

DATE: March 7, 2025
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for March 11, 2025**

City of Middletown Board of Health & Environment will meet in regular session **March 11, 2025** 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 2025
(Motion and Approval)

RECEIVE AND FILE FINANCIAL REPORT -February 2025
(Motion and Approval)

EDUCATION PRESENTATION -Measles-Dr. Jennewine

NEW BUSINESS

1. Travel Authorizations-None
2. 2nd Reading of MBHE Ordinance No. 2025-01-Allowing Health Commissioner to Suspend a Food Service or Retail Food Establishment License
(Motion to Read by Title Only)
3. 2nd Reading of MBHE Ordinance No. 2025-02-Allowing Health Commissioner, Any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training to Take Non-Emergency Enforcement Action
(Motion to Read by Title Only)
4. 2025 Public Health Week, April 7th-13th

REPORTS

Health Commissioner-Jackie Phillips Carter, MPH, BSN, RN
Medical Director- Dr. Paul Jennewine, MD
Director of Nursing- Chandra Corbin, BSN, RN
Environmental Health Director- BS, REHS

BOARD MEMBER OPEN DISCUSSION

ADJOURNMENT

The Next Board of Health Meeting is scheduled for April 8, 2025 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 11, 2025

The City of Middletown Board of Health met in regular session at 7:30 AM on January 14, 2025.

Members Present

Mayor, Elizabeth Slamka
Ruth Lolli
Jeff Bonnell
Joseph Richmond, MBA
Amy Sibcy
Dr. Scott Zollett, MD
Emily Miller, BSN, RN
Tiffani Baggett

Health Department Staff Present

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

ROLL CALL

All board members were present.

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES – January 2025

Motion: Mr. Richmond moved, seconded by Ms. Lolli to approve the January Board of Health minutes.

Roll call vote: Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. **Motion Passed.**

RECEIVE AND FILE FINANCIAL REPORT-January 2025

Ms. Phillips Carter informed the board that a new budget report was included in the packet. This report is easier to read than previous reports and shows previous year's budgets in comparison to the current year's budget. Ms. Phillips Carter stated that in addition to the normal expense and revenue reports, these new reports will be included in the board of health packets moving forward.

Motion: Dr. Zollett moved, seconded by Ms. Sibcy to approve the January financial report.

Roll call vote: Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. **Motion Passed.**

EDUCATION PRESENTATION-Air Quality Update-Southwest Ohio Air Quality Agency (Kerri Castlen)

Kerri Castlen with the Southwest Ohio Air Quality Agency provided the Board of Health with an air quality update. Ms. Castlen explained the 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. SWOAQA was established in the 1880's and works with local, state and federal agencies, businesses, communities and citizens to achieve and maintain health air quality. SWOAQA permits industrial air pollution sources as well as inspects and monitors compliance of those industrial air pollution sources. SWOAQA monitors and measures pollutants, including air toxins and issues Air Quality Index. SWOAQA also conducts pollen and mold counts as well as issue air quality advisories.

The Air Quality Index (AQI) is widely used with a color-coded scale, no limits. The AQI is multi-pollutant and clearly communicates the air quality to the public. The AQI is the EPA's tool for communicating daily air quality and has been used 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 air quality standard for that pollutant and the scientific information that supports the standard. AQI is available on the SWOAQA website and by calling the hotline at 513-946-7753. Ms. Castlen provided the board with a map illustrating the monitoring sites and sources in the city of Middletown.

On February 7, 2024, the U.S. EPA strengthened the National Ambient Air Quality Standards (NAAQS) for particulate matter to protect public health from harmful health impacts, such as heart attacks and premature death, as well as address the scientific evidence that the current standard doesn't sufficiently protect human health.

Ms. Castlen informed the board that Cliffs was issued a notice of violation date February 7, 2024 for a failed stack test on continuous pinking line. The action plan included work on control devices (wet scrubber). Cliffs was retested on January 11, 2024 and found to be back in compliance. Middletown Coke Corporation received a notice of violation dated January 14, 2025 for a failed particulate stack test on the main stack-heat recovery. A compliance plan is expected later this month. Stein, Inc. processes slag from Cliffs and has a history of complaints. Notices of violation have been issued on October 15, 2021, September 14, 2023 and November 21, 2023. The final settlement on the enforcement case was reached on July 8, 2024 mandating Stein to pay a penalty of \$40,500, submit operation and maintenance plans and install high definition cameras.

Ms. Castlen informed the board that anyone can make air quality complaints by calling 513-946-7777. Complaints types are as follows: particulate, odor, fugitive dust, open burning, smoke, CFC and anti-tampering. The majority of Middletown complaints are particulate (48%) and odor (38%). Cliffs receives around 30 complaints annually and Middletown Coke Company receives around 20 complaints annually.

SWOAQA established an agency workgroup to work on a variety of issues in Middletown. The workgroup focuses on answering complaints, responding to non-attainment issues, compliance issues, spikes at air monitoring sites and inspection coordination.

Ms. Castlen stated that air pollutants in Southwest Ohio continue to trend downward.

NEW BUSINESS

Travel Authorizations

None.

1st Reading of MBHE Ordinance No. 2025-01-Allowing Health Commissioner to Suspend a Food Service or Retail Food Establishment License

Motion: Ms. Lolli moved, seconded by Mr. Richmond to read MBHE Ordinance No. 2025-01 by title only.

Roll call vote: Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. **Motion Passed.**

Ms. Ealy informed the board that this ordinance provides the Health Commissioner the ability to suspend a food license if immediate danger is observed. This ordinance has already been in place, however; the appeals process is now referenced in the ordinance.

Mayor Slamka asked for clarifications on what would qualify as immediate danger.

Ms. Ealy gave an example of a facility that had mouse droppings all throughout the facility about a month ago. Ms. Ealy asked the facility to close while they remedied the situation. If the facility had refused, the Health Commissioner could have suspended the license until the issue had been resolved. Ms. Phillips Carter stated that it is rare that this ordinance is used, most often times facilities are willingly to cooperate with health department recommendations.

MBHE Ordinance No. 2025-01-An ordinance authorizing the health commissioner to take action that may be taken by the Board of Health as a licensor pursuant to Ohio Revised Code section 3717.29(D)(1) to suspend a license issued to a retail food establishment or Ohio Revised Code section 3717.49(C)(1) to suspend a license issued to a food service operation.

1st Reading of MBHE Ordinance No. 2025-02-Allowing Health Commissioner, Any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training to Take Non-Emergency Enforcement Action.

Motion: Ms. Lolli moved, seconded by Mr. Richmond to read MBHE Ordinance No. 2025-02 by title only.

Roll call vote: Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. Motion Passed.

Ms. Ealy stated that this ordinance allows the Inspectors and health commissioner to carry out non-enforcement activities. The revisions include new language that references the appeals process and updated the incorrect code section identified by Ohio Department of Agriculture on our recent survey.

An ordinance authorizing the Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training employed by the Board of Health to take action that may be taken by the Board as licensor pursuant to Ohio Revised Code section 3717.29(C)(1) in a retail food establishment or Ohio Revised Code section 3717.49(B)(1) in a food service operation.

2024 Annual Report

Ms. Phillips Carter explained that each local health department is required by Ohio Department of Health to submit an annual report by January 15th and the Annual Financial Report is due by April 15th with the goal of making public health more defined. The 2024 Annual Report is included in the board packet.

REPORTS

Health Commissioner

Ms. Phillips Carter informed the board that the City had some IT issues with email over the past week, an Ohio Public Health Communication System (OPHCS) alert was sent out to state and local partners.

Ms. Phillips Carter informed the board that CMHD had participated in an emergency preparedness exercise and stated that Ms. Corbin will elaborate further in the Director of Nursing Report.

Ms. Phillips Carter thanked Ms. Ealy for presenting on her behalf at the City Council Workshop Meeting.

Ms. Phillips Carter informed the board that she is trying to keep apprised of all of the new executive orders being put into place by the government. Many of these orders will directly affect public health.

Medical Director

Dr. Jennewine reported the January communicable disease case numbers.

C. auris	1
Campylobacteriosis	2
Chlamydia infection	24
COVID-19	160
CPO	1
Gonococcal Infection	5
Hepatitis B	4
Hepatitis C	5
Influenza-associated hospitalization	21
Salmonellosis	2
Tuberculosis	1

Director of Nursing

Ms. Corbin informed the board that the majority of reportable diseases are reported directly to her at CMHD, however; tuberculosis is monitored and controlled by Butler County. Ms. Corbin will be reaching out to Butler County to follow up on the one case of tuberculosis that was reported on a Middletown resident.

Ms. Corbin explained that influenza cases are only reported in the patient is hospitalized, there has been a slight increase in influenza-associated hospitalizations in comparison to the 2024 numbers.

Ms. Corbin informed the board that CMHD was well represented at the Chemical Table Top Exercise which was held at the Educational Service Center and overall everyone did a great job. Ms. Corbin is currently completing the after-action report which will include an improvement plan.

Ms. Corbin informed the board that Ohio Public Health Communication System (OPHCS) is our back-up emergency notification system and she is able to include board member's emails so that they can also receive emergency updates.

Environmental Director

Ms. Ealy informed the board that three sets of plans in January and two new facilities were licensed. Ms. Ealy stated that there are still nine tobacco retailers that have not submitted applications or fees for their 2025 T21 licenses. Ms. Ealy stated that 406 of 684 septic system owners/operators have paid for their septic permits. Final notices will be mailed to the remaining 278 homeowners at the end of February. Fees will be assessed to property taxes if payment is not received within 30 days of the final notice.

Ms. Ealy informed the board that FSO/RFE renewal applications for the 2025 were mailed out at the end of January. All fees for license renewals are due by March 1st.

Ms. Ealy informed the board that the 2023 campground survey completed by Ohio Department of Health was included in the board packet. The survey was completed in 2023 for years 2018-2022. The recommendation noted on the survey which was to ensure all fee categories are included in the cost analysis.

Ms. Ealy informed the board that CMHD staff continues with Accela trainings.

Board Member Open Discussion

Mr. Bonnell informed the board that the Ohio Board of Embalmers and Funeral Directors was notified that the state reimbursement program for indigent cremations has been restored going back to November of 2024.

Ms. Phillips Carter stated that CMHD will turn in the appropriate paperwork for reimbursements for all qualifying indigents that have been paid for out of City funds.

Ms. Lolli informed board members that the next Walk With a Doc will be held Saturday, February 15th from 9-9:45am at the Atrium YMCA. This month's topic will be early heart attack prevention. The March Walk With a Doc will be held at the downtown YMCA.

ADJOURNMENT

The meeting was adjourned at 8:43AM. The next meeting will be held on March 11, 2025 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 2025 Financial Notes

Vital Statistics

- \$4,605.50 Revenue Earned
- 650 Certificates Sold
- 43 Burial Permits Sold

The department as a whole, is up 20% compared to last year at this time. (3% Vital Stats & 17% Environmental)

Environmental

- \$71,421.00 Revenue Earned
- \$1,500.00-T21 Licensing Revenue Earned (*New number assigned for T21- 228.000.43310*)
T21 will no longer be listed in Reimbursements 228.000.52480.

Indigent Services

- \$5,197.00 Spent of the \$35,000 Budget for Indigent Services for 2025
- 7 Applications approved

Current Grants

- Workforce Development (WF-23) Active through 11/30/2027 - \$495,000 (*Target \$100K/Yr.*)
 - Multi-year project to support the development of current and future public health workforce
 - Original Award granted to CMHD \$435,000
 - \$10,000 awarded to all LHD's in Ohio for Equity specific training. (*This \$10K has been spent*)
 - The state has added Accreditation efforts to the WF grant in the amount of \$50,000.00 (*Funding not received yet-still in pending status for disbursement*).
 - **\$102,408.39 - Deposited to date**
- Public Health Emergency Preparedness (PHEP) 7/1/2024-6/30/2025 - \$23,837.70
 - **\$6,286.53 Deposited to date**
- Allotrac Medicaid Billing (MAC Billing) 1/01/2025-12/31/2025
 - Yearly agreement. Payments approved quarterly
 - **\$26,805.69 Deposited to date**
- Smoking State Reimbursement
 - **\$350.00 - Deposited to date**
- State Health Subsidy Reimbursements & Vital Statistics Reimbursements
 - State Subsidy (January) OAC 3701-36 - **\$9,329.20 deposited 2/12/2025**
 - State Subsidy (February) OAC 3701-36 - **\$19,082.63 deposited 2/28/2025**
 - Vital Stats (February) - **\$3,718.75 deposited 2/12/2025**
 - Vital Stats (May)- *Waiting on reimbursement*

City of Middletown Revenue Report

Accounts: 228.000.43310 to 228.000.49385

As Of: 1/1/2025 to 3/31/2025

Account Access Group: N/A

Include Inactive Accounts: No

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228	HEALTH FUND			Target Percent:	25.00%	
Revenue						
Intergovernmental						
228.000.43310	TOBACCO 21	\$0.00	\$0.00	\$4,500.00	(\$4,500.00)	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	\$15,000.00	\$0.00	\$9,329.20	\$5,670.80	62.19%
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	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43362	CHILD/FAMILY HEALTH SERVICES GRA	\$0.00	\$0.00	\$0.00	\$0.00	N/A
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 (\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43369	HARM REDUCTION GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43370	PUBLIC HEALTH WORKFORCE DEV GR	\$100,000.00	\$0.00	\$35,262.61	\$64,737.39	35.26%
	Intergovernmental Totals:	\$115,000.00	\$0.00	\$49,091.81	\$65,908.19	42.69%
Charges for Service						
228.000.44197	ADMINISTRATIVE FEES	\$59,420.00	\$0.00	\$0.00	\$59,420.00	0.00%
228.000.44210	VITAL STATISTICS	\$100,000.00	\$0.00	\$20,128.67	\$79,871.33	20.13%
228.000.44211	VITAL STATISTICS SHIPPING CHARGE	\$0.00	\$0.00	\$220.60	(\$220.60)	N/A
228.000.44215	PATERNITY AFFIDAVITS	\$200.00	\$0.00	\$30.10	\$169.90	15.05%
228.000.44225	IMMUNIZATION CLINICS	\$3,000.00	\$0.00	\$3,001.72	(\$1.72)	100.06%
228.000.44280	VENDING LICENSE	\$750.00	\$0.00	\$0.00	\$750.00	0.00%
228.000.44281	FSO RESTAURANT LICENSE	\$80,000.00	\$0.00	\$37,858.00	\$42,142.00	47.32%
228.000.44282	FOOD ESTABLISHMENT LICENSE	\$35,000.00	\$0.00	\$17,157.00	\$17,843.00	49.02%
228.000.44283	HOUSEHOLD SEWAGE	\$4,200.00	\$0.00	\$12,934.00	(\$8,734.00)	307.95%
228.000.44284	FOOD SAFETY CLASSES	\$240.00	\$0.00	\$0.00	\$240.00	0.00%
228.000.44285	SWIMMING POOL/SPA	\$6,000.00	\$0.00	\$0.00	\$6,000.00	0.00%
228.000.44286	TATTOO LICENSE	\$2,500.00	\$0.00	\$1,187.50	\$1,312.50	47.50%
228.000.44287	PARK/CAMPS LICENSE FEES	\$200.00	\$0.00	\$0.00	\$200.00	0.00%
228.000.44288	MAC BILLING	\$50,000.00	\$0.00	\$26,805.69	\$23,194.31	53.61%
228.000.44290	MOBILE HOME PARKS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.44844	CREDIT CARD FEES	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Charges for Service Totals:	\$341,510.00	\$0.00	\$119,323.28	\$222,186.72	34.94%
Interest/Contributions/Rentals/Leases/Misc						

Revenue Report
As Of: 1/1/2025 to 3/31/2025

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228.000.46780	MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Interest/Contributions/Rentals/Leases/Misc Totals:	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Reimbursements/Transfers						
228.000.49100	REIMBURSEMENTS	\$0.00	\$0.00	\$2,414.01	(\$2,414.01)	N/A
228.000.49330	FROM INCOME TAX	\$250,000.00	\$0.00	\$25,000.00	\$225,000.00	10.00%
228.000.49385	FROM CORONAVIRUS RELIEF FUND	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Reimbursements/Transfers Totals:	\$250,000.00	\$0.00	\$27,414.01	\$222,585.99	10.97%
	Revenue Totals:	\$706,510.00	\$0.00	\$195,829.10	\$510,680.90	27.72%
228 Total:		\$706,510.00	\$0.00	\$195,829.10	\$510,680.90	27.72%
Grand Total:		\$706,510.00	\$0.00	\$195,829.10	\$510,680.90	27.72%
Target Percent:						25.00%

City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200

Account Access Group: N/A

As Of: 1/1/2025 to 3/31/2025

Include Inactive Accounts: No

Include Pre-Encumbrances: No

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228	HEALTH FUND					Target Percent:	25.00%	
Health Admin								
Personal Services								
228.450.51110	SALARIES & WAGES	\$670,630.00	\$0.00	\$98,656.54	\$571,973.46	\$0.00	\$571,973.46	14.71%
228.450.51120	OVERTIME WAGES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51211	PERS	\$93,888.00	\$0.00	\$14,641.17	\$79,246.83	\$19.97	\$79,226.86	15.62%
228.450.51220	WORKERS COMPENSATIO	\$26,825.00	\$0.00	\$1,280.46	\$25,544.54	\$25,544.54	\$0.00	100.00%
228.450.51230	GROUP HEALTH INSURANC	\$90,018.00	\$7,501.51	\$22,504.53	\$67,513.47	\$0.00	\$67,513.47	25.00%
228.450.51231	HEALTH SAVINGS ACCOUN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
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	\$9,724.00	\$0.00	\$1,379.99	\$8,344.01	\$0.00	\$8,344.01	14.19%
228.450.51275	LIFE INSURANCE	\$1,825.00	\$0.00	\$304.20	\$1,520.80	\$152.10	\$1,368.70	25.00%
228.450.51290	EMPLOYEE AWARDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Personal Services Totals:	\$892,910.00	\$7,501.51	\$138,766.89	\$754,143.11	\$25,716.61	\$728,426.50	18.42%
Contractual Services								
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	\$188.25	\$2,811.75	\$0.00	\$2,811.75	6.28%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$0.00	\$81.88	\$5,558.12	\$0.00	\$5,558.12	1.45%
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	\$298.60	\$3,201.40	\$0.00	\$3,201.40	8.53%
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	\$0.00	\$3,532.41	\$37,552.59	\$0.00	\$37,552.59	8.60%
228.450.52481	WORKFORCE GRANT CON	\$32,699.95	\$0.00	\$555.00	\$32,144.95	\$12,144.95	\$20,000.00	38.84%
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
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	\$1,308.74	\$6,691.26	\$0.00	\$6,691.26	16.36%
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	\$1,333.00	\$10,522.00	\$0.00	\$10,522.00	11.24%
228.450.52920	MEMBERSHIPS, BOOKS, PE	\$1,500.00	\$0.00	\$227.56	\$1,272.44	\$0.00	\$1,272.44	15.17%
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
	Contractual Services Totals:	\$113,279.95	\$0.00	\$7,525.44	\$105,754.51	\$12,144.95	\$93,609.56	17.36%

Expense Report
As Of: 1/1/2025 to 3/31/2025

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
Commodities								
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$380.93	\$2,119.07	\$0.00	\$2,119.07	15.24%
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	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	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	\$700.00	\$0.00	\$150.00	\$550.00	\$0.00	\$550.00	21.43%
	Commodities Totals:	\$3,900.00	\$0.00	\$530.93	\$3,369.07	\$0.00	\$3,369.07	13.61%
Capital Outlay								
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	\$0.00	\$872.74	\$3,927.26	\$0.00	\$3,927.26	18.18%
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
	Capital Outlay Totals:	\$4,800.00	\$0.00	\$872.74	\$3,927.26	\$0.00	\$3,927.26	18.18%
Refunds								
228.450.59200	MISCELLANEOUS REFUND	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Refunds Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Health Admin Totals:	\$1,014,889.95	\$7,501.51	\$147,696.00	\$867,193.95	\$37,861.56	\$829,332.39	18.28%
228 Total:		\$1,014,889.95	\$7,501.51	\$147,696.00	\$867,193.95	\$37,861.56	\$829,332.39	18.28%
Grand Total:		\$1,014,889.95	\$7,501.51	\$147,696.00	\$867,193.95	\$37,861.56	\$829,332.39	18.28%

Target Percent: 25.00%

MBHE ORDINANCE NO. 2025-01

AN ORDINANCE AUTHORIZING THE HEALTH COMMISSIONER TO TAKE ACTION THAT MAY BE TAKEN BY THE BOARD OF HEALTH AS LICENSOR PURSUANT TO OHIO REVISED CODE SECTION 3717.29(D)(1) TO SUSPEND A LICENSE ISSUED TO A RETAIL FOOD ESTABLISHMENT OR OHIO REVISED CODE SECTION 3717.49(C)(1) TO SUSPEND A LICENSE ISSUED TO A FOOD SERVICE OPERATION.

BE IT ORDAINED by the City of Middletown Board of Health, Butler/Warren Counties, Ohio, that:

Section 1

The Health Commissioner of the Middletown Board of Health is hereby authorized to act pursuant to Section 3717.29(D)(1) of the Ohio Revised Code to suspend a license issued by the Board as licensor to a retail food establishment in accordance with R.C. 3717 if it has been determined that a violation presents a clear and present danger to the public health.

Section 2

In the event a retail food establishment license is suspended pursuant to Section 3717.29(D)(1) of the Ohio Revised Code, the license holder may appeal the suspension by giving written notice to the Board of Health and specifying in the notice whether a hearing is requested as set forth in Section 3717.29(D) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a retail food establishment license are set forth in Rule 901:3-4-08 of the Ohio Administrative Code.

Section 3

The Health Commissioner of the Middletown Board of Health is hereby authorized to act pursuant to Section 3717.49(C)(1) of the Ohio Revised Code to suspend a license issued by the Board as licensor to a food service operation in accordance with R.C. 3717 if it has been determined that a violation presents an immediate danger to the public health.

Section 4

In the event a food service operation license is suspended pursuant to Section 3717.49(C)(1) of the Ohio Revised Code, the license holder may appeal the suspension by giving written notice to the licensor and specifying in the notice whether a hearing is requested as set forth in Section 3717.49(C) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a food service operation license are set forth in Rule 3701-21-26 of the Ohio Administrative Code.

Section 5

This ordinance supersedes MBHE Ordinance No. 2022-04, adopted November 8, 2022.

Section 6

This ordinance shall take effect and be in force at the earliest time permitted by law.

Elizabeth Slamka
Board of Health and Environment

First Reading 2/11/2025
Second Reading _____
Third Reading _____
Date Adopted _____
Effective Date _____

Jacquelyn Phillips Carter, MPH, BSN, RN
Health Commissioner
Board of Health and Environment

Approved as to form:

Ben Yoder / JAC
Law Director

MBHE ORDINANCE NO. 2025-02

AN ORDINANCE AUTHORIZING THE HEALTH COMMISSIONER, ANY REGISTERED ENVIRONMENTAL HEALTH SPECIALIST OR ENVIRONMENTAL HEALTH SPECIALIST-IN-TRAINING EMPLOYED BY THE BOARD OF HEALTH TO TAKE ACTION THAT MAY BE TAKEN BY THE BOARD AS LICENSOR PURSUANT TO OHIO REVISED CODE SECTION 3717.29(C)(1) IN A RETAIL FOOD ESTABLISHMENT OR OHIO REVISED CODE SECTION 3717.49(B)(1) IN A FOOD SERVICE OPERATION.

BE IT ORDAINED by the City of Middletown Board of Health, Butler/Warren Counties, Ohio, that:

Section 1

The Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training of the Middletown Board of Health is hereby authorized to act in nonemergency enforcement actions pursuant to Section 3717.29(C)(1) of the Ohio Revised Code.

Section 2

In the event an action is initiated to suspend or revoke a retail food establishment license pursuant to Section 3717.29(C)(1) of the Ohio Revised Code, the license holder may appeal the proposed suspension or revocation by giving written notice to the Board of Health and specifying in the notice whether a hearing is requested as set forth in Section 3717.29(C) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a retail food establishment license are set forth in Rule 901:3-4-08 of the Ohio Administrative Code.

Section 3

The Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training of the Middletown Board of Health is hereby authorized to act in nonemergency enforcement actions pursuant to Section 3717.49(B)(1) of the Ohio Revised Code.

Section 4

In the event an action is initiated to suspend or revoke a food service operation license pursuant to Section 3717.49(B)(1) of the Ohio Revised Code, the license holder may appeal the proposed suspension or revocation by giving written notice to the licensor who initiated the suspension or revocation and specifying in the notice whether a hearing is requested as set forth in Section 3717.49(B) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a food service operation license are set forth in Rule 3701-21-26 of the Ohio Administrative Code.

Section 5

This ordinance supersedes MBHE Ordinance No. 2022-05, adopted November 8, 2022.

Section 6

This ordinance shall take effect and be in force at the earliest time permitted by law.

Elizabeth Slamka
Board of Health and Environment

First Reading 2/11/2025
Second Reading _____
Third Reading _____
Date Adopted _____
Effective Date _____

Jacquelyn Phillips Carter, MPH, BSN, RN
Health Commissioner
Board of Health and Environment

Approved as to form:

Ben Gorder / JAC
Law Director

Celebrate public health this April!



It Starts Here

Public health starts with each of us making a difference in our homes and communities. It's how the places we live, work and play affect our well-being. It's the way we are all stronger—and healthier—together through the efforts of organizations like the American Public Health Association and others that advocate for healthy communities. Join us for the 30th anniversary of National Public Health Week to celebrate successes, look ahead to upcoming challenges and create a vision for the future. Explore APHA's resources, events and other ways to get involved during National Public Health Week, because public health is all of us—and it starts here.

Join us April 7-13, 2025 for the 30th anniversary of National Public Health Week! Check out our [key priority areas for NPHW 2025](#).

What is NPHW?

Each April, APHA unites communities nationwide to celebrate NPHW, recognizing public health contributions and addressing key health issues. As the organizer for 30 years, APHA develops annual campaigns and resources to educate the public, policymakers, and practitioners on each year's theme. These materials promote public health awareness year-round.

Upcoming NPHW Dates:

- April 6-12, 2026
- April 5-11, 2027
- April 3-9, 2028

Questions? [Email us!](#)

About APHA

The American Public Health Association advocates for the health of all communities, strengthens the public health profession, and drives science-based public health policies. With 150 years of leadership, APHA connects a broad member network and influences federal health policy. APHA publishes the American Journal of Public Health, The Nation's Health, and hosts an Annual Meeting showcasing the latest research. Campaigns like Get Ready and NPHW reflect our commitment to creating the healthiest nation. Learn more at www.apha.org.



IT STARTS HERE

Your Health Is Our Mission

Did you know [Americans live an average of 35 years longer today](#) than they did when APHA was founded over 150 years ago? This incredible progress is thanks to public health efforts improving the well-being of communities across the nation and around the world.

Public health isn't just for a single person—it's for you, your friends, your family and everyone in your community. Public health affects how we all live, work, and play—it's an invisible force that protects our safety and well-being.

Public health continues to prioritize health at every level, ensuring that everyone has the opportunity to thrive. Recent efforts have led to the [eradication of various diseases in regions across the globe](#), the [expansion of vaccination programs](#) to protect children and older adults, and the [securing of funding for foundational public health services](#) to address urgent needs like reproductive care, behavioral health and climate resilience.

PUBLIC HEALTH STARTS WITH...

YOU

Supporting mental health in your community

[Volunteer for a local mental health organization](#). Attend events, such as walks and fundraisers, that [support the mental health movement](#). If you or someone you know needs mental health services, contact the Substance Abuse and Mental Health Services Administration's [national helpline](#) at 1-800-662-HELP. You can also call, text, or chat 988 to connect with a trained counselor through the [National Suicide Prevention Lifeline](#).

Getting to know your neighbors

Having a strong community is [one of the strongest indicators for health aging](#). Social cohesion means building strong connections with the people around you, which [strengthens your community's well-being](#). Consider offering a helping hand to your neighbors, like running errands for someone without transportation or sharing extra garden produce.

COMMUNITY / NEIGHBORHOOD

Making healthy food accessible to all

Bringing farmers markets, mobile markets and community-supported agriculture programs to underserved areas [increases access to healthy, affordable food](#). These programs [support local farmers and make fresh](#)



IT STARTS HERE

Your Health Is Our Mission Cont'd

[produce more available to low-income communities](#). Hosting farmers markets or mobile markets in local spaces also helps [build community connections while promoting healthier eating](#).

Building accessible parks and community gathering spaces

[Parks and green spaces foster healthy communities](#) by offering safe, inclusive environments for people of all ages and abilities to connect, stay active, and support their mental and physical well-being. [Creating more accessible parks ensures that everyone can enjoy these benefits](#), promoting both individual health and community well-being.

CITY / STATE

Preparing residents for emergencies and crises

There is a need to build stronger emergency preparedness systems to [help communities respond](#) to natural disasters, disease outbreaks, and other crises. This includes providing residents with [essential resources, education and training](#) so they can stay safe and protect their families during emergencies.

Expanding access to reproductive health services

City and state governments can support community well-being by funding clinics that offer family planning, STI testing, counseling, and safe, legal abortion services. [Making these services accessible and affordable ensures that everyone can get the care they need](#).

NATION

Building a stronger, more inclusive public health system

Creating a fair and sustainable public health system requires everyone's participation. This includes public health workers, health care providers, community organizers, faith-based groups, businesses, schools, government and more. By [collaborating with non-traditional partners](#), we can create a more inclusive and effective public health system that benefits everyone.

Investing in the public health workforce

We can strengthen the public health workforce by providing more [training and support for public health professionals](#). This investment ensures that workers have the skills and resources to respond to current and future health challenges.



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CLIMATE ACTION STARTS HERE

Building Resilience for Health

[Climate change impacts both physical and mental health](#) through rising temperatures, poor air quality, extreme weather events and disrupted ecosystems. These effects are felt most in communities of color and low-income neighborhoods, which have faced years of underinvestment and systemic inequities, making them [more vulnerable to climate risks](#). However, there is hope and a clear path forward. By taking bold and equitable action, we can reduce the health effects of climate change and build stronger, healthier communities. Solutions include [rapidly transitioning to clean energy](#), improving energy efficiency, and supporting [sustainable food systems](#).

CLIMATE ACTION STARTS WITH...

YOU

Staying prepared

As the climate changes, longer allergy seasons, increased pests and extreme heat are becoming more common. [Be prepared](#) by staying informed about pollen levels and pest risks and include these factors in your emergency preparedness plan. Know when to limit outdoor activities during high pollen days or heat waves to protect your health. Identify safe spaces in case of extreme weather and take steps to keep your home and family safe from pests like ticks and mosquitos.

Becoming 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.

COMMUNITY / NEIGHBORHOOD

Supporting local climate education and awareness

Join or organize community workshops, school programs, or public talks about climate change and sustainable practices. Educating residents on climate issues and solutions can foster greater action and help build community-wide support for climate initiatives. Utilize [APHA's Climate and Health Youth Education Toolkit](#) to give guest lectures at your local school.

Creating trauma-informed community support initiatives

The intensity of extreme weather events like flooding and storms is [leading to adverse mental health outcomes](#) such as anxiety, depression, and post-traumatic stress disorder in communities. To build community-wide



CLIMATE ACTION STARTS HERE

Building Resilience for Health Cont'd

mental resilience and heal trauma, local coalitions and community organizations can [create a diverse set of activities](#) that are group-oriented, adaptable and culturally appropriate (e.g., support groups, healing circles, expressive therapies, nature-based therapies, memorial events, etc.) for various ages and backgrounds.

CITY / STATE

Investing in disaster preparedness and response

City and state emergency management programs should [work with public health and communities](#) to prepare, respond, and recover effectively from climate-related disasters. This can include supporting [community resilience hubs](#) that provide cooling stations, emergency supplies, and educational resources to help communities prepare for climate-related disasters.

Building resilient cities for all

Cities and states should invest in climate-friendly transportation options such as accessible public transit or walking or biking for short trips. They can adopt “[Smart Surfaces](#)” to combat extreme heat, flooding, and air pollution. Smart Surfaces [improve public health and save cities money](#) by reducing overall energy costs and minimizing damage from extreme weather.

NATION

Phasing 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](#).

Increasing access to affordable and energy-efficient housing

The federal government can take the lead in addressing energy insecurity by expanding access to affordable and energy-efficient housing. [Low-income communities often face high energy costs and struggle to maintain proper heating and cooling](#), which impacts their health and well-being. Federal programs should focus on [improving energy efficiency in affordable housing](#) and fostering partnerships with community organizations to implement these solutions effectively across the country.



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HEALTH EQUITY STARTS HERE

Optimizing Health for All

Health equity is important because it means that all individuals have access to the resources and opportunities needed to achieve their full health potential, regardless of socioeconomic, racial, geographic, or disability-related disparities. By addressing the root causes of health inequities, such as discrimination, unequal access to care and barriers faced by individuals with disabilities, communities can reduce preventable diseases and improve overall well-being. For example, [the expansion of telehealth services](#) has been a significant public health win, improving access to care for people with mobility or transportation challenges and those in rural areas. Promoting health equity fosters healthier populations, reduces health care costs and builds more resilient societies.

ADVANCING HEALTH EQUITY STARTS WITH...

YOU

Voting with equity in mind

Voting is an important way to make sure everyone's voice is heard and to support policies and solutions that improve public health. Talk to friends and neighbors about the importance of civic participation. [Support candidates and policies that prioritize health equity](#) and work to address systemic inequities.

Creating and engaging in conversation

Hosting informal discussions about equity with family, friends, or coworkers can be a powerful way to spark awareness and inspire action. [Create a safe space to share ideas](#), learn from different perspectives and build momentum for advancing equity in everyday life.

COMMUNITY / NEIGHBORHOOD

Involving communities in health equity initiatives

To advance health equity, members of your community should be provided with meaningful opportunities to participate in the planning process of programs, solutions and policies aimed at advancing equity. [Community members can play an important role](#) in identifying local health needs, strengths and the resources needed to improve health.



HEALTH EQUITY STARTS HERE

Optimizing Health for All Cont'd

Being direct

For communities to thrive, local organizations and public [health professionals must be clear and direct](#) when working toward health equity. This means naming the specific groups affected by inequities and clearly outlining the actions needed to close health gaps. Being direct helps ensure that people in need receive the resources and support necessary to improve their health. It also prevents misunderstandings or vague plans that could unintentionally make health disparities worse.

CITY / STATE

Adopting a “Health in All Policies” approach

[Look for ways to work across different sectors](#), like education and housing. This involves improving vulnerable populations’ access to healthy foods, safe housing, reliable transportation, quality education, equitable employment, safe green spaces and opportunities for economic development.

Measuring and evaluating progress on reducing health disparities

We need to [track how health gaps are closing over time](#). This means collecting data to see if people have better access to health care, if health outcomes are improving, and if barriers to care like poverty or accessibility are being reduced. By measuring these things, we can see what’s working and make better decisions to create equal opportunities for everyone to thrive.

NATION

Addressing racism and racial implicit bias

The nation must take a unified approach to identify and effectively address racism and racial implicit bias. Many organizations, including state public health associations, have [declared racism a public health crisis](#). However, health agencies at all levels—local, state and national—must explicitly acknowledge and address the racially discriminatory policies that have created and continue to enable health inequities. By taking co-ordinated action across the country, we can work to dismantle systemic racism.

Improving access to quality health care

Access to health care remains a burden for many people. Proper prioritization and funding to close health care coverage gaps, including the price of drugs, is essential to ensure that people can get the care they need when a public health issue arises.



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ADVOCACY STARTS HERE

Amplifying Voices for Public Health

We've all been advocates in our own way. Whether it was asking for a raise, standing up for your child's needs, or sharing your opinion, we have all used our voices to influence change. [Public health advocacy](#) is no different. It's about using your voice to create a healthier world for everyone.

[Advocates have helped create big changes in public health.](#) Because of them, we now have laws that make us wear seatbelts in cars, vaccines that stop us from getting sick, food labels that tell us what we're eating and rules that keep smoke out of public places. These wins show how using our voices can make life better and safer for everyone.

[Using an equity lens can transform public health advocacy.](#) When we listen to people who face the biggest health challenges and work to fix the deeper problems that cause poor health – like racism and unequal access to care – we create solutions that help all communities thrive.

PUBLIC HEALTH ADVOCACY STARTS WITH...

YOU

Joining existing grassroots efforts

Connect with local community organizations and your [state public health association](#) for a greater impact. When you join a local group, you can work with others to boost community voices, push for changes, and tackle health problems in your area.

Speaking for health

[Meet with decisionmakers](#), [use action alerts](#) and [inspire your networks](#) to take action.

Voting for health

[Support leaders and policies](#) that advance health for all.

COMMUNITY / NEIGHBORHOOD

Lifting up and celebrating community advocates

Remember that [community members are experts](#) in their own experiences and know what solutions will work best. This approach gives power to community members, builds trust and ensures solutions that work for everyone.



ADVOCACY STARTS HERE

Amplifying Voices for Public Health Cont'd

Training health professionals to be advocates

Create opportunities to learn [the basics of advocacy, including how it differs from lobbying](#), and remind public health professionals of the importance of free speech and the right to push for change.

CITY / STATE

Declaring racism as a public health crisis

Recognize [racism's impact on health](#) and commit to [fixing racial inequities through policy](#) and action.

Partnering with community power-building organizations

These groups understand how power affects people's health and work to fix unfair systems that hurt certain communities. [Partnering with these groups makes advocacy stronger](#) by creating lasting solutions.

NATION

Pushing Congress to make public health a top national priority

[Lawmakers should pass legislation that safeguards public health](#) funding, infrastructure and authority. At the same time, they must avoid policies that restrict the freedom to advocate for public health policies, like HR9495.

Building coalitions to support healthy policies

[Join forces to remove barriers to health](#) and fight for fair access for all communities. When public health advocates unite, we have a stronger voice.



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THE FUTURE OF PUBLIC HEALTH STARTS HERE

Strengthening the Public Health Workforce

A strong and resilient [public health workforce](#) is key to keeping communities healthy and addressing the nation's most urgent health challenges. Public health professionals work hard to prevent disease, promote wellness and protect communities.

[Investments in education and training](#) can support the public health workforce. Efforts to build a workforce that includes people who are from all backgrounds and who have the skills to tackle health inequalities are helping improve access to health services, share important information, and build trust within communities. We must continue these efforts and more to [ensure that public health systems are equipped](#) to meet everyday health needs and respond to crises.

STRENGTHENING THE PUBLIC HEALTH WORKFORCE STARTS WITH...

YOU

Contacting your members of Congress

[Urge your members of Congress to prioritize public health funding](#) in Fiscal Year 2025 before the Subcommittee Markup on June 27 and let them know you want to see funding earmarked for Public Health AmeriCorps and other innovative workforce development models.

Encouraging the next generation through mentorship

Support mentorship programs in schools or community organizations, where students can learn about the impact of public health work. Consider hosting career talks or setting up a job shadowing program. APHA has [mentoring](#) and [career development resources](#) available for members. These efforts can help demystify public health careers, spark interest and build confidence in the next generation of up-and-coming public health professionals.

COMMUNITY / NEIGHBORHOOD

Supporting policies for a diverse workforce

Advocate for increasing [diversity in the public health workforce](#) to ensure it reflects the communities it serves. Support training programs that address implicit bias and build cultural competency, helping public health professionals better understand and meet the unique needs of people of all backgrounds.



THE FUTURE OF PUBLIC HEALTH STARTS HERE

Strengthening the Public Health Workforce Cont'd

Celebrating public health workers

[Public Health Thank You Day](#) is observed each November, but public health workers deserve recognition all year long. Organize events, such as appreciation days or award ceremonies, to celebrate public health workers and highlight their contributions. Share their stories, and even simple thank-you messages through social media, newsletters, or local news to raise awareness and build community support.

CITY / STATE

Strengthening protections for public health officials

Local government agencies should address [threats or incidents targeting public health officials](#) and pursue legal action when appropriate. State and federal agencies can collaborate with local health departments to ensure effective communication during emergencies and provide flexible funding to support community needs, while elected officials can prioritize measures to protect public health workers from violence and threats.

Building leadership pathways

Work with local colleges, universities and training programs to establish clear career pathways for public health professionals. Develop initiatives like internship programs and targeted recruitment campaigns to [connect students with public health careers](#).

NATION

Expanding federal programs

National efforts to strengthen the public health workforce rely on increased funding for vital initiatives. Federal programs, such as those supported by [CDC investments](#), focus on rebuilding and modernizing the workforce to meet current and future challenges. Programs like [Public Health AmeriCorps](#) play a significant role in recruiting and training future public health professionals, ensuring they are well-prepared to address the needs of their communities.

Promoting innovation

[By embracing technological advancements, we can strengthen the public health workforce](#) and enhance its ability to serve communities. Tools like automated workflows, electronic records and data management platforms can significantly reduce the burden of paperwork and routine processes. Implementing these solutions should be a national priority to ensure a stronger, more effective public health workforce.



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Smoking Complaint Spreadsheet

For February 2025

Business Name		Date	Notice of Report	Dismissed	Notice of Violation (60 Days)	Letter of Warning (15 Days)	Civil Fine Letter	Violation Contested	Notice of Hearing	Additional Comments
1	Middletown Collision Center	02/05/2025	X							
2	Hart Industries Inc.	02/23/2025		X						
3										
Notes:										

City of Middletown Health Department

February 2025

Vital Statistics

	MONTHLY	YTD
Birth Certificates Filed	72	135
Death Certificates Filed	98	184
Birth Certificates Issued	334	678
Death Certificates Issued	316	739
Indigent Cremation Services	2	7

Deaths Filed

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

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

Environmental Inspections

	MONTHLY	YTD
Food Service Operations(FSO)	71	121
Retail Food Establishments(RFE)	18	43
Prelicense/Consultations	10	25
Sewage Inspections	0	0
School Inspections	0	0
Vending Locations	1	1
Temporary FSO/RFE	0	0
Mobile FSO/RFE	0	3
Complaints	8	15
Smoking Complaint Inspections	0	0
Swimming Pools	2	2
Tattoo	0	0
Temp Park/Park Camp	0	0
Jail Inspection	0	0
Site Visit (Septic)	0	0
T 21 Inspections	1	2
Well Sealing Permits	0	1
Septic Abandonment	0	1

Level 1 Certification Training

Number of Attendees	14	14
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Animal Bite Events

Dog	5	10
Cat	1	2
Bat	0	2



Public Health
Prevent. Promote. Protect.

Butler County General Health District

Figure 1: Fairfield SSP Site Visitors by Month for 2024 and 2025

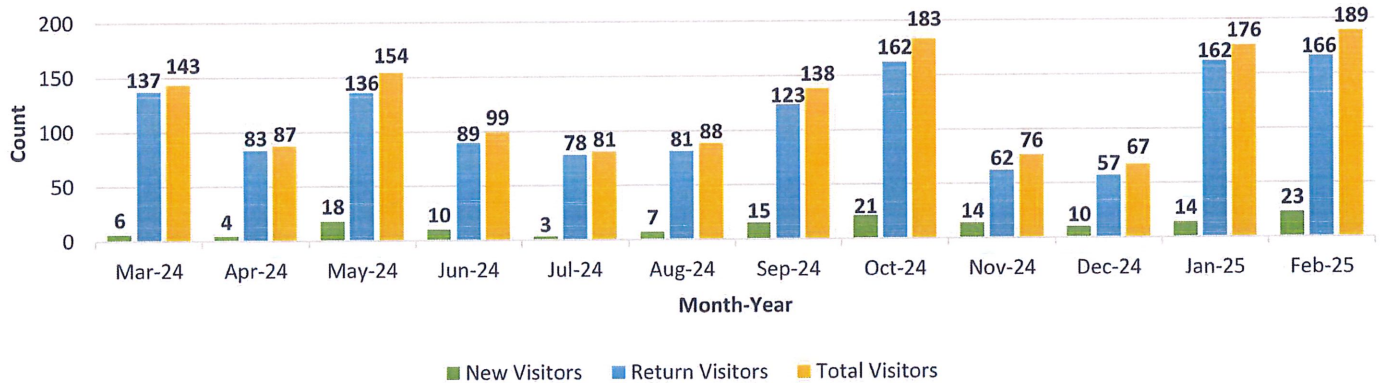


Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2024 and 2025

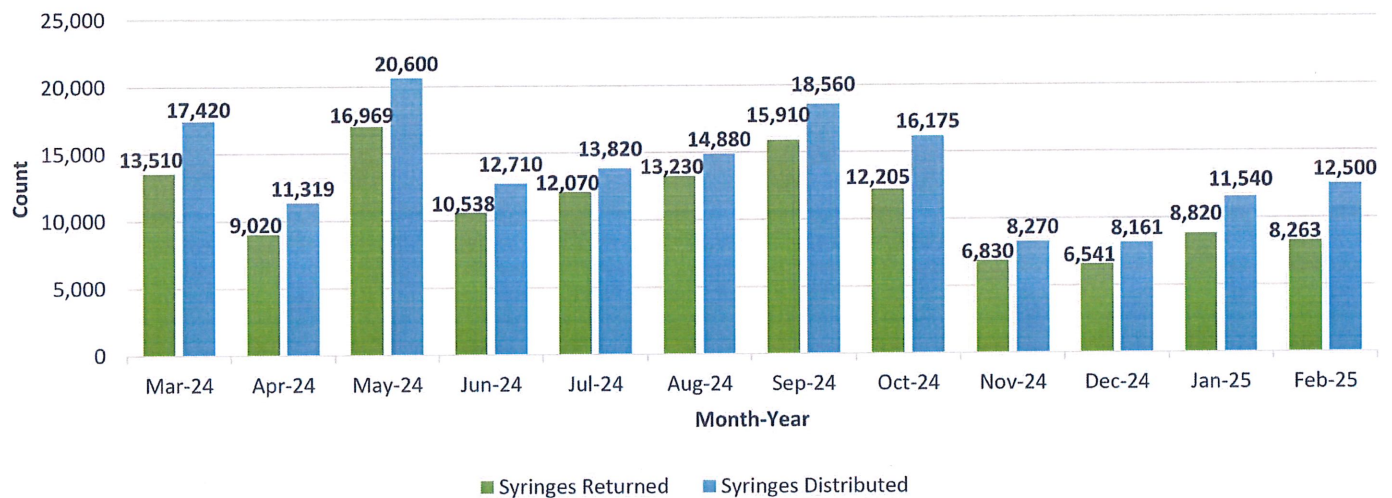


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for February 2025

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	8,003	12,040	66.47%
Clermont County, OH	0	80	0.00%
Hamilton County, OH	260	380	68.42%
Total	8,263	12,500	66.10%

Source: Butler County General Health District – Fairfield Syringe Service Program Site, Data obtained March 3, 2025, Data is provisional and subject to change



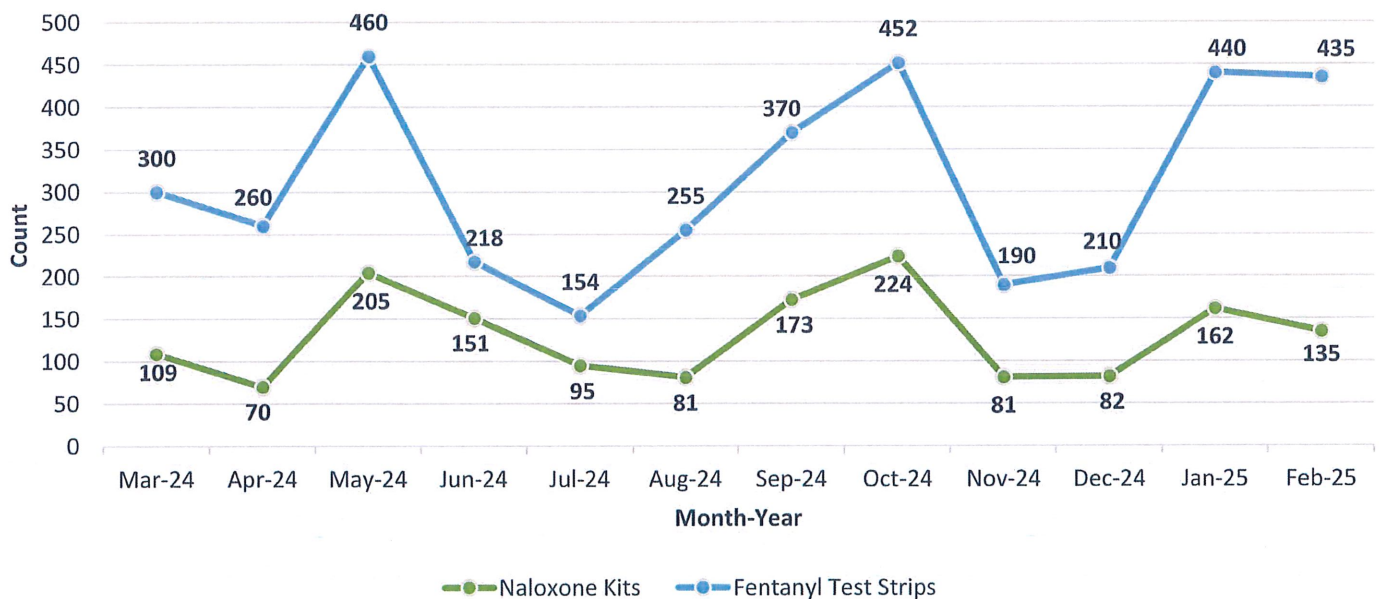
Public Health
Prevent. Promote. Protect.

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 2025

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	3,028	4,720	64.15%
45013	3,065	4,220	72.63%
45015	400	920	43.48%
Hamilton Total	6,493	9,860	65.85%
Middletown			
45042	800	1,280	62.50%
45044	260	300	86.67%
Middletown Total	1,060	1,580	67.09%
45014 - Fairfield	450	560	80.36%
45050 - Monroe	0	40	0.00%
Butler County Total	8,003	12,040	66.47%

Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Fairfield SSP Site for 2024 and 2025





Public Health
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Butler County General Health District

Figure 1: Oxford SSP Site Visitors by Week for February 2025

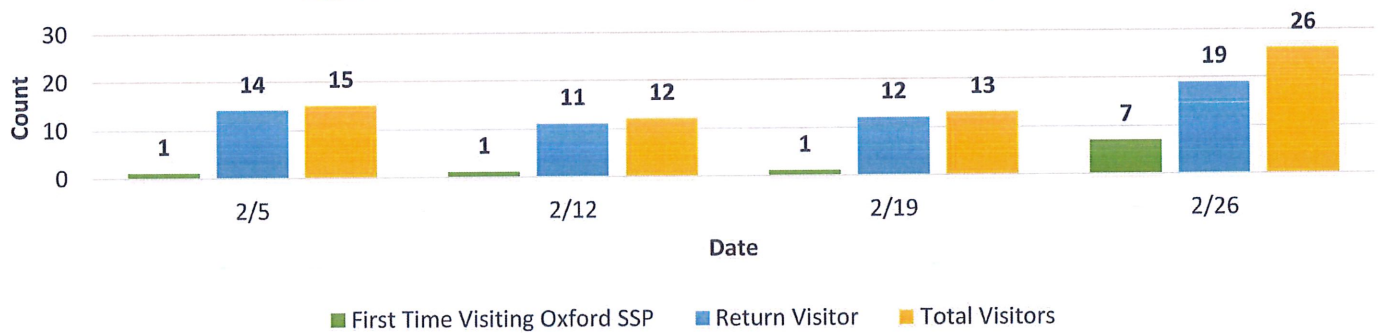


Figure 2: Oxford SSP Site Visitors by Month for 2024 and 2025

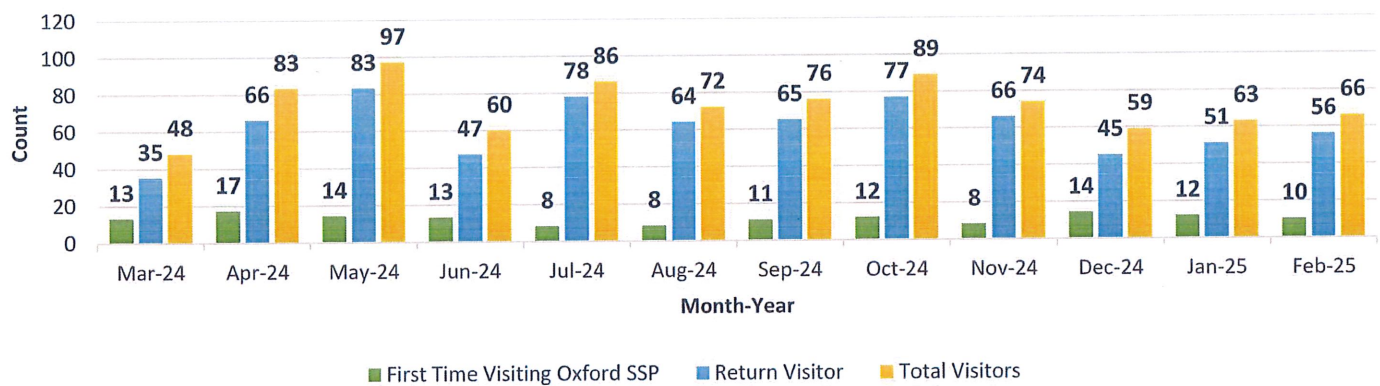
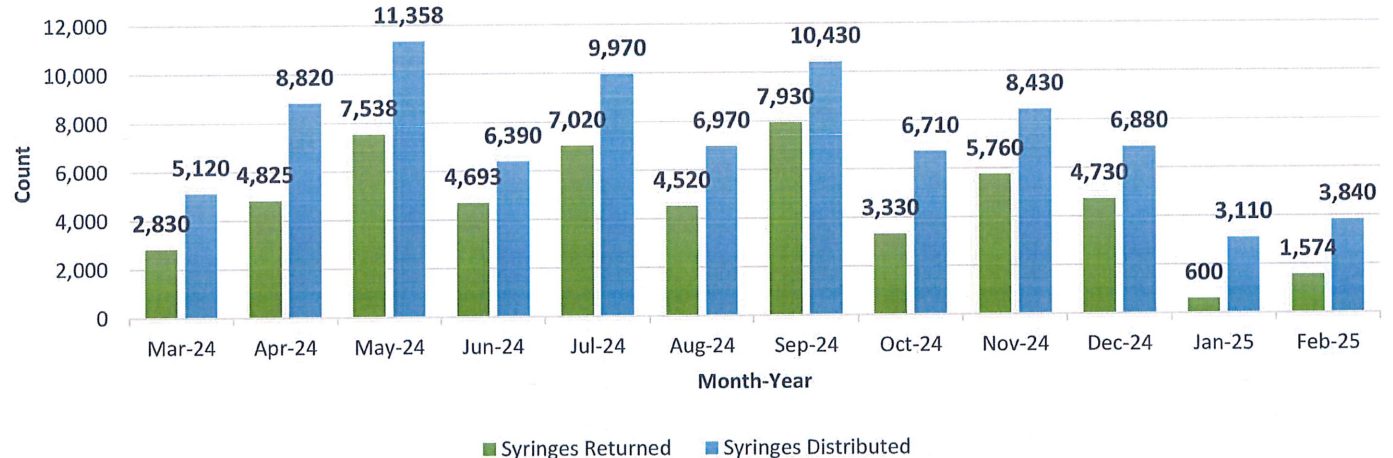


Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2024 and 2025





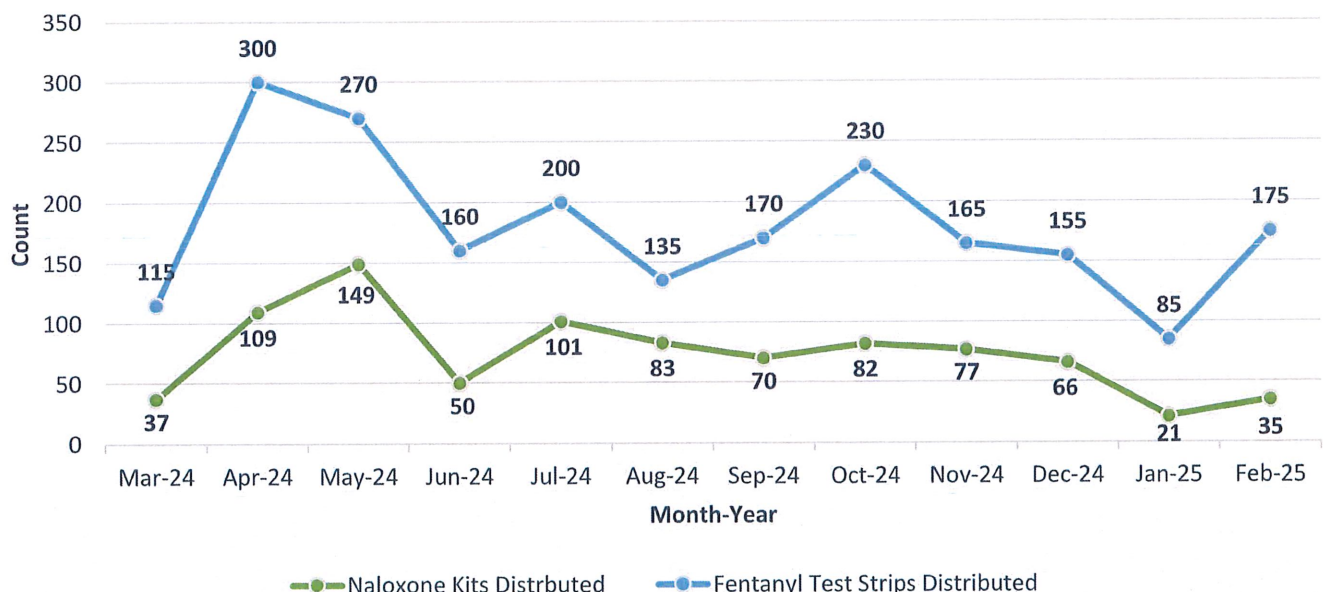
Public Health
Prevent. Promote. Protect.

Butler County General Health District

Table 1: Syringes Returned and Distributed by Zip Code – City or County for the Oxford SSP Site by Visitors' Reported Home Residence for February 2025

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	280	1,240	22.58%
45013	460	660	69.70%
45015	0	80	0.00%
Hamilton Total	740	1,980	37.37%
Middletown			
45042	34	160	21.25%
45044	0	200	0.00%
Middletown Total	34	360	9.44%
45056 - Oxford	800	1,500	53.33%
Total	1,574	3,840	40.99%

Figure 4: Naloxone Kits and Fentanyl Test Strips Distributed at the Oxford SSP Site for 2024 and 2025



Source: Butler County General Health District – Oxford Syringe Service Program Site, Data obtained March 3, 2025, Data is provisional and subject to change

Health Commissioner Notes

February 2025

Middletown Connect/Grant OHIZ

- All Ambassadors meeting are joint and scheduled on Saturday and Monday
- All are welcome
- Job survey back- in packet
- Tenant's Guide Rights -Magistrate Geoffrey Modderman, Steve Longworth, Lisha Morlan, Larry Tuttle, Clayton Castle were the speakers and guests
- Middletown Connect Core Meetings
- New grant we hired a youth Coordinator Jalin Marshall
- Ambassador meeting following WWAD with training in First Aid and Stop the Bleed provided by Atrium Medical Center 3/15 at the YMCA

BC Cares

- Continues every Wednesday focusing on Butler County

PHAB

- Walk with Doc February Atrium YMCA Heart Month went well
- Next Walk with a Doc will be held 3/15 Downtown YMCA

Internal/External Meetings and Tasks

Trending health concerns:

Measles continue to spread now 159 cases in Texas

Norovirus, Influenza and Bird Flu (H5N1) continues with OHIO having the highest infectious rate among birds

Meetings Internal/Activities

- Indigent/Unclaimed Services and activities. 6 applications submitted to state embalmers; Stephanie and Amanda will be taking on this responsibility
- Weekly Sr. Staff Meeting
- Council Review Meeting
- City Council in support of Care Flight
- Planning Commission Mtg
- Middletown Connect
- Together We Can ODH Weekly
- Infectious Disease Call
- AOHC Call

- YWCA Event Activities
 - Interviews w/Lincoln Ware and Don Juan Fosho
- Speak on Community engagement panel for 17Strong at Hamilton High School
- Midpointe Library for Black History Month

Community Participation/Events

- CenterPoint Program Meeting
- CenterPoint Board Meeting-CEO search
- SWOH District Mtg
- YWCA Board Meeting
- YWCA First Inaugural Herstory and Heritage Event 3/8/2025
- Prevention Advocacy and Policy Coalition meeting
- Infectious Disease meetings
- BC Board of Development and Disabilities

Community Workforce Conversation Summary

32 Responses

- **Under 20 – 2**
- **20-29 – 8**
- **30-39 – 12**
- **40-49 – 3**
- **50 – 59 – 1**
- **60 and Older – 5**

46% Wages – Labor (AFLCIO), Employers,

- Low wages
- Too low to pay bills and childcare
- Low wages and too few hours
- Get more help from the government if not working

28% Transportation – City, BCRTA

- Only one car for everyone in the family
- (Busing at Amada)

25% Childcare – Childcare providers, Head Start, CCBI, United Way

- Wages too low to afford childcare
- Need 2nd and 3rd shift childcare
- Weekend childcare
- No back up childcare when child is sick or school holidays

19% Lack training and skills – Employers, Miami University

- Inexperience
- No training

19% Flexibility - Employers

- To take care of children's needs
- To take care of loved one's needs
- Align with school schedule

Other

- Not enough jobs – **Communications, Journal News**
 - o Advertise on social media
 - o Open interviews
- Application process
- It takes employers too long to respond to applications
- Age
- Disabilities

Greetings,

Our next Community Ambassador's Meeting will be Saturday, March 15th from 10am-11am at the Downtown YMCA (1020 Manchester Ave). The meeting will be immediately followed by a training provided by Ann Brock from the Atrium Medical Center on First Aid and Stop the Bleed. The training will be about an hour and is open to all. Refreshments will be available throughout the meeting and training.

Thanks for all you do! Hope to see you there.

Aaron Sutherlin
Project Coordinator



Middletown
CONNECT

"Restore the Pride Where You Reside"

BCC: Ambassador Group, HIP Partners, Core Team



January 30, 2025

Mayors, County Commissioners, Regional Authority Officials,
Consulting Engineers, and Interested Citizens

**Re: Ohio's Water Pollution Control Loan Fund
Approval of the 2025 Program Management Plan**

Dear Interested Party:

I am pleased to announce the approval of the Water Pollution Control Loan Fund (WPCLF) Program Management Plan (PMP) for program year 2025. With additional funding available from the Infrastructure Investment and Jobs Act (IIJA), Ohio EPA anticipates a record year for infrastructure improvements projects.

Notable highlights from the 2025 WPCLF PMP include more than \$81 million in principal forgiveness to large and small community infrastructure improvements, repair and replacement of failing household sewage treatment systems, regionalization projects and backup power facilities. Additionally, \$15 million will be made available to support the Water Resource Restoration Sponsor Program (WRRSP) projects. Ohio EPA will continue to accept nominations for emerging contaminant funding throughout the program year. Up to \$12 million of principal forgiveness funding is available for planning, design or construction projects that address emerging contaminants with a focus on PFAS related projects.

New for 2025, Ohio EPA will offer a water reuse discount up to \$30 million at 0% interest. Other program discounts remain available to support nutrient reduction projects and regionalization projects with 0% loan financing as well as WRRSP project sponsorship.

The Draft PMP was released for public review on December 20, 2024, and a public hearing was held on January 21, 2025. A responsiveness summary to comments received during the review period are included in the WPCLF PMP Appendix P. The complete program year 2025 PMP is available for review or download on the Division of Environmental and Financial Assistance [WPCLF program webpage](#).

This action of the Director is final and may be appealed to the Environmental Review Appeals Commission pursuant to Section 3745.04 of the Ohio Revised Code. The appeal must be in writing and set forth the action complained of and the grounds upon which the appeal is based. The appeal must be filed with the Commission within thirty (30) days after notice of the Director's action. The appeal must be accompanied by a filing fee of \$70.00, made payable to "Treasurer, State of Ohio," which the Commission, in its discretion, may reduce if by affidavit you demonstrate that payment of the full amount of the fee would cause extreme hardship. Notice of the filing of the appeal shall be filed with the Director within three (3) days of filing with the Commission. Ohio EPA requests that a copy of the appeal be served upon the Ohio Attorney General's

Office, Environmental Enforcement Section. An appeal may be filed with the Environmental Review Appeals Commission at the following address:

Environmental Review Appeals Commission
30 East Broad Street, 4th floor
Columbus, Ohio 43215

We thank you for your continued interest in improving Ohio's water quality. If you have questions, please contact the Division of Environmental and Financial Assistance at DefaMail@epa.ohio.gov.

Sincerely,


Anne M. Vogel
Director

Ealy, Carla

From: Adam.Pierce@epa.ohio.gov
Sent: Tuesday, February 11, 2025 2:07 PM
To: bnartker@allenhealthdept.org; pdonaldson@health-ashlandcounty-oh.gov; dgates@ashtabulacounty.us; pmcgarry@athenspublichealth.org; rlucas@belmontcountyhealth.com; felicia.erwin@hamilton-co.org; sdick@browncountyhealth.org; erik.balster@bcoho.gov; acampbell@carroll-lhd.org; EDewitt@ccchd.com; rwilley@clermontcountyohio.gov; wvins@columbiana-health.org; arholbrook@columbus.gov; zachfanning@coshoctoncounty.net; blythe.delise@crawfordhealth.org; hgrisez@ccbh.net; ginger.magoto@darkecountyhealth.org; deh@defiancecohealth.org; cward@echdohio.org; rachel.moresea@fairfieldcountyohio.gov; chester.murphy@fayette-co-oh.com; marybethbrown@franklincountyohio.gov; kcupp@fultoncountyoh.com; john.mckean@galliahealth.org; dlark@lcghd.org; nstuby@gcph.info; mswingle@cambridgeoh.org; lsummit@hancockpublichealth.com; slotts@hardinhealth.org; jbennett@harrisoncountyohio.org; nick.rettig@henrycountyohio.com; amccoppin@highlandcountyhealth.org; ksmith@hockinghealth.org; mderr@holmeshealth.org; Eric Cherry; dramby@jchd.us; wzadanski@jeffersoncountyoh.com; noverholt@knoxhealth.com; dlark@lcghd.org; pobanion@lawcohd.org; cbrown@lickingcohealth.org; mstonerock@co.logan.oh.us; aschneider@loraincountyhealth.com; emma.ryan@oh.nacdnet.net; cmasters@mahoninghealth.org; vcreasap@marionpublichealth.org; jsinko@ohmedinaco.org; steve.swatzel@meigs-health.com; gtipton@miamicountyhealth.net; Phillips Carter, Jackie; brian.griffin@monroecountyohio.com; shannon.wells@morgancounty-oh.gov; mbell@muskingumcounty.org; jbingham@ottawahealth.org; brandis@pcohhd.com; hmontgomery@pchd.org; mbrewster@pike-health.org; bburns@portagehealth.net; scott@preblecountyhealth.org; beth.skulina@putnamhealth.com; jharrod@richlandhealth.org; jmcmanis@rosscountyhealth.org; njohannsen@spublichealth.com; melissa.spears@sciotocounty.net; lwallrabenstein@senecahealthdept.org; kent.topp@shelbycountyhealthdept.org; zwicke@starkhealth.org; hmiller@summitoh.net; hahnb@co.lucas.oh.us; pcgreen@co.trumbull.oh.us; director@tchdnow.org; jason.orcena@uchd.net; dev.tfetherolf@vintonco.com; tthornton@wcchd.com; jlane@wcgov.org; vanderson@wayne-health.org; oscarhernandeziii@williamscountyhealth.org; lglore@woodcountyohio.gov; dschultz@co.wyandot.oh.us; bfischer@allenhealthdept.org; vtaylor@health-ashlandcounty-oh.gov; JABrand; leliason@athensoh.org; Greg.Kesterman@hamilton-co.org; eboone@browncountyhealth.org; carrie.yeager@bcoho.gov; kmorris@carroll-lhd.org; ccook@cchd.com; kstapleton@clermontcountyohio.gov; lfauss@columbiana-health.org; jslyons@columbus.gov; stevelonsinger@coshoctoncounty.net; Kate.siefert@crawfordhealth.org; msymanski@gmail.com; jordan.francis@darkecountyhealth.org; healthcommish@defiancecohealth.org; mjanowich@echdohio.org; jennifer.valentine@fairfieldcountyohio.gov; joemazzola@franklincountyohio.gov; pwiemken@fultoncountyoh.com; josh.sherwood@galliahealth.org; cloxterman@lcghd.org; sadams@gcph.info; rmurphy@guernseycountyhd.org; jsells@findlayohio.com; ebattistel@harrisoncountyohio.org; jwarner@highlandcountyhealth.org; cgraham@hockinghealth.org; ctenant@holmeshealth.org; thollinger@huroncohealth.com; gradabaugh@jchd.us; asammut@jeffersoncountyoh.com; cloxterman@lcghd.org; dfisher@lawcohd.org;

To: smorris@lickingcohealth.org; julia.cumming@oh.nacdnet.net;
 kgabrick@mahoninghealth.org; tkinsler@marionpublichealth.org;
 cstima@ohmedinaco.org; courtney.midkiff@meigs-health.com;
 dpropes@miamicountyhealth.net; Ealy, Carla; traci.baker@morgancounty-oh.gov;
 krdunn@muskingumcounty.org; tbrown@ottawahealth.org; rwilliams@pike-health.org;
 asarfo@portagehealth.net; angie@preblecountyhealth.org;
 david.amormino@putnamhealth.com; jchaya@richlandhealth.org;
 kspindler@rosscountyhealth.org; bbrown@scpublichealth.com;
 michael.martin@sciotocounty.net; rsendelbach@senecahealthdept.org;
 erica.lentz@shelbycountyhealthdept.org; norrosk@starkhealth.org;
 lleneshapiro@summitoh.net; kbaroundi@co.lucas.oh.us;
 denny.malloy@co.trumbull.oh.us; mary@ordevelopment.com; wyatt.marshall@uchd.net;
 commissioners@vintonco.com; dstansbury@wcchd.com; jjackson@wcgov.org;
 ncascarelli@wayne-health.org; kailea.holbrook@williamscountyhealth.org;
 kbechstein@woodcountyohio.gov; CINDY BROOKES; Mindy Shrimplin; Smith, Robert
 (Cincinnati Health Dept); Gray-Washington, Tamieka; Young, Antonio;
 kspindler@rosscountyhealth.org; Schelby Gabel; Erin Boone; Brown, Mary Beth; Carrie
 Yeager; Kimberly.Geisler@bcoho.gov; tbernard@carroll-lhd.org; acampbell@carroll-
 lhd.org; Brianna Burkhart; emma.ryan@oh.nacdnet.net; Matt Stonerock; Amanda
 Harshfield; Katie Burwinkel; Joseph.Miller@epa.ohio.gov; jsneed@clintonswcd.com;
 Kirby Moore; Heidi Sano; angie@preblecountyhealth.org; Brian Griffin; Heather Grisez;
 Melissa Swingle; adam.schultz@uchd.net; Lyons, Jeffrey S.;
 kent.topp@shelbycountyhealthdept.org; Mary Davis; Terri Fetherolf
Cc: Peter.Dittrich@epa.ohio.gov; Kerri.Cheng@epa.ohio.gov; Eric.Schultz@epa.ohio.gov;
 Emma.Tobin@epa.ohio.gov; Ryan.Laake@epa.ohio.gov; amy.walkenspaw@epa.ohio.gov;
 Deborah.Hauser@epa.ohio.gov; Kathleen.Courtright@epa.ohio.gov
Subject: 2025 HSTS Funding
Attachments: We sent you safe versions of your files; 2025 HSTS Funding Flow Chart.docx; 2025
 WPCLF Final Director Letter.pdf; Appendix B-7 from 2025 WPCLF PMP Final.pdf;
 Appendix G from 2025 HSTS Funding.pdf; HSTS Authorizing Resolution Template.doc;
 HSTS Contract Cover Sheet 2025.docx; HSTS Contract Guidance January 2025.docx;
 HSTS Payment Request Form 2025.xlsx

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

Hello,

Ohio EPA's Division of Environmental and Financial Assistance (DEFA) received your request for the Water Pollution Control Loan Fund (WPCLF) household sewage treatment systems (HSTS) program for your respective health districts and counties. The 2025 WPCLF Program Management Plan (PMP) is now finalized and includes the principal forgiveness funding allocated for HSTS. Please see the attached Appendix B-7 from the PMP for the list of the health districts and counties that applied for the HSTS funding, along with funding allocations. **Please note for program year 2025, principal forgiveness awards are subject to receipt of federal capitalization grant funding from USEPA. Until the grant is received, funds will not be available for disbursement. WPCLF agreements may be issued but will include a condition making the disbursement of principal forgiveness funds contingent upon Ohio EPA receiving the 2024 Water Pollution Control Loan Fund capitalization grant.**

Now that your health district, city, or county has been selected for this funding, here are the next steps in the funding process:

- The health district or county must pass an "authorizing resolution" that designates an authorized representative to enter into the WPCLF assistance agreement.

- The health district or county needs to prepare and submit a draft model contract for approval by Ohio EPA/DEFA. This will serve as a template for your contracts with the HSTS installers, etc.

Please see the attached “2025 HSTS Funding Flow Chart” for a concise overview of how the funding process will work. You can see that passing a resolution and preparing a model contract are among the first items to be completed for obtaining the funding. The acronym “LGA” in the flow chart stands for “local government agency.” This would be the lead agency for the funding, i.e., the health district or the county commissioners.

I’ve attached an authorizing resolution template to this email for your reference. If the health district is acting as the lead agency for the funding, the board of health will most likely be the entity passing the resolution. If the county commissioners are acting as the lead agency for the funding, then the commissioners will need to pass the resolution. The resolution should list a single person, either by name or title, who will enter into the WPCLF assistance agreement (this person will serve as the “authorized representative”). We encourage you to pass the resolution as soon as possible so that we can work toward getting the WPCLF assistance agreement in place. For the draft model contract, a contract guidance document has also been attached to this email as a reference. This guidance will note the documents that our program will require in the HSTS contracts. You may start submitting the authorizing resolutions and model contract documents to me now for review/approval.

I have also attached Appendix G, Direct Financial Assistance for the Repair/Replacement of Failing Household Sewage Treatment Systems, from the 2025 PMP. Appendix G explains the HSTS funding process in more detail, including the income eligibility requirements, eligible and ineligible expenses, etc.

We will prepare and send you the WPCLF assistance agreement for signature after we obtain the authorizing resolution and have approved your draft model contract. **Please note that the WPCLF assistance agreements must be signed by the authorized representative and submitted to Ohio EPA by no later than April 30, 2025.** The health districts and counties will have until December 31, 2026, to expend their funds. So, the sooner we can get the WPCLF assistance agreement signed, completed, and returned, the more time the health district and county will have to expend the funds.

Listed below are some program reminders for 2025:

- The first will be the allowance for the abandonment of failed HSTS systems and connections to existing centralized sanitary sewer systems. Please keep in mind, according to the Appendix G, the health district and county may only use up to 50% of their 2025 allotment for this purpose. So, for an example, if the county was awarded \$150,000.00 for the 2025 program year, you will only be able to use up to \$75,000.00 for the abandonment and connection to existing sewers.
- The second will be the allowance of the health districts to include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, replacement, or sewer connection construction projects. **Soil Evaluations and Design** payment requests **will not qualify** for administrative costs. Administrative costs will be reimbursed as part of the typical invoicing process; we will not issue an up-front, lump sum for administrative costs. The eligible administrative costs can only be associated with actual staff time. Costs for equipment, travel, overhead, or any other indirect costs are not eligible. The county will be responsible for retaining all necessary documentation that these requirements are satisfied. I have included the 2025 Payment Request Form which includes two tabs at the bottom. The first tab is the actual “clean” form to use for payment request submissions and the second tab is an example on how to enter administrative costs for payment processing. Please note that in the example payment request form, the \$720 in administrative costs is obtained by taking 3% of \$24,000; this is the amount of the eligible construction costs included in the example payment request.

Please feel free to contact me with any questions or concerns. We look forward to working with you in 2025. Thank you and have a great day!

Adam Pierce

Project Coordinator

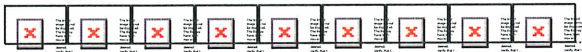
Division of Environmental & Financial Assistance

50 W. Town Street, Suite 700

Columbus, OH 43216-1049

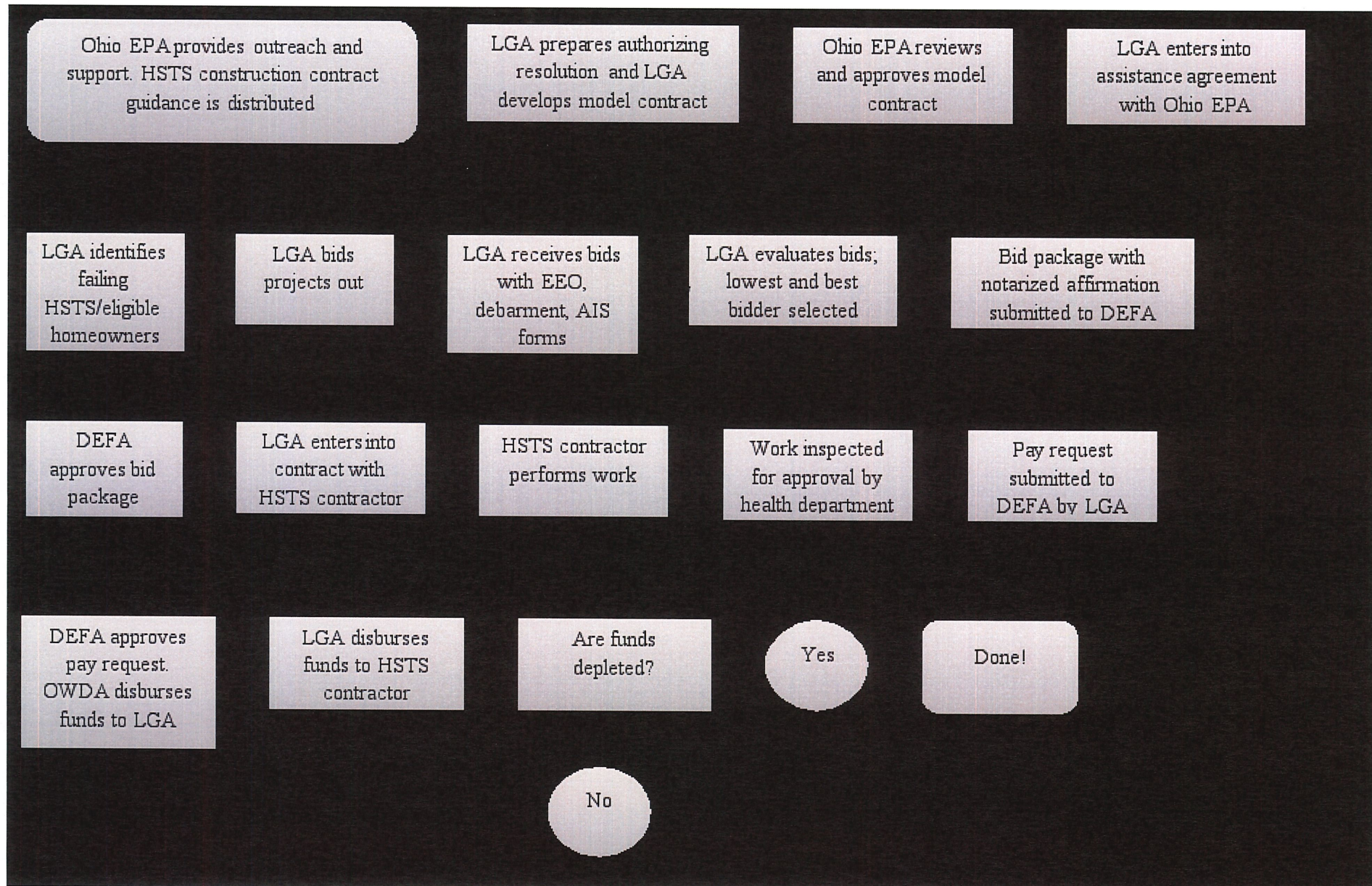


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2025 HSTS Principal Forgiveness Flow Chart



Appendix G

Direct Financial Assistance for the Repair/Replacement of Failing Household Sewage Treatment Systems

The WPCLF is providing financial assistance in the form of principal forgiveness subsidies to counties and local health districts so that they can assist low to moderate income homeowners with the repair or replacement of failing household sewage treatment systems (HSTS) along with connections to existing centralized sanitary sewer systems. The principal forgiveness subsidies neither require a repayment of principal nor any payment of interest.

The principal forgiveness subsidies provided under this HSTS assistance program are subject to different terms and conditions than the principal forgiveness offered under other portions of the WPCLF. HSTS projects will be considered for principal forgiveness according to the terms and conditions of this Appendix only.

What Funding is Available?

For PY 2025, approximately \$10.15 million is available statewide for the eligible costs of HSTS repairs or replacements. Additional HSTS principal forgiveness funds may be allocated based on available principal forgiveness throughout the program year.

How will the funds be distributed?

Qualified local government agencies that have submitted a 2025 WPCLF HSTS Project Nomination/Application Form that identifies the total dollars requested, the estimated number of systems to be repaired/replaced, the estimated costs per upgrade, a map of the general locations for system repair/replacements, and the local government agency that will be overseeing the program. A local health district is eligible to apply directly for this funding and serve as the local government agency overseeing the program.

If approved, the local government agency will receive up to \$150,000.

Ohio EPA will enter into a WPCLF assistance agreement with the local government agency (county or local health district) that establishes:

- How funds will be disbursed to the local government agency,
- Related terms and conditions, and
- Except in the case of a default due to a failure to abide by the terms of the WPCLF assistance agreement, no repayment of the funding assistance is required by the recipient.

Upon receipt of verification and approval by the local health district of the completion of the repair/replacement/connection work, the local government agency will submit a payment request to Ohio EPA for reimbursement of the eligible system repair/replacement costs. See Table H-1 for a list of eligible and ineligible costs. For PY 2025, up to 50% of the individual county's allotment may be used for the abandonment of failed HSTS systems and connections to existing centralized sanitary sewer systems.

Recipients of this funding will have 18 months from the time of entering into the WPCLF assistance agreement to expend their funds.

Table H-1. Eligible expenses for HSTS principal forgiveness program.

Eligible	Typical Expenses
NO	Abandonment of drinking water well
YES	Administrative costs
NO	Annual Contractor permit fees
YES	Connecting a home with a failing HSTS to sewers (up to 50% of the total award)
YES	Connections and reconnections outside a home
YES	Correction of indoor plumbing issues ¹
YES	Demolition and abandonment of failing HSTS
YES	Design costs
YES	Health District plan review/permit fee
NO	Installation of an HSTS at a new home
YES	Installation of an HSTS at an existing home that never had a system installed
NO	Insurance costs
YES	NPDES permit fees ²
NO	Operation and Maintenance permit fee
NO	Performance or payment bonds costs
YES	Site and soil survey
NO	Tax

¹ Costs associated with correction of indoor plumbing issues are eligible in certain instances. Eligible indoor plumbing corrections must be necessary for an on-site system to receive health district approval and must be itemized on the health district's inspection report. Contractors must submit an itemized bid to the local government agency for these specific items.

The local government agency must include the itemized bid with all other contract documents submitted to Ohio EPA for review and approval following bid opening and prior

to contract execution. The itemized invoice from the contractor listing the indoor plumbing work must be included with a payment request.

² NPDES permit fees are eligible for reimbursement only for the first occurrence after the disbursement of these funds.

What local government agencies are eligible to receive the funding?

Counties and local health districts are eligible to receive the WPCLF HSTS assistance. The local government agency may elect to have a local program office such as a Community Housing Improvement Program (CHIP) agency, Community Action, or county regional planning commission administer the applications of homeowners, prepare contracts and payment requests, and distribute the HSTS funds.

The local government agency must pass a resolution authorizing an individual to enter into a WPCLF assistance agreement.

The local government agency must agree to perform all the HSTS repair and/or replacement actions that it funds pursuant to a contract between itself and an HSTS contractor. Only construction performed under contracts between the local government agency and its HSTS contractors will be eligible for reimbursement. Each contract must be submitted and approved by Ohio EPA prior to the execution of that contract. Improvements performed under contracts between HSTS contractors and individual homeowners are not eligible for assistance under this program.

How will local government agencies be selected to receive these funds?

Ohio EPA will receive nomination/application forms, and will enter into WPCLF assistance agreements with eligible local government agencies. Local government agencies must demonstrate their legal, managerial, and financial capability, and agree, to:

- Use effective and efficient means to solicit eligible local homeowner applications;
- Evaluate and select local applicants, and confirm homeowner income;
- Work with local health districts and/or contractors on all aspects of systems permitting and installation;
- Certify and document that all funding conditions, and HSTS installation/permitting requirements will be met;
- Use generally accepted accounting practices to document the disbursement of payments to contractors; and
- Prepare and file all project documentation required as conditions for the award of assistance.

Ohio EPA may reviewed past performance of previous grantees when awarding funds to eligible local government agencies. Past performance review may include, but is not limited to, evaluating use of funds (e.g., total disbursements from previous grant awards, outstanding balances on current awards, etc.), compliance with program requirements and capacity to manage additional awards.

How will homeowners receive the financial assistance?

The eligible local government agency will enter into a WPCLF assistance agreement with Ohio EPA wherein it agrees to administer the distribution of principal forgiveness funds to qualifying homeowners according to the terms of the agreement, this Guidance, and the operation of the 2025 PMP.

The local government agency/local health district will solicit and identify local homeowners that have failing HSTS in need of repair or replacement, and that meet the income eligibility criteria.

The local health district will certify that the HSTS is failing and will work with the homeowner, a site and soil evaluator, designer and HSTS installer as needed to determine a cost-effective solution that meets state and local rules to resolve the failure – either repair of the existing system, partial system replacement, total system replacement, or connection to existing sanitary sewer system.

The local government agency/local health district will select a HSTS appropriate for the property.

Upon verification of the successful and approved installation by the local health district, the local government agency will submit documentation and a payment request for the eligible system cost to Ohio EPA, Division of Environmental and Financial Assistance.

Ohio EPA will instruct OWDA to disburse payments to the local government agency. The local government agency will then be responsible for payment to the HSTS system installer, and any other contractors involved in the installation.

What are the eligibility criteria for homeowners to receive funding?

Homeowners may qualify for one of three tiers of funding, depending upon the size of their households, and their aggregate household incomes. The three tiers are based on U.S. Department of Health and Human Services Poverty Guidelines for 2024 which can be found at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Homeowners whose incomes are at or below 100% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 100% of the eligible repair/replacement cost for the HSTS.

Homeowners whose incomes are between 100% and 200% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 85% of the eligible repair/replacement cost for the HSTS.

Homeowners whose incomes are between 200% and 300% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 50% of the eligible repair/replacement cost for the HSTS.

Table H-2. 2024 U.S. Dept. of Health & Human Services Poverty Guidelines for Households

Persons in Family/Household	100% Poverty Guideline (100% PF)	100%-200% Poverty Guideline (85% PF)	200%-300% Poverty Guideline (50% PF)
1-4	\$31,200	\$62,400	\$93,600
5	\$36,580	\$73,160	\$109,740
6	\$41,960	\$83,920	\$125,880
7	\$47,340	\$94,680	\$142,020
8	\$52,720	\$105,440	\$158,160

For families with more than 8 persons, add \$5,380 for each person.

The local government agency has conducted a documented verification of the homeowner's household size and income using established processes for similar grant programs. The local health district must document that the HSTS serving the home where the owner resides is failing or has failed. The homeowner(s) receiving the assistance has provided documentation that they are the titled owner(s) of the property where the sewage system will be improved.

What is the process and timeframe for funds distribution?

A local government agency with an approved program application will be placed on the WPCLF draft IPL. Upon approval of the Intended Projects List as listed in the final 2025 PMP, Ohio EPA will make the principal forgiveness funds available to the local government agency via a WPCLF assistance agreement. As payment requests that document costs incurred for individual HSTS improvements are submitted by the local government agency, Ohio EPA will review the submissions and will direct the disbursement of approved amounts to the local

government agency. Local health districts may include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, HSTS replacement, or sewer connection construction projects. Administrative costs will be reimbursed as part of the typical invoicing process; we will not issue an up-front, lump sum for administrative costs. The eligible administrative costs can only be associated with actual staff time. Costs for equipment, travel, overhead, or any other indirect costs are not eligible. The county is responsible for retaining all necessary documentation that these requirements are satisfied.

Payment requests will not be approved by Ohio EPA unless they include final inspection certifications from the local health district.

How will homeowners be made aware of the availability of these funds?

The local government agency that applies for the assistance will be responsible for conducting effective advertising and outreach to unsewered area homeowners, and for coordinating with local health departments to identify and inform homeowners with failing HSTS.

Where will local homeowners apply for these funds?

A homeowner will apply to the local government agency that has entered into the WPCLF assistance agreement with Ohio EPA to receive WPCLF funds for this project.

Who will determine if the HSTS is failing?

The local health district where the system is located will evaluate the sewage system and document whether it meets the criteria for system failure established in the Ohio Revised Code, Ohio Administrative Code, and by the Ohio Department of Health

What criteria will local government agencies use to verify homeowner income?

Local government agencies must use methods accepted by federal government programs to verify income, and each homeowner(s) must demonstrate that their household income levels do not exceed the applicable program eligibility criteria.

What are some of the responsibilities of the local government agency?

1. Enter into a WPCLF assistance agreement with Ohio EPA and administer the funds it receives according to the terms of the agreement.
2. Review applicants; determine eligibility using local, accepted income verification criteria; select applicants and issue awards.

3. Oversee the implementation of the agreements between the local government agency, the system owner, and the contractors hired for HSTS installation. These agreements must detail the terms and conditions for receipt and management of the principal forgiveness funds, including but not limited to:
 - a. obtain permission to enter property, conducting all site and soil evaluation work as needed;
 - b. participation in the design and HSTS selection process;
 - c. obtain all permits or permit coverage as required;
 - d. installation of the selected HSTS;
 - e. document payment of the homeowners' 15% cost share or 50% cost share for those homeowners qualifying for the 85% principal subsidy and 50% principal subsidy, respectively;
 - f. obtain an operation permit as locally required; and
 - g. obtain any maintenance or service contracts required by the local health department for the installed HSTS.
4. Maintain name, address and contact information of homeowners receiving assistance, along with records of the HSTS installation costs.
5. Obtain verification from the local health district that the HSTS of the applicant is failing and that repair or replacement or connection to an existing sanitary sewer system is needed.
6. Obtain copy of the final inspection certification from the local health district showing that the completed HSTS installation work has been approved.
7. Ensure that the homeowner has obtained a service agreement for maintenance of the HSTS by a qualified service provider, if required based on the type of HSTS installation.
8. Submit WPCLF HSTS payment request forms to Ohio EPA DEFA for payment of the HSTS installation work, including any soil evaluation or system design work. The payment requests must include the invoices from the installation contractors and/or the firms performing soil evaluation and system design work, and the final inspection certification from the local health district (payment requests which are for only soil evaluation and system design work are not required to include the final inspection certification). Local health districts may include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, HSTS replacement, or sewer connection construction projects.
9. Process payment to the contractor(s) performing the repair or replacement of the HSTS.

10. Ensure that in the case of a replacement discharging HSTS, the applicant works with the local health district to obtain an Ohio EPA General NPDES permit prior to system installation.
11. Ensure that documentation related to the HSTS repair/replacement program is retained for a minimum of five years and in accordance with Ohio public records law. Documentation to be retained includes, but is not limited to, all documentation referenced in the *HSTS Owner Responsibilities/Requirements* question, below.

What are some of the responsibilities/requirements of the HSTS owner?

1. Own a failing on-site or discharging HSTS.
2. Make application to the local government agency that has a WPCLF assistance agreement with Ohio EPA for the HSTS funding.
3. For those homeowners receiving 85% or 50% principal forgiveness, document the expenditure of 15% or 50%, respectively, of the cost of the project by direct cash payment, loans or grants from other local, state or federal programs or charitable organizations.

If a cost is directly attributable and necessary for the HSTS improvements being installed, but is not eligible for principal forgiveness participation, the cost may be included as part of the 15% or 50% homeowner contribution to the project.

4. Obtain any required permits from the local health district in the case of a replacement discharging HSTS, the homeowner shall work with the local health district as needed to obtain an Ohio EPA NPDES permit.
5. Provide permission to the local government agency and the HSTS contractor for installation of a replacement HSTS or repair of an existing HSTS.
6. Obtain an operation permit as required by the local health district, and obtain a service contract for maintenance of the system, if required based on the type of system installation.

What are some of the responsibilities of the Local Health Districts?

1. When not acting as the primary local government agency, assist the local government agency with identifying failing systems and providing information to the system owners on the availability of these funds.

2. Issue a certification of failure of the homeowner's system, based upon an evaluation of existing, known data and/or site inspections.
3. Review the site and soil evaluation, proposed system design, and issue a permit for installation as appropriate.
4. Conduct reviews of proposed system designs, site inspections, and final inspections as necessary to ensure a system installation is compliant with local, state rules and permits, and the requirements of the WPCLF assistance agreement.
5. Ensure that each system improvement funded by the WPCLF is designed to maintain compliance with ORC Chapter 3718 and OAC Chapter 3701-29.
6. Certify to the local government agency that the system repair/replacement has been completed, that the proposed design and installation complies with all applicable local, state rules and federal requirements, and the terms of the WPCLF assistance agreement.
7. Issue an operation permit to the system owner and ensure, if applicable, that an appropriate maintenance contract is established between the system owner and a service provider with a maintenance schedule appropriate for the system installation and/or the manufacturer's requirements.
8. Implement an inspection program requiring operation and maintenance for HSTS (if not in existence already) to track these systems and ensure that regular system maintenance is conducted (the local health district may establish fee(s) for this purpose).
9. Conduct enforcement as necessary to ensure compliance during installation and for the life of the system.

What is the role of the Ohio Department of Health (ODH)?

ODH will provide technical support as needed with system evaluations, designs, permitting, and inspection. ODH will also assist and coordinate with Ohio EPA as needed with administration of the program.

What are some of the responsibilities of Ohio EPA?

Ohio EPA will receive the WPCLF HSTS nomination/application forms from the local government agencies, and will enter into WPCLF assistance agreements with qualified local

government agencies. Ohio EPA will also coordinate and review contractual and reporting requirements for the funds, review payment requests and supporting documentation, and authorize the disbursement of funds to the local government agencies.

What is the overall process?

1. Local government agencies submit nomination/application forms to Ohio EPA for funding through the WPCLF HSTS Principal Forgiveness Program.
2. The 2025 WPCLF IPL is finalized with the total amount of HSTS funding set aside for each local government agency.
3. The local government agency passes a resolution authorizing a representative to enter into the WPCLF assistance agreement for the HSTS funding.
4. The local government agency identifies specific homeowners who are eligible for the HSTS funding.
5. The local government agency agrees to use the bid and construction contract template documents provided by Ohio EPA DEFA or submits a proposed contract and bid document template(s) for installers, designers, and/or soil analysts to Ohio EPA for approval. The approved contract is then used for all future contracts under this program or until such time that the program contract requirements change. (see HSTS Contract Guidance).
6. The local government agency signs and enters into the WPCLF assistance agreement with Ohio EPA.
7. After the WPCLF assistance agreement has been signed by all parties and OWDA has set up an account to encumber the funds, the local government agency advertises (formally or informally) for bids from contractors. Bid advertisement should include all the requirements for this program so that contractors can make an accurate bid.
8. The local government agency receives and opens bids. Once the successful bidder is chosen, the local government agency sends the HSTS Contract Document packet, including a completed HSTS Contract Cover Sheet, the materials outlined on the cover sheet and the successful bidder's complete bid, to Ohio EPA DEFA for review.
9. Upon Ohio EPA's approval of the HSTS Contract Document packet, the local government agency may execute the contract. The final signed contract is then sent to Ohio EPA DEFA for filing.

10. If any changes occur to the contract (monetary or non-monetary), a change order will need to be submitted to Ohio EPA. Changes will need to be approved prior to disbursement of funds (see HSTS Contract Guidance).
11. Once the local health district inspects and approves the installation of the HSTS or the repair work, the local government agency can submit a payment request to Ohio EPA. Local health districts may include administrative costs not to exceed 3% of total eligible project costs for HSTS repair, HSTS replacement, or sewer connection construction projects.



March 02, 2025

[Classifieds](#)[Calendar](#)[Board of Directors](#)[Staff](#)[Ohio News](#)[National News](#)[Funding Opportunities](#)[Educational Opportunities](#)[AOHC Board and Public Affairs Committee Minutes](#)

[Agenda Items for ODH "Together We Can" Calls, weekly on the 1st and 3rd Wed: email local.support@odh.ohio.gov](#)

Ohio News

AOHC Board Introduces Susan Jagers as AOHC's New Executive Director

The Board is excited to announce that Susan Jagers will be joining AOHC on March 17 as its new Executive Director!

Ms. Jagers comes to AOHC after serving as director of the Ohio Poverty Law Center (OPLC) for seven years. At OPLC, Susan led the development and implementation of a proactive policy and advocacy agenda on behalf of Ohio's legal aid offices. She managed a board and staff and was responsible for internal and external communications.

Prior to her work at OPLC, Susan was a government affairs and communications consultant helping clients develop messages and strategies to successfully move their issues at the Statehouse.

Susan served as Vice President of Government Relations for the American Cancer Society and was the co-chair of the successful 2006 Smoke Free Ohio campaign of which AOHC was a key partner.

Welcome, Susan!

First Session of Cybersecurity Training Series is this Wednesday!

[Please complete our pre-training survey.](#)

Date: March 5

Time: 12:00 PM

Topic: Overview of Cybersecurity Threats and Vulnerabilities in Public Health, Healthcare, and Government. [Click the link to join.](#) No registration required!

These sessions will be 60-90 minutes each and conducted through the Zoom platform.

Target Audience: Health Department Leadership, Health Department IT Support, Preparedness Leaders

Future Sessions:

Date: April 16 or 23 (Date to be determined)

Time: 12:00 PM

Topic: Developing an Internal Cybersecurity Preparedness and Response

Date: May 7

Time: 12:00 PM

Topic: If I knew then what I know now: Real-World Response Presentations from Cybersecurity Response Professionals

Mark your calendar and stay tuned for more details!

More Detail on ODH and OEPA Budget Proposals - from Beth Bickford

Both Directors, ODH and OEPA, presented their agency's budgets this past week before the applicable committee:

Dr. Vanderhoff testified before the House Health Committee. Here are links to his testimony and additional fact sheets, provided by ODH:

[ODH House Health Budget Testimony 2 27 25](#)

[Fy 2026 27 Budget Fact Sheet Public Health Lab](#)

[Fy 2026 27 Budget Fact Sheet SBHCs](#)

[Fy 2026 27 Budget Fact Sheet OhioSEE](#)

[Fy 2026 27 Budget Fact Sheet Tobacco](#)

Director Vogel presented OEPA's testimony in the Natural Resources Committee:

[House Natural Resources Vogel Written Testimony 022625 Updated](#)

[OEPA Budget SFY 26-27](#)

The AOHC Board is preparing its final talking points and testimony for presentation in various House Committees this week. Stay tuned for more details as these documents are finalized. It will be a busy week at the Statehouse!

Senate Moves Forward Changes to the Adult-Use Marijuana Laws

The Ohio Senate passed Senate Bill 56, legislation sponsored by Sen. Steve Huffman (R-Tipp City) that makes changes to the state's adult-use marijuana laws, but without changes to the tax distribution for those who host dispensaries (which they are looking to include in the state operating budget). More information is in the article below. [Bill Analysis](#).

Some of the most notable changes the Senate signed off on include:

- Reducing the maximum THC content in cannabis extracts from 90% to 70%
- Limiting the THC content for edibles to 10 milligrams per serving and 100 milligrams per package
- Reducing the maximum number of home-grown marijuana plants in a single residence from 12 to six
- Prohibiting any non-sanctioned transfer of cannabis between two people regardless of age
- Requiring recreational marijuana to be stored in its original packaging
- Prohibiting the possession of marijuana purchased out-of-state
- Eliminating Issue 2's Cannabis Social Equity and Jobs Program, which would have provided financial assistance and marijuana license application support to individuals adversely impacted by the enforcement of marijuana-related laws

- Allowing for the expungement of marijuana-related convictions that were made legal under Issue 2

Senate 56 will now move to the Ohio House for consideration, although Speaker Matt Huffman (R-Lima) said the House will likely introduce its own version of marijuana legislation that would include intoxicating hemp products (which is separate legislation in the Senate right now). He hopes the Legislative will have something passed before the summer recess.

National News

Take Action: Ask Congress to Support Local Public Health

This past week, NACCHO hosted its annual [Local Public Health on the Hill](#) day for local health leaders to meet directly with their federal lawmakers. NACCHO organized over 120 meetings. Our members discussed the importance of Centers for Disease Control and Prevention (CDC) and the critical role that federal funding plays to support local health department activities. Lawmakers of both parties touted the important role their local health departments play in the community and ways to remain connected moving forward. We invite you to join this conversation by [contacting your Members of Congress](#) to let them know that federal support is essential to local public health.

Federal funds are a significant portion of local health department budgets. According to [NACCHO's National Profile Study](#), more than half of local health departments' revenue came from federal sources in 2022. America's public health system relies on federal grants to implement these critical services in every community, and local health departments rely on federal databases to support their work.

FY25 Appropriations Update - from NACCHO

Senate Appropriations Chair Susan Collins (R-ME) said she has been instructed by the administration and Republican leadership in Congress to begin preparing a continuing resolution (CR) to fund the government through the end of FY25. House Speaker Mike Johnson (R-LA) and Senate Majority Leader John Thune (R-SD) discussed the option of a year-long stopgap measure with the President during their meeting this week. Although Congressional leaders continue working to reach an agreement on FY25 negotiations, it is not clear they will do so by the March 14 deadline making another continuing resolution necessary. If Congress does not finalize a spending bill or pass another stopgap measure by then, the federal government will shut down. NACCHO will continue providing updates on federal funding in the News from Washington newsletter.

Join Your Colleagues in San Antonio this April at the 2025 Preparedness Summit

The 2025 Preparedness Summit to be held this April 29-May 2, in San Antonio, TX, is the place to share experiences, learn, and collaborate across the public health preparedness community. Past attendees have described the Preparedness Summit as an amazing experience that provided great insights and tools for participants to take back to their communities. It also provided a valuable space for attendees to share together and make connections. This year, you can expect no less. Don't miss the first and longest-running national conference on public health preparedness. [Click here to learn more and register.](#)

Funding Opportunities

For more information on all of NACCHO's funding opportunities, click here:
<https://www.naccho.org/opportunities/opportunities/funding-opportunities>

Educational Opportunities

AOHC Educational Opportunities in 2025! Registration is now open for Spring classes - click on the links below!

Course	Dates
New Employee Training Delaware Public Health District 470 S. Sandusky St. Delaware, Ohio 43015	<u>March 12</u> July 8 November 6
Health Commissioner University Embassy Suites, Dublin 5100 Upper Metro Place Dublin, Ohio 43017	<u>May 20-22</u>
Fiscal Training Embassy Suites, Dublin 5100 Upper Metro Place Dublin, Ohio 43017	<u>March 18-19</u> October 15-16
Leadership Essentials for Health District Success (LEHDS) Embassy Suites, Dublin 5100 Upper Metro Place Dublin, Ohio 43017	<u>March 18-19</u> October 15-16

Ohio WIC Spring Directors' Meeting

The spring directors' meeting will be held in person on **April 28, 2025 from 9:00 a.m. – 1:00 p.m.** at the Nationwide Conference Center located near Polaris Parkway, 100 Green Meadows Drive, Lewis Center, Ohio, 43035 and will precede the Ohio Public Health Conference occurring at the same location. Local WIC Directors should plan to attend. Health commissioners and/or agency heads and local fiscal officers are also invited. The state WIC office will provide a detailed presentation about WIC funding that will include open discussion and questions. All potential local and state attendees must **RSVP by Friday, March 28th.** Lunch will be provided.
<https://www.surveymonkey.com/r/WICdirectorsmtg>.

You're Invited: 25th Annual BGSU Public & Allied Health Symposium

One Health, Many Futures: Tackling Infectious Diseases Together

Save the date! Thursday, April 3, 2025, 11 a.m. to 2 p.m.

Bowen-Thompson Student Union Ballroom

Join us for the [25th annual Public and Allied Health Symposium](#), where students, staff, alumni and regional experts will come together to discuss pressing public health issues.

Previous symposia have covered topics such as antibiotic resistance, marijuana safety, climate change and toxic substances. On April 3, we'll discuss how we can tackle emerging infectious diseases together so that we can inspire positive change for a better world. [Learn More](#)

ODH Plans Ohio Epidemiology Conference - Call for Abstracts

The Ohio Department of Health is proud to announce the revival of Ohio's Epidemiology Conference to **enhance** strategies for public health, **engage** experts to share knowledge, and **empower** collaboration and development of insights.

At this time, we are requesting abstracts for presentation, poster or lightning talk – see description below. This is an opportunity to share your work with other public health professionals while offering collaboration and networking opportunities with other Ohio public health partners. Click [Ohio Epidemiology Conference Oct 2025 Request For Abstracts Due April 18th](#) to read the latest details and instructions for submitting an abstract.

Spring Conference – April 28-30, 2025, Nationwide Conference Center, Lewis Center

Fall Conference – September 22-24, 2025, Embassy Suites, Dublin

Fall Conference – September 21-23, 2026, Embassy Suites, Dublin

For more details on the courses and conferences being offered for 2025, go to <https://aohc.net/aws/AOHC/pt/sp/education>.

2024-25 AOHC Tuition Reimbursement Initiative Information

Information and forms are available on the [AOHC Website](#).

Program reminders for the Home Stretch: DEADLINE is JUNE 10, 2025

- These are workforce development funds for LHD employees
- Program will end in June 2025 or until funds are depleted, whichever comes first

Reimbursement

- Maximum reimbursement is \$10,000 per individual, regardless of when you apply – no limit on the number of people per health department
- Reimbursement can only be requested for fees the individual is responsible for paying/repaying; costs covered by scholarships and grants cannot be reimbursed

Eligible coursework includes

- Coursework/exams relevant to public health employment that could lead to a degree or professional certification, including required electives
- Tuition, course fees, exam fees, and required books.
- Coursework completed between December 1, 2022 and June 30, 2025.

Applications

- Please submit applications as early as possible – DEADLINE is JUNE 10, 2025
- Applications can be submitted while a course is in progress and held until grades are received
- Please be sure your application is complete and includes all required documentation – and all documents have your name
- Invoices (bills) and receipts must be included for all reimbursement requested

- For more information, contact Kathy at aohctuition@gmail.com.



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House Bill 96 – FY 2026-27 Executive Budget Proposal

Investing in Public Health Laboratory

Protecting Ohioans from infectious diseases, foodborne illnesses, environmental health threats, genetic disorders, impaired drivers, and more.

Title	Line Item	SFY26 Recommended	SFY27 Recommended
Lab Operating costs	440451	\$3,893,355	\$3,926,237
Alcohol and Drug Testing	440472	\$1,313,349	\$1,338,992
Poison Control and Laboratory Testing	4406A1	\$9,900,000	\$14,800,000

Background: This chart highlights state staffing and funding for surrounding public health laboratories. **Ohio has the highest population, but the second lowest state investment and the lowest average investment per resident.** Laboratory services are available to the residents of Ohio, clinical laboratories, and state and local agencies in support of initiatives designed to protect the health of all Ohioans. In 2023, ODHL

State Funding for Public Health Laboratories

State	Total Staff	State Population	State Revenue Annual Funding	Average per Resident
Wisconsin	180	5.9 million	\$19.9 million	\$3.38
Minnesota	220	5.7 million	\$12.7 million	\$2.22
West Virginia	79	1.78 million	\$3.8 million	\$2.14
Michigan	202	10 million	\$11.5 million	\$1.15
Kentucky	60	4.5 million	\$4.4 million	\$0.98
Indiana	106	6.8 million	\$6 million	\$0.88
Ohio	77	11.76 million	\$3.9 million	\$0.33

Source: ODH Public Health Laboratory survey of regional labs.

reported over 5.2 million test results. ODHL is home to our **Newborn Screening Program**, which screens every newborn in Ohio for over 40 rare, but serious, health conditions. Its **Microbiology Program** provides testing services for infectious diseases and viruses, as well as supports educational opportunities for labs across Ohio. The **Alcohol and Drug Testing Program** provides training and validation for the use of breathalyzers related to the testing, enforcement, and adjudication of suspected impaired-driver cases, critical services in keeping our roads safer for all Ohioans. **Rabies Testing** at ODHL provides timely results that can ensure lifesaving medical care is provided to people exposed to rabid animals.

In SFY 2025, GRF annual funding is \$3.9 million per year, essentially unchanged since 2013 (\$3.65 million). **That's just 33 cents per Ohioan per year, the lowest per capita spending among several nearby states, all of which have smaller populations.**

The Governor's executive budget is committing significant resources to the public health laboratory so that it can conduct more advanced and more valuable testing for the residents of Ohio.

Intent of Request: These dollars will allow ODHL to sustain its testing capabilities to address emerging public health threats; ensure rapid and accurate disease detection and prevention; maintain surveillance for dangerous pathogens; provide newborn screening, sustain our alcohol and drug testing program, and support other services essential to local health districts and health providers in disease prevention, control, and treatment.

Noted Program Accomplishments:

- In FY24, ODHL made Ohio the first state in the nation to include **Duchenne Muscular Dystrophy** – the most common hereditary neuromuscular disease – in its newborn screening panel, bringing the total number of disorders screened to 40. The laboratory screened 126,528 newborn babies in FY24.
 - In FY24, the laboratory conducted **155 breath-test training classes and issued more than 1,275 breath-test permits to police officers**. It issued 292 permits to laboratory analysts at 13 laboratories across Ohio. A major focus involved training law enforcement officers in the use of two new evidential breath alcohol testing instruments.
 - The laboratory provides timely, accurate, and quality laboratory data, **assistance in outbreak investigations and public health emergencies**, and identification of disease causes to aid in treatment and prevention. Over the last two years, this included outbreaks in meningococcal disease, mpox, measles, and campylobacteriosis (from infected puppies).
 - **Testing for enteric diseases** (illnesses caused by microorganisms like E. coli and salmonella) climbed from approximately 6,500 in 2016 to 9,600 in 2023. The 2023 testing volume represents over 50% of the total E.coli and salmonella testing conducted in Ohio.
 - **ODHL is the only lab in Ohio that can test animals for rabies.** In 2023, there were over 700 exposures to bats, which are responsible for most cases of human rabies in the U.S. In 2024, over 200 children were potentially exposed during a stay at a summer camp. ODHL provided rabies testing services to confirm whether any of the children had been exposed to rabid bats. Fortunately, the bats were all negative for rabies. In 2023, 37 Ohioans were exposed to a horse that was identified as rabid by ODHL. Rabies testing at the ODH laboratory provides timely results that can ensure lifesaving medical care. Additionally, rabies testing at ODHL can prevent unnecessary and costly medical treatments if an animal is shown to be negative.
- ODHL is the only designated bioterrorism testing laboratory in Ohio.** While everyone hopes this testing is never needed, ensuring the state has enough trained staff to respond to any crisis is important. Since November 2024, the ODH BSL (biological safety level) 3 laboratory has been contacted by the FBI to test 40 white powder samples.

The ISSUE: Compounding the lab funding is the convergence of the expiration of multiple federal grants that currently support two-thirds of the lab's operations and the rising cost of supplies, equipment, and maintenance. Therefore, ODH is respectfully requesting \$9.9 million in FY 2026 and \$14.8 million in FY 2027. By increasing the lab funding, Ohio will be more in line with neighboring states and will position Ohio for further investment and grants from federal and other sources. Without this increase, vital services will be compromised.

House Bill 96 – FY 2026-27 Executive Budget Proposal

Investing in School-Based Health Centers

Budget Priority Summary: The Ohio Department of Health (ODH) is requesting \$10 million each fiscal year to support the creation of new and expansion of existing School-Based Health Centers (SBHCs) across Ohio. This work will build upon work that started in 2022 with federal ARPA funding and continued with FY24/25 GRF funding.

Background: Research has shown that SBHCs can be a strong component in ensuring students are healthy and well-positioned for academic success. SBHCs integrated into school buildings and/or on grounds allow easy access to meet the basic health needs of students while minimizing the loss of academic time. In partnership with committed healthcare and educational partners, SBHCs offer a range of physical health services, including primary care, dental and vision services. SBHCs also provide needed behavioral health services, which support emotional and social well-being. SBHCs support the entire school community while addressing the needs of the whole child.

Intent of Request: The intent of this funding request is to implement 23 new SBHCs and expand services at 9 existing sites. ODH will post a competitive grant solicitation in early Spring 2025 offering several funding levels to support planning, start-up, and implementation/expansion of SBHC services, including vision and dental. Funded projects would be ready to start in July 2025. A competitive solicitation will also be released for statewide support for data collection and technical assistance.

Noted Accomplishments/Data-Driven Expected Results: ODH first funded SBHC sites through ARPA funding in FY23 and FY24. During the 2023-2024 school year, these SBHCs served **11,676 students**, provided **31,043 services**, and conducted **2,795 well visits**.

Thanks to **GRF funding**, ODH started expanding SBHCs in the spring of 2024. ODH today supports SBHCs in **49 school districts** in 27 counties, up from 31 districts and 18 counties last school year. Totally funded by GRF dollars, these SBHCs accomplished the following from April 1 through December 2024:

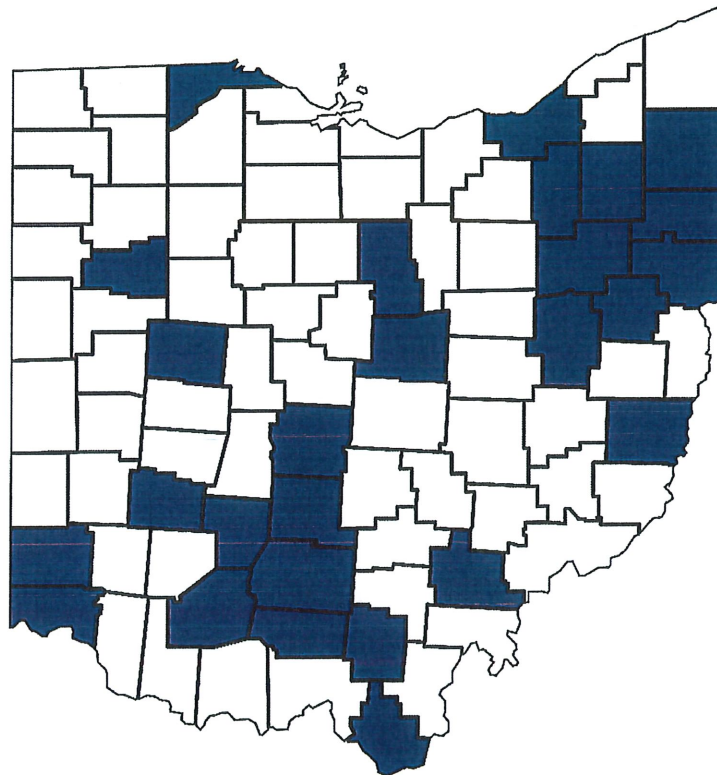
- Served **over 17,000 students** aged 0-18 years.
- Provided **33,646 services** for students – visits of all types, including immunizations.
- Held nearly **28,000** unique in-person and telehealth appointments, including:
 - 5,399 well-care appointments.
 - 9,085 behavioral health/therapy appointments.
 - 6,463 acute-care appointments.
 - 499 vision appointments with 372 eyeglasses provided.
 - 1,472 dental care appointments.

In addition to serving students, these SBHCs also served the community, providing over **6,500 adults 19 and over with roughly 10,000 appointments**. Appointment types included well-care, acute care, behavioral healthcare or therapy visits, and dental care. *(Continued on next page.)*

SBHCs save classroom **“seat time,”** keeping kids in school so they can learn and not miss out on valuable instruction time. ODH piloted a data project this school year with three healthcare organizations that partner with us on school-based health centers. The data so far show that students who visited their school’s health centers were **sent back to the classroom 86% of the time**, preserving **nearly three hours** of instruction time that would’ve been lost had the students simply been sent home or left school for an appointment.

Counties Served by SBHCs:

Allen	Columbiana	Hamilton	Logan	Portage	Trumbull
Athens	Cuyahoga	Highland	Lucas	Richland	Tuscarawas
Belmont	Fayette	Jackson	Mahoning	Ross	
Butler	Franklin	Knox	Pickaway	Stark	
Carroll	Greene	Lawrence	Pike	Summit	



House Bill 96 – FY 2026-27 Executive Budget Proposal

Ohio Student Eye Exam (OhioSEE) Program

Funding Request: The Ohio Department of Health (ODH) is requesting \$39.97 million over the biennium to support recommendations from Governor DeWine’s 2024 Ohio Children’s Vision Strike Force. The Strike Force recommended models to provide eye exams and glasses to students in kindergarten through third grade who failed a vision screening.

ODH Funding Line 440496 Children’s Vision Services - FY26: \$22,550,000; FY27: \$17,420,000.

Opportunity: Data from the National Survey of Children’s Health shows that more than half (55.6%) of Ohio children aged birth through 17 have not seen an eye doctor in the past two years. ODH estimates that, on average, **33,000 children** in grades K-3 (a critical period for children learning to read) fail vision screenings each year and do not have access to follow-up exams. The Ohio Student Eye Exam (OhioSEE) Program aims to serve this population, providing comprehensive eye exams and glasses when needed so they can improve their learning potential.

How funding would be used: The requested funding would cover equipment, essential program administration costs, examinations, glasses when needed, homeschool screening and exam events, additional screening training for schools, the establishment of a school vision screening equipment loan program, and a robust data system. For exams and glasses, existing funding sources (e.g., pediatric vision services as an essential health benefit under private insurance and Medicaid) would be leveraged and the ODH GRF funds for this program would be a payor of last resort.

Vision for the program: The OhioSEE Program will offer four delivery models for Ohio public, community, and non-public chartered schools, which will be divided into four regions statewide, with the choice of model being made at the local school level. The program will benefit K-3 school children who have received a referral after a failed vision screening and not followed up for eye care. With parental consent, the providers will complete the exam and dispense glasses as needed.

ODH will also partner with community organizations to coordinate and provide screening days for an additional **12,000** (approximate) **homeschooled** children in kindergarten through third grades. Students who fail a screening and don’t have a vision provider will be scheduled to receive an eye exam through this program.

Delivery model options include:

- **Mobile van** – The vision exam equipment and staff are on-board and visit schools on a pre-arranged schedule. Student exams would take place on the mobile van.
- **Roll on, roll off** – A team brings vision exam equipment and sets up inside the school on a pre-arranged basis. Student exams would take place inside the school.
- **School-based health center** – Eye care services will be provided directly within schools using dedicated vision center spaces with licensed professionals.
- **Care coordination** – A case specialist would manage children’s basic eye care needs from start to finish by connecting them with a local eye care provider for examination.

House Bill 96 – FY 2026-27 Executive Budget Proposal

Investing in Nicotine Product Use Prevention and Cessation

Budget Priority Summary: The Ohio Department of Health (ODH) is requesting an increase for the Tobacco Use Prevention and Cessation Program (TUPCP) funding from \$7.5 million to **\$10.0 million**. The additional **\$2.5 million per fiscal year** for the TUPCP would allow the agency to fund tobacco cessation efforts aimed at youth (grades 6-12), young adults (ages 18–24), and adults.

Background

Tobacco use remains the single most preventable cause of death in Ohio, taking the lives of nearly 28,000 Ohioans each year. An estimated 300,000 more Ohioans have decreased quality of life due to a tobacco-related illness. Evidence indicates comprehensive tobacco programs like TUPCP reduce the prevalence of tobacco use among adults and young people, reduce tobacco product consumption, increase quitting, and contribute to reductions in tobacco-related diseases and deaths. Economic evidence indicates that comprehensive tobacco control programs are cost-effective and create savings from averted healthcare costs exceeding intervention costs.ⁱ

In addition to morbidity and mortality, Ohio bears significant monetary costs related to tobacco, totaling \$6.56 billion in healthcare costs, \$1.85 billion in Medicaid costs, \$14.4 billion in smoking-caused productivity losses, and \$1,240 per Ohio household in residents' state and federal tax burden.ⁱⁱ

- Among all youth in Ohio, 15% (more than one in seven) currently use at least one type of tobacco product, compared with 10% nationally. Electronic vapor products are the most-used tobacco product among youth with an overall prevalence of 13.7%, followed by smokeless tobacco (3.2%).
- Of Ohio high school students who are currently using a flavored tobacco product, approximately 94% are using some type of flavored tobacco e-cigarette or other flavored tobacco product.
- Of young adult non-cigarette tobacco users, 83.5% report that they use a flavored product.
- E-cigarettes are the most-used tobacco product in the young adult age group, and young adults have the highest prevalence of e-cigarette use.
- Nationally, according to the 2022 National Youth Tobacco Survey, there were stark disparities in tobacco use among US high school and middle school students. Regardless of the tobacco product, 49.9% of students that use tobacco products receive mostly Ds or Fs in school and 31.4% of students have moderate to severe psychological distress.
- The Ohio Tobacco Quit Line provides free cessation coaching and resources to all Ohioans. Ohio participants achieved a six-month quit rate of 35.5% in 2024, surpassing the national benchmark of 30% set by the North American Quitline Consortium. In comparison, those who attempt to quit without assistance are reported to have quit rates of 3-5%.

Intent of Request

- Fund statewide compliance checks for Ohio's Tobacco 21 law. ODH would fund at least 3,400 compliance checks, combined, in FY26 and FY27, which would provide a representative sample of the state tobacco retailer compliance rate with the law.
- Fund Nicotine Recovery Unit services that support health-system-change projects to increase screening, referral, and intervention services to help Ohioans quit tobacco use. Projects involve training, workflow adaptations, systematic screening and referral, and intervention services.
- Expand Ohio Tobacco Quit Line Services to include virtual services, peer-to-peer support, and an increase in eReferral integrations to allow for bi-directional referrals from healthcare providers.
- Support increased community engagement with local partners for expanded efforts to support tobacco prevention and cessation activities for youth and young adults.

Noted Program Accomplishments

- E-cigarettes are the most frequently used tobacco product by youth in Ohio. The youth rate of e-cigarette use in Ohio has decreased from 22.3% in 2019 to 13.7% in 2023.
- Cigarettes continue to be the most frequently used tobacco product among adults. However, the current adult rate of smoking has decreased significantly from 23.4% in 2013 to 15% in 2023.
- In FY24, TUPCP grantees completed the following:
 - Completed approximately 938 community outreach and engagement events with 257 of these specifically directed toward youth (up from 122 in FY 23). In FY 25 there have been 215 outreach and engagement events in the first two quarters, alone.
 - Reached over 2 million youth across Ohio through public awareness campaigns.
 - Conducted approximately a quarter of the compliance checks conducted in Ohio in FY24.
- Since FY21, TUPCP has nearly doubled the number of school districts that have a comprehensive tobacco-free policy from 47% of school districts in FY21 to 70% of school districts in FY24.
- Ohio Association of Community Health Centers has engaged 19 federally qualified health centers, with 142 total sites, over the last four years. The project's primary goal is to increase tobacco screening rates. When the project began in 2020, Ohio ranked 30th in the Uniform Data System (UDS) Clinical Quality Measure for Tobacco Screening and Cessation Counseling. In 2023, Ohio's ranking had significantly improved to 4th with 89.36%, a figure well above the national average of 84.9%.
- Nationwide, 1 in 10 smokers who make a quit attempt each year are successful at quitting. Participants in our Ohio Tobacco Quit Line are **three times more successful** than this nationwide rate.

ⁱ [The Guide to Community Preventive Services](#) (The Community Guide) is a collection of all the evidence-based findings of the Community Preventive Services Task Force. It can help you make decisions by providing information on community preventive services, programs, and policies that have been shown to work, and how they may fit the needs of your community.

ⁱⁱ The Toll of Tobacco in Ohio, Campaign for Tobacco-Free Kids, <https://www.tobaccofreekids.org/problem/toll-us/ohio>

Ealy, Carla

From: Nicole Condrey <nicole@steelcity.pizza>
Sent: Thursday, February 13, 2025 12:27 PM
To: Ealy, Carla
Cc: Jeremy Loukinas; Phillips Carter, Jackie
Subject: Praises from Hamilton

[EXTERNAL E-MAIL]: This email originated from outside of the organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Carla!

We just wanted to reach out and let you know that we just had a meeting with Ella and Jonnica at the City of Middletown's Health Department about our proposed new location in Hamilton. They clearly have a high level of respect for you and had nothing but praises to give about your knowledge and efforts, to include those of your team. We echoed their comments and wanted to just send our experience along to brighten your day. Thank you for all you do and for being a wonderful representative of the City of Middletown.

Nicole Condrey
[Steel City Pizza](#)

Neapolitan Wood-Fired Craft Pizza

1330 Manchester Ave - Middletown, OH 45042
Mobile: 224.829.9323



Ealy, Carla

From: Charley Shafor <cshafor@middletownlyric.org>
Sent: Thursday, February 27, 2025 11:35 AM
To: Ealy, Carla
Subject: MLT

[EXTERNAL E-MAIL]: This email originated from outside of the organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hey Carla

It's been a minute. As you may or may not know MLT moved out of its location on Central Avenue. We are looking to shake things up but one of those things is not to be in the food business any longer. We may have the special event now and then but we'll cross that bridge.

I just wanted to say thank you for always working with us and helping us to survive. It's always a pleasure. Hope things are well for you and yours. I'm sure our paths will cross again but until then, THANK YOU!!

Respectfully,
Charley Shafor
Middletown Lyric Theatre

It is our privilege to
celebrate the impact of
HERstory Legend

Jackie Phillips Carter

HER story and HERitage

honoring culture,
honoring women

Saturday, March 8, 2025
Champion Mill Conference Center
600 N B St, Hamilton, OH

1PM HERstory Legends Public Ceremony
7 PM Concert & Ceremony

eliminating racism
empowering women

ywca
Hamilton



HER story and HERitage

honoring culture,
honoring women

*You're
invited*

McDonald, Amanda

From: Phillips Carter, Jackie
Sent: Monday, March 3, 2025 3:24 PM
To: McDonald, Amanda
Subject: FW: Reminder - Ambassador's Meeting -Saturday, March 15th

For BOH

From: Aaron Sutherlin <aaron@safetycouncilswohio.org>
Sent: Monday, March 3, 2025 12:02 PM
To: middletownconnect@gmail.com
Subject: Reminder - Ambassador's Meeting -Saturday, March 15th

[EXTERNAL E-MAIL]: This email originated from outside of the organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Greetings,

Our next Community Ambassador's Meeting will be Saturday, March 15th from 10am-11am at the Downtown YMCA (1020 Manchester Ave). The meeting will be immediately followed by a training provided by Ann Brock from the Atrium Medical Center on First Aid and Stop the Bleed. The training will be about an hour and is open to all. Refreshments will be available throughout the meeting and training.

Thanks for all you do! Hope to see you there.

Aaron Sutherlin
Project Coordinator



Middletown
CONNECT

"Restore the Pride Where You Reside"

BCC: Ambassador Group, HIP Partners, Core Team



BUILDING
COMMUNIT

Community
Me

PARTICIPATE, C



Jackie Phillips Carter, MPH, BSN, RN | Commissioner
City of Middletown — Health Department
1 Donham Plaza
Middletown, Ohio 45042-1932
(513) 425-7854 Office
(513) 425-7852 Fax



Written communications to and from public officials or public employees, including e-mails, are subject to the Ohio Public Records Act, and in most cases must be made available to any person, including the media, upon request. E-mail, which qualifies as a public record, will be released, unless it clearly falls under a specific exemption in the state law.

Tenant's Guide to Rent Escrow

Ohio law allows a tenant to pay rent into court to force the landlord to make repairs. This is called “rent escrow.”

Escrow Checklist

- ☐ Not behind on rent.
- ☐ Written notice to landlord of problems
- ☐ Problems not corrected
- ☐ Form filed with Clerk of Courts
- ☐ Rent paid to Clerk of Courts before that month's rent is due.

Pay Your Rent on Time

No matter how bad conditions are, Ohio law does not allow you to use escrow if you are behind on rent.. To be safe, you should start escrow no later than the day before your rent is due.

Written Notice to Your Landlord

It's not good enough to call your landlord. You must give your landlord a written description of the problems that need to be fixed.

Sign and date it, and keep a copy.

Problems Not Corrected

You cannot start escrow until the landlord has had a “reasonable” time to make repairs but has not. Generally “reasonable” means waiting at least 30 days.

File with Clerk of Courts

Before your rent is due, go to the Municipal Court and ask for the Clerk of Courts.

- Tell the clerk you want to escrow your rent.
- Fill out the court's escrow notice form.
- Attach a copy of your letter to the landlord.
- Pay your full rent to the clerk. Some courts only accept cash.
- Continue paying your rent to the Clerk on or before the date your rent is due.

If Your Landlord Makes Repairs

File a statement with the Clerk of the Municipal Court stating that your landlord has made the repairs and you want to dismiss your rent escrow case. Some courts have a form for rent escrow.

If Your Landlord Doesn't Make Repairs

The Court can order the landlord to make the repairs, or can release some of your escrow money to you, so you can make the repairs yourself. The Court can also lower your rent until the landlord makes the repairs. This is called “rent abatement.”

- Go to the office where you filed your Rent Escrow form.
- Ask the Clerk for a blank motion form and complete it.
- Ask the court to order your landlord to do any of the following:
 - make repairs;
 - release escrow money to you;
 - and/or lower your rent.
- File your motion with the clerk. You must mail a copy of your motion to your landlord.
- After you file your motion, the clerk will schedule a date for your escrow trial.
- If you have asked the court to lower your rent, you must be ready to explain to the court why you should pay less.

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Landlords & Escrow

After you start paying your rent into escrow, the next move is up to your landlord.
The landlord has several choices.

Rent Escrow Complaint

The landlord can file a "rent escrow complaint." The landlord can ask the court to release the rent for any of the following reasons:

- The landlord has made the repairs, or
- You did not give written notice of the conditions; or
- You were not current in your rent; or
- Your escrow payment was late; or
- The problem does not violate the lease or Ohio landlord tenant law; or
- There were no problems in the first place; or
- The landlord needs the money to pay the mortgage, utilities, or other essential bills.

If the Landlord Files a Complaint

You will receive a summons and complaint in the mail.

- You must file an "Answer" with the court and send a copy to the landlord or the landlord's lawyer.
- Your Answer is due no later than 28 days after you received the Summons.
- You will be notified of a trial date.
- If the landlord can show that you caused the conditions or you filed for escrow in "bad faith," you may have to pay the landlord's attorney as well as court costs.

Filing a Counterclaim

You may include "Counterclaims" with your Answer to the landlord's "Rent Escrow Complaint." This would be your claim for damages you suffered because of the condition of the home. You may ask for the difference between the rent you paid and what the rent should have been for a home in that condition.

Eviction & Escrow

The landlord cannot legally evict just because you properly paid your rent into escrow with the Clerk of Courts.

If your landlord files an eviction in court claiming nonpayment of rent, you will have a defense to the eviction if you have followed all of the escrow rules.

If you receive court papers for eviction after escrowing rent, you should contact Legal Aid or a private attorney.

.....

Evidence to Support Escrow

If you have a court hearing on escrow, you will need evidence to show the court why you were entitled to use the escrow law.

- Receipts showing that your rent was current on the day you filed in court.
- Copy of letters to your landlord
- Photos of bad conditions
- Testimony (in person) by witnesses who have seen the bad conditions
- Orders or testimony from a building, health, or fire inspector

Landlord Made the Repairs?

You can file a statement with the Clerk of Courts saying the landlord has made the repairs and you want to dismiss the rent escrow. Unless you claim you should get some of the money, the Clerk will release the money to your landlord.

.....

Health and/or Building Inspection

Call the Right Inspection Office

All counties have health inspectors, and all but Highland have building inspectors. Some cities also have offices.

- Health: Roaches, rats, mold, lead, no heat, etc.
- Building: Falling plaster, plumbing, windows, etc.

If the Inspector Issues Orders

- Unless the problems are very serious, the landlord will generally have 30 days to make repairs.
- Ask for a copy of the repair orders.
- You can subpoena the inspector as a witness for a rent escrow trial.

Notice of Landlord's Breach of Obligation

Date: _____

To: _____ (Landlord)

Owner or agent of the dwelling at _____

I am a tenant at _____

(address). I reasonably believe that you have breached your obligations under the Ohio landlord tenant law and / or our rental agreement. I am asking you to correct the following conditions in my rental home.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If you do not correct these conditions, I may deposit my rent with the Municipal Court and continue to do that every month until you have made the corrections. I may also take any other actions permitted by Ohio law.

Tenant

Delivered by _____ Hand _____ Mail on _____ to the place where I normally pay my rent.
(date)

Tenant: Keep a copy.

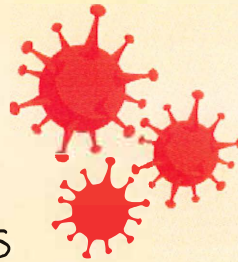
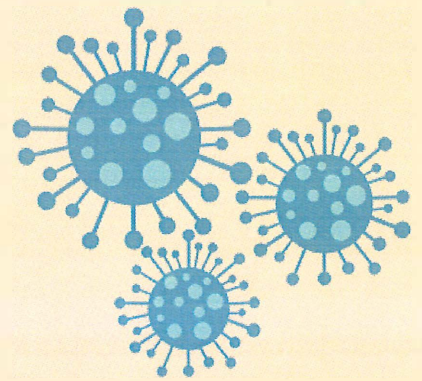
From the desk of Middletown Health Commissioner Jackie Phillips Carter

Flu cases are on the rise in the United States! Emergency rooms are filling up as a result. Be on the lookout for symptoms such as:

- Fever
- Cough
- Sore throat
- Runny/stuffy nose
- Headaches and body aches
- Fatigue

Common signs to seek medical care:

- Difficulty breathing
- Persistent pain in chest
- Dizziness and confusion



Created February 2025

**From the Desk of Middletown Health Commissioner Jackie Phillips
Carter**

Flu (Influenza) cases are on the rise across the Southwest Ohio region, including in Middletown! Hospital emergency rooms are filling up as a result. It's important to know the signs and symptoms of flu, and how you can protect yourself from the virus.

According to the Centers for Disease Control and Prevention (CDC), common symptoms of flu include fever, cough, sore throat, runny/stuffy nose, muscle/body aches, headaches, and fatigue.

Most cases don't require hospitalization. However, if you experience difficulty breathing, fever that won't go away, persistent pain in the chest or abdomen, or dizziness/confusion, head to your nearest emergency room or urgent care to get checked out.

Most cases will go away on their own in anywhere from a few days to up to two weeks. If you are at risk of severe illness, however, you may be prescribed antiviral medication. Talk to your doctor if you are over 65, are immune-compromised, or have a young child showing symptoms. Also, it's important to HYDRATE! Drink lots of water.

Finally, there are several actions you can take to prevent the flu. The most common action is by getting a flu vaccine. It's never too late to get a flu vaccine! However, not everyone is comfortable with a vaccine. Other steps to avoid flu include washing your hands, covering coughs and sneezes, avoid touching your eyes, nose, and mouth, and improving air quality by getting outside!

Stay healthy, Middletown!

ERs crowded as flu surges in Ohio

Area hospitals report long wait times, high admissions.



More than 70% of inpatient and ICU beds are filled at hospitals throughout Ohio, according to state data. MATTHEW RYAN WILLIAMS / THE NEW YORK TIMES

BY SAMANTHA WILDOW STAFF WRITER

Ohio is seeing a resurgence of influenza in recent weeks and hospitals in the Dayton region are reporting long wait times at their emergency rooms. Hospitals locally and throughout Ohio are filling more than 70% of inpatient and ICU beds, state data says.

2/7/25

The most recent week of data shows a 24.6% increase in flu-related hospitalizations, with 730 new hospitalizations reported statewide, according to the Ohio Department of Health.

Ohio's flu activity, from outpatient and ER visits for flu-related symptoms to confirmed flu hospitalizations, is above the five-year average for this time of year, according to ODH.

Illnesses pick up

Butler, Clark and Montgomery counties are seeing an uptick in respiratory illnesses, including the flu.

People should follow influenza precautions to avoid getting and spreading illnesses, such as through frequent hand-washing, staying home when sick and getting vaccinated, health experts said.

"If you have symptoms of a respiratory illness, such as a cough, fever, or sore throat, avoid going to work or public places to prevent spreading it to others," said Dan Suffoletto, public information manager for Public Health-Dayton and Montgomery County.

Respiratory illnesses are also picking up in southwest Ohio.

"Butler County has seen a significant rise of flu in recent weeks, and we've also observed (a) similar increase in the influenza viral gene copies we monitor at both the Oxford and Hamilton City Waste Water Treatment Plants," said Butler County Health Commissioner Erik Balster.

Increasing viral concentrations in wastewater is often a leading indicator of eventual higher transmission, higher case counts and hospitalizations in the community, Balster said. Since around mid-January, Butler County has seen an increase in the level of influenza gene copy rates in treatment plants.

"These rises are running in parallel with ... the observed increase in school absenteeism throughout multiple Butler County school districts,

flu-related hospitalizations and positive cases we are made aware of," Balster said.

Clark County is seeing an increase in the influenza virus detected in wastewater samples, according to the Clark County Combined Health District. The region is "well above" the five-year average for flu-related hospitalizations and ER visits for flu symptoms, the health district said.

Hospitals filling beds

Hospitals across Ohio have filled about 73% of their total available inpatient beds, including ICU beds, the majority of which are occupied by non-COVID patients, according to the Ohio Department of Health.

About 2% of the beds are COVID-positive patients.

Similar trends are being seen in the Dayton and Springfield regions, as well as in southwest Ohio, including Butler and Warren counties, according to ODH data.

Miami Valley Hospital has seen significant wait times for its ER, according to its website, which has shown recent wait times of more than two hours.

All of Premier Health's hospitals are experiencing an increase in both inpatient and ER visits, according to a spokesperson. This is due to flu, other respiratory illnesses and COVID.

Kettering Health hospitals have shown wait times anywhere from 20 minutes to more than an hour and a half, according to its website.

"Like other local health systems, Kettering Health has experienced an increase in emergency department visits and patient volumes for influenza-like illnesses, with the highest volume and acuity this last week," Kettering Health said in a statement.

Kettering Health is encouraging people to continue following practices

to minimize the spread of respiratory illnesses and to get a flu shot. Patients can also visit a primary care provider or a Kettering Health On-Demand Care location for testing or mild symptoms such as congestion, cough or lowgrade fever.

“Kettering Health has procedures in place to manage these surges in patient volumes, helping ensure our patients receive appropriate care,” the health system said.

Mercy Health has observed a significant increase in influenza A cases since the beginning of January, a spokesperson for Mercy Health-Springfield Regional Medical Center said.

From last week to this week, positive cases have surged by 86%, the spokesperson said.

In regard to hospital capacity, Mercy Health said it is not seeing anything that’s out of the norm for this time of year.

Other healthy precautions

In addition to staying home when sick, people should avoid close contact with people who are sick or exhibiting symptoms such as coughing and sneezing.

“Wash your hands with soap and water for at least 20 seconds, especially after being in public places or touching surfaces that may be contaminated,” Suffoletto said.

If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol, he said.

Other good hygiene practices include covering your mouth and nose with a tissue or the elbow of your arm when coughing or sneezing to prevent the spread of germs. People should also disinfect frequently touched surfaces like phones, doorknobs, light switches and keyboards.

Be cautious in if you are in a high-risk environment, Suffoletto said.

“If you work in places like health care facilities, public transportation or other high-traffic areas, take extra precautions, such as wearing a mask, using hand sanitizer and disinfecting items you come into contact with,” Suffoletto said.

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

Dead geese found in pond as bird flu cases rise

WARREN COUNTY



A Canada goose stands on a log in the Great Miami River at Combs Park in Hamilton. NICK GRAHAM / STAFF

BY JEN BALDUF STAFF WRITER

Dozens of dead Canada geese were reported recently in a Warren County pond amid a growing number of avian flu cases in the state and nation.

The Ohio Department of Natural Resources Division of Wildlife responded to a report of 40 dead geese near an apartment complex in the Landen Farm Lake area in Deerfield Twp. but were unable to retrieve the birds due to the ice, said ODNR spokeswoman Karina Cheung.

2/10/25

The department reported in late December that Canada geese, trumpeter swans and one mallard were reported dead and were “presumed positive” for highly pathogenic avian influenza. Dead wild birds have been reported in 10 Ohio counties, including Montgomery and Warren counties in the Miami Valley.

The ODNR sends samples for testing to the Ohio Department of Agriculture.

Samples that receive a presumptive positive result are sent to the National Veterinary Services Laboratory for confirmation.

However, the dead geese found last weekend were not sent for sampling. Factors that determine the ODNR’s decision include whether it is safe to collect a bird, the amount of time that passed since a bird died and whether there already is a presumptive positive case determined by the ODA in the county.

“In this case, samples were not collected because it was unsafe to collect the dead geese from the ice and they had been dead for more than 48 hours,” Cheung said.

Ohioans can report sick or dead wild birds suspected of highly pathogenic avian influenza (HPAI) at 800-WILD- LIFE (945-3543) or wildohio.gov. The following bird species should be reported: Any raptor, such as a bald eagle. Waterfowl, such as geese or ducks.

Any other large congregation of sick or dead birds.

Contact this reporter at jen.balduf@coxinc.com.

Ohio reports first human case of bird flu in poultry farm worker

PUBLIC HEALTH

BY JEN BALDUF AND DANIEL SUSCO STAFF WRITERS

Ohio recorded its first probable human case of highly pathogenic avian influenza, or bird flu.

According to the Ohio Department of Health, the patient is a man who works at a farm in Mercer County and was in contact with dead commercial poultry infected with the virus.

The risk to the general public of contracting the disease is considered low by the Centers for Disease Control and Prevention, but the ODH said those who have close or prolonged contact with infected birds are at higher risk.

People should avoid direct contact with wild birds or sick or dead poultry and contact their local health department or veterinarian for further guidance.

Ohio has the highest number of HPAI cases in the U.S. among commercial poultry operations, with more than 10.7 million chickens and turkeys infected between Jan.9 and Tuesday, according to data reported by the U.S. Department of Agriculture and Ohio Department of Agriculture.

Mercer County, where the first probable human case was reported, has

2/14/25

the highest rate of illness this year in the state with more than 5.7 million cases since Jan. 14. So far in February, there have been nearly 1.2 million cases involving more than 1 million egg-laying chickens, nearly 20,000 pullets — or chickens less than a year — and more than 90,300 turkeys.

In Darke County, there have been more than 5 million cases reported since Jan. 9. This month through Feb. 6, there were 527,629 cases involving more than 522,000 layers and nearly 5,400 turkeys.

Only two other sites in Ohio have reported cases this year, both involving commercial turkeys. More than 11,000 sick birds were reported Feb. 5 in Auglaize County and more than 21,000 were reported on Jan. 30 in Van Wert County in the northwestern part of the state.

In all cases, the premises were quarantined and the birds were killed to help prevent the spread of disease, the ODA reported.

Ohio is the second-largest egg producing state, behind Iowa. In 2023, Ohio produced more than 11 billion eggs. In the USDA's 2022 Census of Agriculture, Ohio had more than 20 million broilers and other meat-type chickens, as well as 38.5 million layers and 11.8 million pullets.

For people who work with poultry, the ODA follows USDA guidelines on cleaning and disinfecting and its cautions to the poultry industry about who enters its facilities and can be around the birds, said Bryan Levin, public information officer for the state agriculture department.

"Even when following biosecurity practices it is a tough disease to stop," Caden Buschur, agriculture and natural resources educator for Ohio State University Extension's Darke County office said previously. "Wild birds are thought to be a big contributor to the spread of the disease."

HPAI cannot be transmitted through properly cooked meat or eggs. Products from any HPAI-affected flocks are prohibited from entering the food system. However, the ODA recommends proper handling and cooking of all poultry and eggs to an internal temperature of 165 degrees

Fahrenheit as a general food safety precaution.

Anyone who has been exposed to a sick or dead bird should monitor themselves for any new respiratory symptoms and contact their health care provider or local health department if any develop.

Ohioans can report sick or dead wild birds suspected of HPAI at 800-WILDLIFE (945- 3543) or wildohio.gov. The following bird species should be reported:

- Any raptor, such as a bald eagle.
- Waterfowl, such as geese or ducks.
- Any other large congregation of sick or dead birds.

Free health screenings from Premier Health

MIDDLETOWN

Premier Community Health will be providing free health services to community members.

The services include health screenings and health education. Take advantage of these free screenings and gain helpful insight into your own health. Health screenings include blood pressure, cholesterol, and hemoglobin A1c.

Walk-ins only; registration is not required. Screenings will be offered from 10:30 a.m.-1:30 p.m. Wednesday, at Middletown Event Center (formerly known as Central Connections), 3907 Central Ave.

For more information, call 866-608-3463.

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Hospitals urging people not to overwhelm ERs during flu surge

Urgent care clinics, primary care docs can treat typical symptoms.



It's not too late in the season to get flu and COVID vaccines, local health officials say. Flu shots are available at pharmacies through March. CDC

BY SAMANTHA WILDOW STAFF WRITER

The surge in influenza in this region is driving up area hospitals' patient loads in emergency rooms, the Greater Dayton Area Hospital Association says, which could lead to longer wait times in ERs and alternative

workflows as hospitals adjust.

“After four weeks of steadily increasing flu and respiratory illnesses across the Dayton area, the region’s hospitals are experiencing higher-than-usual emergency department patient volumes,” said Sarah Hackenbracht, GDAHA president and CEO.

GDAHA represents 29 hospitals and health systems in Auglaize, Butler, Darke, Champaign, Clark, Greene, Miami, Montgomery, Preble, Shelby and Warren counties.

Flu activity in the state continues to be “very high,” the Ohio Department of Health says. There were 1,965 flu-related hospitalizations across Ohio in the most recent week of data, a 42.8% increase over the previous week, according to ODH.

Patients with mild symptoms can seek care in other settings like urgent cares, outpatient clinics and primary care offices, doctors and hospitals say.

“During this period of higher-than-usual patient volume, the staff and employees of our region’s hospital ask for your patience while they work diligently to care for the people in your community,” Hackenbracht said.

The impact to anyone seeking care during this high flu and respiratory illness season will vary, GDAHA said.

“We’ve been dealing with fluctuations in numbers since COVID, so it’s not unusual for hospitals to have some of those peaks that come in during high-acuity situations,” said Roberto Colon, chief medical officer at Premier Health.

It does require hospitals, at certain times, to modify their operational workflows, Colon said.

“That’s one of the things that our ERs put into place when we get into

more busy situations. How do we have to modify operations to be able to still see patients?" Colon said.

When hospitals are busier, wait times are longer, Colon said, which is why hospitals want to ensure that patients do not rush into acute facilities for mild symptoms or for diagnosis only.

"The majority of influenza cases do not require hospitalization, do not require patients to be seen in the emergency department," Colon said.

"Most of this is going to be managed with outpatient care, fluids (and) Tamiflu to be able to help reduce the severity of symptoms and help people recover faster."

GDAHA is asking people to keep the following in mind:

- **Emergency transportation:** You may be given the option to be transported to a nearby hospital that is less busy. Be prepared with your alternative.
- **Longer wait times:** You may experience longer wait times in the emergency department as staff prioritize care for the most critical patients.
- **Alternative care for non-emergencies:** If you are experiencing mild symptoms such as congestion, cough or low-grade fever, GDAHA suggests visiting your primary care physician or an urgent care center (in person or virtual).
- **Urgent care center:** Walk-in clinics provide care for non-emergency illness or injury for those who are unable to see their doctor or do not have a primary care physician. Urgent care centers can treat nonemergency medical conditions such as sprains and strains, sinus and ear infections, and minor cuts and burns.
- **Emergency care:** If you are experiencing severe symptoms, such as difficulty breathing, chest pain, dehydration or a fever above 104°F, seek

immediate emergency care.

■ At-home testing: Over-the-counter kits that test for both flu and COVID-19 are available for purchase at local pharmacies.

As with any flu or respiratory illness, wash your hands frequently and cover your mouth and nose when you sneeze or cough in order to protect yourself and others.

It's still not too late for a flu vaccination. GDAHA is encouraging all community members to get their flu shot, which is available at your local pharmacy through March.

The flu vaccine may not prevent you from getting sick, but it helps protect against the worst symptoms, doctors say.

"That's really where the benefit lies is in preventing a lot of those severe manifestations for people who are vaccinated," Colon said.

"That's why we advocate so much for those individuals who are at the highest risk for complications to absolutely get vaccinated."

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

Kennedy says panel will examine current childhood vaccine schedule

NEW DETAILS



Robert F. Kennedy Jr. vowed to investigate the childhood vaccine schedule. ALEX BRANDON / AP

BY AMANDA SEITZ ASSOCIATED PRESS

WASHINGTON — To earn the vote he needed to become the nation's top health official, Robert F. Kennedy Jr. made a special promise to a U.S. senator: He would not change the nation's current vaccination schedule.

But on Tuesday, speaking for the first time to thousands of U.S. Health and Human Services agency employees, he vowed to investigate the childhood vaccine schedule that prevents measles, polio and other dangerous diseases.

"Nothing is going to be off limits," Kennedy said, adding that pesticides, food additives, microplastics, antidepressants and the electromagnetic

waves emitted by cellphones and microwaves also would be studied.

Kennedy's remarks, which circulated on social media, were delivered during a welcome ceremony for the new health secretary at the agency's headquarters in Washington as a measles outbreak among mostly unvaccinated people raged in West Texas.

The event was held after a weekend of mass firings of thousands of HHS employees.

More dismissals are expected.

In his comments Tuesday, Kennedy promised that a new "Make America Healthy Again" commission would investigate vaccines, pesticides and antidepressants to see if they have contributed to a rise in chronic illnesses such as diabetes and obesity that have plagued the American public. The commission was formed last week in an executive order by President Donald Trump immediately after Kennedy was sworn in as the president's new health secretary.

That directive said the commission will be made up of cabinet members and other officials from the administration and will develop a strategy around children's health within the next six months. Kennedy said it will investigate issues, including childhood vaccinations, that "were formally taboo or insufficiently scrutinized."

While Kennedy did not directly call for changes to the vaccination schedule on Tuesday, his plan to investigate it raises questions about his commitment to Republican Sen. Bill Cassidy, a Louisiana physician who harbored deep misgivings over the health secretary's anti-vaccine advocacy. Cassidy ultimately voted to send Kennedy's nomination to the Senate floor after he said Kennedy gave him assurances that he would not alter the federal vaccine schedule.

"On this topic, the science is good, the science is credible," Cassidy said during a Senate floor speech earlier this month explaining his vote.

“Vaccines save lives. They are safe.”

Rigorous studies of thousands of people followed by decades of real-world use have proven that the vaccines approved by the Food and Drug Administration for both children and adults safely and effectively prevent diseases.

Cassidy said during his Senate speech last month that Kennedy had made a number of promises that stemmed from “intense conversations” to garner his support. Specifically, Cassidy said Kennedy would “maintain the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices’ recommendations without changes.”

Those recommendations are what pediatricians around the country use to decide the safest and most effective ages at which to offer vaccinations to children.

The committee meets every year to review the latest data on both old and new vaccines to ensure there are no red flags for safety or other issues before publishing its annual schedule.

Cigna health plans may go out-of-network

Certain patients may lose in-network coverage April 1.

BY SAMANTHA WILDOW STAFF WRITER

Consumers with some employer-sponsored Cigna health insurance plans may find themselves out-of-network with Mercy Health facilities on April 1 if the two health care organizations are not able to reach a deal on contract negotiations by then.

Mercy Health, which has locations in Springfield, Urbana and southern Butler County, is one of the largest health systems in Ohio. It is warning patients on employer-sponsored Cigna plans they may lose in-network insurance coverage because negotiations on reimbursements have soured after months of effort.

"Nothing is more important than the relationships we have with our patients," said Dr. Joe Morman, chief clinical officer at Mercy Health - Springfield Regional Medical Center.

In some key markets, Cigna has not provided a rate increase in six years, according to Mercy Health.

Cigna also has high rates of claim denials, which have led to significant delays in life-sustaining care and created operational challenges to efficient patient care, Mercy Health said.

"We are committed to preventing any disruption in care for our patients

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and are still actively trying to negotiate with Cigna to ensure continued access to lifesaving services in our communities,” Morman said.

Billions in earnings

Mercy Health notified Cigna of its intention to leave its network unless Cigna agreed to “significant rate increases across multiple markets,” a Cigna Healthcare spokesperson said, adding it is “disappointing that Bon Secours Mercy Health is choosing to leave” the network on April 1.

The increases Mercy Health is asking for would make health care unaffordable for Cigna customers, according to Cigna.

Shareholders of the Cigna Group, the parent company of Cigna Healthcare, saw a net income of \$3.4 billion for 2024, according to the Cigna Group’s posted earnings.

Total revenues for 2024 increased 27% to \$247.1 billion, the Cigna Group said, adding that the Cigna Group’s Board of Directors declared an 8% increase in quarterly payments to shareholders in 2025.

For Cigna Healthcare alone, the health insurer reported revenue of more than \$52.9 billion in 2024, up from \$51.2 billion in 2023. It reported earnings of \$4.2 billion in 2024, a pre-tax operating margin of 8%.

Struggling with operating expenses

Bon Secours Mercy Health, the parent nonprofit that Mercy Health - Springfield Regional Medical Center and other Mercy Health locations fall under, operates 49 hospitals and more than 1,200 sites of care in the U.S. and Ireland. All of its sites combined employ more than 60,000 people.

Despite reporting a net operating revenue of more than \$12.2 billion in 2023, Bon Secours Mercy Health’s operating expenses exceeded \$12.3 billion, according to bond filings from the hospital system. Operating losses were nearly \$123.9 million.

When taking investment gains and other non-operating revenue sources into account, Bon Secours Mercy Health had earnings of \$222.4 million in 2023, up from a \$1.2 billion loss in 2022, according to its bond filing. The \$1.2 billion loss in 2022 included an operating loss of \$323.5 million and \$925.3 million in investment losses.

Bon Secours Mercy Health said it spent more than \$600 million in annual community benefits across five states.

Patients with a Cigna commercial plan can continue to see their Mercy Health providers through March 31. Unless an agreement on a new contract is reached, beginning April 1, Mercy Health hospitals, physicians, urgent cares, ambulatory surgery centers and other care sites in Ohio will no longer be in the Cigna network.

Should Mercy Health go out of network, all patients will have access to care in the event of an emergency, the hospital said.

Cigna patients impacted by these negotiations were notified by letter. More information can be found at www.mercy.com/cigna-updates.

No end in sight to soaring egg prices as bird flu takes toll

Administration says it plans new strategy to fight the disease.

BY JEN BALDUF STAFF WRITER

With no end in sight to record-shattering egg prices amid a bird flu outbreak, the Trump administration says it is planning a new strategy of vaccinations and biosecurity instead of killing off millions of chickens when the disease hits a flock.

The average price of a dozen Grade A eggs in the U.S. reached \$4.95 in January, according to the latest consumer price index. This surpassed the \$4.82 record set two years ago and is more than double the low of \$2.04 recorded in August 2023.

Locally, the price for the same dozen eggs this week is higher than last month's average, with a dozen eggs at a sale price of \$5.19 at Kroger and others closer to \$6 or \$7 at Meijer and Dot's Market. A dozen Grade A eggs are selling for \$8.49 at Dorothy Lane, and there were reports of a dozen eggs priced as high as \$11 at Drexel Foodtown.

The U.S. Department of Agriculture last month predicted that egg prices likely would go up an additional 20% this year.

Many grocers are limiting the number of cartons consumers can buy, and some restaurants have implemented egg surcharges to help offset the higher prices.

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Constance Schaedler said she is diligent about looking for coupons and sales on grocery items, but that the higher prices are not stopping her from buying eggs.

“You do what you got to do. I love my eggs and if I’ve got to spend a little bit more right now, I do it,” said Schaedler on Tuesday outside Dot’s Market in the Cross Pointe shopping center in Centerville.

Some parts of the U.S. are reporting egg shortages, but so far that does not seem to be an issue in Ohio, which is the second-largest egg producing state, behind Iowa.

Ohio is first in the nation, however, in the number of cases of highly pathogenic avian influenza, commonly known as bird flu, among commercial poultry operations, with more than 11.2 million chickens and turkeys infected between Jan. 9 and Friday, according to data reported by the USDA and Ohio Department of Agriculture.

So far in February, there have been more than 1.75 million cases involving more than 1.6 million egg-laying chickens, nearly 20,000 pullets — chickens less than a year old — and more than 126,700 turkeys.

In all cases, the premises were quarantined and the birds were killed to help prevent the spread of disease, the ODA reported.

Kevin Hassett, director of the National Economic Council, said Sunday on the CBS program “Face the Nation” that the federal government will seek “better ways, with biosecurity and medication and so on” rather than the practice of destroying all the birds on a farm when an infection is detected.

The administration planned to announce further details this week, Hassett said, and were “working with all the best people in government, including academics around the country and around the world,” to get the plan ready, the AP reported.

The poultry industry has long resisted vaccinating flocks against bird flu because of the potential affects on export markets, as well as the expense.

The AP reported that most U.S. trading partners won't accept exports from countries that allow vaccinations due to concerns that vaccines can mask the presence of the virus.

Middletown High School principal to retire

Cotter, first woman in district history to hold the leadership role, says she'll miss the students most.



Middletown High School Principal Carmela Cotter will retire at the end of the school year. Cotter, who has worked in Middletown's school system for more than three decades, is the first female high school principal in the district's history. NICK GRAHAM / STAFF

BY MICHAEL D. CLARK CONTRIBUTING WRITER

2/23/25

MIDDLETOWN — This city school system's first female high school principal has announced she will be leaving soon.

Carmela Cotter, principal of Middletown High School and a more than three-decade veteran of Middletown Schools, will retire from her position this spring, said district school officials.

"Carmela Cotter's impact on Middletown High School — and our entire district — is truly remarkable," stated Superintendent Deborah Houser in a district announcement.

"For over 30 years, she has led with passion, dedication, and an unwavering belief in every student's potential. She has championed innovation and student success, leaving a lasting legacy," said Houser.

Cotter, who began working for the city schools in 1991, was appointed principal of the high school in 2011 — the first woman in the district's history in that leadership position.

Her career, which includes stints as a teacher, coach and assistant principal, was described by district officials as one where Cotter "spearheaded multiple redesigns of the high school to transform learning and enhance student preparedness for various post-graduation pathways, including career, college, and military opportunities.

"Her leadership has fostered an innovative and inclusive learning environment, ensuring every student has access to the resources they need to be successful."

Cotter said it will be the students she misses the most: "No question, it's spending time with the kids. I get to do a lot of personal and celebratory work with them.

I especially love being able to help them through life and help them work through challenging issues one-on-one.

"You're always their principal.

But you step into a role where you're almost family with them. I've tried really hard to explain to the kids that the reason I make the decisions I make is to be in their best interest, because we are a family and I want what's best for them."

Cotter also helped oversee a \$96 million renovation and expansion of the high school and its campus when officials unveiled a combined secondary and middle school campus in 2018.

The memories will be many, she said.

"I was sitting at home and realizing that I had one student playing baseball, one playing football, and one playing basketball professionally," Cotter said, referring to former Middletown prep stars who are now in sports major leagues.

"We also now have one student (Vice President J.D. Vance, a 2003 graduate) who is in the White House.

No matter how you look at what kids are doing, if they're making their dreams come true, and you're their high school principal, you get to go along for the ride with them."

Houser said: "Ms. Cotter's presence, leadership, and deep commitment to the Middie family will be greatly missed."

The district recently began its new principal search process and is seeking to hire and install a new high school leader by July 1, said officials.