for February 2024

Indigent Services

- \$4,498 Spent of the \$20,000 Budget for Indigent Services for 2024
- 11 Applications approved (7 *waiting for invoices*)
 - 2 OD's
 - Zero dollars in Reimbursements from the Embalmer's Association Program which ended May 2023

Current Grants

- Workforce Development (WF-23) 7/01/2023-11/30/2027 - \$445,000
 - Multi-year project to support the development of current and future public health workforce
 - Award granted to CMHD \$435,000
 - \$10,000 awarded to all LHD's in Ohio for equity specific training.
 - \$13,217.37 - *Deposited to date*
- Tobacco21 (T21) 8/01/2023-7/31/2025 - \$86,415
 - Two year grant through Interact for Health to support T21 program - \$46,415.00 *Deposited to date*
- Public Health Emergency Preparedness (PHEP) 7/1/2023-6/30/2024 - \$24,361.62
 - Deliverable based pass-through with BCGHD - \$2095 *Deposited for the Year*
- Allotracs Medicaid Billing (MAC Billing) 1/01/2024-12/31/2024
 - Yearly agreement. Payments approved quarterly – *No Deposits for 2024 until the end of the first quarter*
- Smoking State Reimbursement 1st Quarter 2024 - \$175.00 *Deposited to date*

ORC Annual VS Payback

- Annual Vital Statistics Reimbursement ORC 3705.24_68 - \$3,902.73

City of Middletown Revenue Report

Accounts: 228.000.43310 to 228.000.49385

As Of: 1/1/2024 to 1/31/2024

Include Inactive Accounts: No

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228	HEALTH FUND			Target Percent:	8.33%	
DEPT: 000						
ACCT TYPE: 43						
228.000.43310	PHHS GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43320	HIV GRANT (MONT CO)	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43330	STATE HEALTH SUBSIDY	\$9,300.00	\$19,349.93	\$19,349.93	(\$10,049.93)	208.06%
228.000.43331	IMMUNIZATION ACTION PLAN GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43332	BUREAU CHILDRENS MEDICAL HANDIC	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43360	PHI GRANT	\$14,333.00	\$0.00	\$0.00	\$14,333.00	0.00%
228.000.43362	CHILD/FAMILY HEALTH SERVICES GRA	\$14,333.00	\$0.00	\$0.00	\$14,333.00	0.00%
228.000.43363	EARLY START GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43364	CARDIOVASCULAR GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43365	H1N1 GRANT REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43366	US HHS STIMULUS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43367	COVID-19 CRISIS RESPONSE GRANT (\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43368	COVID-19 CONTACT TRACING GRANT (\$14,334.00	\$0.00	\$0.00	\$14,334.00	0.00%
228.000.43369	HARM REDUCTION GRANT	\$123,000.00	\$0.00	\$0.00	\$123,000.00	0.00%
228.000.43370	PUBLIC HEALTH WORKFORCE DEV GR	\$175,300.00	\$19,349.93	\$19,349.93	\$155,950.07	11.04%
ACCT TYPE: 44 Totals:						
ACCT TYPE: 44						
228.000.44197	ADMINISTRATIVE FEES	\$56,591.00	\$0.00	\$0.00	\$56,591.00	0.00%
228.000.44210	VITAL STATISTICS	\$108,130.00	\$8,442.08	\$8,442.08	\$99,687.92	7.81%
228.000.44211	VITAL STATISTICS SHIPPING CHARGE	\$0.00	\$359.45	\$359.45	(\$359.45)	N/A
228.000.44215	PATERNITY AFFIDAVITS	\$200.00	\$0.00	\$0.00	\$200.00	0.00%
228.000.44225	IMMUNIZATION CLINICS	\$3,000.00	\$0.00	\$0.00	\$3,000.00	0.00%
228.000.44280	VENDING LICENSE	\$620.00	\$0.00	\$0.00	\$620.00	0.00%
228.000.44281	FSO RESTAURANT LICENSE	\$63,000.00	\$984.00	\$984.00	\$62,016.00	1.56%
228.000.44282	FOOD ESTABLISHMENT LICENSE	\$22,000.00	\$146.00	\$146.00	\$21,854.00	0.66%
228.000.44283	HOUSEHOLD SEWAGE	\$3,500.00	\$2,695.00	\$2,695.00	\$805.00	77.00%
228.000.44284	FOOD SAFETY CLASSES	\$90.00	\$61.00	\$61.00	\$29.00	67.78%
228.000.44285	SWIMMING POOL/SPA	\$5,700.00	\$0.00	\$0.00	\$5,700.00	0.00%
228.000.44286	TATTOO LICENSE	\$1,500.00	\$875.00	\$875.00	\$625.00	58.33%
228.000.44287	PARK/CAMPS LICENSE FEES	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.44288	MAC BILLING	\$20,000.00	\$0.00	\$0.00	\$20,000.00	0.00%
228.000.44290	MOBILE HOME PARKS	\$215.00	\$0.00	\$0.00	\$215.00	0.00%
228.000.44844	CREDIT CARD FEES	\$0.00	\$0.00	\$0.00	\$0.00	N/A
ACCT TYPE: 44 Totals:						
ACCT TYPE: 46						
228.000.46780	MISCELLANEOUS	\$44,000.00	\$0.00	\$0.00	\$44,000.00	0.00%

Revenue Report
As Of: 1/1/2024 to 1/31/2024

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
ACCT TYPE: 49		\$44,000.00	\$0.00	\$0.00	\$44,000.00	0.00%
ACCT TYPE: 46 Totals:						
228.000.49100	REIMBURSEMENTS	\$0.00	\$7,845.24	\$7,845.24	(\$7,845.24)	N/A
228.000.49330	FROM INCOME TAX	\$200,000.00	\$0.00	\$0.00	\$200,000.00	0.00%
228.000.49385	FROM CORONAVIRUS RELIEF FUND	\$0.00	\$0.00	\$0.00	\$0.00	N/A
ACCT TYPE: 49 Totals:		\$200,000.00	\$7,845.24	\$7,845.24	\$192,154.76	3.92%
DEPT: 000 Totals:		\$703,846.00	\$40,757.70	\$40,757.70	\$663,088.30	5.79%
228 Total:		\$703,846.00	\$40,757.70	\$40,757.70	\$663,088.30	5.79%
Grand Total:		\$703,846.00	\$40,757.70	\$40,757.70	\$663,088.30	5.79%
Target Percent:						8.33%

City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200

Account Access Group: N/A

As Of: 1/1/2024 to 1/31/2024

Include Inactive Accounts: No
Include Pre-Encumbrances: No

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228	HEALTH FUND							
DEPT: 450								
Personal Services								
228.450.51110	SALARIES & WAGES	\$600,840.00	\$38,608.22	\$38,608.22	\$562,231.78	\$0.00	\$562,231.78	6.43%
228.450.51120	OVERTIME WAGES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51211	PERS	\$84,118.00	\$6,643.03	\$6,643.03	\$77,474.97	\$0.00	\$77,474.97	7.90%
228.450.51220	WORKERS COMPENSATIO	\$24,034.00	\$0.00	\$0.00	\$24,034.00	\$0.00	\$24,034.00	0.00%
228.450.51230	GROUP HEALTH INSURANC	\$103,148.00	\$7,176.40	\$7,176.40	\$95,971.60	\$0.00	\$95,971.60	6.96%
228.450.51240	UNEMPLOYMENT COMPEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51270	MEDICARE-CITY SHARE	\$8,712.00	\$539.92	\$539.92	\$8,172.08	\$0.00	\$8,172.08	6.20%
228.450.51275	LIFE INSURANCE	\$1,941.00	\$135.20	\$135.20	\$1,805.80	\$0.00	\$1,805.80	6.97%
228.450.51290	EMPLOYEE AWARDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Personal Services Totals:		\$822,793.00	\$53,102.77	\$53,102.77	\$769,690.23	\$0.00	\$769,690.23	6.45%
ACCT TYPE: 52								
228.450.52110	TRAVEL & TRAINING	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	0.00%
228.450.52111	MANDATORY TRAINING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52120	EMPLOYEE MILEAGE REIM	\$3,000.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$3,000.00	0.00%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$0.00	\$0.00	\$5,640.00	\$0.00	\$5,640.00	0.00%
228.450.52230	POSTAGE AND POSTAL CH	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52260	HEALTH - DUE STATE GOV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52310	MUNICIPAL GARAGE CHAR	\$3,500.00	\$156.50	\$156.50	\$3,343.50	\$0.00	\$3,343.50	4.47%
228.450.52340	EQUIPMENT/VEHICLE REN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52410	LEGAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52420	MEDICAL SERVICE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52480	OTHER PROFESSIONAL SE	\$41,085.00	\$424.89	\$424.89	\$40,660.11	\$0.00	\$40,660.11	1.03%
228.450.52481	WORKFORCE GRANT CON	\$71,840.95	\$0.00	\$0.00	\$71,840.95	\$16,069.95	\$55,771.00	22.37%
228.450.52482	SYRINGE EXCHANGE PRO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52488	HEALTH DEPT COVID-19 EX	\$18,430.00	\$0.00	\$0.00	\$18,430.00	\$18,430.00	\$0.00	100.00%
228.450.52490	OUTSIDE PRINTING	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	0.00%
228.450.52510	MAINTENANCE OF EQUIPM	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$8,000.00	0.00%
228.450.52680	MEDICAL LIABILITY INSURA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52820	LICENSES AND PERMITS	\$11,855.00	\$0.00	\$0.00	\$11,855.00	\$0.00	\$11,855.00	0.00%
228.450.52920	MEMBERSHIPS, BOOKS, PE	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	0.00%
228.450.52930	PHOTO SUPPLIES & PROC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52940	INDIGENT BURIALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
ACCT TYPE: 52 Totals:		\$170,850.95	\$581.39	\$581.39	\$170,269.56	\$34,499.95	\$135,769.61	20.53%
ACCT TYPE: 53								

Expense Report

As Of: 1/1/2024 to 1/31/2024

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00	0.00%
228.450.53101	SUPPLIES FOR HIV GRANT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53102	HARM REDUCTION SUPPLI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53210	FOOD	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	0.00%
228.450.53510	SUPPLIES TO MAINTAIN EQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53610	SMALL TOOLS & EQUIPME	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	0.00%
228.450.53620	MAJOR TOOLS & EQUIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53710	CHEMICALS & LAB SUPPLI	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	0.00%
	ACCT TYPE: 53 Totals:	\$3,400.00	\$0.00	\$0.00	\$3,400.00	\$0.00	\$3,400.00	0.00%
ACCT TYPE: 54								
228.450.54300	COMPUTERS & OTHER PE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54310	AUTO & TRUCK DEPRECIA	\$4,800.00	\$436.37	\$436.37	\$4,363.63	\$0.00	\$4,363.63	9.09%
228.450.54320	OFFICE MACHINERY & EQU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54360	OTHER EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54370	COMPUTER SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	ACCT TYPE: 54 Totals:	\$4,800.00	\$436.37	\$436.37	\$4,363.63	\$0.00	\$4,363.63	9.09%
ACCT TYPE: 59								
228.450.59200	MISCELLANEOUS REFUND	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	ACCT TYPE: 59 Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	DEPT: 450 Totals:	\$1,001,843.95	\$54,120.53	\$54,120.53	\$947,723.42	\$34,499.95	\$913,223.47	8.85%
228 Total:		\$1,001,843.95	\$54,120.53	\$54,120.53	\$947,723.42	\$34,499.95	\$913,223.47	8.85%
Grand Total:		\$1,001,843.95	\$54,120.53	\$54,120.53	\$947,723.42	\$34,499.95	\$913,223.47	8.85%

Target Percent: 8.33%

City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200

Account Access Group: N/A

As Of: 1/1/2024 to 2/29/2024

Include Inactive Accounts: No
Include Pre-Encumbrances: No

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228	HEALTH FUND						16.67%	
DEPT: 450								
Personal Services								
228.450.51110	SALARIES & WAGES	\$600,840.00	\$43,164.42	\$81,772.64	\$519,067.36	\$0.00	\$519,067.36	13.61%
228.450.51120	OVERTIME WAGES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51211	PERS	\$84,118.00	\$5,405.15	\$12,048.18	\$72,069.82	\$0.00	\$72,069.82	14.32%
228.450.51220	WORKERS COMPENSATIO	\$24,034.00	\$0.00	\$0.00	\$24,034.00	\$0.00	\$24,034.00	0.00%
228.450.51230	GROUP HEALTH INSURANC	\$103,148.00	\$0.00	\$0.00	\$103,148.00	\$0.00	\$103,148.00	0.00%
228.450.51240	UNEMPLOYMENT COMPEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51270	MEDICARE-CITY SHARE	\$8,712.00	\$279.80	\$819.72	\$7,892.28	\$0.00	\$7,892.28	9.41%
228.450.51275	LIFE INSURANCE	\$1,941.00	\$135.20	\$270.40	\$1,670.60	\$1,670.60	\$0.00	100.00%
228.450.51290	EMPLOYEE AWARDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Personal Services Totals:	\$822,793.00	\$48,984.57	\$94,910.94	\$727,882.06	\$1,670.60	\$726,211.46	11.74%
ACCT TYPE: 52								
228.450.52110	TRAVEL & TRAINING	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	0.00%
228.450.52111	MANDATORY TRAINING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52120	EMPLOYEE MILEAGE REIM	\$3,000.00	\$155.99	\$155.99	\$2,844.01	\$0.00	\$2,844.01	5.20%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$76.36	\$76.36	\$5,563.64	\$0.00	\$5,563.64	1.35%
228.450.52230	POSTAGE AND POSTAL CH	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52260	HEALTH - DUE STATE GOV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52310	MUNICIPAL GARAGE CHAR	\$3,500.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$3,500.00	0.00%
228.450.52340	EQUIPMENT/VEHICLE REN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52410	LEGAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52420	MEDICAL SERVICE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52480	OTHER PROFESSIONAL SE	\$41,085.00	\$800.00	\$1,261.39	\$39,823.61	\$0.00	\$39,823.61	3.07%
228.450.52481	WORKFORCE GRANT CON	\$71,840.95	\$2,450.00	\$2,450.00	\$69,390.95	\$13,619.95	\$55,771.00	22.37%
228.450.52482	SYRINGE EXCHANGE PRO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52488	HEALTH DEPT COVID-19 EX	\$18,430.00	\$530.00	\$530.00	\$17,900.00	\$17,900.00	\$0.00	100.00%
228.450.52490	OUTSIDE PRINTING	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	0.00%
228.450.52510	MAINTENANCE OF EQUIPM	\$8,000.00	\$1,109.00	\$1,109.00	\$6,891.00	\$0.00	\$6,891.00	13.86%
228.450.52680	MEDICAL LIABILITY INSURA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52820	LICENSES AND PERMITS	\$11,855.00	\$0.00	\$0.00	\$11,855.00	\$0.00	\$11,855.00	0.00%
228.450.52920	MEMBERSHIPS, BOOKS, PE	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$1,500.00	0.00%
228.450.52930	PHOTO SUPPLIES & PROC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52940	INDIGENT BURIALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	ACCT TYPE: 52 Totals:	\$170,850.95	\$5,121.35	\$5,582.74	\$165,268.21	\$31,519.95	\$133,748.26	21.72%
ACCT TYPE: 53								

Expense Report

As Of: 1/1/2024 to 2/29/2024

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00	0.00%
228.450.53101	SUPPLIES FOR HIV GRANT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53102	HARM REDUCTION SUPPLI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53210	FOOD	\$200.00	\$7.98	\$7.98	\$192.02	\$0.00	\$192.02	3.99%
228.450.53510	SUPPLIES TO MAINTAIN EQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53610	SMALL TOOLS & EQUIPME	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	0.00%
228.450.53620	MAJOR TOOLS & EQUIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53710	CHEMICALS & LAB SUPPLI	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	0.00%
	ACCT TYPE: 53 Totals:	\$3,400.00	\$7.98	\$7.98	\$3,392.02	\$0.00	\$3,392.02	0.23%
ACCT TYPE: 54								
228.450.54300	COMPUTERS & OTHER PE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54310	AUTO & TRUCK DEPRECA	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$4,800.00	0.00%
228.450.54320	OFFICE MACHINERY & EQU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54360	OTHER EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54370	COMPUTER SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	ACCT TYPE: 54 Totals:	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$4,800.00	0.00%
ACCT TYPE: 59								
228.450.59200	MISCELLANEOUS REFUND	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	ACCT TYPE: 59 Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228 Total:	DEPT: 450 Totals:	\$1,001,843.95	\$54,113.90	\$100,501.66	\$901,342.29	\$33,190.55	\$868,151.74	13.34%
Grand Total:		\$1,001,843.95	\$54,113.90	\$100,501.66	\$901,342.29	\$33,190.55	\$868,151.74	13.34%
						Target Percent:	16.67%	

City of Middletown Health Department

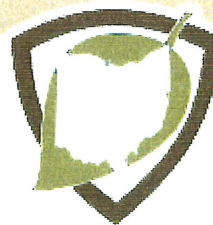
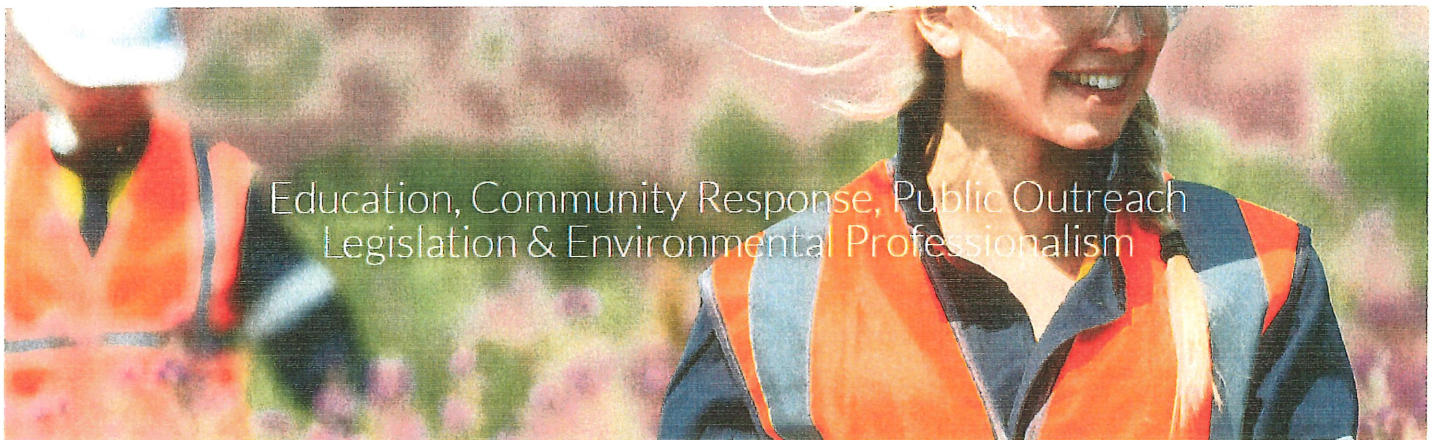
Travel Request

2024 OEHA Annual Education Conference

Environmental Health Specialist-in-Training, Sarah Chaney, will be attending the annual OEHA Educational Conference April 11th & 12th in Columbus. The theme of this year's conference is "The Changing Climate of Environmental Health".

Total budgeted costs for 2 day conference: \$540.00

The Changing Climate of Environmental Health 2024



OEHA
OHIO ENVIRONMENTAL
HEALTH ASSOCIATION

City of Middletown
Request for Business Related Travel

Request No.....: 16500
Date Submitted.....: 03-07-24
Official or Employee Name...: SARAH CHANEY
Title or Position.....: EHSIT
Department.....: HEALTH
Meeting Sponsored by.....: OEHA
Purpose of Meeting or Trip...: EDUCATION
(M)andatory/(D)iscretionary.: M
City Where Meeting Held.....: COLUMBUS
State Where Meeting Held.....: OHIO
Dates of Meeting - From: 04-11-24 to 04-12-24
Dates Leave Requested - From: 04-11-24 to 04-12-24

VEHICLE INFORMATION (if City vehicle is to be used)

Number of Vehicle.....: 814
Vehicle to be Occupied by...: SARAH CHANEY

ESTIMATED COSTS OF TRIP:

Registration...:	362.00
Transportation:	0.00
Lodging.....:	149.00
Rental Car.....:	0.00
Meals.....:	29.00
Miscellaneous..:	0.00
Amount of Advance Requested:	29.00

===== ACCOUNTS TO BE CHARGED =====

Account Code	Description	Available	Amount
228.450.52110	TRAVEL & TRAINING	1477.70	540.00

APPROVAL:

=====

User	Title	Date Approved
Jackie Phillips	Health Commissioner	

COMMENTS:



Civic Engagement

[En Español](#)

What is civic engagement?

Civic engagement, the actions that we and our communities take to identify and address problems, shapes our opportunities to be healthy. By taking actions to get more civically engaged, like voting, we exercise our right to make decisions about our communities, like whether our neighborhoods have walkable sidewalks, how much funding goes to reproductive health clinics in our states and how prepared the nation's infrastructure is for future pandemics and disasters.

A recent analysis of civic engagement and state health outcomes from 1996 to 2020 showed that in states where people are more [civically engaged and vote more](#), public health outcomes are better.

Another analysis, [the Health & Democracy Index](#), showed that states with more inclusive voting policies and fewer barriers to voting have better health outcomes. States with restrictive voting policies have worse outcomes. These barriers to voting also worsen existing health disparities, like disparities in infant mortality.

Who can take action to help our communities become more civically engaged?

You

Vote, and encourage your friends, colleagues and neighbors to vote. Let your community members know how voting, as well as participation in town halls, public meetings and volunteer activities, will help shape local policy and strengthen community cohesion.

Encourage your workplace and organizations to be voter-friendly. Thirty states and the District of Columbia require employers to give their employees time off to vote. [Find out](#) if your state is one of them! If you're not in one of those states, let your employer know that offering flexibility to vote is a good way to provide employee benefits and represent the company's culture and values.

Learn about voting policies in your state. Inclusive voting policies, like policies that allow election day voter registration and online voter registration, help make communities healthier and more equitable. Barriers to voting, like felon disenfranchisement (a practice in most states where people convicted of felonies are permanently banned from voting), do irreparable harm to communities' health and equity.

Communities/Neighborhoods

Organize Pledge to Vote campaigns. Pledge to Vote Campaigns increase the likelihood that a voter will vote by asking them to make a pledge and list a reason why they are going to vote in the upcoming

election. These campaigns are often paired with voter contact efforts to also remind those who took the [pledge to vote](#) on or before election day.

City/State

Pass inclusive voting policies and remove barriers to the ballot box. In addition to impacting the health and well-being of communities, evidence has shown that areas with enhanced access to voting also have improved economic status. For our communities to thrive, both in health and economically, states should prioritize policies that [improve access to the ballot box](#).

Nation

Include voting metrics in Healthy People 2030. The [Healthy People program](#) is an important nationwide framework for advancing the health of all Americans and already has a history of recognizing the importance of voting in its framework, including the relationship between voting and health in its Healthy People 2020 program. Going further and including voting as a key metric in Healthy People 2030 would create more actionable opportunities to advance voting access and spread awareness about the impact of voting on health.

Make voter registration easier through existing processes. This year, Oregon became the first state to implement a change that would allow [Medicaid participants to be automatically registered to vote](#). Experts estimate that if the Centers for Medicare and Medicaid Services approved the policy, that over 170,000 Medicaid recipients could be added to state voter rolls. Allowing other states to implement this change would drastically help reduce barriers to voting and target communities that face many of the highest barriers.

Furthermore, offering the opportunity to register to vote during the [HealthCare.gov](#) application process would ensure that the more than eight million annual users of the federal exchange would gain access to participation in our democracy. Many of these users have moderate to low incomes and live in states that erect barriers to voter registration. This change was previously mentioned in [President Biden's 2020 Executive Order on Improving Access to Voting](#) – the Department of Health and Human Services should take swift action to finalize and implement the integration of voter registration in the application process before the next open enrollment period.

Pass the John Lewis Voting Rights Advancement Act. Over the past decade, U.S. Supreme Court decisions such as *Shelby County v. Holder* and *Brnovich v. Democratic National Committee* have unfortunately eroded key protections provided by the Voting Rights Act that protect against racial discrimination in the voting process, giving many states the ability to suppress and discriminate against voters. Since then, state lawmakers in at least 19 states have introduced and enacted legislation to restrict voting access. The John R. Lewis Voting Rights Advancement Act would restore VRA protections by establishing a federal review process of changes to state voting laws. Potentially discriminatory changes would be paused until federal review is completed, and changes found to be discriminatory would be blocked entirely. Furthermore, strict oversight would be applied to states with histories of voter discrimination and policy changes known to be used to discriminate against voters of color. The bill also incorporates the Native American Voting Rights Act to increase representation of Tribal communities in the voting process.



Protecting, Connecting and Thriving: *We Are All Public Health* APRIL 1-7, 2024

[Daily Themes](#)[Get Involved](#)[Tools & Tips](#)[Events](#)[About NPHW](#)

Healthy Neighborhoods

En Español

We know that where we live – where we eat, sleep, work, play, learn and pray – can have a huge effect on our health. **But what makes a neighborhood healthy?** Having safe places to live, without hazards or pollution. Having safe ways for everyone to be active, like sidewalks, and safe places to bike. Having easy access to fresh, affordable, nutritious and culturally appropriate food. When our neighborhoods are healthy, we have the building blocks for healthy lives.

Who can make our neighborhoods healthier?

You

Plant trees. **Green spaces** have been shown to reduce your risk of death. They also help to protect from rising heat, reduce pollution and offer nice space for people to connect with each other. If you don't have a yard to plant in, work with a local organization that **plants trees** in public spaces.

Get to know your neighbors. **Social cohesion** means you're connected with the people who live near you. Feeling connected to each other is an investment in your community. It's also great for kids to have adults who care about them.

Communities/Neighborhoods

Get moving with your community. People who live in rural communities often don't have sidewalks or other safe places to walk or run. Community walking groups can make getting exercise a safer and fun activity.

Bring healthy, fresh food where people are. If there aren't nearby stores where people can easily purchase healthy foods, open farmers markets and allow people to use their Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants and Children benefits there. Or bring fresh fruits and vegetables directly to people, as one **program in Baltimore** is doing.

City/State

Make broadband internet available more widely. **High-speed internet** is necessary for today's world. Kids with better internet access at home have better academic outcomes. And many health providers require patients have internet to access their digital health records. But it's **not available** for many people, particularly in lower income and rural communities.

Invest in public transportation. When **public transportation** isn't available or reliable, more people depend on cars. Making public transportation available, affordable, reliable and easy to use cuts down on pollution and traffic, and reduces the risk for traffic crashes – making other transportation options, like biking, safer too.

Nation

Get rid of lead in homes and public buildings. Federal lead remediation programs can help [remove lead pipes](#) across the country. The federal government estimates there are 6 to 10 million lead service lines across the country, mostly affecting low-income neighborhoods and communities of color. Removing lead pipes protects everyone's health, especially children.

Set limits on pollution to protect vulnerable populations. The biggest polluters are often located near low-income communities and communities of color. Federal policymakers can enact laws that [limit the amount of pollution](#) being produced. Improving air quality will protect health in those communities and across the country.

Climate Change

En Español

Climate change is the most pressing threat to human health that our world faces today. Some groups of people, including communities of color and low-income neighborhoods, are disproportionately impacted by climate change. They face decades of limited investment in their health and increased pollution in their neighborhoods. We need swift action to lessen the health impacts of climate change. Now is the time to act. [Actions](#) should come from and with communities.

Who can make our climate healthier?

You

Buy less. Be thoughtful about fast fashion, flights and the latest technology. Buying less stuff has a big effect on climate emissions, natural resources and pollution. It's an even greater change than green technology can make.

Become a climate for health ambassador. The Climate for Health Ambassadors training is a free online training designed to build your climate and health knowledge. You can learn how to communicate and encourage [action on climate](#), health and equity. [Find out more](#) on how you can get involved at APHA's Center for Climate, Health and Equity.

Communities/Neighborhoods

Plan for disasters and heat. Communities can get ready and [prepare](#) themselves for [floods](#), [heat waves](#) and other [disasters](#). Communities can make sure that buildings in urban areas can serve as cooling stations for residents without air conditioning.

Take collective climate action. Collective action makes a difference. A group is more successful at pushing for stronger climate policy than any one person alone. Communities can work together to hold government and industries accountable for addressing climate change inequitably. Working together also helps forge social connections and creates opportunities for personal skill-building. Getting involved in efforts that directly help others can increase young people's resilience and inspire hope.

City/State

Invest in healthy transportation and community design. The way we design our communities affects our health. Invest in [climate-friendly transportation](#) options such as walking or biking for short trips. Increase access to public transit. City planning can reduce the health risks of heat, air pollution and flooding. City planners can increase tree canopy, parks and other green spaces. They can create incentives for building cool roofs and pavements that don't absorb heat or collect water. Local governments should [partner with communities](#) to prevent low-income residents from being displaced.

Increase affordable and energy-efficient housing. Low-income communities often struggle to maintain adequate heating and cooling in their homes and spend more of their monthly income on

home energy costs. This is called [energy insecurity](#). Support programs that increase [energy efficiency](#) in affordable housing through community partnerships.

Nation

Phase out fossil fuels and transition to renewable energy. Fossil fuel-driven air pollution increases the risk of health conditions including lung disease, heart disease, depression and poor birth outcomes. Most of the fossil fuel supply chain and infrastructure are located in communities of color and low-income neighborhoods. The fastest and most equitable approach to reducing greenhouse gas emissions and air pollution is to [stop using fossil fuels and end new exploration for oil](#).

To reduce the [health impacts of climate change](#) and energy insecurity, we need energy-efficient and electric homes and transportation to be accessible and affordable.

Fund public health and community partnerships to advance health equity and build resiliency against climate change. Public health and health professionals play an essential role in partnering with communities to [build resiliency](#) and health equity in the face of climate change. They can include community voices in research and analysis, strategy, planning and putting changes into practice. Funding is needed for federal, state and local health agencies to take climate action and support community-led solutions, with significant funding going directly into frontline community-based organizations.

New Tools and Innovations

En Español

Public health is all about preventing disease, diagnosing health conditions and encouraging health and well-being. However, achieving these goals wouldn't be possible without the help of new tools and innovations in public health. From wearable fitness bands to virtual doctors' appointments, **new technology** has changed the way individuals and communities receive and respond to health information. Other tools, like **warning systems** for natural disasters or COVID-19 testing kits, can help individuals stay connected and protected during emergencies. **Advancements in public health** can help us in the fight towards equity, so all people and populations can thrive.

Who can make a difference with new tools and innovations?

You

Wear smartwatches and use health apps. Adults need 150 minutes a week of moderate-intensity activity. **Physical activity** can help improve mental health, reduce the risk of illnesses such as heart disease and Type 2 diabetes and manage chronic health conditions like arthritis. **Use wearable health devices**, such as smartwatches, or health apps that track physical activity to monitor how much activity you are getting every day. You can even use these tools to engage in some friendly competition with friends and family through NPHW's **Keep it Moving Challenge**.

Advocate for public health using media. While not a new tool, **digital media** plays a strong role in health advocacy and public health awareness campaigns. Use social media to share the real-life impacts of public health by telling your story. Sign on and share **APHA's Action Alerts** to elevate your voice on public health issues like violence prevention and climate change.

Communities and Neighborhoods

Make vaccinations and testing more widely available. Testing and vaccine technology have expanded, making it easier to detect, prevent and protect us from more diseases. Vaccines protect us from serious illnesses, like whooping cough. **Testing** can help people diagnose their illnesses and receive treatment. Communities can open pop-up vaccination sites and make sure free at-home tests for illnesses like COVID-19 are available. Share accurate and easy-to-read **vaccine resources**.

Use vending machines to deliver lifesaving medications. **Vending machines** are an older technology that is being transformed to deliver lifesaving tools like Narcan and fentanyl strips. In 2021 alone, more than 106,000 people died from drug overdoses. Neighborhoods in Washington, D.C. are currently fighting to reduce drug-related deaths by **increasing access to harm-reduction vending machines**.

City/State

Increase access to telehealth services. Compared to urban populations, rural residents are more likely to die prematurely from conditions like heart disease and cancer. **Telehealth**, or receiving health care

via video chat, phone call or messaging, is a great option for people who live in [rural or remote areas](#). Telehealth helps overcome obstacles that prevent people from receiving care, such as limited access to health care providers and transportation. It also offers both flexibility and comfort with appointments which can be useful for those who have special health needs.

Broaden internet access. Internet access connects people to mental, behavioral and physical health services. It connects us to our local officials. It can also [improve access to education and connect us to jobs and trainings where we live](#). However, 9 million people in the United States do not have access to high-speed internet, including communities of color, older adults and populations that live in rural or segregated urban areas.

Nation

Invest in public health surveillance. Being prepared for and ready to respond to emergencies is so important when faced with natural disasters. Surveillance tools like [GIS mapping](#) can help us in times of emergency by monitoring outbreaks, identifying where important health facilities are and tracking environmental hazards. [Federal policymakers](#) must continue investing in such tools to remain resilient and prepared for emergencies.

Improve digital health infrastructure. COVID-19 highlighted the importance of making [health data digital](#). Electronic health information exchanges speed up how providers and patients can access medical information, while electronic health records enable providers to give efficiently deliver care to their patients. Federal and state leaders must support policies and fund [data modernization](#) to protect and improve the nation's health.



Reproductive and Sexual Health

En Español

When people have access to quality reproductive and sexual health care and education, they can live happier and healthier lives. However, reproductive and sexual health justice are [under attack](#), with over 500 anti-LGBTQ+ bills being introduced in 2023 alone and 43 states banning or heavily [restricting access to safe abortions](#).

Who can make a difference and destigmatize reproductive and sexual health?

You

Get screened for cancers and tested for STIs. Breast, colorectal and prostate cancers are three of the most common forms of cancer in the United States. Reported cases of sexually transmitted infections like chlamydia, gonorrhea and syphilis have continued to rise in the U.S. Protect yourself by getting tested for STIs yearly. Learn the risks for developing breast and colorectal cancer, such as smoking tobacco, drinking alcohol and being inactive. Take steps to prevent those risks. Get screened based on current guidelines to detect prostate cancer early. People with vaginas should also [get regularly screened](#) for human papillomavirus, a very common STI that can lead to certain cancers or genital warts. [There is no routine test for HPV for people with penises.](#)

Practice safe sex. [Reduce your risk of spreading STIs](#) like HPV and HIV by getting tested yearly; using barriers, such as condoms, for all forms of sexual intercourse; and practicing open communication with your sexual partners. [Get consent](#) for sexual activity, and stop immediately if either of you is uncomfortable, feels unsafe or is in pain. Visit your local health center to get condoms, lubricant and other disease-preventing tools.

Communities/Neighborhoods

Donate menstruation products to local shelters. Before the COVID-19 pandemic, an estimated 500 million individuals who menstruate experienced [period poverty](#). Period poverty is a lack of access to menstrual products, education and sanitation facilities. Homeless shelters, health centers and even schools can provide the community with menstrual products. You can help by donating new, unopened packages of pads, tampons and other menstruation products to a local homeless shelter. Take it a step further by calling the shelter and asking if there is a need for items like heating pads, pain relief medication or perhaps some chocolate!

Promote comprehensive sex education in local school districts. Comprehensive sex education is age-appropriate, medically accurate and empowers students to make informed decisions about their overall health. Studies present that comprehensive sex education can lead to a decrease in STI rates, reduce sexual violence and increase youth use of contraceptive methods. States can require their public

schools to teach sex education. Only [30 states/territories](#) are mandated to teach sex education in K-12 and only five states require comprehensive sex education in K-12 schools. But school districts can decide on the curriculum. Attend school board and city hall meetings as an advocate and encourage your friends and family to support the adoption of comprehensive, age-appropriate sex education programs.

City/State

Deprioritize restrictions on health care. When states place restrictions on abortion access or track people accessing abortion or gender-affirming care, local governments can intervene. Cities can protect their residents by not funding tracking or investigations for accessing health care. These efforts are effective tools in demonstrating to the public that city officials are in solidarity with [protecting access](#) to life-saving medical procedures.

Expand access to reproductive health services. City and state governments can take a proactive stance by [expanding access to reproductive health services](#). This includes supporting and funding clinics that provide comprehensive reproductive and sexual health care, including family planning services, STI testing and counseling, and safe and legal abortion services. By prioritizing accessible and affordable reproductive health services, cities and states can contribute to the overall well-being of their communities.

Nation

Pass legislation protecting reproductive and sexual health care access for all. Members of Congress are responsible for writing and passing federal laws, meaning they can pass legislation protecting access to abortion, family planning services and LGBTQ+ services. [Contact your representatives](#) to let them know what matters to their constituents – you!

Combat discrimination in reproductive health care. Congress can create laws explicitly [preventing discrimination](#) based on factors like race, gender identity, sexual orientation and socioeconomic status. This includes supporting [training initiatives](#) for health care providers to deliver culturally competent and inclusive care, creating respectful and understanding health care environments. Congress can also advocate for the use of demographic data to identify and address disparities in reproductive health outcomes. By working with advocacy groups and health care professionals, Congress can ensure its efforts are responsive to evolving needs, fostering a more balanced and inclusive reproductive healthcare system for everyone.



Emergency Preparedness

En Español

Unexpected events such as power outages and natural disasters like earthquakes and hurricanes can happen without a moment's notice. That is why being ready for emergencies is crucial. Emergency preparedness is exactly what it sounds like; it involves planning, having supplies on hand and knowing how to stay safe during an emergency. [Being ready](#) for crises before they happen can not only protect you and your loved ones but also underserved communities where disasters can worsen inequities.

Who can make a difference with emergency preparedness?

You

Build an emergency supply kit. Being prepared means stocking up on supplies. An [emergency supply kit](#) is a collection of tools that can help in the event of an emergency. Kit supplies can include flashlights, nonperishable food, extra clothes, a first aid kit and personal hygiene items. You also should have a gallon of water per person/pet per day, for three days, if possible.

Have a plan. Create an emergency plan with your family, friends or household. Designate a meeting spot where you all can gather in case you're separated during an emergency. Learn your local emergency alerts and warnings. Practice emergency drills and memorize evacuation routes.

Communities/Neighborhoods

Host a disaster training. Disaster trainings can teach communities how to prepare and handle emergencies. Volunteer with local and national organizations, like the American Red Cross, to provide training to community members on how to act before, during and after a disaster. Assist organizations, such as food pantries and daycares, in building capacity and emergency planning by sharing tools like [virtual disaster preparedness training](#).

Mark emergency exits and practice emergency drills. If there's a fire, flood or other disaster, people need to know where to go. All public buildings are required to have clearly marked emergency exits. Evacuation route signs can also warn people of dangers to avoid during emergencies. Encourage schools and local businesses to conduct [drills](#), such as fire or lockdown drills, to ensure that everyone in the community knows where to go during an emergency, even when they aren't home.

City/State

Educate students on emergency preparedness. Disasters can be stressful for people of all ages, including [children and teenagers](#). Schools can help prepare students for emergencies through educational opportunities like assemblies, class projects and [preparedness drills](#). Trainings can be tailored so they are age-appropriate, useful and not scary. Making sure students are equipped for unexpected events can protect their mental health and help them recover quickly from emergencies.

Regularly test emergency alerts. There are [emergency alert systems](#) in most communities. Sirens are still used in many places, but there are also digital options now like mobile alerts, TV and radio. City and state officials should regularly test alert systems to ensure that future warnings will go through in a real emergency. They should remind residents what alerts look or sound like and what to do when an alert sounds. Most importantly, they should consider using alert systems that provide multilingual alerts and appropriate messaging for those with disabilities.

Nation

Fund mitigation efforts. Mitigation is about [taking action before disaster strikes](#) to lessen its impact. Allocating funds toward mitigation will promote more projects made to protect the environment such as [green infrastructure](#). The federal government should provide funding to local organizations to work on community projects to better prepare their areas. This can help [reduce the financial burden](#) on communities and make response and recovery time for disasters more efficient.

Improve equity in disaster recovery. Due to our nation's long history of systemic and [environmental racism](#), people from racial and ethnic minority groups are the ones most affected by disasters. Federal agencies must continue providing [funding for emergency initiatives](#), especially in communities that are disproportionately impacted by disasters. The federal government must address equity before disasters happen by building resilience and investing in disadvantaged communities.

Future of Public Health

En Español

Public health needs to take a fresh approach — one rooted in fairness and inclusivity. Picture this: a world where equity isn't just a buzzword, but a guiding principle. Communities are at the heart of decision-making and actively shaping their health, not sidelined. Public health's future is all about teaming up — joining forces with unexpected partners from different sectors and centering community voices. This future is about tearing down barriers, not just fixing problems but preventing them altogether. It's making sure every person has access to the support and care they need for a healthier life.

Who can make a difference in the future of public health?

You

Speak for health. Use [your voice](#) to advocate for policies that prioritize community well-being. Educate others about public health issues and get in touch with your lawmakers to enact change. [APHA's action alerts](#) make it easy to send messages to your elected officials to tell them about the issues that matter to you.

Join community organizations. [Getting involved with community organizations](#) allows you to contribute to initiatives that promote health equity at the local level. For example, participating in a mutual aid network might involve sharing resources within the community during tough times, building a strong support system. This active participation helps create a healthier future where local communities have collective power, ensuring everyone's well-being.

Communities/Neighborhoods

Make information accessible. [Health information](#) should be easy for everyone to understand. Community groups can share resources in multiple languages and avoid jargon so everyone can access and grasp important health information.

Support good public health policies. Communities can champion proactive public health policies by organizing advocacy campaigns, gathering community input and directly engaging with policymakers to ensure these policies address specific local needs and priorities.

City/State

Fund community organizations and health departments. Consistent, [long-term funding](#) for community organizations and health departments is vital. Establish reliable funding mechanisms and grants to ensure ongoing support for critical public health initiatives and services.

Declare racism as a public health crisis. Recognizing racism as a public health crisis is a necessary step. Acknowledging systemic issues and taking targeted action to dismantle health disparities rooted in racial injustice is crucial.

Nation

Invest in the public health infrastructure. Building a solid health infrastructure is like laying a strong foundation for a house. Strong systems and sustained, equitable funding support the health and well-being of everyone in the country.

Building cross-sectoral partnerships. To achieve the equitable, sustainable public health system we all want, we need broad participation. Public health, health care, grassroots organizers, faith-based communities, business, philanthropy, law, education and government — all of us have a stake in public health's future. Let's actively bring in non-traditional partners to **join forces** for a more inclusive and effective public health future.

International Leaders

Create global health partnerships. Countries working together can ensure a future of better health and well-being for all people everywhere. Partnerships connect knowledge, ideas and resources to bring the changes we want to see such as **preventing infectious disease outbreaks** and delivering vaccines and supplies.

Support efforts to prepare for global pandemics and emergencies. **Training more people globally** can help prevent, detect and tackle public health threats. By increasing and improving how we test, monitor and report on significant **global health** incidents, all countries can work cooperatively to save lives and bring improved health outcomes to everyone.



Butler County Monthly Communicable Disease Surveillance Report

February of 2024

Leah Elliott, MPH

ElliottL@butlercountyohio.org

Notifiable Communicable Diseases

Summary:

- Number of Disease Cases Reported in Butler County: 1,364
- Most Frequently Reported: COVID-19, Chlamydia, Influenza-associated hospitalization, Gonorrhea, and Hepatitis C.

Table 1. Comparison of Reported Cases of Confirmed or Probable Notifiable Communicable Diseases, February 2024 (excluding Chlamydia infection and gonorrhea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	31,058	272.2	-	-
Butler County	1,176	301.3	1.107	1.044-1.173

Interpretation: The residents of Butler County were 10.7% more likely to be the subject of a notifiable disease report when compared to the rest of Ohio as a whole. These results are statistically significant. (excluding Chlamydia infection and Gonorrhea)

Table 2. * Communicable Diseases by Jurisdiction (February 2024)

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	902	326.8	↓29.0% from January 2024 (n=1,271)
Middletown City Health Department	228	447.1	↓24.5% from January 2024 (n=302)
City of Hamilton Health Department	234	369.2	↓43.2% from January 2024 (n=412)
Butler County (all inclusive)	1,364	349.4	↓31.3% from January 2024 (n=1,985)

Table 3. * Butler County Reportable Diseases by Subgroups (February 2024)

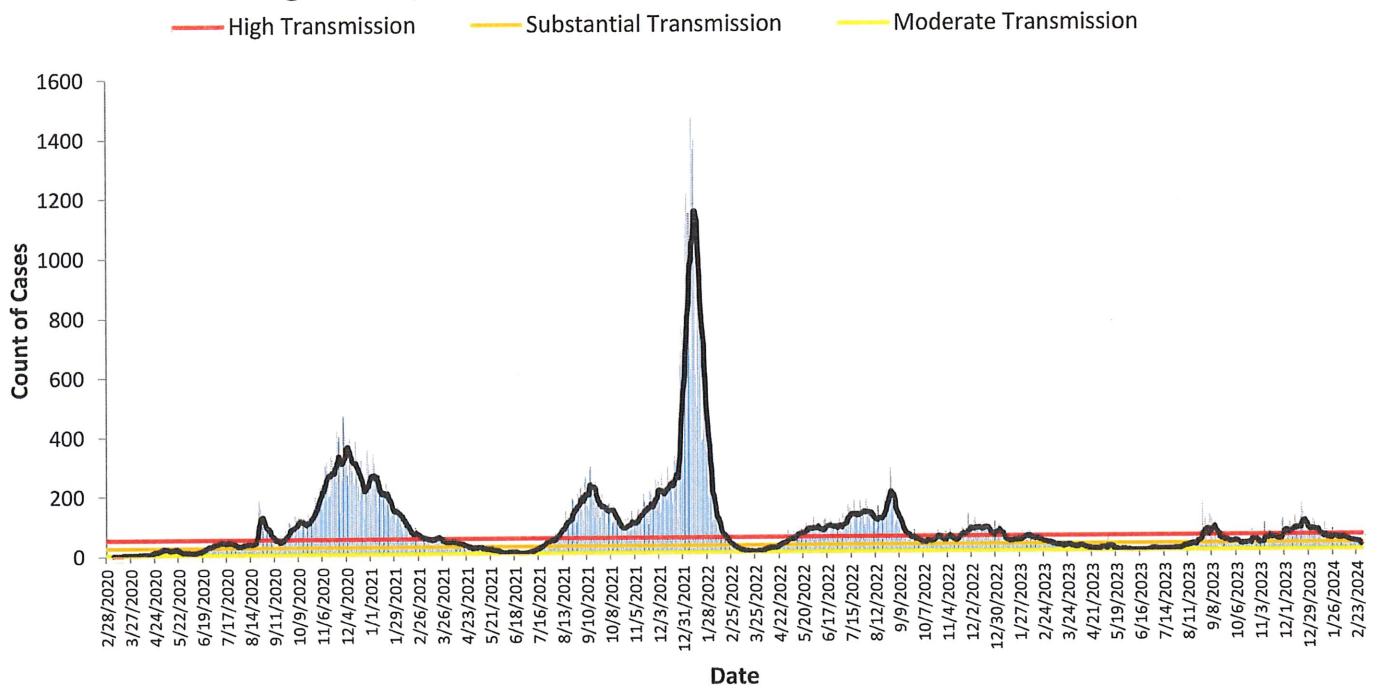
Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	36	↑24.1% from January 2024 (n=29)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	166	↑18.6% from January 2024 (n=140)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	7	↓41.7% from January 2024 (n=12)
Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, Haemophilus influenzae, Bacterial meningitis, Mumps, Pertussis, invasive Streptococcus pneumoniae, Tetanus, and Varicella)	1,136	↓36.0% from January 2024 (n=1,774)

*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. *COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of February 1-31, 2024 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 3/7/2024.

Table 4.* Diseases Reported in Butler County (February 2024)

Jurisdictions	Butler County General Health District	Middletown City Health Department	City of Hamilton Health Department	Butler County (all inclusive)
C. auris	3	0	0	3
Campylobacter	1	0	0	1
Chlamydia infection	68	26	32	126
COVID-19	679	168	171	1,018
CPO	3	1	0	4
Dengue	0	1	0	1
Gonococcal infection	18	9	6	33
Haemophilus influenzae (invasive disease)	3	0	0	3
Hepatitis B	9	1	1	11
Hepatitis C	16	2	7	25
HIV	2	1	0	3
Influenza-associated hospitalization	75	9	9	93
Lyme Disease	1	0	0	1
Measles	2	0	1	3
Meningitis - aseptic/viral	1	0	1	2
Meningitis - bacterial (Not N. meningitidis)	2	0	0	2
Meningococcal disease	1	0	0	1
Pertussis	0	2	0	2
Salmonellosis	3	2	1	6
Streptococcal - Group A -invasive	4	0	1	5
Streptococcus pneumoniae- invasive	4	0	3	7
Syphilis	1	3	0	4
Tetanus	0	0	1	1
Tuberculosis	2	1	0	3
Varicella	4	2	0	6
Total	902	228	234	1,364

Figure 1. Reported Cases of COVID-19 by Date of Event 2020-2024*



*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported.
 *COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of February 1 -31, 2024 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 3/7/2024.

Butler County Reportable Disease Surveillance

Table 6 outlines Butler County's select, reportable disease counts by year, that were classified as either "probable" or "confirmed" during the years of 2019 through 2024 and provides a 5-year average column for comparison. Graph includes those diseases that represent a consistent threat to public health.

Table 6.* Reported Probable/Confirmed Cases in Butler County (2019–2024)

	2019	2020	2021	2022	2023	5 Year Avg.	Up to 2/29/2024
Amebiasis	1	0	1	1	0	<1	0
Botulism- wound	0	0	0	1	0	<1	0
Brucellosis	0	0	2	0	0	<1	0
Candida auris (not reportable prior to 2019)	0	0	1	13	37	10.2	5
Campylobacteriosis	45	30	35	48	49	41.4	1
Chlamydia infection	1,631	1,512	1,406	1,359	1,321	1,445.8	233
COVID-19 (not reportable prior to 2020)	-	26,420	39,521	49,323	12,192	31,864	2,667
CPO (replaces CP-CRE) (not reportable prior to 2019)	4	10	11	12	93	26	5
Creutzfeldt-Jakob Disease	2	0	1	1	0	<1	0
Cryptosporidiosis	4	6	5	7	7	5.8	1
Cyclosporiasis	2	0	0	1	3	1.2	0
Dengue	1	0	1	1	0	<1	1
E. coli, Shiga-Toxin Producing	11	14	15	17	17	14.8	1
Ehrlichiosis-Ehrlichia chaffeensis	0	1	1	1	0	<1	0
Giardiasis	12	4	14	7	13	10	0
Gonococcal Infection	732	651	480	473	413	549.8	59
Haemophilus influenzae (invasive disease)	10	7	6	11	18	10.4	5
Hemolytic uremic syndrome	0	0	1	0	1	<1	0
Hepatitis A	104	2	1	0	2	21.8	0
Hepatitis B - acute/chronic/perinatal	109	67	85	78	82	84.2	12
Hepatitis C – acute/chronic/perinatal	552	486	434	390	280	428.4	43
HIV	24	17	58	38	35	34.4	5
Influenza-associated Hospitalization	325	266	18	306	70	197	176
Legionellosis – Legionnaires' Disease	17	10	9	15	1	10.4	0
Hansen's disease	0	0	0	1	0	<1	0
Listeriosis	0	0	0	1	2	<1	0
Lyme Disease	3	2	0	2	2	1.8	0
Malaria	2	2	1	3	4	2.4	2
Meningitis – aseptic/viral	25	9	14	10	10	13.6	3
Meningitis – bacterial (not N. meningitidis)	4	3	3	11	10	6.2	4
Meningococcal dz. – Neisseria meningitidis	0	0	0	0	0	0	2
MIS-C associated with COVID-19	-	-	15	7	1	7.7	0
Mpox (not reportable prior to 2022)	-	-	-	4	0	2	0
Mumps	1	0	0	0	0	<1	0
Pertussis	38	13	3	3	5	12.4	10
Salmonellosis	32	20	26	34	54	33.2	8
Salmonella Paratyphi	0	0	0	0	1	<1	0
Salmonella Typhi (Typhoid Fever)	0	0	2	0	1	<1	1
Shigellosis	7	8	3	6	7	6.2	5
Spotted Fever Rickettsiosis (including RMSF)	0	2	0	1	0	<1	0
Streptococcal – Group A – invasive	24	27	24	34	39	29.6	10
Streptococcal – Group B – in newborn	0	1	0	1	1	<1	0
Streptococcus pneumoniae – Invasive	59	31	33	40	43	41.2	9
Syphilis (all stages)	11	17	23	45	66	32.4	8
Tuberculosis (active)	8	6	7	8	7	7.2	3
Varicella	14	1	5	8	19	9.4	6
Vibriosis (not Cholera)	1	0	2	2	3	1.6	0
West Nile Virus Disease	0	0	0	0	1	<1	0
Yersiniosis	1	0	1	2	4	1.6	0

*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported.

*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of February 1 -31, 2024 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 3/7/2024.



Public Health
Prevent. Promote. Protect.

Butler County General Health District

Figure 1: Fairfield SSP Site Visitors by Month for 2023 and 2024



Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2023 and 2024

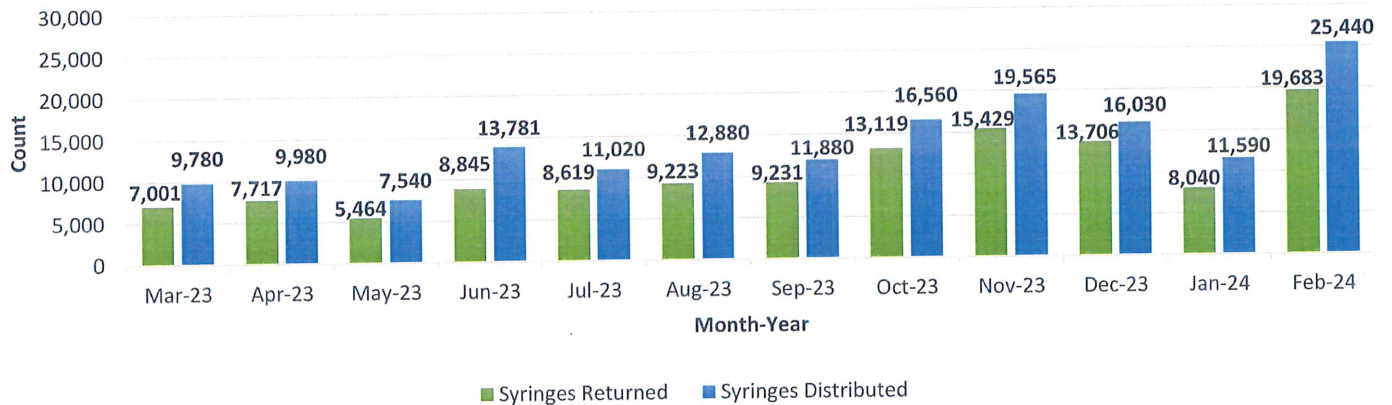


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for February 2024

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	18,913	24,150	78.31%
Clermont County, OH	0	40	0.00%
Hamilton County, OH	440	840	52.38%
Montgomery County, OH	0	80	0.00%
Warren County, OH	330	330	100.00%
Total	19,683	25,440	77.37%



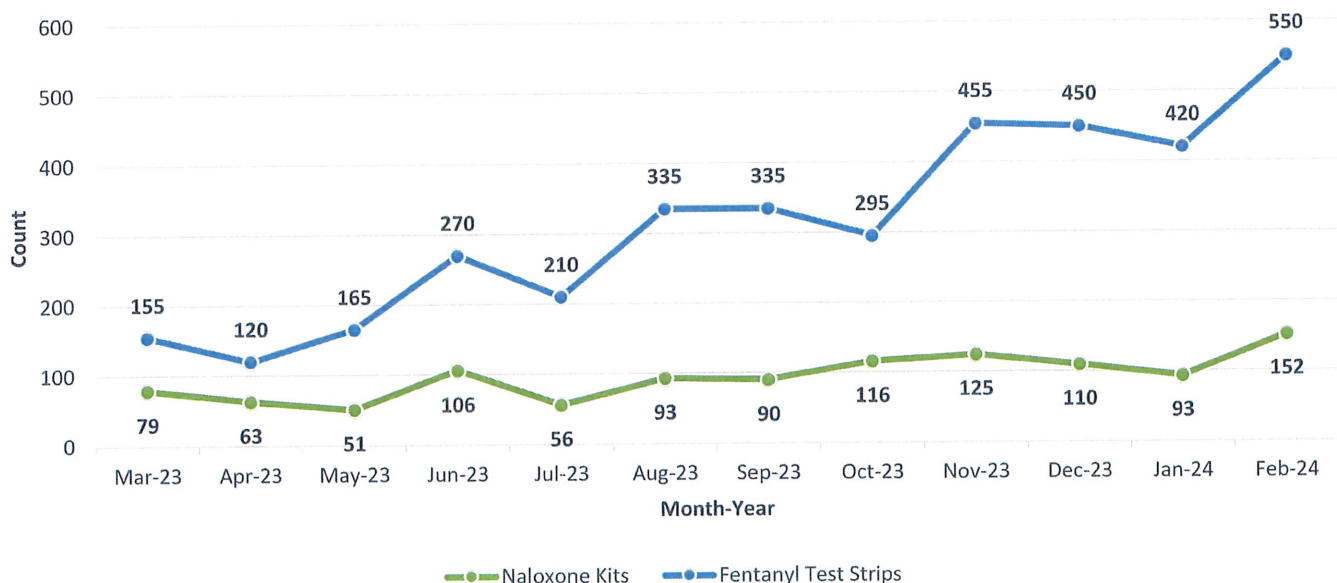
Public Health
Prevent. Promote. Protect.

Butler County General Health District

Table 2: Syringes Returned and Distributed by Zip Code - City for the Fairfield SSP Site by Butler County Visitors' Home Residence for February 2024

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	3,260	5,350	60.93%
45013	7,463	9,450	78.97%
45015	1,950	2,550	76.47%
Hamilton Total	12,673	17,350	73.04%
Middletown			
45042	1,220	1,280	95.31%
45044	3,950	3,930	100.51%
Middletown Total	5,170	5,210	99.23%
45014 - Fairfield	1,070	1,390	76.98%
45050 - Monroe	0	80	0.00%
45056 - Oxford	0	120	0.00%
Butler County Total	18,913	24,150	78.31%

Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Fairfield SSP Site for 2023 and 2024



Source: Butler County General Health District – Fairfield Syringe Service Program Site, Data obtained March 1, 2024, Data is provisional and subject to change



Public Health
Prevent. Promote. Protect.

Butler County General Health District

Figure 1: Oxford SSP Site Visitors by Week for February 2024

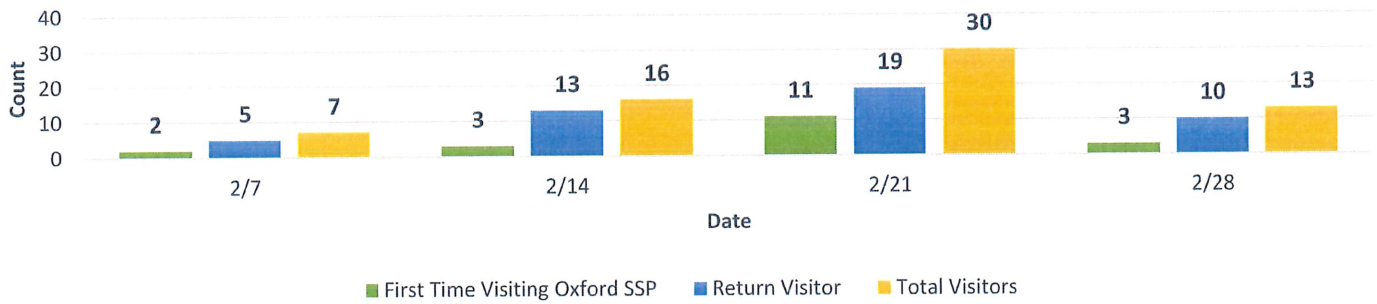


Figure 2: Oxford SSP Site Visitors by Month for 2023 and 2024

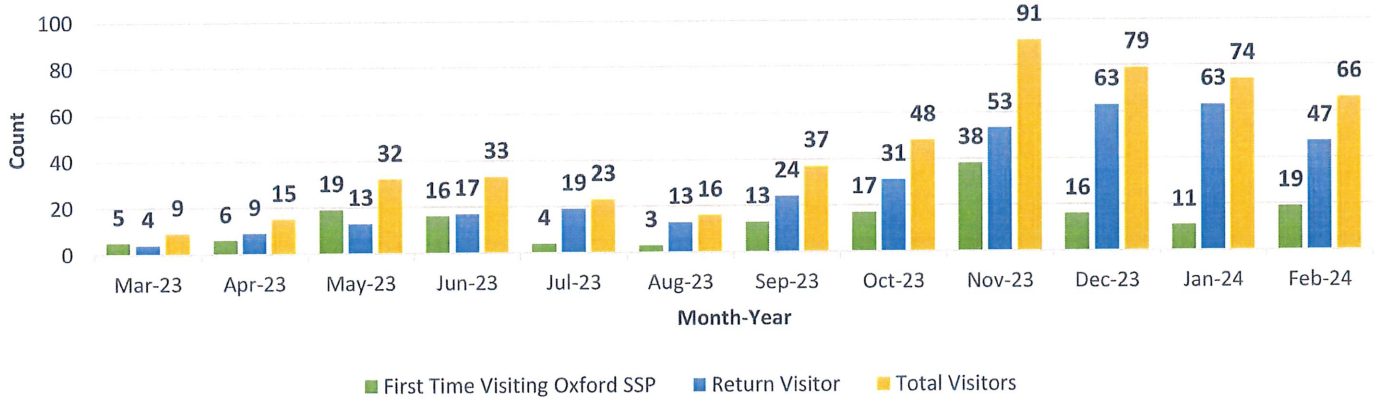
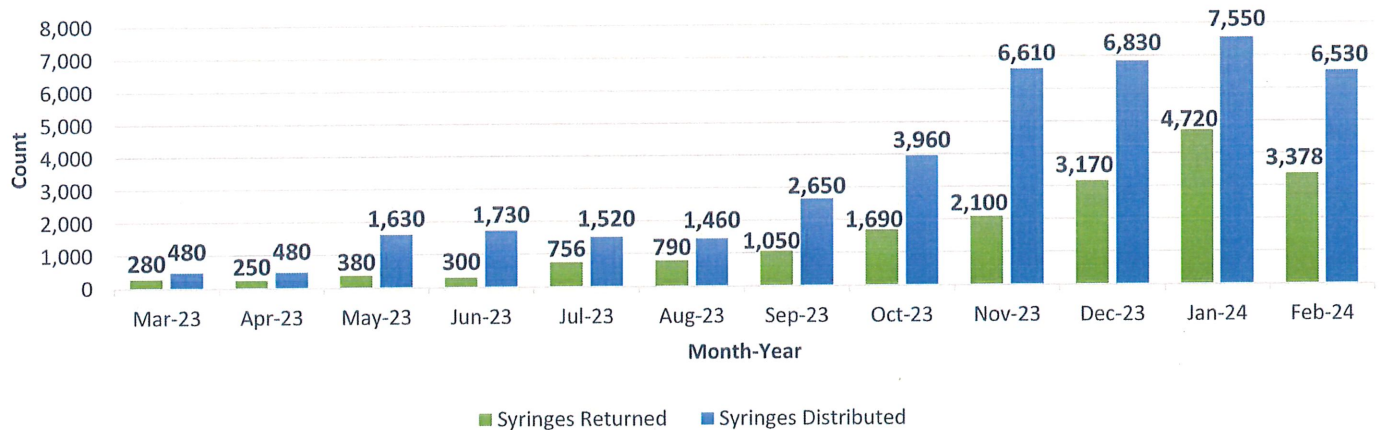


Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2023 and 2024





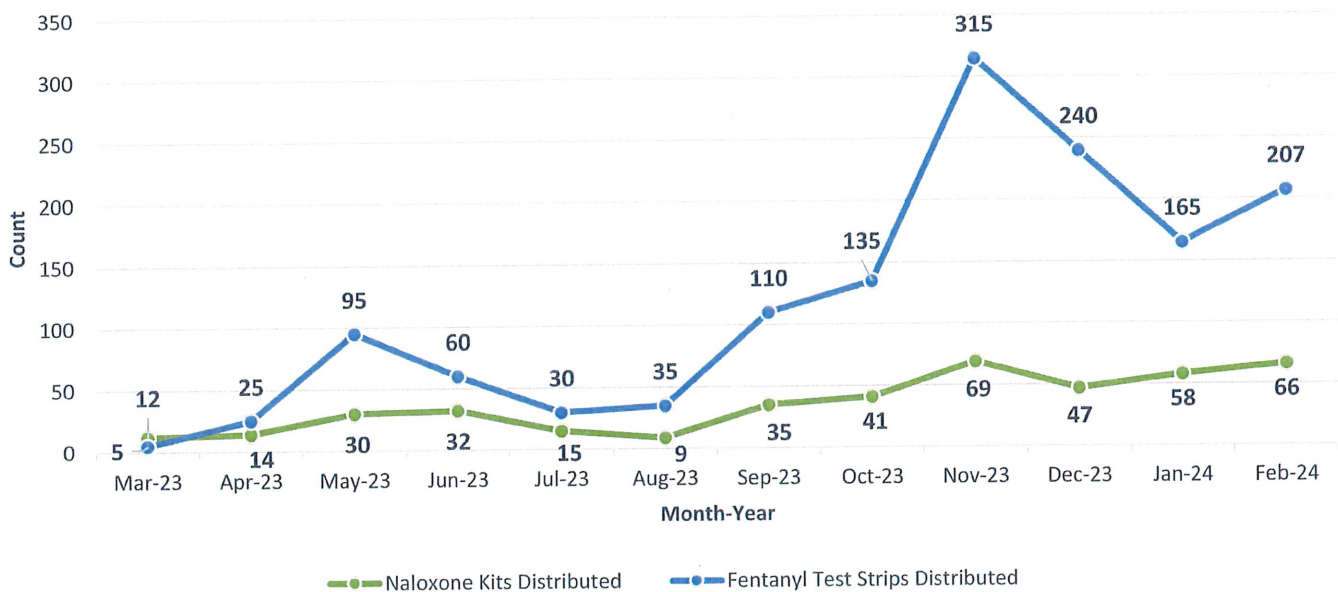
Public Health
Prevent. Promote. Protect.

Butler County General Health District

Table 1: Syringes Returned and Distributed by Zip Code - City for the Oxford SSP Site by Visitors' Reported Home Residence for February 2024

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	270	1,610	16.77%
45013	830	1,510	54.97%
45015	500	500	100.00%
Hamilton Total	1,600	3,620	44.20%
45014 - Fairfield	0	40	0.00%
45044 - Middletown	0	330	0.00%
45056 - Oxford	1,478	2,200	67.18%
45067 - Trenton	0	40	0.00%
Preble County	300	300	100.00%
Butler County Total	3,378	6,530	51.73%

Figure 4: Naloxone Kits and Fentanyl Test Strips Distributed at the Oxford SSP Site for 2023 and 2024



Source: Butler County General Health District – Oxford Syringe Service Program Site, Data obtained March 1, 2024, Data is provisional and subject to change

City of Middletown Health Department

February 2024

Vital Statistics

	MONTHLY	YTD
Birth Certificates Filed	68	140
Death Certificates Filed	111	210
Birth Certificates Issued	311	625
Death Certificates Issued	334	745
Indigent Cremation Services	6	11

Deaths Filed

Accidental		
Drug Overdose	0	0
Falls	0	0
Motor Vehicle	1	1
Exposure to Elements	0	0
Choking	0	0
Fire	0	0
Homicide	0	0
Suicide	0	0
COVID-19 Related Deaths	2	4
Could Not Be Determined	0	0
Pending Investigation	0	0

**Totals reflect City of Middletown residents that died inside of city limits only

Environmental Inspections

	MONTHLY	YTD
Food Service Operations(FSO)	32	66
Retail Food Establishments(RFE)	2	15
Prelicense/Consultations	7	13
Sewage Inspections	1	1
School Inspections	3	3
Vending Locations	0	1
Temporary FSO/RFE	1	1
Mobile FSO/RFE	1	2
Complaints	3	7
Smoking Complaint Inspections	1	1
Swimming Pools	7	7
Tattoo	1	1
Temp Park/Park Camp	0	0
Jail Inspection	0	0
Site Visit (Septic)	0	0
Well Inspection	0	0

Level 1 Certification Training

Number of Attendees	0	3
---------------------	---	---

Animal Bite Events

Dog	2	6
Cat	0	1
Bat	0	0
Raccoon-Animal Exposure	0	0

Smoking Complaint Spreadsheet									
For February 2024									
Business Name	Date	Notice of Report	Dismissed	Notice of Violation (30 Days)	Letter of Warning (15 Days)	Civil Fine Letter	Violation Contested	Notice of Hearing	Additional Comments
1 City Tavern	1/25/2024			X					Smoking complaint from last month confirmed with on-site observation. Notice of Violation will be sent March 4 th b/c case must remain open 60 days.
2									
3									
Notes: Billy T's owes \$1200 in fines, unpaid. Buster's Bar owes \$200 in fines, unpaid.									

This facility is closed for business and is for sale.



DIRECTOR'S JOURNAL ENTRY
RESCISSION OF APPROVAL OF OTHER TRAINING PROGRAMS FOR SOIL
EVALUATORS FOR SEWAGE TREATMENT SYSTEMS

The journal entry for approval of other training programs for soil evaluators for sewage treatment systems, dated Oct. 5, 2017, is hereby rescinded. The dates provided in that journal entry for completion of other training programs has expired. This journal entry is effective when signed and remains in effect until withdrawn or superseded by a subsequent journal entry.

Persons who received acknowledgement from the Ohio Department of Health of demonstrated compliance with the criteria outlined in the journal entry dated October 5, 2017 will continue to be permitted to conduct soil evaluations for household sewage treatment systems for a period of two years following the date of this journal entry. In order to conduct soil evaluations for household sewage treatment systems after that time, all persons will be required to meet at least one of the following requirements in Ohio Administrative Code Rule 3701-29-07(A)(1-4):

(A) Soil evaluators shall have the knowledge and experience to facilitate the review of site and soil conditions, information provided by the homeowner, and these rules to identify appropriate areas for the siting of STS or GWRS. Soil evaluators shall be knowledgeable of the requirements of this chapter, available STS technologies, and the science of pedology. Soil evaluations shall be completed by:

- (1) A soil scientist or soil classifier certified by the soil science society of America (SSSA) completing the soil evaluation while acting as an independent agent of the owner or board of health;
- (2) A SSSA associated professional soil scientist that is supervised by a SSSA certified soil scientist completing the soil evaluation while acting as an independent agent of the owner or board of health;
- (3) A soil professional registered by a state or national organization with equivalent minimum qualifications and/or demonstration of competency for soil evaluation as approved by the director of health;
- (4) A registered sanitarian employed by the board of health having jurisdiction where the soil evaluation is to take place completing the soil evaluation on behalf of the board of health when the employee is determined by the board of health to be capable of meeting the tasks in paragraph (C) of this rule.

Bruce Vanderhoff, M.D., MBA by LDH
Bruce Vanderhoff, MD, MBA
Director of Health

February 13, 2024
Date

Ealy, Carla

From: Audrey.Blakeman@odh.ohio.gov
Sent: Wednesday, February 21, 2024 12:32 PM
To: whablitzel@adamscountyhealth.org; bfischer@allenhealthdept.org;
rflint@alliancecityhealth.org; vtaylor@health-ashlandcounty-oh.gov;
christine.hill@cityofashtabula.com; jbecker@ashtabulacountyhealth.com;
apeterson@ashtabulacountyhealth.com; cortman@athenspublichealth.org;
jpepper@athenspublichealth.org; ofisher@auglaizehealth.org;
thess@belmontcountyhealth.com; rsproul@belmontcountyhealth.com;
karn@browncountyhealth.org; pwilliams@browncountyhealth.org;
BalsterE@butlercountyohio.org; kjones@guernseycountyhd.org;
ecolby@guernseycountyhd.org; jadams@cantonhealth.org; kmorris@carroll-lhd.org;
acampbell@carroll-lhd.org; gjones@champaignhd.com; grant.mussman@cincinnati-oh.gov;
ashanti.salter@cincinnati-oh.gov; Maryse.amin@cincinnati-oh.gov;
cpatterson@ccchd.com; ccook@ccchd.com; jnesbit@clermontcountyohio.gov;
dmargolius@clevelandohio.gov; fmills@city.cleveland.oh.us; pbauer@clincohd.com;
wvins@columbiana-health.org; mwroberts@columbus.gov;
healthcommissioner@columbus.gov; nblood@conneauthealth.org;
DebraEppley@coshocconcounty.net; Kate.siefert@crawfordhealth.org; rharris@ccbh.net;
jmcrae@ccbh.net; jordan.francis@darkecountyhealth.org;
healthcommish@defiancecohealth.org; gguillozet@delawarehealth.org;
ahoward@delawarehealth.org; health@eastliverpool.com; pschade@echdohio.org;
Joe.ebel@fairfieldcountyohio.gov; leigh.cannon@fayette-co-oh.com;
joemazzola@franklincountyohio.gov; kcupp@fultoncountyoh.com;
andrea.barnes@galionhealth.org; ethan.stephens@galliahealth.org;
louann.whittington@galliahealth.org; alitke@lcghd.org; ddenmeade@lcghd.org;
mhowell@gcph.info; Cindy.hogg@hamilton-oh.gov; Janay.Mourer@hamilton-oh.gov;
Greg.Kesterman@hamilton-co.org; Craig.Davidson@hamilton-co.org;
Jackie.Lindner@hamilton-co.org; kbaroudi@hancockpublichealth.com;
knorris@harrisoncountyohio.org; msmolenak@harrisoncountyohio.org;
jermie@henrycohd.org; jwarner@highlandcountyhealth.org; dfisherhchd@gmail.com;
Jfunkhchd@gmail.com; mderr@holmeshealth.org; jtalkington@holmeshealth.org;
thollinger@huroncohealth.com; kaston@jchd.us; ahenry@jchealth.com;
joan.seidel@kentohio.gov; jhunsicker@hardinhealth.org; zgreen@knoxhealth.com;
rgraham@lcghd.org; dlark@lcghd.org; dfisher@lawcohd.org; tvirgin@lawcohd.org;
cbrown@lickingcohealth.org; tirvan@loganhealthohio.gov;
madams@loraincountyhealth.com; efawley@madisonpublichealth.org;
rtekac@mahoninghealth.org; barbbbradley@mariettaoh.net;
tkinsler@marionpublichealth.org; targent@massillonohio.gov;
kwasowski@medinahealth.org; marc.barr@meigs-health.com; courtney.midkiff@meigs-health.com;
tbarman@cooperfarms.com; jmenchhofer@mchdohio.org;
dpropes@miamicountyhealth.net; *mchd; McKillop, Nancy;
Annie.yontz@monroecountyohio.com; linda.masters@monroecountyohio.com;
rdclarkmd@hotmail.com; jeff.michaels@morgancounty-oh.gov;
Stephanie.bragg@morrowcountyhealth.org; vionno@newphilaoh.com;
leadership@noblecohd.org; pmullen@norwoodhealth.org; hc@oakwood.oh.us;
klopsch@oakwood.oh.us; johnnewing@me.com; jbingham@ottawahealth.org;
pchd@pcohd.com; brandis@pcohd.com; Angela.DeRolph@perrycountyohio.net;
sbauman@pchd.org; abull@pchd.org; mbrewster@pike-health.org;
jdiorio@portagehealth.net; chris.smith@portsmouthoh.org;
belinda.leslie@portsmouthoh.org; scott@preblecountyhealth.org; jwentzel@phdmc.org;

To:

kim.rieman@putnamhealth.com; jchaya@richlandhealth.org;
jmcmannis@rosscountyhealth.org; healthcommissioner@cityofsalemohio.org;
bbrown@scpublichealth.com; walk7856@gmail.com; melissa.spears@sciotocounty.net;
healthcommissioner@senecahealthdept.org; ajaychawla@hotmail.com;
JenniferFrazier@shelbycity.oh.gov; erica.lentz@shelbycountyhealthdept.org;
mclayton@springdale.org; norrisk@starkhealth.org; conleyk@starkhealth.org;
dskoda@schd.org; cknapp@schd.org; smjones@co.lucas.oh.us;
hemiglio@co.trumbull.oh.us; director@tchdnw.org; jason.orcena@uchd.net;
pkalogerou@vanwertcountyhealth.org; ddowdy@vanwertcountyhealth.org;
cfox@vintonohhealth.org; rquarles@trumbullmahoning.com; jmay@warren.org;
dstansbury@wcchd.com; jlane@wcgov.org; rclark@wcgov.org; ncascarelli@wayne-
health.org; tschlauch@wayne-health.org; jim.watkins@williamscountyhealth.org;
brobison@co.wood.oh.us; ajones@co.wood.oh.us; kowens@co.wyandot.oh.us;
wchealthdept@co.wyandot.oh.us; ebishop@youngstownohio.gov;
tcioffi@youngstownohio.gov; coreyh@zmchd.org

Cc:

abutusov@cantonhealth.org; adam.schultz@uchd.net; adamd@zmchd.org;
alongsworth@auglaizehealth.org; amasters@cityofsalemohio.org;
amccoppin@highlandcountyhealth.org; Amontgomery@pchd.org;
antonio.young@cincinnati-oh.gov; arussell@champaignhd.com;
beth.skulina@putnamhealth.com; blythe.delise@crawfordhealth.org;
bmenchhofer@vanwertcountyhealth.org; bmwilliamson@clermontcountyohio.gov;
bnartker@allenhealthdept.org; bperkowski@massillonohio.com;
Brad.Price@williamscountyhealth.org; brandis@pcohd.com;
brian.griffin@monroecountyohio.com; brian.king@fayette-co-oh.com;
briley@vintonohhealth.org; brobinson@alliancecityhealth.org; Ealy, Carla;
cary.bowers@perrycountyohio.net; cgrossman@carroll-lhd.org;
chad.wamsley@portsmouthoh.org; cjohnson@medinahealth.org;
cmasters@mahoninghealth.org; cnoble@springdale.org; cward@ecghd.org;
deh@defiancecohealth.org; depasqualep@starkhealth.org; director@tchdnw.org;
dkent@delawarehealth.org; dlark@geaugacountyhealth.org; dlark@lcghd.org;
dramby@jchd.us; ebattistel@harrisoncountyohio.org; echerry@huroncohealth.com;
EDewitt@ccchd.com; ehdirector@senecahealthdept.org; envhealth@co.wyandot.oh.us;
fterreri@YoungstownOhio.gov; garet.bennett@sciotocounty.net;
gchumney@lickingcohealth.org; ginger.magoto@darkecountyhealth.org;
gottschj@co.lucas.oh.us; gputka@loraincountyhealth.com; hewilste@co.trumbull.oh.us;
housing1@eastliverpool.com; jennifer.frazier@galionhealth.org;
jenniferfrazier@shelbycity.oh.gov; Jeremy.Hessel@hamilton-co.org;
jharrod@richlandhealth.org; jjordan@madisonpublichealth.org; jlane@wcgov.org;
jlindsay@henrycohd.org; john.mckean@galliahealth.org; jonnica.creech@hamilton-
oh.gov; Jrechichar@portagehealth.net; jtomcisin@miamicountyhealth.net;
justin.smith@kentohio.gov; jwork@adamscountyhealth.org; kburwinkel@clincohd.com;
kellymiller@mariettaoh.net; kent.topp@shelbycountyhealthdept.org;
kirby.moore@noblecohd.org; ksmithhchd@gmail.com; kspindler@rosscountyhealth.org;
lfauss@columbiana-health.org; LGlore@woodcountyohio.gov; lkjacobs@columbus.gov;
lsummit@hancockpublichealth.com; marc@jchealth.com;
mdougherty@conneauthhealth.org; mkimmel@mchdohio.org;
mstonerock@loganhealthohio.gov; mtyler@phdmc.org; nicole@preblecountyhealth.org;
njohannsen@scpublichealth.com; noverholt@knoxhealth.com; pdonaldson@health-
ashlandcounty-oh.gov; pmcgarry@athenspublichealth.org; pobanion@lawcohd.org;
pscaglione@phdmc.org; pwienken@fultoncountyoh.com;
racheal.moresea@fairfieldcountyohio.gov; rbarnes@ashtabulacountyhealth.com;
rlucas@belmontcountyhealth.com; rmurphy@guernseycountyhd.org;
rnovickis@ccbh.net; rwilliams@pike-health.org; sadams@gcph.info;

Cc:

sarahjensen@franklincountyohio.gov; sburkholder@holmeshealth.org;
sdick@browncountyhealth.org; slotts@hardinhealth.org;
stephanie.zmuda@morrowcountyhealth.org; steve.swatzel@meigs-health.com;
tbrown@ottawahealth.org; tburford@schd.org; tcollett@cityofashtabula.com;
tthornton@wcchd.com; vanderson@wayne-health.org;
vcreasap@marionpublichealth.org; wchambers@clevelandohio.gov;
wchdeh@warren.org; yeagerc@butlercountyohio.org;
zachfanning@coshoctoncounty.net; zphillips@newphilaoh.com;
Kyle.Bianco@odh.ohio.gov; Dusten.Gurney@odh.ohio.gov;
Victoria.Miller@odh.ohio.gov; Amy.Koorn@odh.ohio.gov; Gene.Phillips@odh.ohio.gov;
Mary.Shaffer@odh.ohio.gov

Subject:

Update Regarding Soil Evaluators for Sewage Treatment Systems

Attachments:

We sent you safe versions of your files; OAC 3701-29-07(A)(5) Recission JE.pdf

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

Please forward this email to environmental health staff

Good Afternoon,

Ohio Administrative Code 3701-29-07(A) provides that the Director of Health may approve a certification or training program under which soil evaluators can conduct soil evaluations for sewage treatment systems in Ohio. In 2015, a journal entry prescribing alternative criteria was memorialized to allow soil evaluators who did not otherwise qualify for prescribed pathways to conduct this work; that journal entry has expired and has now been formally rescinded. Please see the attached Director's Journal Entry for information about this recission.

Soil evaluators who were approved to conduct soil evaluations under that journal entry may continue to perform those services for 2 years following the recission, at which time they will be required to demonstrate compliance with the provisions in OAC 3701-29-07(A)(1-4). The soil evaluators who are currently authorized to work under OAC 3701-29-07(A)(5) are being notified of this change.

If you have any questions, please feel free to reach out to the Residential Water and Sewage Program at sewage@odh.ohio.gov.

Thank you,

Audrey Blakeman
Program Administrator
Bureau of Environmental Health and Radiation Protection
Residential Water and Sewage Program

246 North High St.
Columbus, OH 43215

P: 614.995.5084

Audrey.Blakeman@odh.ohio.gov



The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

This e-mail is intended for the sole use of the intended recipient and may contain privileged, sensitive, or protected health information. If you are not the intended recipient, be advised that the unauthorized use, disclosure, copying, distribution, or action taken in reliance on the contents of this communication is prohibited. If you have received this e-mail in error, please notify the sender via telephone or return e-mail and immediately delete this e-mail.

Infection Control and Public Health Weekly Meeting

Thursday, February 29, 2024; 12:30 – 1:00 pm

Measles Response

- Three confirmed cases (1 Montgomery / 2 Miami) 579 total contacts with 44 still in quarantines
- Experience from Dayton and Montgomery County is that getting proof of MMR vaccine, including healthcare workers. Need to educate public and healthcare workers that having proof of vaccine or immunity readily available will be necessary during outbreak investigations.
- Better understand the impact of recently vaccinated individuals with PCR testing, which is relatively new and not studied due to rare cases of measles. Two cases already have positive PCR within two weeks of vaccination which can be confusing.
- It is possible that the 21 day quarantine requirement may actually increase vaccine hesitancy.

Possible measles outbreak tabletop exercise

- Given the likelihood of further measles outbreaks and the highly transmissibility of the virus we will experience a significant regional outbreak.
- Planning for March 2024
- Discuss at multi-agency meeting on Monday, Mar 4

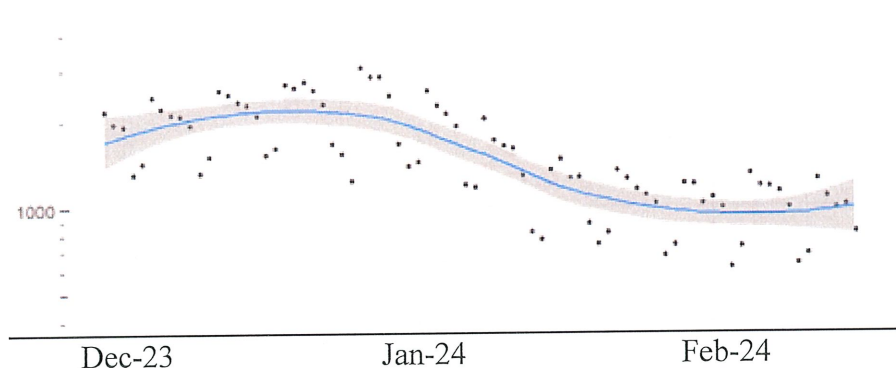
Miami University Meningitis Case

- Ciprofloxacin prophylaxis given to five students and nine TriHealth employees
- Serogroup for *N. meningitidis* pending

Fallout from Change Healthcare Hack Continues

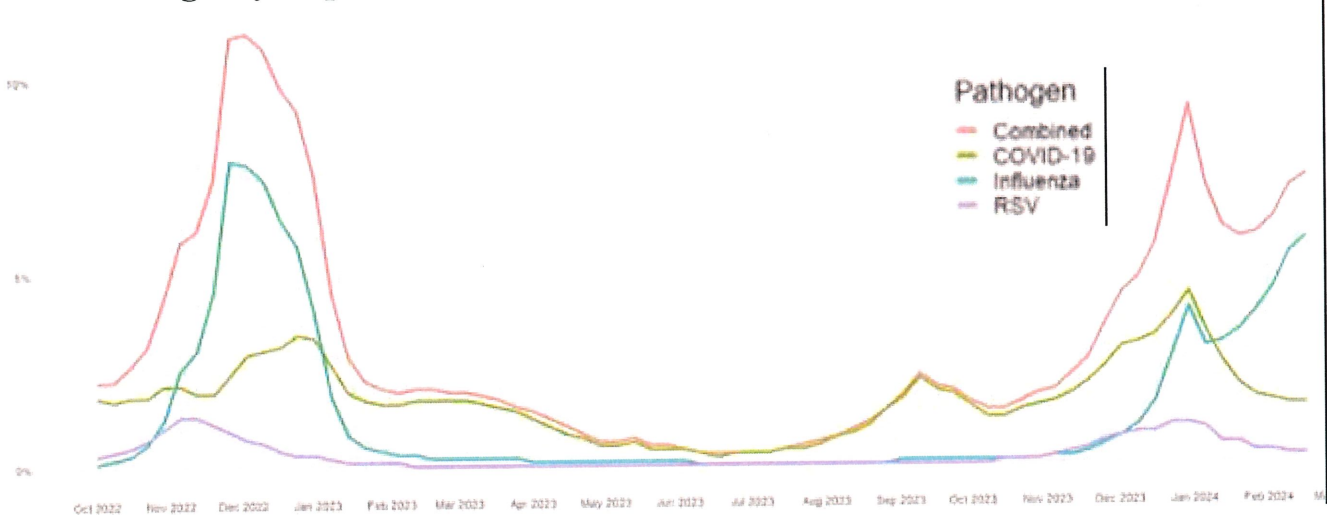
- Change Healthcare claims processing vendors and manages 15 billion transactions a year.
- Pharmacies use its technology to transmit claims to health insurance companies and pharmacy benefit managers and to determine how much to charge patients for medications.

Respiratory Illness – New Cases COVID-19 in Ohio

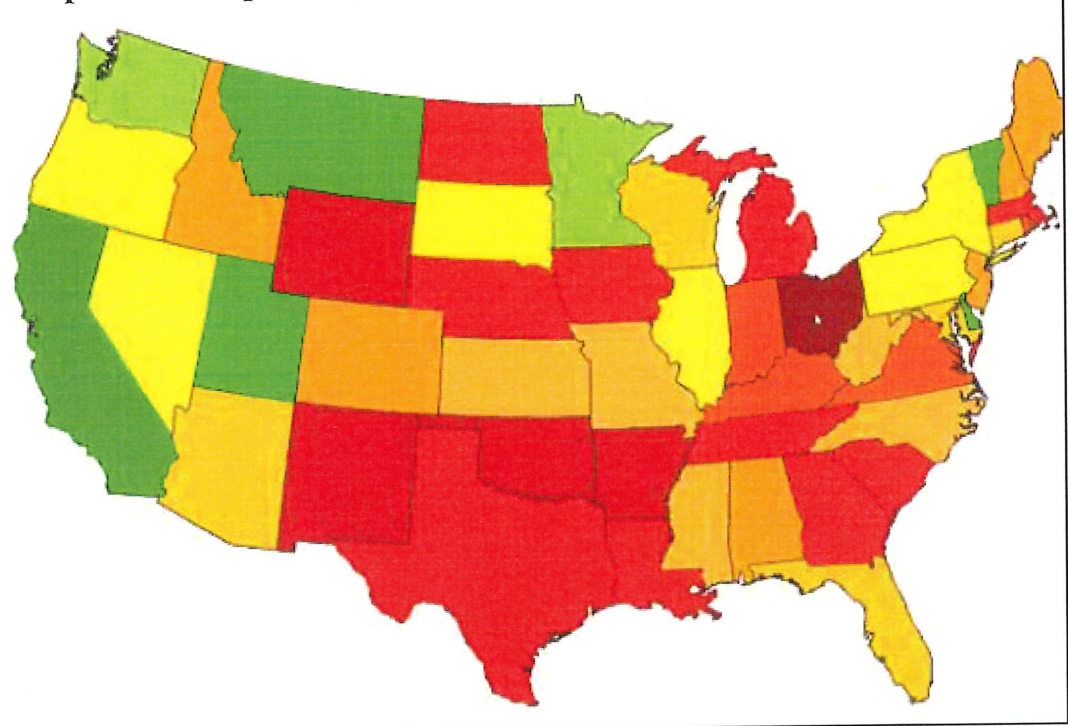


Next Zoom Meeting ... Thursday, March 7 (12:30 – 1:00 pm)

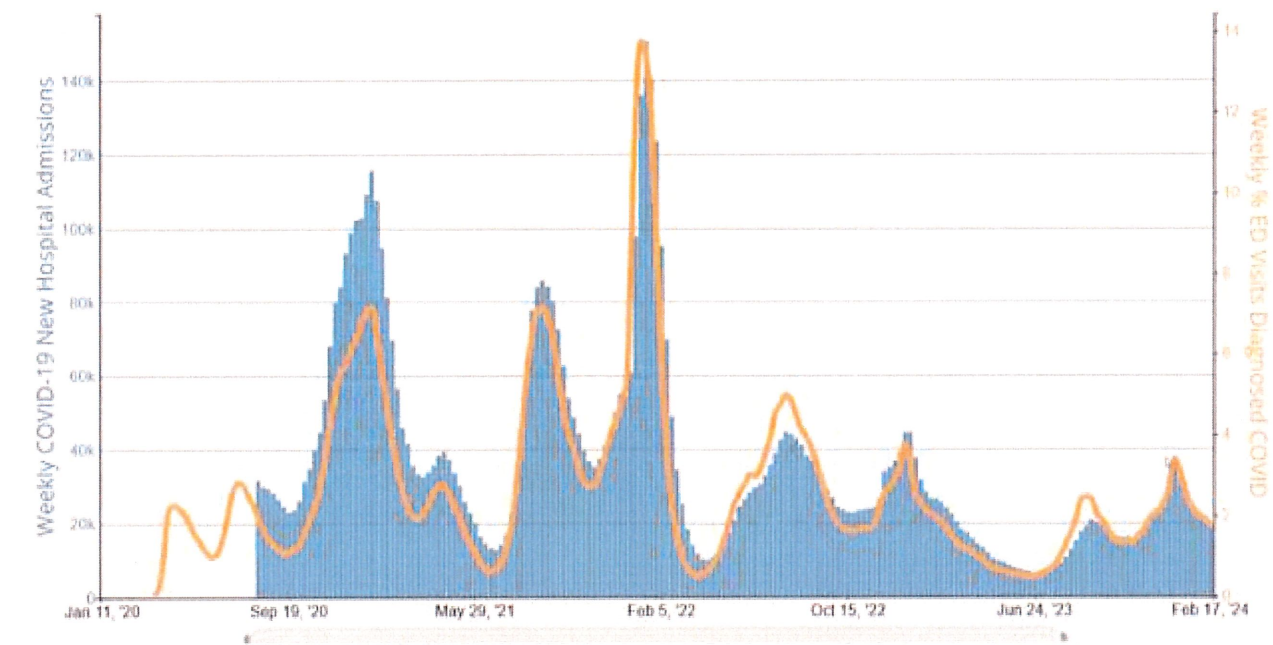
Ohio Emergency Department Visits by Respiratory Illness Pathogen (% Visits)



Outpatient Respiratory Illness Activity for Week Ending Feb 17, 2024



CDC: New Hospital Admissions and Percentage of Emergency Department Visits Diagnosed as COVID-19 by Week in the U.S.



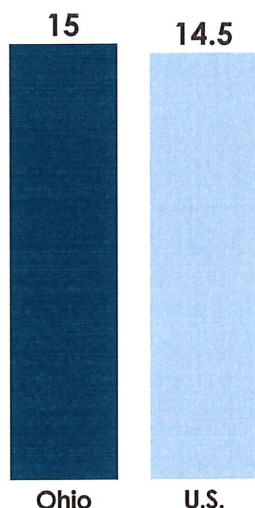
Data Snapshot

Suicide in Ohio

In Ohio, approximately five people die by suicide every day.¹ These preventable deaths have a tremendous impact on Ohio families and communities. The rate of suicide has climbed over the past decade, both in Ohio and nationally.² We can all play a role in championing evidence-informed suicide prevention strategies in our communities and in both the public and private sectors.

Suicide death rate

Deaths per 100,000 population, Ohio and U.S., 2021 (age-adjusted rate)



Data source: CDC WONDER via America's Health Rankings

Top 10 leading causes of death among working-age Ohioans (ages 15-64) in 2022*

1. Unintentional injuries	6,486
Unintentional drug overdoses	4,629
Motor vehicle crashes	1,032
Other	825
2. Cancer	6,471
3. Heart disease	5,654
4. COVID-19	1,936
5. Suicide	1,416
6. Chronic liver disease and cirrhosis	1,236
7. Chronic lower respiratory diseases	1,209
8. Diabetes	1,179
9. Stroke and other cerebrovascular diseases	843
10. Homicide	810

*Data is preliminary

Note: All data is reported as of Sept. 5, 2023

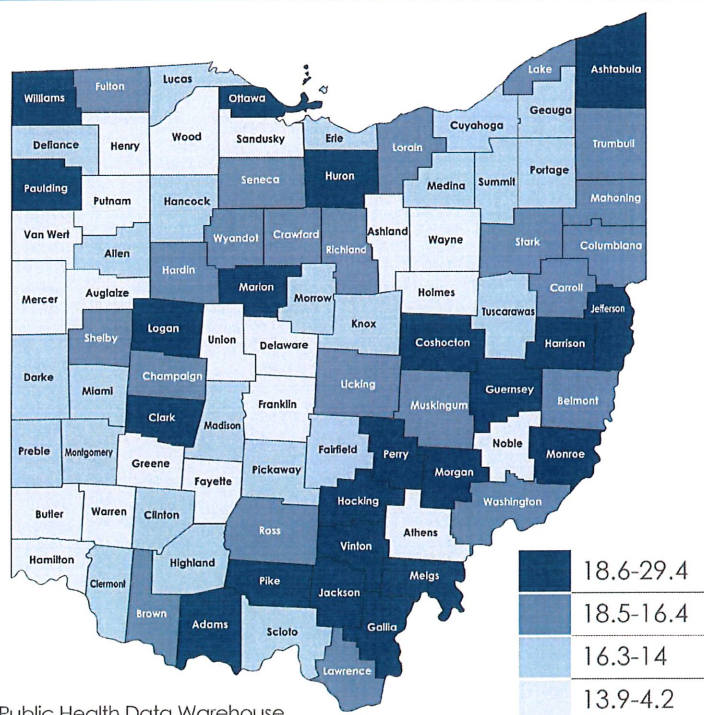
Source: Ohio Department of Health, Public Health Data Warehouse

Geographic differences

Suicide rates by county

Number of suicide deaths per 100,000 population, by county, Ohio, 2017-2022*

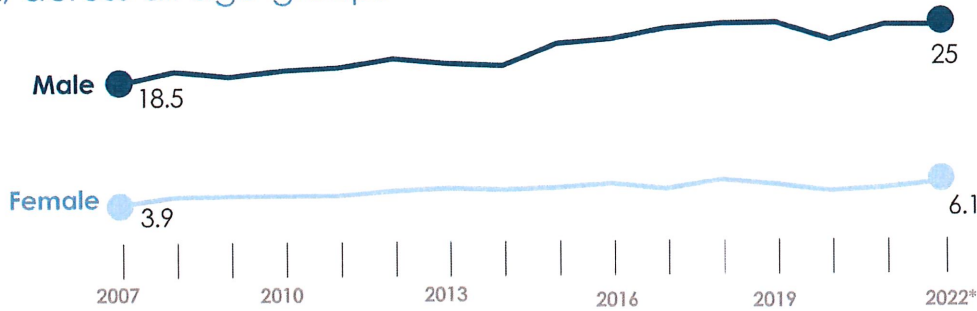
Suicide rates in Ohio vary greatly by county, with higher rates often found in Appalachian and rural counties. Vinton County had the highest rate, at 29.4 per 100,000 population. That is seven times higher than Holmes County, which had the lowest rate at 4.2.



Trends in suicide deaths

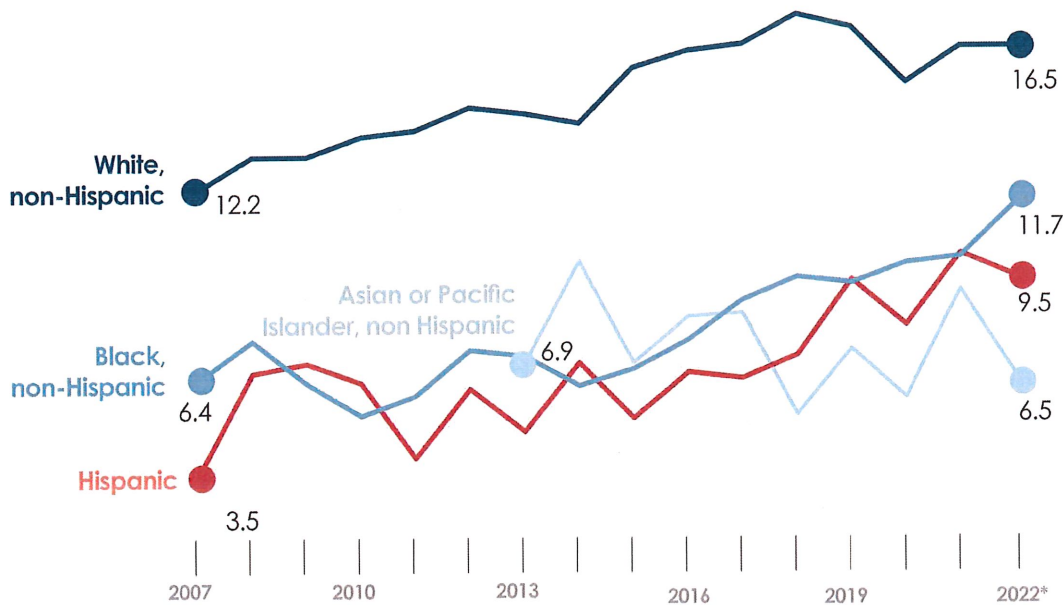
Deaths per 100,000 population, Ohio, 2007-2022

By sex, across all age groups



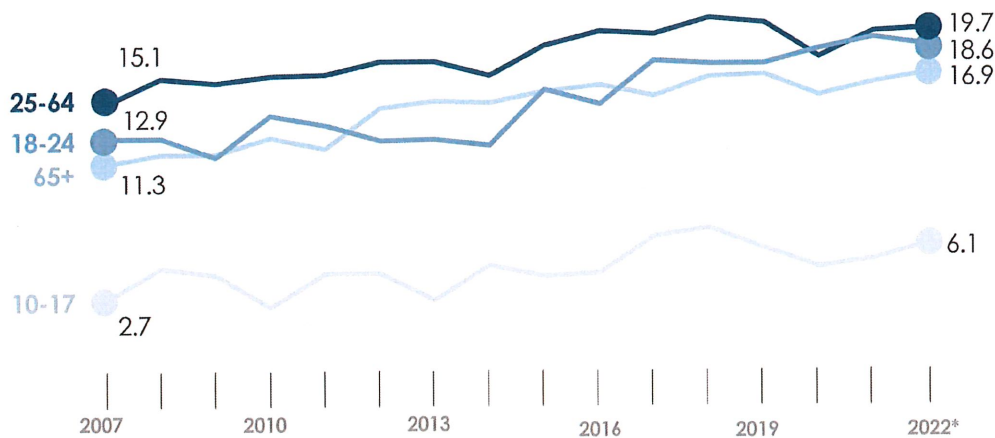
While nearly 80% of suicide deaths in Ohio were among males in 2022, deaths among females are increasing at a higher rate

By race, across all age groups



White Ohioans die by suicide at the highest rate. Suicide deaths among Hispanic Ohioans have increased by 171% over the past 15 years and suicide deaths among Black Ohioans have increased by 83%

By age



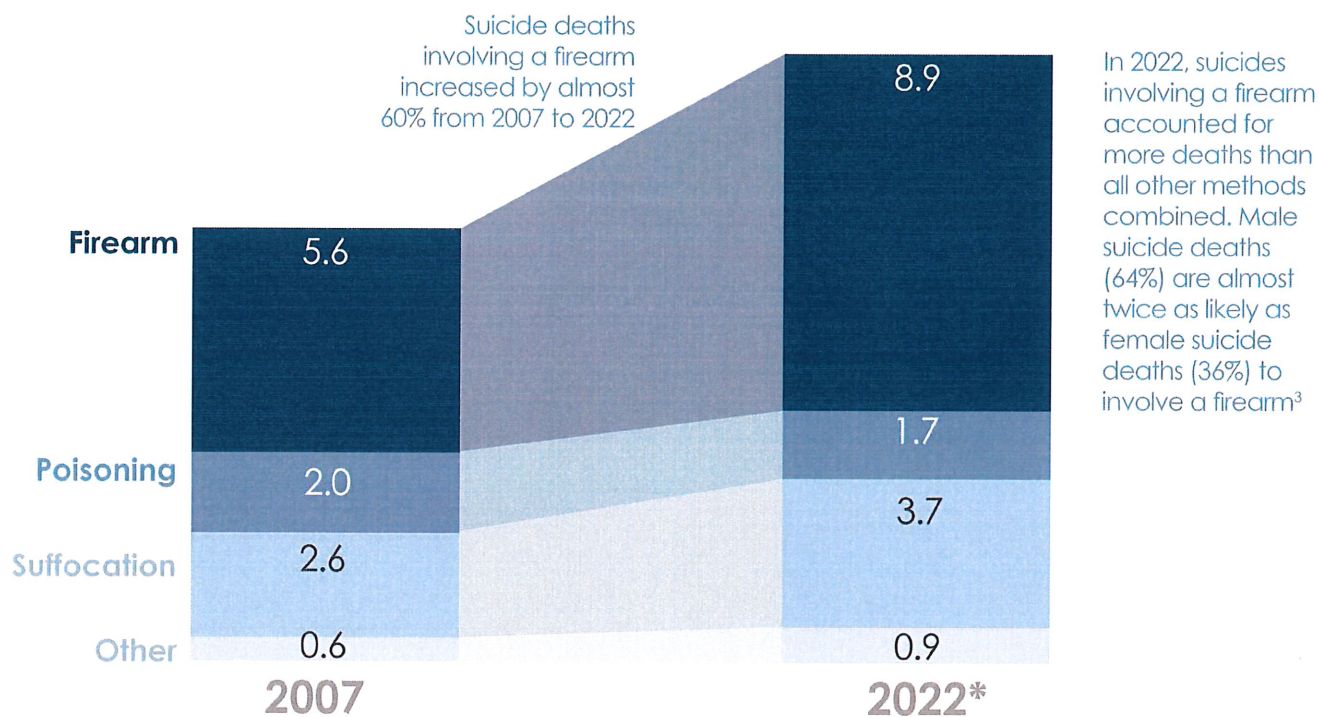
Ohioans ages 25-64 remain the most likely to die by suicide, although rates have increased for all ages since 2007

*2021 and 2022 data is preliminary

Source: Health Policy Institute of Ohio analysis of data from Ohio Public Health Data Warehouse

Trends in suicide methods

Number of suicide deaths per 100,000 population, by methods, Ohio, 2007-2022



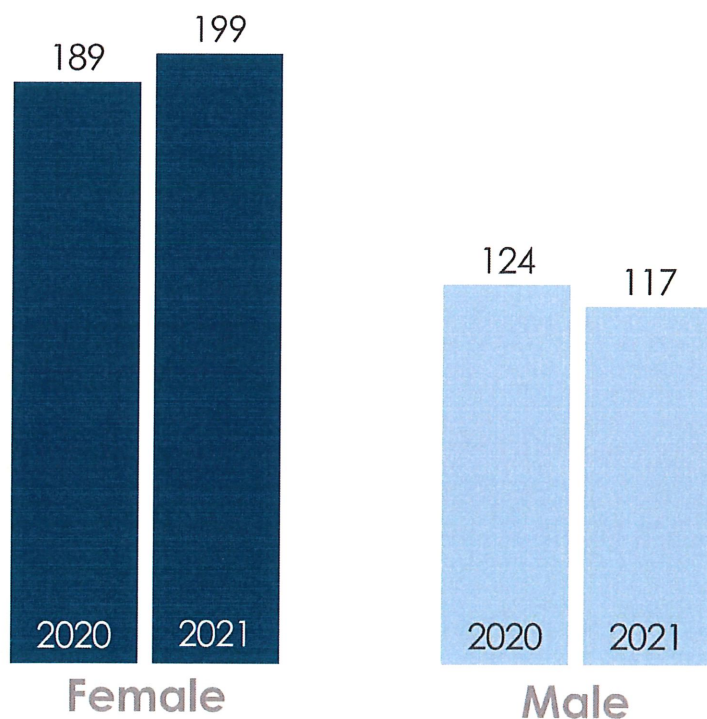
*2022 data is preliminary

Source: Ohio Department of Health, Public Health Data Warehouse

Suicide attempts by sex

Age-adjusted rate, 2020-2021

More females attempt suicide than males, with the number of attempts increasing from 2020 to 2021. There was a slight decrease in attempts for males.

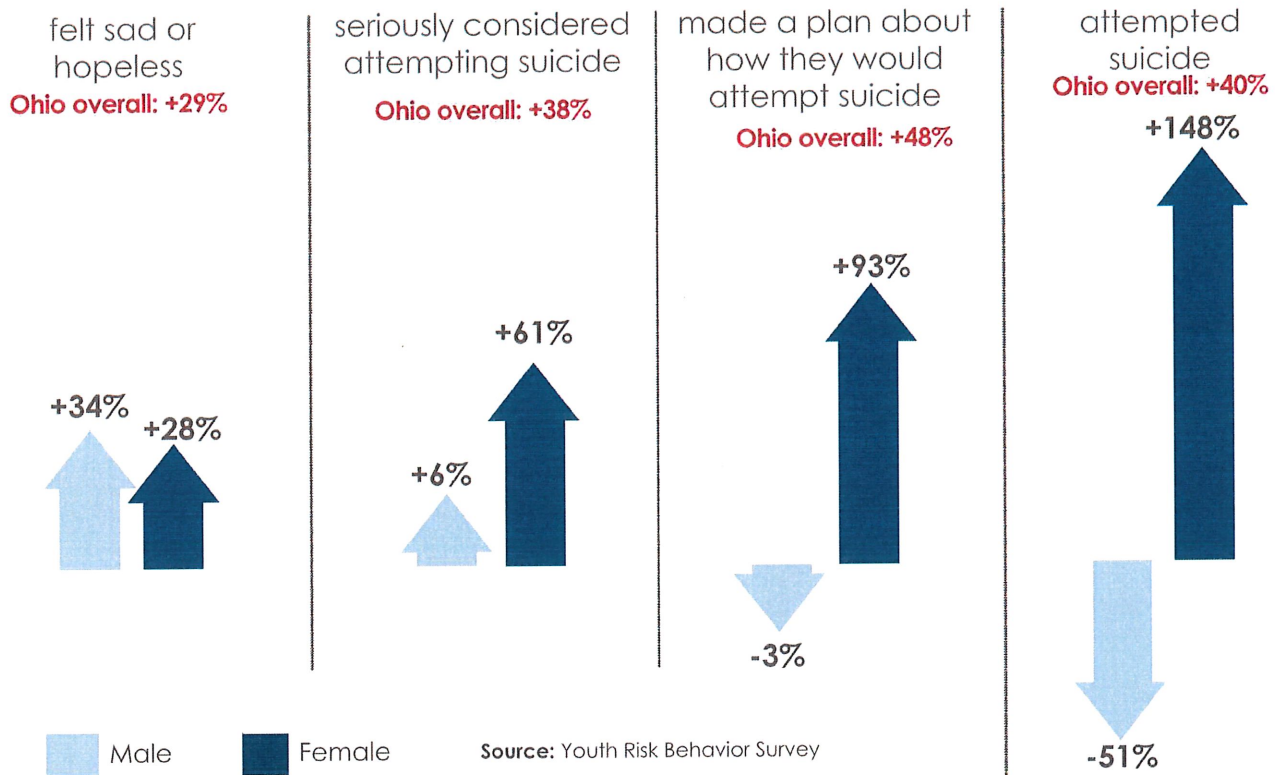


Source: CDC WISQARS Non-Fatal Injury Reports

Changes in mental health challenges among Ohio high school students

More Ohio high school students reported mental health challenges in 2021 compared to 2019, but the increase among female students was much higher than among male students

Percent change from 2019 to 2021 of Ohio high school students who...



Need Support Now?

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat 988lifeline.org 24/7 for free and confidential support.

988

What can be done about it?

Resilience and recovery are possible

- Prevention works and there are many effective strategies to promote mental health
- Every Ohioan can contribute to preventing suicide

Resources

- [The Suicide Prevention Plan for Ohio 2024-2026](#) — Ohio Suicide Prevention Foundation
- [Suicide Prevention Resources for Action](#) — Centers for Disease Control and Prevention
- [The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention](#) — Office of the Surgeon General
- [Best Practices Registry](#) — Suicide Prevention Resource Center
- [Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans](#) — Children's Defense Fund Ohio and Mental Health & Addiction Advocacy Coalitions
- [The State of Mental Health in Ohio](#) — Mental Health America

Notes

1. Data from the Household Pulse Survey, 2020-2023, as compiled by Kaiser Family Foundation. "Adults Reporting Symptoms of Anxiety or Depressive Disorder During COVID-19 Pandemic." KFF. Accessed June 13, 2023.; [Suicide Demographics and Trends, Ohio, 2021](#). Ohio Department of Health, 2023.
2. America's Health Ranking, UnitedHealth Foundation. <https://www.americashealthrankings.org/explore/measures/suicide/OH>
3. 2022 Mortality dataset, Ohio Department of Health, Public Health Data Warehouse

City of Columbus drafting lawsuit against Ohio tobacco regulation ban

BY: [MORGAN TRAU](#) - JANUARY 29, 2024 4:55 AM



The city of Columbus is drafting a lawsuit against Ohio for the new state law banning cities from regulating tobacco sales, claiming the lawmakers are infringing on home rule. This tobacco battle continues the bitter fight between the state and the cities.

Cleveland has a problem.

“Cleveland has probably the highest smoking rate in the country at 35% compared to 11% for the rest of the country,” said Cleveland Director of Public Health Dr. Dave Margolius.

A new state law going into effect in about 90 days will make it worse, he added.

Starting April 23, cities will no longer be able to regulate tobacco sales in city jurisdiction.

“It’s not only that they are taking away our ability to stop the sale of flavored tobacco and vape products, but they’re also taking away local jurisdictions’ ability to do health inspections in tobacco retailers,” the health director said.

The new law states that “The regulation of tobacco products and alternative nicotine products is a matter of general statewide concern that requires statewide regulation.”

It continues to say that no municipality can create policies or laws that set or impose standards on retailers, among other provisions.

Tobacco fight timeline

Dec. 12, 2022

Columbus City Council voted to stop the sale of flavored tobacco products

Dec. 14, 2022

Ohio Republican lawmakers added a provision to a bill on tobacco taxes to prevent any city or municipality from regulating smoking, vaping and other e-cigarette usage and sales. This was directly because of Columbus, according to State Rep. Jon Cross (R-Findlay).

Jan. 5, 2023

Gov. DeWine vetoed the bill.

“When a local community wants to make the decision to ban these flavors to protect their children, we should applaud those decisions,” the governor said.

Feb. 6, 2023

Cleveland introduced an ordinance to stop the sale of flavored tobacco products.

June 30, 2023

The final version of the FY '24-'25 budget passed. GOP lawmakers, once again, snuck a provision into the budget bill to outlaw cities from regulating tobacco.

July 4, 2023

DeWine vetoed the tobacco regulation ban again.

Dec. 13, 2023

GOP House lawmakers voted to override the governor's veto.

All Democrats voted against it. There were a few Republicans who voted against it, including: state Reps. Adam Holmes (Nashport), Gayle Manning (North Ridgeville), Jena Powell (Arcanum) and Andrea White (Kettering).

Jan. 1, 2024

Because the Senate hadn't also voted to override yet, Columbus' ban went into effect.

Jan. 24, 2024

GOP Senate lawmakers voted to override the governor's veto.

All Democrats voted against it. State Sen. Bill Blessing (Colerain Twp.) was the only Republican to vote against it.

This meant that the veto was invalid, so the bill became law. The law goes into effect after 90 days.

Present time

Statehouse Republicans, like Senate President Matt Huffman (R-Lima), believe having patchwork laws across the state would be confusing.

“There needs to be some consistent statewide strategy,” Huffman said.

People will stop supporting their local stores, hurting businesses, he added.

Back in February, WEWS reported that Cleveland tobacco businesses said they are ready to lawyer up if the city council passed their ban on flavors.

“It would be really devastating to have to let go people because we are cutting down half our sales because we aren’t making enough because we have five flavors or just unflavored,” said Kari Pearson, Planet of the Vapes regional director of marketing.

The state is the one who can provide an answer to protecting kids, House Speaker Jason Stephens (R-Kitts Hill) said, back when the House overrode the veto. For example, lawmakers have introduced bills to put harsher penalties on stores for selling products to minors.

However, Huffman understands that smoking is a problem for the state.

“There were some compromises being suggested by the folks who sell these products about a statewide ban and doing that pursuant to what the FDA also bans,” Huffman said. “We’re going to try to work with the industry and the governor over the next few weeks, and again, maybe try to get that compromise put in place,” the president said.

That’s not good enough for Columbus City Attorney Zach Klein.

“We are going to file a lawsuit, among other things that we can do to push back, against this overreach,” Klein said.

Municipal home rule allows cities and villages in Ohio to have the constitutional right to certain powers, including establishing laws in accordance with the self-government clause. If something doesn’t interfere with laws in the Ohio Revised Code, cities have the right to make their own policies.

He also said the patchwork argument isn't valid.

“If the patchwork of law was a reasonable excuse for the legislature to pass laws and not allow cities to, then cities really would have nothing left to pass — because, by definition, every law would be a patchwork,” he said.

Talking about patchwork and home rule...

WEWS has a series covering the home rule fight between cities and the state government. Statehouse reporter Morgan Trau's analysis showed lawmakers tend to pick and choose which local governments have the authority to pass ordinances. Typically, it's the state supporting rural areas and denying urban areas.

When abortion was banned in the [rural town of Lebanon](#) in 2021, the Legislature didn't do anything. The state also sided with counties that want to or have [banned green energy projects](#).

Cleveland was the most recent victim of this, with a lawmaker proposing [legislation](#) solely to prevent one of their ballot proposals from being voted on.

Columbus is seemingly constantly getting under the skin of legislators. In just the past year, the lawmakers have found issues with the city for [gun safety regulations](#), banning flavored [tobacco](#) and suggesting a [voluntary curfew](#) after a string of shootings.

Cincinnati has also had to deal with this.

Moving forward

Both Cleveland and Cincinnati told WEWS they are supportive of taking legal action.

“The state legislature showed its true colors in valuing profits for the tobacco industry over the health of our children,” Cleveland Mayor Justin M. Bibb said. “This issue is deeply personal to me as Cleveland's Mayor where smoking is the leading cause of death in our city...”

Bibb continued, showing his backing for the central Ohio city.

“We support the City of Columbus’ actions. We are not giving up either,” he said. “We previously proposed [local legislation](#), lobbied the White House, and will continue to work with lawmakers and other stakeholders in this fight for our kids’ health. Their futures depend on it.”

Although Cincinnati didn’t give a full statement, their spokesperson did call WEWS to say they are also behind Columbus.

The lawsuit will be filed in the coming weeks, prior to the ban taking effect, Klein said. He is hoping to get an injunction.

“Do you feel like your hands are tied in terms of helping keep Clevelanders alive?” Trau asked Margolius.

“Absolutely,” He responded. “Don’t take away that ability for us to take care of our residents.”

This article was [originally published](#) on News5Cleveland.com and is published in the Ohio Capital Journal under a content-sharing agreement. Unlike other OCJ articles, it is not available for free republication by other news outlets as it is owned by WEWS in Cleveland.

BREAKING

Downtown Middletown restaurant has closed



JOURNAL NEWS
Butler County's Local News Now

Log Out

Thank you for your support!

[Click here to share your digital subscription.](#)

[News](#) [Best Of Butler County](#) [Things To Do](#) [Life](#) [Sports](#) [Obituaries](#) [Legal Notices](#)

Downtown Middletown restaurant has closed

Bandanas Eatery was open for less than 4 years.



NEWS

By Rick McCrabb

1 hour ago



MIDDLETOWN — A downtown Middletown restaurant has closed after less than four years in business.

Bandanas Eatery, 2200 Central Ave., closed on Friday, said Monica Thomas, one of the owners and former Middletown vice mayor.

Advertisement

Advertisement

"We reached the end of a chapter," she told the Journal-News.

Thomas said gift cards from Bandanas will be accepted at West Central Wine, another downtown Middletown business Thomas co-owns.

Explore Middletown Dessert Week arrives in time for Valentine's Day

Restaurants are a driving force in Ohio's economy, with more than 23,912 eating and drinking businesses resulting in more than \$30 billion in sales each year, according to the National Restaurant Association.

"We have really enjoyed serving our customers," Thomas said.

Last month, the restaurant was featured in the Journal-News and was scheduled to participate this week in the city's first Dessert Week.

Bandanas served classic pasta plates and wood-fired pizzas loaded with fresh homemade ingredients alongside New American steak and seafood dishes.

Bandanas was located in the Stefano's restaurant space.



In Other News

- 1 Gaslight Brewhouse offers homemade casual dining in Oxford
- 2 Hamilton city manager hired to run Butler County development group

Ohio kids found to have elevated lead blood levels

DIGGING DEEPER



Lab analyst Rick Pennington (left) and Lab Services manager Jim Davis from Montgomery County Environmental Services monitor a lead-testing machine. The county offers lead testing of water from private residences or water wells.

STAFF FILE

BY SYDNEY DAWES - STAFF WRITER

2/5/2024

Though hundreds of area children have been found to have elevated levels of lead in their blood in recent years, local health departments responding to lead poisoning cases do not routinely test drinking water as a potential source.

State officials say this is because the most common culprit in lead poisoning for children is leadbased paint.

Statewide, Ohio children have elevated levels of lead in their blood at more than two times the national rate, according to a 2021 study By JAMA Pediatrics.

The Ohio Department of Health tracks annual lead screening data.

The most recent state data, from 2022, shows more than 200 children in area counties had levels of lead in their body exceeding 5 micrograms per deciliter.

This is the point at which lead levels are considered elevated, though health experts say there is no safe level of lead exposure for children.

The 2022 data includes 49 kids in Montgomery, Greene, Clark and Butler counties with confirmed levels over 10 micrograms per deciliter.

Children are most commonly exposed to lead by dust from paint, lead contaminated soil or playing with toys that have lead based paint on them. But adults and children can also be exposed to lead by contaminated drinking water, according to Dayton & Montgomery County - Public Health Medical Director Dr. Becky Thomas.

Contaminated drinking water is especially impactful to pregnant people and infants who drink formula, children's health experts say.

“Even low levels of lead have been shown to damage the brain and impact a child’s intelligence and their ability to pay attention and learn in school,” Thomas said.

“Their bodies are still growing, still maturing. It can slow their growth and development.”

According to Medicaid guidelines, Medicaid-eligible children in Ohio should be tested at 12 months and 24 months for lead exposure. If children have not been screened for lead in their blood at these ages, they should get screened before the age of 6.

The Ohio Department of Health has a list of ZIP codes of concern for lead exposure. Montgomery County has 24 zip codes on this list.

Home inspections

When a child’s screening shows elevated blood lead levels, the state sends out health workers from a local health department to talk to families about lead exposure.

If the child’s level is higher than 10 micrograms per deciliter, public health workers will inspect the home and provide an action plan to the property owner. They test interior and exterior paint, the child’s toys and other surfaces a child may interact with, and cooking equipment.

Public Health - Dayton & Montgomery spokesperson Dan Suffoletto said water sampling is “out of the scope” of what occurs during home visits.

“However, it’s a cumulative effect of lead exposure in many sources in the environment,” he said. “So, we have a piece of that. What we’re trying to reduce, and preferably totally eliminate, are

the sources that we can help identify to the homeowner.”

In Clark County, case managers work on identification, screening, education and coordination with health care providers and follow up testing of children and pregnant women to lower the incidence of lead poisoning. Water testing is not a component of this process, according to the Clark County Combined Health District.

The majority of elevated blood lead levels in Springfield are a result of exposure to lead based paint and dust, health officials said.

Ken Gordon, the press secretary of the Ohio Department of Health, said it’s not common for health departments to sample water during inspections because it’s not necessary.

“This is because in most cases, the source of bloodlead poisoning in homes is found to be lead-based paint — or contaminated dust resulting from the breakdown of lead-based paint,” Gordon said.

But, if paint is ruled out as the source of contamination, an investigator can move on to look into other possible sources. This includes water, Gordon said.

Gordon said that if water sampling is conducted and the result shows a lead concentration of 15 parts per billion (ppb) or higher, health leaders recommend that residents run water for a minimum of one minute when water has not been used in the last 6 hours before they use it for drinking or cooking.

Using bottled water for the preparation of infant formula is another recommended measure.

Montgomery County’s health department said people with concerns about their drinking water can take steps to protect

themselves from lead exposure. Boiling water does not remove lead, and warm and hot water can have higher levels of lead contamination.

The health department also suggests cleaning aerators regularly and using fresh filters designed to remove lead contaminants.

The Biden administration has proposed federal rules to replace water lines containing lead across the country, but if it goes forward the effort will take years and cost billions of dollars. Area water systems have identified water lines containing lead and are working to identify how prevalent lead pipes are in the region.

Contact this reporter at Sydney.Dawes@coxinc.com.

Aquatic center's future may be decided tonight

But a former vice mayor of Middletown wants vote delayed.



Middletown City Council is expected to vote Tuesday whether to spend \$3 million in ARPA funds to build an aquatic center at the Atrium Family YMCA in the East End. The YMCA would pay for operating the center.
NICK GRAHAM/STAFF

BY RICK MCCRABB - STAFF WRITER

NEW DETAILS

MIDDLETOWN — While City Council is expected to vote tonight whether to spend \$3 million in American Rescue Plan Act funds to build a public aquatics park, a former vice mayor is urging council to delay the vote.

One of the items on Tuesday's agenda includes a second reading of an ordinance authorizing City Manager Paul Lolli to negotiate a cooperative agreement with the Great Miami Valley YMCA for the construction and operation of a water park.

Council heard the first reading at its last meeting on Jan. 16, 10 days after Tyler Roberts from the YMCA and Adriane Scherrer from SplashDown Middletown Water Park, made presentations before council during a special meeting.

Dora Bronston, a former vice mayor on city council, sent an email Jan. 31 to the five council members, saying when she checked online she found no information regarding the agreement between the city and YMCA.

"I am requesting that you remove and not vote on this matter until all financials are presented to you and posted for public review," she wrote in an email that was obtained by the Journal-News. "I would like to know when the packet becomes available for review."

Late last week, the council packet for the meeting was posted.

All Middletown residents should be able to review the agreement to determine whether the numbers will be "conducive to what was presented" in the slide presentation and for how long, Bronston wrote.

Most families in Middletown can't afford membership or

transportation to the YMCA organization and do not want their city money expanding this religious 501C3 facility, she wrote.

Council member Zack Ferrell responded to Bronston's email and said the YMCA offers a scholarship program that reduces rates for low-income families and wherever the aquatic center is located, transportation will be an issue.

According to the agreement, for a period of 20 years, Middletown residents will be given a discounted rate of \$5 per youth and \$10 per adult for daytime admission passes to the facility.

SplashDown Middletown board members said they wanted the city to spend \$25,000 on a feasibility study.

Mayor Elizabeth Slamka asked for a vote regarding the study and it failed 3-1 with her casting the only "yes" vote. Council member Jennifer Carter abstained, saying she's on the YMCA board.

Council members Paul Horn, Steve West II and Ferrell all expressed their support for the project to be awarded to the YMCA.

Bronston and Scherrer, who served as the mayor's campaign treasurer, serve on the SplashDown board.

If approved, once the aquatic center is built at 5750 Innovation Drive, all future operation and maintenance will be the responsibility of the YMCA, according to the ordinance.

Contact this reporter at 513-581-7612 or email Rick.McCrabb@coxinc.com.

YMCA RESPONSIBILITIES

- YMCA will ensure it has received at least two bids from qualified contractors and that it selects the contractor that it deems best qualified to perform the project for the price quoted.

- YMCA will make regular reports to the city regarding the expenditure of funds and the status of construction, and must comply with all other ARPA reporting and administrative requirements.

- YMCA will ensure construction of the facility will be completed in time for a May 2025 opening to the public, absent unforeseen events.

- Post-construction, YMCA will be obligated to keep and maintain the facility in a good, clean, operational condition at all times.

- YMCA covenants that the facility will be open for use by Middletown residents seasonally during summer months and otherwise in accordance with the YMCA's general policies and procedures.

- For a period of 20 years, Middletown residents will be given a discounted rate of \$5 per youth and \$10 per adult for daytime admission passes to the facility.

- In order for the city to keep tabs on the investment it has made, YMCA will meet with the city semi-annually to report on usage, operational issues, YMCA's maintenance of the facility, etc.

SOURCE: City of Middletown

Council divided on \$3M for aquatic center

Three members vote for Middletown to spend ARPA funds; 8 residents voice concerns.



This double flume fiberglass water slide is one possible feature at the \$3 million aquatic center at Atrium YMCA.

CONTRIBUTED



Eight Middletown residents spoke against the city spending \$3 million to build an aquatic center at the Atrium YMCA during Tuesday night's City Council meeting that drew a packed crowd in Council Chambers.

NICK GRAHAM / STAFF

BY RICK MCCRABB - STAFF WRITER

ONLY IN THE JOURNAL-NEWS

MIDDLETOWN — By the summer of 2025, local residents wanting to swim will have another option.

During a volatile, five-hour City Council meeting Tuesday night, three of the five members approved the city spending \$3 million in American Rescue Plan Act (ARPA) funds to build a public aquatics

park at the Atrium YMCA.

City Manager Paul Lolli said the city also will seek grants and corporate sponsors to offset the cost of building the pool and reduce the ARPA funds spent.

Mayor Elizabeth Slamka voted against the legislation, and council member Jennifer Carter, a YMCA board member, abstained.

As expected, Vice Mayor Zack Ferrell and council members Paul Horn and Steve West II supported the project.

Slamka said now is “not the right time” for an aquatic center in the city because there are “so many needs.”

West II said the “right time” to build the center was two years ago when construction costs would have saved the city \$500,000.

The aquatic center is expected to open by May 2025 and will be operated by the Great Miami Valley YMCA, according to city documents. The YMCA will be responsible for all future operation and maintenance of the aquatic center, built at 5750 Innovation Drive, according to the ordinance.

During the citizen comment portion of the meeting, eight residents, mostly board members of Splash- Down Middletown Water Park, the other aquatic option council was considering, spoke for their allotted four minutes against the YMCA plan.

Most of their concerns centered on the Atrium YMCA’s location in the East End, what they said was a long drive for most Middletown residents; the cost of a Y membership; and city funds financially supporting a religious organization.

Middletown resident Howard Johnson said the East End location

“stinks quite frankly,” and the city should consider other locations, including Smith Park.

Ben Yoder, the city’s law director, said it’s a common practice and legal for public funds to support a religious organization.

On Wednesday afternoon, the Journal-News received an email response from the SplashDown Middletown Water Park board. In part, it read: “After many recent conversations and contacts, the board of Splashdown Middletown, has found no indication that the city has previously given millions of dollars to any private sector organization. The splashdown organization will continue our efforts to bring a state-of-the-art aquatic center, designed to provide a water-based center for the families of Middletown.”

Mike Bramer, CEO and president of the Great Miami Valley YMCA, attended Tuesday’s meeting with Tyler Roberts, district executive director.

On Wednesday morning, Bramer told the Journal-News it’s the practice of the Y to adjust the cost of memberships based on a family’s total income, starting at \$65,000 and below.

The Membership For All program will make the Y “a very economically family activity” for most individuals, he said.

According to the agreement, for a period of 20 years, Middletown residents will be given a discounted rate of \$5 per youth and \$10 per adult for daytime admission passes to the facility.

Also, Bramer said, those who join the Y will be eligible to use the downtown location and all its amenities.

The Y also offers free child watch service so families can enjoy the pool while Y staff cares for their young children, he said. That

service removes “another barrier” for families, he said.

Since the YMCA has agreed to cover all expenses related to operation and maintenance of the pool, Bramer said, “There are risks for us, but we see this as part of our mission.”

Bramer expects the pool to serve 300 Middletown families every summer.

Dora Bronston, a former Middletown vice mayor and board member of Splash- Down Middletown, said the council, with four first-year members, lacks “neither basic knowledge nor experience” on council and isn’t prepared to spend ARPA funds without a feasibility study.

Another board member, Adriane Scherrer, who served as the mayor’s campaign treasurer, pushed for a \$25,000 feasibility study on an aquatic center and said “it really frightens me that rush to judgment would happen.”

Contact this reporter at 513-581-7612 or email Rick.McCrabb@coxinc.com.

YMCA RESPONSIBILITIES

- YMCA will ensure it has received at least two bids from qualified contractors and that it selects the contractor that it deems best qualified to perform the project for the price quoted.
- YMCA will make regular reports to the city regarding the expenditure of funds and the status of construction, and must comply with all other ARPA reporting and administrative requirements.
- YMCA will ensure construction of the facility will be completed

in time for a May 2025 opening to the public, absent unforeseen events.

- Post-construction, YMCA will be obligated to keep and maintain the facility in a good, clean, operational condition at all times.

- YMCA covenants that the facility will be open for use by Middletown residents seasonally during summer months and otherwise in accordance with the YMCA's general policies and procedures.

- For a period of 20 years, Middletown residents will be given a discounted rate of \$5 per youth and \$10 per adult for daytime admission passes to the facility.

- In order for the city to keep tabs on the investment it has made, YMCA will meet with the city semiannually to report on usage, operational issues, YMCA's maintenance of the facility, etc.

SOURCE: CITY OF MIDDLETOWN

Suicide rates continue to rise among Black youth

NEW DETAILS



A'Maria Carter, a program coordinator at Montgomery County ADAMHS, discusses a grant the organization is receiving for suicide prevention.
SAMANTHA WILDOW / STAFF

BY SAMANTHA WILDOW - STAFF WRITER

Suicide continues to be the second leading cause of death for Ohioans between the ages of 10 and 34 years old, and state and local health experts are finding the increasing rate of suicide deaths among young Black people concerning.

On average, five Ohioans die by suicide each day and one youth dies every 34 hours by suicide, according to the Ohio Department

of Mental Health and Addiction Services.

Ohio is providing funding to help counties and state agencies come up with ways to implement more suicide prevention strategies, particularly geared toward Black youth.

“Over the last several years, national and state data has shown a troubling increase in suicide rates among Black children and young adults,” Gov. Mike DeWine said. “Every single loss is significant and tragic, which is why our hope with this initiative is to strengthen supports for our young people and help them build the resiliency needed to reach their full, God-given potential.”

From 2020 to 2021, the number of suicide deaths (1,766) increased 8%, and the rate of suicide death (14.8 deaths per 100,000 population) increased 7%, according to the Ohio Department of Health.

Between 2011 and 2021, the rate of suicide deaths among Black Ohioans increased from 6.1 per 100,000 (2011) to 10.2 per 100,000 (2021).

Nationally, Black youth have the fastest growing suicide rate compared to their peers of other racial and ethnic groups.

Between 2007 and 2020, the suicide rate among Black youth ages 10-17 increased by 144%, from 1.54 per 100,000 in 2007 to 3.77 per 100,000 in 2020, according to the Centers for Disease Control.

“While suicide rates are on the rise among all ages and racial and ethnic groups, the narrowing gap among Black youth warrants attention now,” said OhioM- HAS director LeeAnne Cornyn.

Using 2019 data, researchers found high school students who had attempted suicide were significantly different by race/ethnicity

overall, 7.9% of white students had attempted suicide, according to survey data, compared to 11.8% of Black students and 8.9% of Hispanic students, according to the CDC.

Female high school students saw differences between differing races and ethnicities, include 9.4% of white female students, 15.2% of Black female students, and 11.9% of Hispanic female students.

There was not a significant difference among male students of differing races and ethnicities.

There are a multitude of reasons behind why Black youth may be more vulnerable to suicidal ideation, local experts say.

There is still a lack of resources when it comes to mental and behavioral health services. When there is the added complexity for people may have multiple facets to their identity, such as a specific race, specific age range, language differences, and/or cultural differences, it can be difficult to find the help they need that would be best for them, said Tazeen Ahmed, senior program coordinator at Montgomery County Alcohol, Drug, and Mental Health Services (ADAMHS) .

“We know that while our behavioral health workforce is doing everything that it can, there’s an ever growing need,” said Ahmed. “And so it’s expanding really quickly, and so being able to find those resources that are available when and where we need them is hard.”

In Montgomery County, mental health experts are working to break down the stigma that exists around suicide in general, she said.

The percentage of Ohio students in grades seventh through 12th who reported receiving a referral to a mental health provider

increased from 19.2% in the 2017-18 school year to 25.4% in the 2021-22 school year, according to data from Public Health - Dayton and Montgomery County's Community Health Assessment. The assessment used self-reported data from the Ohio Healthy Youth Environments survey.

Students also reported increasing experiences of bullying, going from 34.3% of kids in the 2017-18 school year compared to 58.4% in the 2021-22 school year, the health assessment data says.

The percentage of students who felt like they belonged at their school also decreased from 50.6% to 43.6% in the same school years.

Montgomery County ADAMHS is one of five organizations to receive a state grant of \$250,000 to go toward suicide prevention.

The organization has had two other grants in recent years aimed at suicide prevention, including a campaign to reduce stigma around mental illness and another to raise awareness and promote resiliency when it comes to potentially traumatic childhood experiences.

Nearly 67% of Montgomery County kids of one survey reported experiencing one or more adverse childhood experience, according to an Ohio Healthy Youth Environments survey for the 2019 to 2020 school year.

For this latest grant, the organization will be addressing people in ages 10 through 25 and connecting them to local leaders, Ahmed said.

A project they have in mind includes forming a Youth Policy and Advocacy Committee, said A'Maria Carter, a program coordinator at Montgomery County ADAMHS. This project would teach a group

of young people about policy and advocacy through different trainings and seminars, connecting them with local leaders.

“A lot of times they aren’t exposed to a lot of conversations like that, especially with the key stakeholders that we have in our community, too,” Carter said.

The Ohio Suicide Prevention Foundation received \$500,000 from Ohio MHAS to go toward local and statewide efforts to prevent suicide, reduce stigma and address other issues to reduce the rates of suicide in Black youth and young adults.

“Suicide in the Black community has been increasing over the past decade and longer,” said Tony Coder, executive director of the Ohio Suicide Prevention Foundation.

To help achieve its goals, the foundation said it plans engage leaders from Black churches, other faith-based organizations and community centers.

Contact this reporter at 937- 503-5305 or email samantha.wildow@coxinc.com.

HOW TO GET HELP

People experiencing a mental health crisis can call 988 for help. Montgomery County Alcohol Drug Addiction Mental Health Services (ADAMHS) and nonprofit RI International also operate their own crisis hotline called Crisis Now, which launched before the 988 lifeline became active. Montgomery County residents who are experiencing a mental health crisis can also call 833- 580-CALL (2255).

Drug treatment center opens in Middletown

Meanwhile, another area treatment center has been licensed to administer methadone to its patients.



BrightView Health has opened an addiction treatment center at 4421 Roosevelt Blvd., Middletown. Bright-View is the largest addiction treatment provider in Ohio, with nearly 11,000 Ohioans under care across 37 centers in the state, said Jean Dugger, operations director, pictured outside the building. NICK GRAHAM / STAFF

BY RICK MCCRABB - STAFF WRITER

2/10/2024

OUR TOP STORY

MIDDLETOWN — A new drug addiction center has opened in Middletown and another treatment center that opened two years ago has been licensed to administer methadone that treats narcotic drug addiction.

BrightView Health addiction treatment center opened last month at 4421 Roosevelt Blvd.

BrightView is the largest addiction treatment provider in Ohio with nearly 11,000 Ohioans under care across 37 centers in the state, said Jean Dugger, operations director.

Community Health Alliance, 3606 Commerce Drive, opened in May 2022 and now offers its patients methadone, said Scott Gehring, president and CEO.

The need for evidence-based addiction treatment continues to grow in Southwest Ohio, Dugger said. BrightView's Middletown addiction treatment center can serve over 700 area residents in a discreet outpatient setting and will create more than 15 full-time jobs locally, she said.

In addition, unemployment rates among BrightView patients decrease by 50% on average in the first 90 days of treatment, according to Dugger.

The goal at BrightView is to provide every patient care that provides them long-term recovery, said Regional Outreach Director Keitha Siler.

"There is nothing more important to us than saving lives," Siler said.

The Butler Count Coroner's Office reported 130 fatal drug overdoses in 2023, according to preliminary results. There were 184 overdoses in 2022, and the all-time record of 232 was set in 2017, according to an official.

Dugger said BrightView's outpatient addiction treatment program is comprehensive, providing individual counseling, group therapy, social services and medication for addiction treatment (MAT) to address the full range of challenges associated with substance use disorder.

Each program is individualized to meet the goals and needs of every patient, which ensures the best longterm success, Dugger said.

The "full-circle program" includes doctors, nurses and counselors, she said.

"We all row in the same direction," Dugger said.

"It's all about managing, even when addiction is the problem."

In its first two years, Community Health Alliance is seeing 250 patients and expects to double that number by 2025, he said.

"The need is going," said Gehring, who added methadone is "a tool that reduces the severity of the sickness."

The center starts administering methadone at 5 a.m. so patients can receive it before first shift work, he said. Methadone helps ease withdraw and reduce cravings, he said.

Contact this reporter at 513-581-7612 or email Rick.McCrabb@coxinc.com.

Middletown City Council discusses major projects

Ordinances related to East End, community center are given first readings at meeting.



Middletown City Council heard the first reading this week of an ordinance approving a contract with a company to serve as construction manager of the Robert "Sonny" Hill Community Center.

NICK GRAHAM / STAFF

BY RICK MCCRABB - STAFF WRITER

OUR TOP STORY

MIDDLETOWN — Millions of taxpayer dollars were discussed during this week's City Council meeting as Middletown continues working toward two major construction projects in opposite ends of the city.

Council heard the first reading of two ordinances related to Renaissance Pointe in the East End and the Robert "Sonny" Hill Jr.

Community Center in the South End. Council will hear the second reading at the next meeting at 5:30 p.m. March 5.

The city needs to issue bond notes to pay off bonds that were issued last year for the \$200 million Renaissance Pointe project and hire a construction manager of the renovations of the Community Center, city officials said.

One proposed ordinance authorizes a second issuance of bond anticipation notes (BANs) in order to pay off the initial series of BANs issued to finance the acquisition of nearly 51 acres at the southeast corner of Union Road and Ohio 122 and initial public infrastructure engineering design, according to Assistant City Manager Nathan Cahall.

He said the city issued about \$6.6 million in BANs last year, and they are due this spring. Cahall said, according to City Council discussion late last year, the proposed plan is to partially pay down the BANs and then "roll over" the remaining amount of outstanding indebtedness for up to another year.

Cahall said the maximum debt issuance allowance is much less than the original BAN issuance because the city has approximately \$1.7 million in excess tax incrementing financing (TIF) district funds in four surrounding TIF districts that were

budgeted this year to help pay down the principal amount of debt.

Renaissance Pointe will include a 3,000-seat, multi-purpose Event Center, Class A retail and office, hotels, restaurants and a variety of residential products, according to developer Todd Duplain from Woodard Development, a Dayton-based commercial real estate firm.

The project would attract full-service, high-end hotels, premium and fast-food restaurants, townhomes that would sell in the \$325,000 to \$425,000 range and a medical complex that could complement the two East End hospitals, Atrium Medical Center and Kettering Health Middletown, according to Duplain.

City Manager Paul Lolli has been called it “a transformational” development.

Council also heard an ordinance related to a construction manager in charge of the Community Center renovation and expansion. The city solicited proposals from interested firms to serve as the construction manager at risk for the project and city staff selected Universal Contracting Corp. as the “best value firm,” according to the staff report.

The firm will be paid up to \$10,000 from the city’s American Rescue Plan Act (ARPA) fund, according to city documents.

Cahall said the project at the Community Center originally was a partnership between the city and school district and was supposed to include the addition of a preschool educational facility.

But the district pulled out of the project due to the escalating costs. Board President Chris Urso has said the district received one bid for the project that was \$4 million over projections.

Under this arrangement, Universal Contracting will work with the city's design team to finalize the project's plans, assist with value engineering, estimating, and other related pre-construction matters. At the conclusion of this part of the process, Universal Contracting will enter into a guaranteed maximum price agreement with the city for the construction of the project, according to Cahall.

Between \$2.1 million and \$2.6 million of the ARPA funds have previously been earmarked for the project.

The project also has received financial assistance from the Butler County Commissioners (\$3.5 million).

Cahall estimated the construction costs between \$5.9 million and \$6.4 million with a completion in the middle of 2025.

Middletown's only movie theater closing

Cinema 10 Middletown's last day is today, according to ownership.



Cinema 10, Middletown's only theater, is closing on Thursday, according to the company's Facebook post.

BY RICK MCCRABB - STAFF WRITER

MIDDLETOWN

MIDDLETOWN — Middletown's only movie theater is turning off its lights this week due to a lack of business, according to its general manager.

Cinema 10 Middletown, 3479 Dixie Highway, is closing permanently today, said Hunter Miller, who has worked at the theater for two years.

The Facebook post said the closing was announced with "great sadness."

Miller said she was notified on Monday the theater was closing on Thursday.

"I'm still in shock," she said Tuesday.

Miller said all nine employees at the theater will lose their jobs.

She blamed the closing on "a lack of business" and said the theater was losing money. She also pointed toward the writer's strike that reduced the number of new movie releases as one reason. She said the strike had more impact on the theater than COVID.

For those looking for "a smaller theater experience," the company's Square 7 Cinemas, 726 E.

Main St., Lebanon, is "thriving" and will remain open, according to the post.

In November 2018, Republic Theatres purchased the former Danbarry Cinemas. After the purchase, the company updated the HVAC and improved the site's landscaping.

The company also owns Ohio theaters in Wilmington, Bellefontaine, Marion and Portsmouth, plus in Shelbyville, Ind., and Frankfort, Ky., according to its website.

Contact this reporter at 513-581-7612 or email
Rick.McCrabb@coxinc.com.