

DATE: June 6, 2025
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for June 10, 2025**

City of Middletown Board of Health & Environment will meet in regular session **June 10, 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 -May 2025

(Motion and Approval)

RECEIVE AND FILE FINANCIAL REPORT -May2025

(Motion and Approval)

EDUCATION PRESENTATION -CPR-Dr. Jennewine

NEW BUSINESS

1. Travel authorizations-Ms. McDonald & Ms. Leon will be attending Ohio Vital Records System training in Columbus, OH on June 27, 2025

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

EXECUTIVE SESSION

Personnel discussion, under the authority of O.R.C. 121.22(G)(1) to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official.

(Motion and Approval)

ADJOURNMENT

The Next Board of Health Meeting is scheduled for July 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

May 13, 2025

The City of Middletown Board of Health met in regular session at 7:30 AM on May 13, 2025.

Members Present

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

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

Absent and Excused

None.

ROLL CALL

All board members were present.

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES –April 2025

Motion: Ms. Lolli moved, seconded by Ms. Sibcy to approve the April Board of Health minutes.

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

RECEIVE AND FILE FINANCIAL REPORT-April 2025

Ms. Phillips Carter informed the board that CMHD submitted the Annual Financial Report (AFR) and will be planning a short orientation for the finance committee (Ms. Sibcy, Mr. Richmond, Ms. Baggett and Mayor Slamka). A presentation will then be made to the board.

Motion: Ms. Baggett moved, seconded by Ms. Miller to approve the April financial report.

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

EDUCATION PRESENTATION-Data Visualization for Public Health-Chandra Corbin, BSN, RN

Ms. Corbin provided the board with a presentation by Kent State on data visualization for public health. In the video shared by Ms. Corbin, Dr. Diana Kingsbury and Dr. Enrico Gandolfi from Kent State University College of Public Health discuss data visualization concepts and provide examples of their application to public health practice. Data visualization is the process of transforming information into accessible and tangible meaning. Data visualization is a way to visualize knowledge and data, share knowledge and make knowledge and data accessible. Data visualization dates back to as early as the 1600's and included geographic maps, thematic maps and data maps. Today's data visualization provides infographics and is multivisual through storytelling, interaction and elegance.

The data visualization process includes: setting goals, understanding your audience, selecting and creating your database and selecting the most appropriate way to visualize the data being shared.

Links to data visualization tools were shared, including: Tableau, Gephi, VisualizeFree, Google Data Studio, Chartjs and RawGraphs.

NEW BUSINESS

Travel Authorizations

None.

Review of Tobacco Enforcement Smoke Free Investigations Provider Agreement (6/2025-6/2027)

Ms. Ealy explained that there are no changes to the agreement, it renews with Ohio Department of Health (ODH) every two years. It was further explained that this agreement with ODH provides monetary compensation to CMHD for each smoking complaint investigation. Complaints are first made to ODH and then passed on to the local health department to investigate.

REPORTS

Health Commissioner

Ms. Phillips Carter informed the board that Middletown Connect had a core group meeting which focused on defining and differentiating mental health and mental illness. Indications of good mental health include: a sense of well-being, the ability to manage and express emotions appropriately, healthy relationships and resilience in the face of stress. The Association of Health Commissioners (AOHC) Conference also focused on ways to support emotional well-being. Ms. Phillips Carter explained that “niksen” is one such way to practice emotional well-being. The Dutch concept, “niksen” is a verb that translates to “doing nothing,” the practice involves deliberately setting aside time to relax and do no specific task, as a way to relieve stress.

Medical Director

Dr. Jennewine reported the April communicable disease case numbers.

C. auris	2
Chlamydia infection	31
COVID-19	62
CPO	1
Gonococcal Infection	3
Hepatitis A	1
Hepatitis B	1
Hepatitis C	8
Lyme Disease	2
Pertussis	1
Shigellosis	1
Streptococcal-Group A-invasive	2
Syphilis	2
Tuberculosis	2
West Nile virus disease (also current infection)	2

Director of Nursing

Ms. Corbin informed the board that final deliverables for the Public Health Emergency Preparedness (PHEP) grant have been submitted to Ohio Department of Health.

Ms. Corbin stated that two cases of tuberculosis have been reported in Middletown. One case was reclassified (not tuberculosis) and the second is an active case in a patient who was born in a country where tuberculosis is endemic. Ms. Corbin informed the board that \$50,000 was awarded to CMHD for PHAB by ODH as part of the workforce development grant.

Environmental Director

Ms. Ealy informed the board that in the month of April CMHD received two sets of plans, approved two sets of plans and licensed three facilities in April.

There are 124 unpaid septic permits, all unpaid fees will be submitted to the auditor in September to be assessed to property taxes. Ms. Ealy states that she is planning to begin septic inspections this summer.

Ms. Ealy informed the board that the new environmental program, Accela, goes live May 16th. This new program will allow customers to submit plans and pay for their licenses online.

Ms. Ealy stated that there are still four pools that have not paid for their licenses. Payments were due April 30th.

Ms. Ealy informed the board that ODH will be conducting a sewage audit June 3rd. The last audit was conducted in 2019.

Board Member Open Discussion

Ms. Lolli informed board members that the next Walk With a Doc will be held May 17th and is combining with Middletown Connect at New Era Baptist Church on Yankee Road. This month's speaker will focus on mental health and the stigma behind mental health.

Discussion about advertising Walk With a Doc followed. Mayor Slamka suggested utilizing city businesses and their facebook pages, especially Downtown Middletown Inc. and Chamber of Commerce.

Mayor Slamka informed the board that a new fire chief, Brian Wright, has been appointed and open houses will be held at the new fire headquarters on Wednesday, May 14th.

EXECUTIVE SESSION

Personnel discussion, under the authority of O.R.C. 121.22(G)(1) to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee or official.

Motion: Ms. Lolli moved, seconded by Ms. Miller to move to executive session at 8:35AM.

Roll call vote: Yes-6 (Lolli, Sibcy, Baggett, Zollett, Miller, Richmond). No-0. **Motion Passed.**

REGULAR SESSION

Motion: Ms. Lolli moved, seconded by Ms. Miller to resume regular session at 8:48AM.

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

ADJOURNMENT

The meeting was adjourned at 8:48AM. The next meeting will be held on June 10, 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

May 2025 Financial Notes

Vital Statistics

- \$9,957.14 Revenue Earned
- 851 Certificates Sold
- 48 Burial Permits Sold

Environmental

- \$4,937.50 Revenue Earned

Indigent Services

- \$8,996.00 spent of the \$35,000 budget for Indigent Services for 2025
- 12 Applications approved
- Two indigent overdoses to date with two additional COD's pending.

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

\$176,962.04 - Deposited to date
- Public Health Emergency Preparedness (PHEP) 7/1/2024-6/30/2025 - \$23,837.70
 - ***All 2025-2025 PHEP reimbursements have been received and deposited totaling \$23,837.70***
 - The *NEW* 2025-2026 PHEP Grant Contract is under review at the county. This contract will be submitted to the board once received from BCGHD.
- Allotrac Medicaid Billing (MAC Billing) 1/01/2025-12/31/2025
 - Yearly agreement. Payments approved quarterly
 - ***\$43,707.35 Deposited to date***
- Smoking State Reimbursement
 - ***\$350.00 - Deposited through May 2025***
- 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 5/31/2025

Account Access Group: N/A

Include Inactive Accounts: No

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228	HEALTH FUND				41.67%	
Revenue						
Intergovernmental						
228.000.43310	TOBACCO 21	\$0.00	\$0.00	\$7,500.00	(\$7,500.00)	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	\$28,411.83	(\$13,411.83)	189.41%
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	\$11,834.15	\$96,598.89	\$3,401.11	96.60%
	Intergovernmental Totals:	\$115,000.00	\$11,834.15	\$132,510.72	(\$17,510.72)	115.23%
Charges for Service						
228.000.44197	ADMINISTRATIVE FEES	\$59,420.00	\$0.00	\$14,855.00	\$44,565.00	25.00%
228.000.44210	VITAL STATISTICS	\$100,000.00	\$10,223.86	\$49,434.23	\$50,565.77	49.43%
228.000.44211	VITAL STATISTICS SHIPPING CHARGE	\$0.00	\$702.40	\$1,426.20	(\$1,426.20)	N/A
228.000.44215	PATERNITY AFFIDAVITS	\$200.00	\$80.00	\$110.10	\$89.90	55.05%
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	\$489.60	\$260.40	65.28%
228.000.44281	FSO RESTAURANT LICENSE	\$80,000.00	\$1,693.00	\$72,220.50	\$7,779.50	90.28%
228.000.44282	FOOD ESTABLISHMENT LICENSE	\$35,000.00	\$1,800.00	\$29,154.50	\$5,845.50	83.30%
228.000.44283	HOUSEHOLD SEWAGE	\$4,200.00	\$240.00	\$18,965.20	(\$14,765.20)	451.55%
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	\$1,266.25	\$5,441.25	\$558.75	90.69%
228.000.44286	TATTOO LICENSE	\$2,500.00	\$250.00	\$1,437.50	\$1,062.50	57.50%
228.000.44287	PARK/CAMPS LICENSE FEES	\$200.00	\$0.00	\$213.00	(\$13.00)	106.50%
228.000.44288	MAC BILLING	\$50,000.00	\$14,927.96	\$58,635.31	(\$8,635.31)	117.27%
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	\$31,183.47	\$255,384.11	\$86,125.89	74.78%
Interest/Contributions/Rentals/Leases/Misc						
						V.6.601

Revenue Report As Of: 1/1/2025 to 5/31/2025

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	N/A
Reimbursements/Transfers						
228.000.49100	REIMBURSEMENTS	\$0.00	\$12,768.60	\$24,188.28	(\$24,188.28)	N/A
228.000.49330	FROM INCOME TAX	\$250,000.00	\$0.00	\$100,000.00	\$150,000.00	40.00%
228.000.49385	FROM CORONAVIRUS RELIEF FUND	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Reimbursements/Transfers Totals:	\$250,000.00	\$12,768.60	\$124,188.28	\$125,811.72	49.68%
	Revenue Totals:	\$706,510.00	\$55,786.22	\$512,083.11	\$194,426.89	72.48%
228 Total:		\$706,510.00	\$55,786.22	\$512,083.11	\$194,426.89	72.48%
Grand Total:		\$706,510.00	\$55,786.22	\$512,083.11	\$194,426.89	72.48%
					Target Percent:	41.67%

City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200
Account Access Group: N/A
As Of: 1/1/2025 to 5/31/2025

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: 41.67%	
Health Admin								
Personal Services								
228.450.51110	SALARIES & WAGES	\$670,630.00	\$74,908.55	\$271,994.36	\$398,635.64	\$0.00	\$398,635.64	40.56%
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	\$7,042.03	\$34,662.53	\$59,225.47	\$19.97	\$59,205.50	36.94%
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	\$0.00	\$30,006.04	\$60,011.96	\$0.00	\$60,011.96	33.33%
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	\$1,058.91	\$3,366.86	\$6,357.14	\$0.00	\$6,357.14	34.62%
228.450.51275	LIFE INSURANCE	\$1,825.00	\$152.10	\$760.50	\$1,064.50	\$0.00	\$1,064.50	41.67%
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	\$83,161.59	\$342,070.75	\$550,839.25	\$25,564.51	\$525,274.74	41.17%
Contractual Services								
228.450.52110	TRAVEL & TRAINING	\$4,000.00	\$0.00	\$433.00	\$3,567.00	\$0.00	\$3,567.00	10.83%
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	\$487.97	\$1,120.44	\$1,879.56	\$0.00	\$1,879.56	37.35%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$40.94	\$2,154.70	\$3,485.30	\$0.00	\$3,485.30	38.20%
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	\$352.89	\$952.17	\$2,547.83	\$0.00	\$2,547.83	27.20%
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	\$2,243.38	\$7,956.52	\$33,128.48	\$0.00	\$33,128.48	19.37%
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	\$222.00	\$1,778.00	\$0.00	\$1,778.00	11.10%
228.450.52510	MAINTENANCE OF EQUIPM	\$8,000.00	\$1,216.41	\$2,525.15	\$5,474.85	\$0.00	\$5,474.85	31.56%
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	\$1,522.00	\$10,333.00	\$0.00	\$10,333.00	12.84%
228.450.52920	MEMBERSHIPS, BOOKS, PE	\$1,500.00	\$0.00	\$361.63	\$1,138.37	\$0.00	\$1,138.37	24.11%
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	\$4,341.59	\$17,802.61	\$95,477.34	\$12,144.95	\$83,332.39	26.44%

Expense Report

As Of: 1/1/2025 to 5/31/2025

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
Commodities								
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$952.13	\$1,547.87	\$0.00	\$1,547.87	38.09%
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	\$1,102.13	\$2,797.87	\$0.00	\$2,797.87	28.26%
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	\$436.37	\$2,181.85	\$2,618.15	\$0.00	\$2,618.15	45.46%
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	\$436.37	\$2,181.85	\$2,618.15	\$0.00	\$2,618.15	45.46%
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
228 Total:	Health Admin Totals:	\$1,014,889.95	\$87,939.55	\$363,157.34	\$651,732.61	\$37,709.46	\$614,023.15	39.50%
Grand Total:		\$1,014,889.95	\$87,939.55	\$363,157.34	\$651,732.61	\$37,709.46	\$614,023.15	39.50%
						Target Percent:	41.67%	

City of Middletown Health Department

Travel Request

2025 Ohio Vital Records System Training

Registrar, Amanda McDonald and Administrative Assistant, Stephanie Leon will be attending the all-day Ohio Vital Records System (OVRs) training lab on Friday, June 27th in Columbus, Ohio. This in-person lab is recommended for all local vital statistics offices to attend. The labs are intended to be a hands-on learning lab with limited oversight by state staff. This is to mimic a more realistic office environment and to ensure that local VS staff have the basic knowledge and skill set for birth go-live. The state will be giving all participants orders to enter, search and issue, along with exercises in how to reconcile daily reports, utilize work queues and add paper to the system. Amanda and Stephanie will be writing new procedures and training the rest of our staff following their in-person training.

Mileage is the only expense associated with this training- \$128.00



**Department of
Health**



Butler County Monthly Communicable Disease Surveillance Report

May of 2025

Josh Melegari, MPH
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Notifiable Communicable Diseases

Summary:

- Number of Disease Cases Reported in Butler County: 355
- Most Frequently Reported: COVID-19, Chlamydia, Hepatitis C, Pertussis, Gonococcal Infection

Table 1. Comparison of Reported Cases of Confirmed or Probable Notifiable Communicable Diseases, May 2025 (excluding Chlamydia infection and gonorrhea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	6096	53.4	-	-
Butler County	269	68.9	1.29	(1.14, 1.46)

Interpretation: The residents of Butler County were 29% more likely to be the subject of a notifiable disease report when compared to the rest of Ohio as a whole. These results are statistically significant. (excluding Chlamydia infection and Gonorrhea)

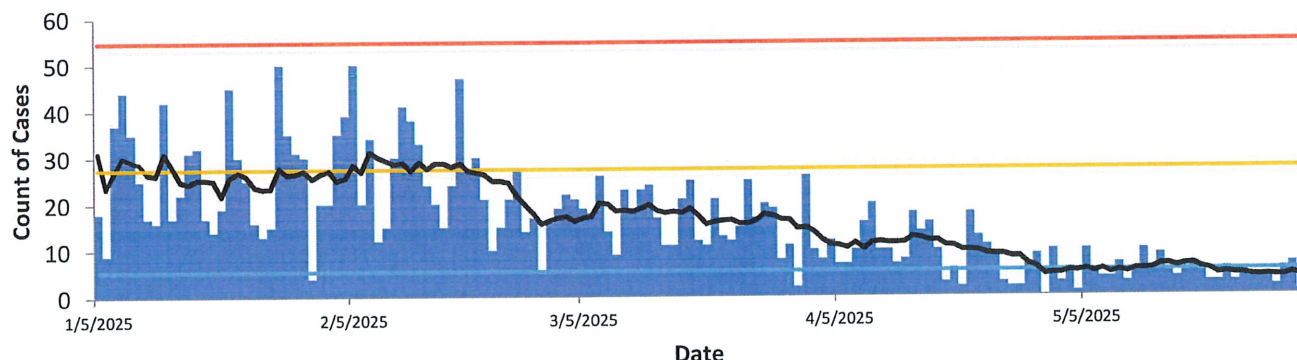
Table 2.* Communicable Diseases by Jurisdiction (May 2025)

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	215	77.9	↓35.4% from April 2025 (n=333)
Middletown City Health Department	65	127.4	↓31.6% from April 2025 (n=95)
City of Hamilton Health Department	75	118.3	↓39.5% from April 2025 (n=124)
Butler County (all inclusive)	355	90.9	↓35.7% from April 2025 (n=552)

Table 3.* Butler County Reportable Diseases by Subgroups (May 2025)

Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	31	↓22.5% from April 2025 (n=40)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	98	↓25.8% from April 2025 (n=132)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	24	↑20.0% from April 2025 (n=20)
Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, Haemophilus influenzae, Bacterial meningitis, Mumps, Pertussis, invasive Streptococcus pneumoniae, Tetanus, and Varicella)	178	↓45.9% from April 2025 (n=329)

Figure 1. Reported Cases of COVID-19 by Date of Event 2025*

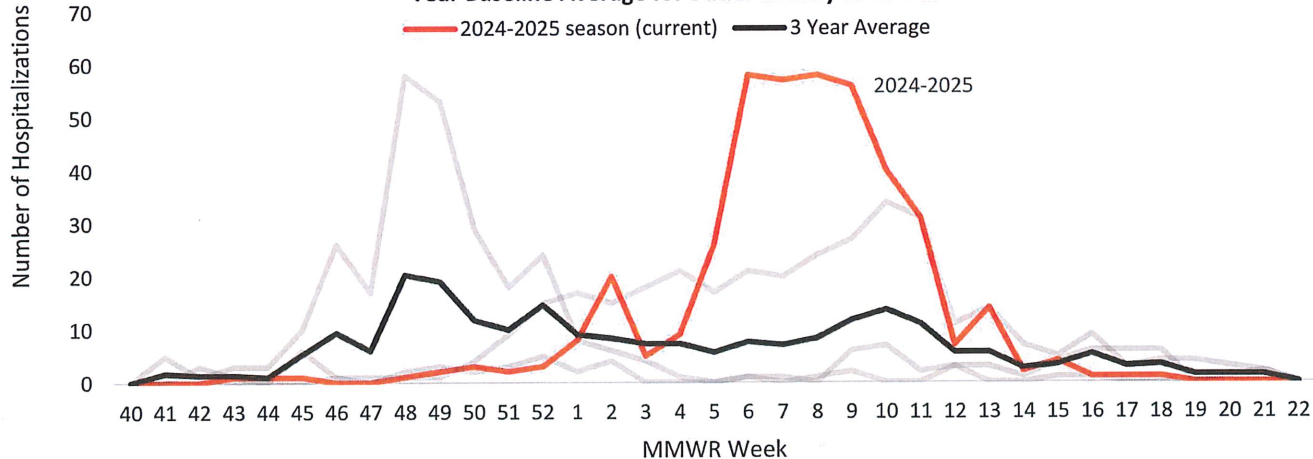


*Data is provisional and subject to change – Table 1 does not include Gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease, of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. Report reflects diseases reported to ODH for the period of May 1 – 31, 2025, unless otherwise noted. Table 5 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 06/03/2025.

Table 4. *Diseases Reported in Butler County (May 2025)

Jurisdictions	Butler County General Health District	City of Hamilton Health Department	Middletown City Health Department	Butler County (all inclusive)
C. auris	0	0	1	1
COVID-19	109	31	18	158
CPO	1	1	2	4
Campylobacteriosis	9	1	0	10
Chlamydia infection	40	14	20	74
Coccidioidomycosis	1	0	0	1
Gonococcal infection	7	4	2	13
Haemophilus influenzae (invasive disease)	1	0	1	2
Hepatitis A	8	1	0	9
Hepatitis B (including delta) - chronic	7	4	1	12
Hepatitis B - Perinatal Infection	1	0	0	1
Hepatitis C - chronic	9	4	5	18
Legionellosis	2	1	1	4
Lyme Disease	3	1	0	4
Malaria	1	0	0	1
Meningitis - aseptic/viral	1	0	0	1
Pertussis	6	1	8	15
Salmonellosis	1	3	0	4
Shigellosis	0	1	0	1
Strep Pneumoniae - invasive	1	2	1	4
Streptococcal - Group A -invasive	1	0	1	2
Syphilis	3	5	3	11
Tuberculosis	2	1	1	4
Varicella	1	0	0	1
Total	215	75	65	355

Figure 2. Confirmed Influenza-Associated Hospitalizations by MMWR Week with Past 3-Years and 3 Year Baseline Average for Butler County Residents



Butler County Reportable Disease Surveillance

Table 5 outlines Butler County's select, reportable disease counts by year, that were classified as either "probable" or "confirmed" during the years of 2020 through 2025 and provides a 5-year average column for comparison. Graph includes those diseases that represent a consistent threat to public health.

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Table 5. * Reported Probable/Confirmed Cases in Butler County (2020–2025)

	2020	2021	2022	2023	2024	5 Year Avg.	Up to 5/31/2025
Amebiasis	0	1	1	0	0	<1	0
Botulism- wound	0	0	1	0	0	<1	0
Brucellosis	0	2	0	0	0	<1	0
Candida auris (not reportable prior to 2019)	0	1	13	37	57	21.6	16
Campylobacteriosis	30	35	48	49	42	40.8	23
Chlamydia infection	1,512	1,406	1,359	1,321	1,208	1361.2	435
COVID-19 (not reportable prior to 2020)	26,420	39,521	49,323	12,192	9303	27351.8	2407
CPO (replaces CP-CRE) (not reportable prior to 2019)	10	11	12	93	58	36.8	21
Creutzfeldt-Jakob Disease	0	1	1	0	0	<1	0
Cryptosporidiosis	6	5	7	7	12	7.4	2
Cyclosporiasis	0	0	1	3	1	1.0	0
Dengue	0	1	1	0	1	<1	0
E. coli, Shiga-Toxin Producing	14	15	17	17	12	15.0	1
Ehrlichiosis-Ehrlichia chaffeensis	1	1	1	0	0	<1	0
Giardiasis	4	14	7	13	5	8.6	2
Gonococcal Infection	651	480	473	413	369	477.2	120
Haemophilus influenzae (invasive disease)	7	6	11	18	14	11.2	3
Hemolytic uremic syndrome	0	1	0	1	0	<1	0
Hepatitis A	2	1	0	2	0	1.0	0
Hepatitis B - acute/chronic/perinatal	67	85	78	82	69	76.2	26
Hepatitis C – acute/chronic/perinatal	486	434	390	280	234	364.8	113
HIV	17	58	38	35	44	38.4	5
Hansen's disease	0	0	1	0	0	<1	0
Influenza-associated Hospitalization	266	18	306	70	333	198.6	393
Legionellosis – Legionnaires' Disease	10	10	15	12	14	12.2	5
Listeriosis	0	0	1	2	0	<1	0
Lyme Disease	2	0	2	2	5	2.2	0
Malaria	2	1	3	4	3	2.6	1
Measles – imported outside Ohio	0	0	0	0	1	<1	0
Meningitis – aseptic/viral	9	14	10	10	26	13.8	2
Meningitis – bacterial (not N. meningitidis)	3	3	11	10	11	7.6	3
Meningococcal dz. – Neisseria meningitidis	0	0	0	0	3	<1	0
MIS-C associated with COVID-19	0	15	7	1	0	4.6	0
Mpox (not reportable prior to 2022)	-	-	4	0	0	1.3	0
Mumps	0	0	0	0	1	<1	0
Pertussis	13	3	3	5	65	17.8	50
Salmonellosis	20	26	34	54	36	34.0	13
Salmonella Paratyphi	0	0	0	1	1	<1	0
Salmonella Typhi (Typhoid Fever)	0	2	0	1	2	1.0	0
Shigellosis	8	3	6	7	12	7.2	7
Spotted Fever Rickettsiosis (including RMSF)	2	0	1	0	0	<1	0
Streptococcal – Group A – invasive	27	24	34	39	31	31.0	10
Streptococcal – Group B – in newborn	1	0	1	1	0	<1	1
Streptococcus pneumoniae – Invasive	31	33	40	43	40	37.4	27
Syphilis (all stages)	17	23	45	66	55	41.2	20
Tuberculosis (active)	6	7	8	7	13	8.2	6
Varicella	1	5	8	19	11	8.8	0
Vibriosis (not Cholera)	0	2	2	3	2	1.8	1
West Nile Virus Disease	0	0	0	1	0	<1	0
Yersiniosis	0	1	2	4	4	2.2	1

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Butler County
General Health District

301 South Third Street
Hamilton, Ohio 45011
P: 513-863-1770
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health.bcoho.gov

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

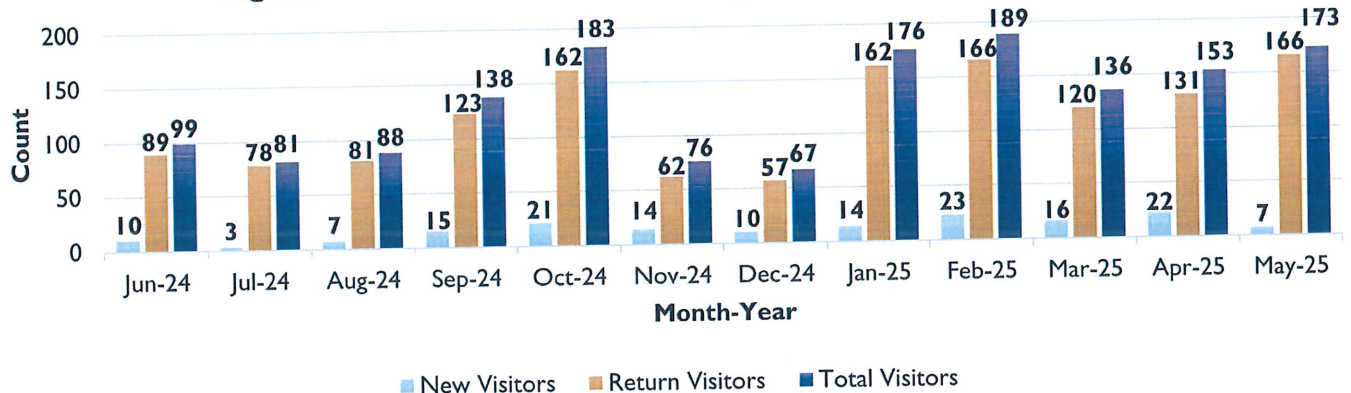


Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2024 and 2025

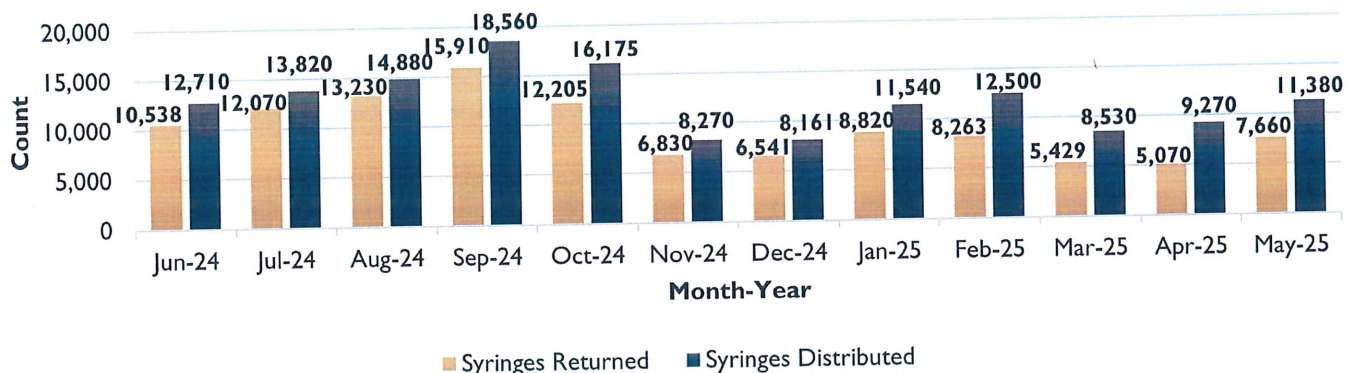


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for May 2025

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	7,100	10,610	66.92%
Hamilton County, OH	260	570	45.61%
Warren County, OH	300	200	150.00%
Total	7,660	11,380	67.31%



BCGHD is a PHAB Accredited Health Department



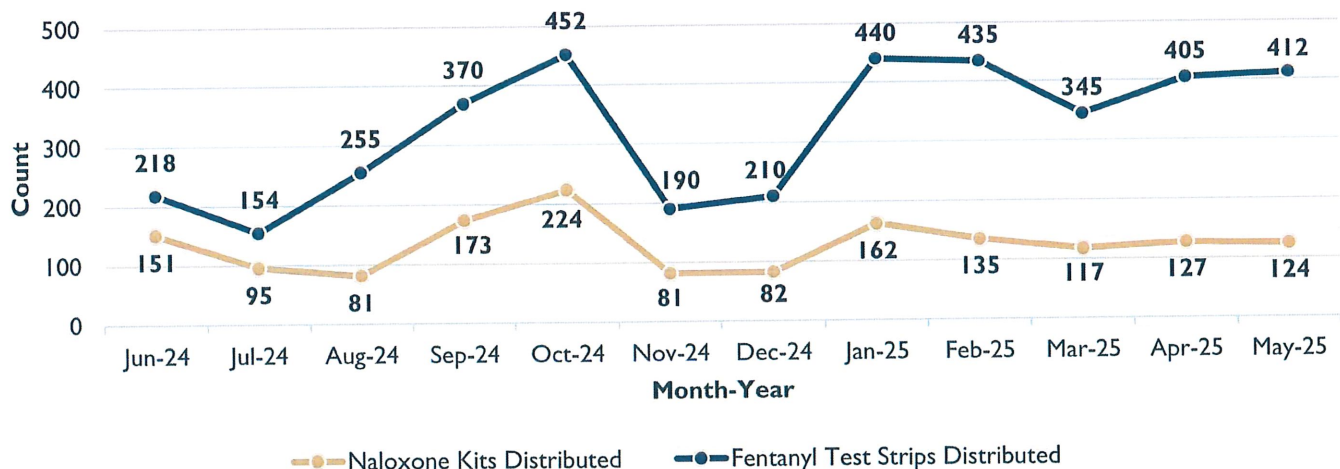
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Table 2: Syringes Returned and Distributed by Zip Code - City for the Fairfield SSP Site by Butler County Visitors' Home Residence for May 2025

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	2,180	3,600	60.56%
45013	2,740	3,890	70.44%
45015	1,100	1,480	74.32%
Hamilton Total	6,020	8,970	67.11%
Middletown			
45042	780	860	90.70%
45044	100	180	55.56%
Middletown Total	880	1,040	84.62%
45014 - Fairfield	200	560	35.71%
45050 - Monroe	0	40	0.00%
Butler County Total	7,100	10,610	66.92%

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



Source: Butler County General Health District – Fairfield Syringe Service Program Site, Data obtained June 2, 2025, Data is provisional and subject to change



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

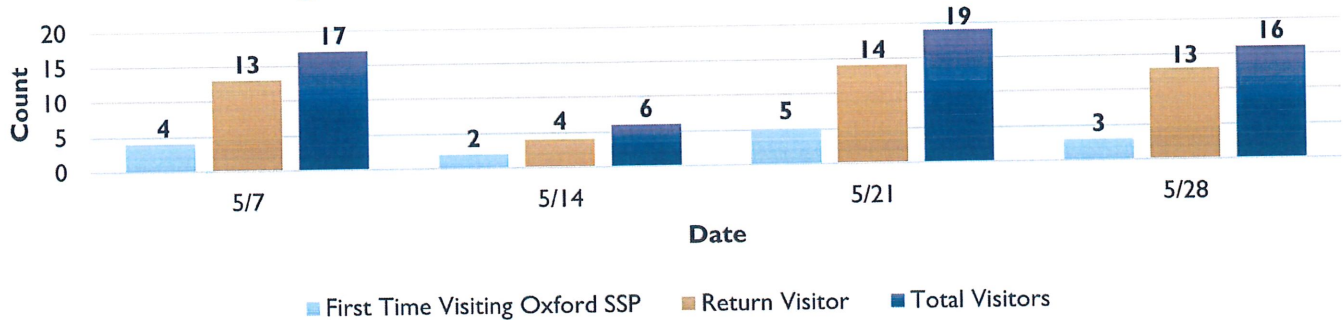


Figure 2: Oxford SSP Site Visitors by Month for 2024 and 2025

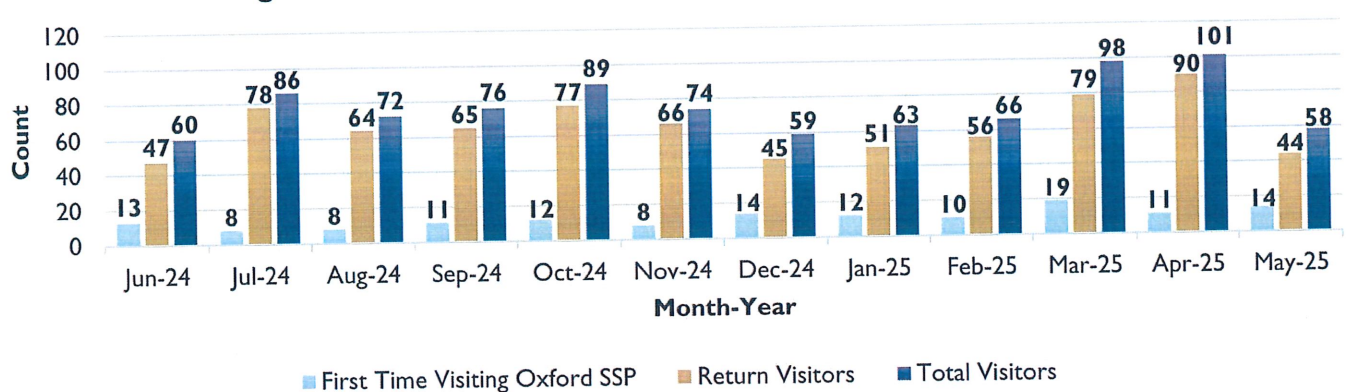
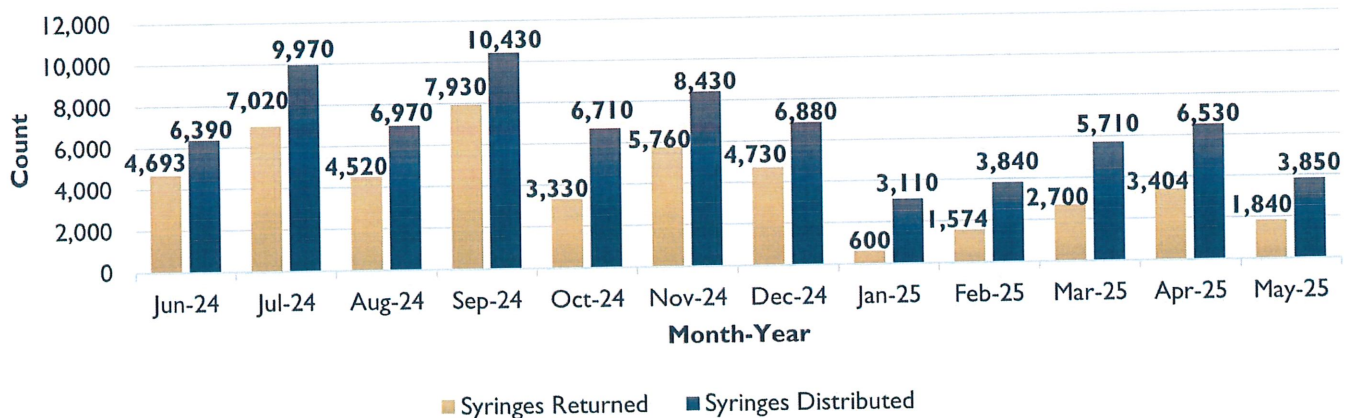


Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2024 and 2025



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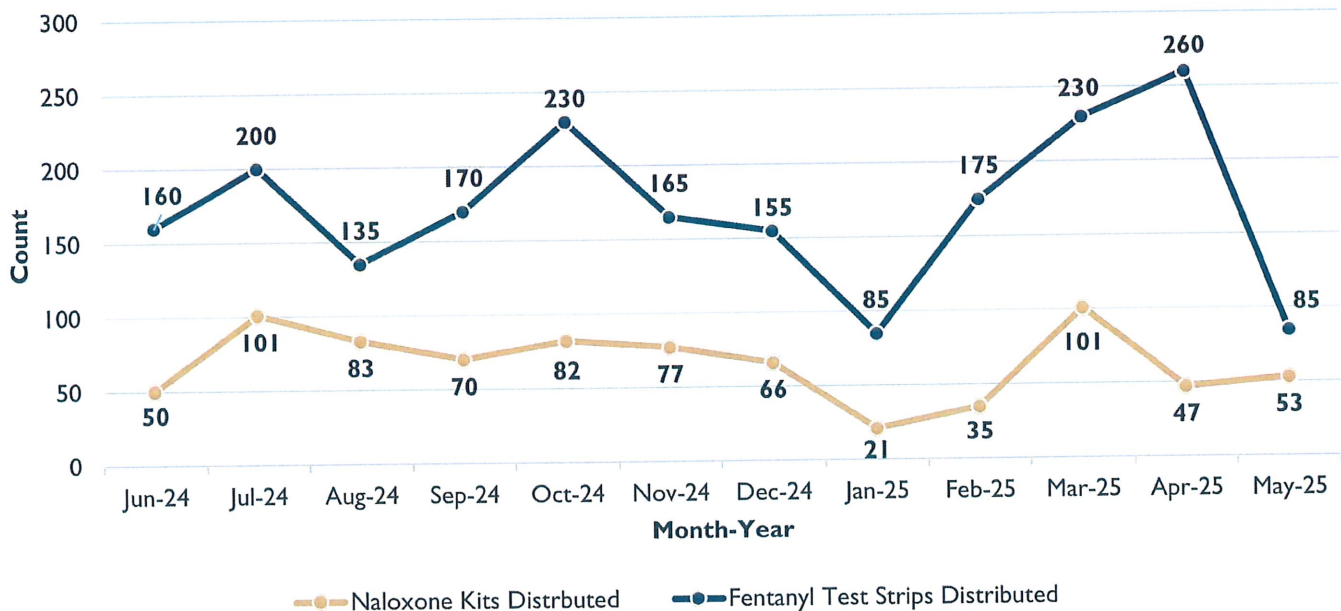
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Table 1: Syringes Returned and Distributed by Zip Code – City or County for the Oxford SSP Site by Visitors' Reported Home Residence for May 2025

County	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	300	940	31.91%
45013	680	1,330	51.13%
45015	100	300	33.33%
Hamilton Total	1,080	2,570	42.02%
45044 - Middletown	0	80	0.00%
45055 - Overpeck	0	40	0.00%
45056 - Oxford	760	1,160	34.08%
Total	1,840	3,850	47.79%

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 June 2, 2025, Data is provisional and subject to change



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Smoking Complaint Spreadsheet									
For May 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									
2									
3									
Notes: No complaints received in May.									

Ohio Department of Health
Designee Smoke Free Pass thru of Fines
1st Quarter Fiscal Year 2025

Designee		Vendor #	Address Code			Payment Type	Invoice #	Due Designee
Middletown City Health Department		0000053012	07			EFT	SF25Q1083	\$ 1,800.00
Case #	Business Name	AR Customer #	Requested Date	Invoice #	\$ Invoiced	\$ Received	Deposited Date	\$ To Designee
92460	Billy T's	72418	7/8/2024	25200129	\$ 2,000.00	\$ 2,000.00	8/11/2024	\$ 1,800.00

City of Middletown Health Department

May 2025

Vital Statistics	MONTHLY	YTD	Environmental Inspections	MONTHLY	YTD
Birth Certificates Filed	85	372	Food Service Operations(FSO)	27	223
Death Certificates Filed	65	441	Retail Food Establishments(RFE)	11	85
Birth Certificates Issued	528	2105	Prelicense/Consultations	8	56
Death Certificates Issued	323	1820	Sewage Inspections	0	0
Indigent Cremation Services	3	12	School Inspections	4	21
			Vending Locations	0	1
			Temporary FSO/RFE	3	9
			Mobile FSO/RFE	1	19
			Complaints	6	38
			Smoking Complaint Inspections	0	2
			Swimming Pools	28	30
			Tattoo	1	1
			Temp Park/Park Camp	0	0
			Jail Inspection	0	0
			Site Visit (Septic)	0	0
			T 21 Inspections	3	18
			Well Sealing Permits	0	1
			Septic Abandonment	0	1

Deaths Filed

Accidental

Drug Overdose	5	8
Falls	1	3
Motor Vehicle	1	1
Exposure to Elements	0	0
Choking	0	0
Fire	0	0
Homicide	0	0
Suicide	0	0
COVID-19 Related Deaths	0	1
Could Not Be Determined	0	0
Pending Investigation	8	8

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

Level 1 Certification Training

Number of Attendees	0	14
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Animal Bite Events

Dog	4	26
Cat	0	4
Bat	0	2

Ealy, Carla

From: Kaitlyn.Wolfe@odh.ohio.gov
Sent: Wednesday, May 14, 2025 7:27 AM
To: Ealy, Carla
Subject: Middletown City STS Survey
Attachments: Health District Information Worksheet.docx; Optional Board Action Items Worksheet.docx; Operation and Maintenance Tracking Permit Worksheet.docx; Health District optional services worksheet.docx; Fee Category Worksheet.docx; STS Survey Methodology Worksheets and Attachments_sm.pdf

Your attachments have been security checked by Mimecast Attachment Protection. Files where no threat or malware was detected are attached.

Good Morning,

This e-mail is to confirm that on June 3rd 2025, Katie Wolfe and Ashley Thacker from the Bureau of Environmental Health and Radiation Protection will perform the survey of the Sewage Treatment Systems Program for the Middletown City Health Department. The survey period will include permits issued from January 2022 through December 2024. Documents from the time period prior to, or after this period may also be requested at the time of the survey.

Under the authority of Ohio Revised Code (RC), section 3718.07 and Ohio Administrative Code (OAC), section 3701-29-04(A), the Ohio Department of Health is required to survey sewage treatment system programs. OAC 3701-29-04(A) states:

"The director of health shall survey each STS and gray water recycling program of the city and general health districts at least once every three years to determine whether there is substantial compliance with the requirements of Chapter 3718. of the Revised Code pertaining to health districts and the provisions of Chapter 3701-29 of the Administrative Code. The board of health shall provide all requested information to complete the survey."

The Ohio Department of Health will conduct this survey in accordance with the requirements set forth in OAC 3701-29-04. The two-part survey includes an evaluation of the administrative and field inspection aspects of a sewage treatment systems regulatory program.

Prior to the surveyor's arrival, the Health District Information Worksheet, Fee Category Worksheet, Health District Optional Services Worksheet, Operation and Maintenance Tracking Permit Worksheet, and Optional Board Action Items must be completed and returned (files attached electronically to this e-mail). Please return the **Health District Optional Services worksheet and Optional Board Action Items worksheet** to the surveyor as soon as possible so he/she will have time to prepare all complementary worksheets prior to arrival.

Please set aside about a half hour to discuss the survey methodology process upon the surveyor's arrival and feel free to ask any questions at this time.

Rule 3701-29-04 of the OAC states that the board shall provide the director with all requested information to complete the survey. Below is a list of items that are to be retrieved from the survey period and assembled by the local health district to expedite the survey process.

1. -All Permit Files from the survey period
2. -Registration files for all known contractors for the current registration year. (five installers, five haulers, and five service provider files will be reviewed)

3. -All files and records pertaining to STS variances requested from the local health district.
4. -The most current cost analysis showing the calculations of permit fees.
5. -Information regarding notice of proposed fee increases (newspaper articles/public notices).
6. -Board of Health minutes documenting fee adoptions and VSD resolutions.
7. -Proof of publication of fees.
8. -Verification of the current registration status of registered environmental health specialists and environmental health specialists-in-training working in the sewage treatment systems program from the Environmental Health Registration Board online data base.
9. -If you answered "Yes" to any of the questions on the Health District Optional Services Worksheet, please be prepared to provide a subset of files related to the item. (I.e. if an REHS performs soil evaluations and/or offers design services examples should be available for each REHS who performs such tasks.)
10. -Enforcement policies and a subset of files pertaining to enforcement, Notice of Violations, and nuisance abatement files
11. -A subset of lot split and subdivision files
12. -O&M policies and procedures, enrollment status of pre-2015 systems and of current systems, renewal procedures, terms and conditions for each system type, and tracking system information

Please be aware that additional items may be requested at the time of the survey.

The surveyor will also conduct a field assessment of a sewage treatment system with the local health department by inspecting one sewage treatment system on a final inspection (weather permitting) or a 12-month evaluation if a final inspection is not feasible. The permit for the field will be selected by the health district. Please make arrangements for the field portion accordingly and inform the surveyor of these arrangements prior to the survey.

The survey will be used to determine a district's compliance with OAC 3701-29, to assess the level of staff resources and program knowledge, and to help determine future training needs for conducting the sewage treatment systems program. I appreciate your cooperation in advance during the survey process.

Please acknowledge receipt of this e-mail. Any questions feel free to follow up. Thanks!

Katie Wolfe, REHS
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walk WITH a DOC NEWSLETTER

Good morning!

Happy Friday, my friend.

Speaking of cardiology office visits, I geek out talking with my patients about how they like to stay active. As you would guess, 'gardening' is a very common response this time of year.

Well, that just makes my heart sing because gardening is a fantastic activity.

It got me thinking, oh gardening, how I love thee, let me count the ways.

(I don't get it, we weren't talking about cardiology visits?!)

It makes us feel better - in [this study](#) from the Netherlands, they found that the group that spent 30 minutes gardening after a stressful activity reduced stress hormone levels (cortisol) much more than another relaxing activity, reading inside. Nature. Nature. Nature. (although if you are looking for a [good book](#)),

Improved diet: The best way to get our vitamins and fiber is straight from our food. People who garden tend to eat better than those who eat Taco Bell, I mean don't garden. Fruits and vegetables are of course very Mediterranean diet-esque. We talked about the Mediterranean diet on these pages in ['23](#)..

[36%](#) lower risk of Alzheimer's dementia - growing tomatoes? seriously??

Vitamin D - Our skin produces the majority of Vitamin D for our body. Yes, you have to be careful. How much sun do we need? As you can imagine, there are a lot of variables. I liked the way [this doctor](#) describes it.

Yes, it IS [great exercise](#)! It's like a long athletic game of Twister, only with weeds and rutabagas. Plus, none of those awkward Twister moments

Social connection: These [community gardens](#) are a fantastic way to catch up, collaborate, and get to know each other. We all need each other and there are more and more studies every week showing there are big-time health benefits from us being together.

Do you like to share your vegetables with coworkers?

And if you'd like more reasons, here is a great [meta-analysis](#) on the health benefits of gardening.

Okay, I'll think about it, how do I get started?

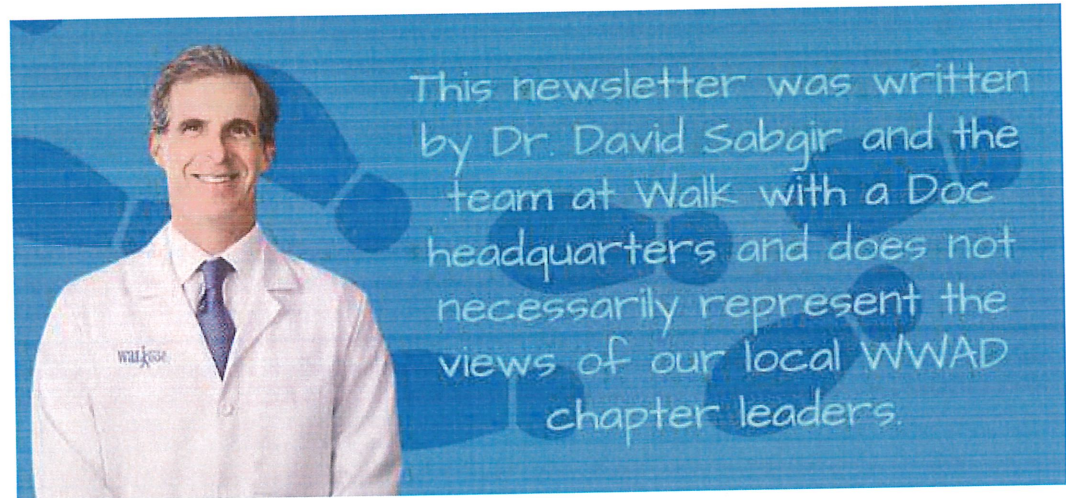
Here is the [Better Homes and Gardens' approach](#).

Maybe you want to start with [container gardening](#)?

Or my favorite, [raised garden beds](#)?

I hope you have a wonderful, green weekend.
david

Stay Hungry. Stay Foolish.
David



Walk Challenge Results

Thanks again to everyone who took part in our 20th Anniversary Walk Challenge. Together we logged nearly **500,000 minutes of walking** throughout the month of April! We're so proud of each of you for every day that you walked, and hope that you keep up the routine.

Congrats to our raffle winners, who will be getting a new pair of Altra shoes!

Barbara M. in Joppatowne, Bertha A. in Hewitt, Betty H. in Worthington, Bridgette W. in Atlanta, Debbie W. in Chalfont, Diana K. in Brenham, Diane in Whitehall, Jaime M. in Doylestown, Janice N. in Nashville, Jeanne W. in Paris, Jennifer P. in Broomfield, Julie C. in Oceanside, Lori G. in Baldwin, Manal A. in Columbia, Mollie C. in Doylestown, Raymond K. in Chalfont, Rhyanna P. in North Vernon, Rickey S. in Pearland, Robert H. in New Albany, and Roseann H. in Whitehall

We'll be celebrating the 20th anniversary all year long. Remember to check-in at each Walk with a Doc event with your smartphone to enter our monthly raffle drawing (ask your Walk Leader to contact us if they don't have the QR code at the next walk).

[Click here to learn more](#)



Welcome New Walk Chapters

- Front Royal, VA - VCU – Shenandoah Valley Family Practice Residency Program
 - Joplin, MO - Ozark Center
 - Payson, AZ - Payson Christian Clinic
 - Portsmouth, NH - Portsmouth Regional Hospital
 - Valencia, CA - Rooted Integrative Medical Clinic
-

***Scholarship Recipient!** Thank you to the donors whose generous support provided scholarship funding that helped launch these new Walk chapters. If you'd like to help get more people walking in other communities, [click here to make a donation](#).

Find a local chapter in your area

No Walk in your area?

- Share the program with your local healthcare professionals - [click here](#).
- Get notified when a chapter starts in your area - [click here](#).
- Join us virtually in the meantime - [click here](#).

Free Online Course

Do you want to inspire others in your community to be more active? The Special Olympics, Move to Live More, and American Council on Exercise put together [this free online course](#) to train people to become Community Physical Activity Leaders. The course is designed for anyone who likes to move and get others moving too!

WWAD Store

Support Walk with a Doc and look good while doing it. Visit walkwithadoc.org/shop and order some merch today!



Connect with WWAD

Follow our social media channels for WWAD updates, health tips, and more!



WWAD Facebook Group

About Walk with a Doc:

As an international non-profit organization, Walk with a Doc is committed to inspiring communities through movement and conversation with walking groups led by local doctors, healthcare providers, or medical students.

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walk[®] with a DOC Middletown

Saturday, May 17, 2025

9:30 AM

New Era Baptist Church

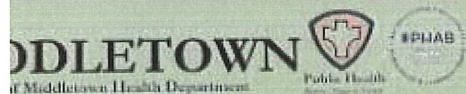
1120 Yankee Rd., Middletown, OH 45044

This month's topic: Mental Health

Our Speaker: LaVinda McAuliffe, FNP, PMHNP

LaVinda holds a Master's in Nursing Education and post-master certificates in Family and Psychiatric Nursing. As the owner of OwlBridge Wellness, she ensures everyone receives comprehensive care and a personalized care plan tailored to their needs—fostering confidence, healing, and overall well-being.

At the walk, LaVinda will address mental health stigma, disease and condition management, and how to support someone experiencing a mental health crisis.



Middletown
Community
Foundation

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Questions?

rlolli@hcmiddletown.org

513-424-2273

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We are a local chapter of an international 501(c)3. Learn more at walkwithadoc.org

Salvation Army Middletown Corps
1914 First Avenue
Middletown, OH 45044

May 13, 2025

Carla Ealy
Middletown Health Department
1 Donham Plaza
Middletown, OH 45044

Dear Health Commissioner,

We plan to sponsor the food service program this summer under the Ohio Department of Education, U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP). We plan to operate this program at the following location(s):

CONGREGATE MEAL SITES –

MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY

THE SALVATION ARMY 1914 First Ave. Middletown, OH 45044 May 27th – August 15th, 2025 Breakfast: 9:00am-10:00am Lunch: 11:30am-12:30pm	NO MEALS ON: 4TH OF JULY
OAKLAND PARK 519 Baltimore St. Middletown, OH 45044 May 27th – August 15th, 2025 Lunch: 11:00am-11:30am	APPLEWOOD POINT 1988 Hummingbird Circle Middletown, OH 45044 May 27th – August 15th, 2025 Lunch: 11:45am-12:15pm
CYPRESS COMMONS 2450 Saybrooke Dr. Middletown, OH 45044 May 27th – August 15th, 2025 Lunch: 11:45am-12:15pm	DOUGLASS PARK 1825 Minnesota Street Middletown, OH 45044 May 27th – August 15th, 2025 Lunch: 12:30pm-1:00pm
LEFFERSON PARK 2145 S. Breiel Blvd. Middletown, OH 45044 May 27th – August 15th, 2025 Lunch: 12:30pm-1:00pm	SMITH PARK 500 Tytus Ave. Middletown, OH 45042 May 27th – August 15th, 2025 Lunch: 1:15pm-1:45pm

RURAL NON-CONGREGATE MEAL SITES

GREAT MIAMI RIVER TRAIL - EAGLE TRAILHEAD 2399 N. Carmody Blvd. Middletown, OH 45044 June 2nd – August 11th, 2025 5:30-6:00pm Mondays	GREAT MIAMI RIVER TRAIL – TRENTON TRAILHEAD 50 Oxford State Road Middletown, OH 45044 June 2nd – August 11th, 2025 6:30-7:00pm Mondays
MADISON COMMUNITY PARK 5610 W Alexandria Rd. Middletown, OH 45042 May 28th – August 13th, 2025 5:30-6:00pm Wednesdays	ATRIUM Area 3515 Atrium Blvd. Middletown, OH 45005 May 28th – August 13th, 2025 6:30-7:00pm Wednesdays

At our main kitchen location (1914 First Avenue) we will serve breakfast between 9:00 a.m. to 10:00 a.m., Monday through Friday with one meal served each day. At each congregate site we will serve lunch at a designated time between 11:00 a.m. to 1:45 p.m., Monday through Friday with one meal served each day. All food service sites will operate May 27th – August 11th, 2025. At each rural non-congregate site we will allow pick up of 7 days worth of non-bulk meals to be picked up for each child between 5:30-7:00pm on Mondays and Wednesdays. In accordance with USDA regulations, we ask that you inspect these sites during operation time to ensure that they meet local health standards.

Food Safety Plan: To ensure that food stays safe, we will pre-box shelf stable items with menus and cooking instructions. Then we will put fresh and frozen items in coolers and Cambro's with ice or freezer packs.

If you have any questions please contact my office at (513) 425-9452.

Sincerely,

Rachel Earich, Summer Food Service Program Administrator
Salvation Army Middletown Corps.

USDA

Director, Office of Adjudication

1400 Independence Avenue, SW Washington, D.C. 20250-9410

(866)632-9992 or (800)877-8339 (TTY) or (800)846-6136 (Spanish) USDA is an equal opportunity provider and employer

The Salvation Army of Middletown has been actively meeting human needs in the name of Jesus Christ since 1888, celebrating 135 years of service to the community. Thousands of individuals are impacted each year through the programs and services of The Salvation Army including basic needs assistance, food pantry, youth programming, character and skill development and holiday cheer programs. The programs are services provided to those in the greatest need without discrimination.

'We don't know what's in the pile' | Mountain of debris plagues Middletown residents

By: [Sean DeLancey](#)

Posted 9:42 PM, May 22, 2025

and last updated 11:13 PM, May 22, 2025

MIDDLETOWN, Ohio — People living near Middletown's old Paperboard site are getting fed up with the mountain of rubble towering over their homes more than a year after the building was ground into gravel and piled near Verity Parkway and 5th Street.

Marva Gaston said she moved back to her hometown after retiring from a 36-year-long career in the Air Force and wondered if the pile across the street from her home would ever be taken care of.

"Once they piled up the dirt, it's like, OK, what's next? What's next? And there never was a next," Gaston said.

The pile is only a few hundred feet from her front porch, and she said dust from it regularly flies onto her home, cars and even herself.

WCPO

Middletown pile

Gaston said the thought of breathing in particles from a massive pile of industrial remains has her concerned for her health.

"We don't know what's in the dirt," she said. "We don't know what's in the pile."

Gaston took her concerns to the Middletown City Council during its last two meetings, demanding that something be done about the mountain near her home.

At the meeting on Tuesday, the veteran reiterated concerns she thought went unanswered at the council's meeting two weeks earlier.

Immediately after her public comment, Mayor Elizabeth Slamka called on a representative of the company cleaning up the property, Tom Mignery, to address her health concerns.

WATCH: Gaston confronts Middletown Council over the towering rubble pile

Mignery told the council roughly a dozen samples from the rubble pile had come back to meet commercial or industrial-rated property standards set by the state.

"It was properly abated of all asbestos before demolition," he said.

Mignery said the soil on the property will still need remediation, but the future of the gravel pile is the city's responsibility, as it could be used to grade the property when properly cleaned, in industrial use elsewhere, or sold for a profit.

Slamka called for City Manager Ashley Combs to develop a timeline for the rubble pile to be addressed.

Councilman Paul Lolli suggested the pile be leveled off to mitigate dust issues as a plan for addressing it is developed.

Vice-Mayor Steve West called for Gaston's dust issues to be addressed in the near future.

"I think that's something we need to look at right away," he said. "I mean, if that's something we can figure out pretty quickly on this. I mean, in this picture, it looks like she lives in Colorado."

Middletown Paperboard rubble pile

We asked Gaston if the council member's response to her most recent visit gave her hope for a quick resolution.

"I believe in giving people the benefit of the doubt, but, at the same time, I'm not going to be satisfied until something happens," she said. "When it's gone, that's when I'll be happy."

We reached out to city administration on Wednesday with a list of questions, including a timeline for addressing the rubble pile, options to mitigate dust and potential uses for the property once clean-up is complete.

A spokesperson for the city told us Thursday he had forwarded the questions to the Community and Economic Development Department and the Public Works Department, but hadn't heard back.

Butler County elected officials fine with hiring freeze



A woman walks through the morning shadows in the Government Services Center in Hamilton. Butler County commissioners plan to impose a hiring freeze for the rest of this year and next. GREG LYNCH/staff photo

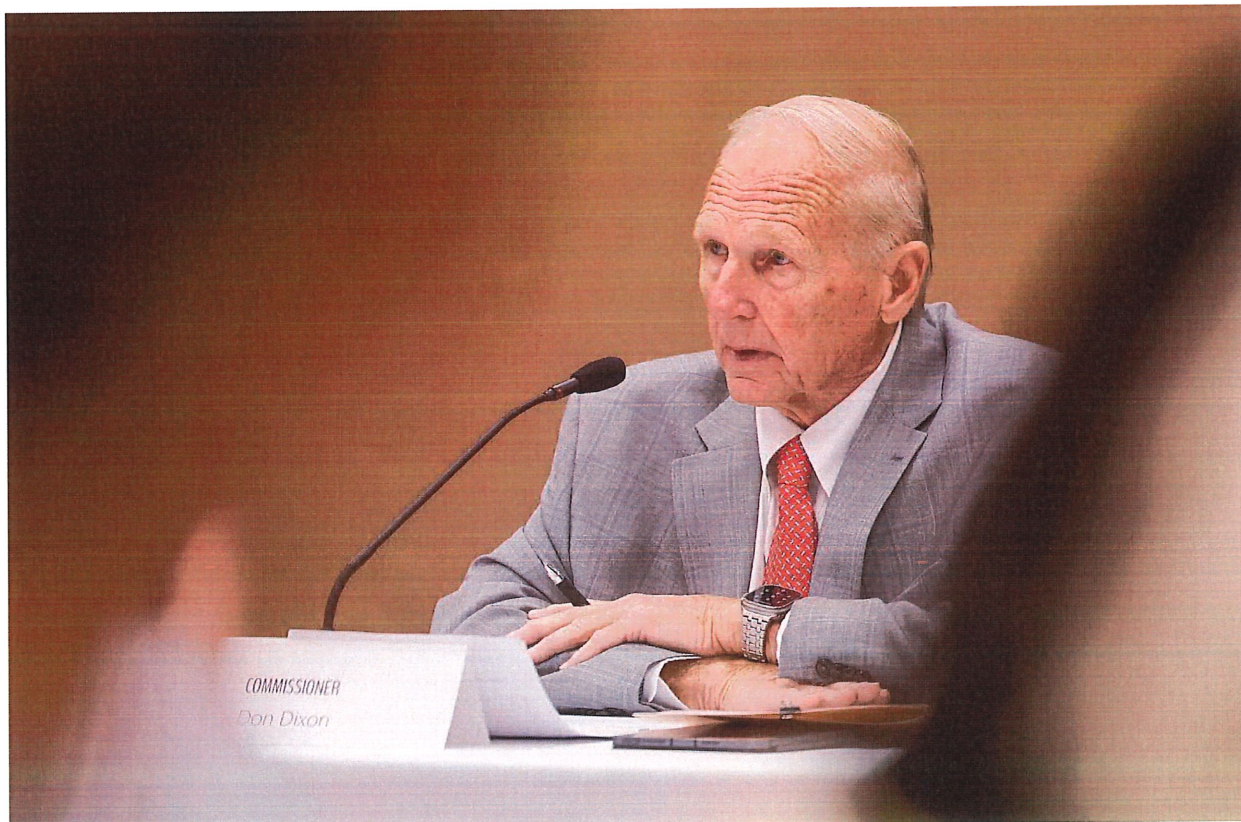
[NEWS](#)

By Denise G. Callahan – Contributing Writer

May 23, 2025

He received verbal support from his fellow commissioners recently to hold the line on any new hires outside already approved staffing levels for this year and 2026. The approved budget for this year includes 1,784 full-time equivalent positions, excluding elected officials and board members.

“There’s a lot of uncertainty out there right now. (We’re) not sure where it’s all going to end up; nobody really knows,” Dixon told the Journal-News. “We have increased our expenditures for our employees significantly. In ‘23 payroll was \$74 million, in ‘24 it went to \$78 million and then this year it’s around \$84 million. Those numbers are not sustainable. They’re just not; we have to live within our means.”



Butler County Commissioner Don Dixon speaks to the crowd of nearly fifty people during a discussion on homelessness with local elected officials and social service organizations in attendance Monday, July 29, 2024 in Hamilton. NICK GRAHAM/STAFF

He said officials can fill vacancies when people leave and fill positions they haven't yet hired for, but otherwise there won't be anymore hiring for the next 19 months. Commissioner Cindy Carpenter said there may be exceptions but they'll deal with those as they arise.

"We can definitely hear their stories at the budget hearings in case there's anything unexpected that's come up or something that was missed in review," she said. "But I think it's a great idea."

Commissioner T.C. Rogers said there could be a slight deviation from the new rule, because some offices have had the practice of allowing retiring employees to stay on for a period of time to help transition new hires.

He told the Journal-News the budget hearings in the fall might not be as pleasant as they have been previously.

"We're in great shape but I don't want everybody making comments that we can do anything," he said. "We're still going to be prudent and not waste any money. Now the

word waste is subjective to some but you still have to run your operation like it's not going to come in forever."

According to the commissioners' monthly financial dashboard, personnel expenses have increased 23.6% since 2019. They amounted to \$62.7 million in 2019. After the pandemic cuts, they dropped to \$55.2 million, took a leap to \$62.9 million in 2021; \$70.6 million in 2022; \$74 million in 2023; and \$77.6 million last year. The commissioners budgeted \$84.3 million this year and spent \$21 million in the first quarter.

The commissioners passed a structurally balanced \$126.3 million general fund budget this year which constitutes a 3.7% or \$4.5 million increase over last year's spending plan. They started the year with \$149 million in the bank, expect to cull \$133.2 million from various revenue sources for a total of nearly \$282.2 million in available funds.

The general fund is the main operational fund, but there are a number of entities that rely on outside resources such as state and federal funding, service fees like water and sewer and independent tax levies. All funds combined, the total spending plan for next year amounts to \$507.4 million, with revenues totaling \$433 million.

Some departments and offices — mainly the courts — also have special projects revenue and sometimes officials move personnel off those revenue streams into the general fund.

For example, the Area Courts moved five positions this year from their special funds to the general fund to help pay for some improvements that were recommended in the Ohio Supreme Court Physical Security Assessment.

County Administrator Judi Boyko is still crafting the hiring freeze resolution but said she is including a section, based on direction from the board, that would preclude officials from moving salaries from special funds to the general fund. The commissioners said they could approve exceptions to the prohibition on a case-by-case basis.

Butler County Common Pleas Court Administrative Judge Dan Haughey — who served three terms as the Area III Court judge in West Chester — said there are legitimate reasons for moving salaries to the general fund.

"I don't have any knowledge of the Common Pleas Court or the Area Courts doing anything, I don't want to make it sound underhanded but if we're going to hire you under the guise of utilizing special projects monies and then 90 days later or six months later we're going to switch you to the general fund as an end around of what the commissioners have mandated," he said. "I'm not aware of that either in my 12 years of Area Court time or now my time in Common Pleas, I'm not aware of things like that happening, I am aware of times where we would have somebody in the Area Courts that accomplished a particular task or job and when it was time to reevaluate what we

needed them to do and that could necessitate some type of change in the funding source.”

The courts are unique in that if the judges believe they need to spend more money than the commissioners allow, they can force the issue by a court order. It hasn’t happened here, at least not as far as anyone can remember.

Haughey told the Journal-News he can’t ever recall a “contentious” budget hearing between the judges and commissioners. The Common Pleas Court has 81 authorized positions and he said “we are in very good shape” in terms of staffing so the hiring freeze won’t adversely impact their operation.

Sheriff Richard Jones — who has the largest staff by far with 404.8 authorized FTEs — said even with an influx of ICE detainees in the jail, “I support them 100%” on the hiring freeze.

“These are weird times, strange times, the market goes up, the market goes down,” Jones said. “The commissioners have been good stewards and they have no debt and I defer to their judgment. We’re all doing fine right now and I’m good with it.”

President Donald Trump’s reelection has prompted the volatile stock market — due to his tariffs and other new policies — and Jones’ reentry into the illegal immigrant deportation business.

Jones reopened his jail to house U.S. Immigration and Customs Enforcement (ICE) detainees on March 5 and there were 231 detainees in the jail on Monday afternoon, up from the 146 at the end of March.

The county’s chief financial officer, Auditor Nancy Nix, told the Journal-News she doesn’t “share the commissioners doomsday viewpoint on the American economy” but agrees with the freeze. Her staff quota is 27.

“I’m very excited about America’s future under President Trump. Of course there may be bumps along the way,” she said. “However, if the commissioners feel a hiring freeze is in order, they have my support. Smaller government is always desirable to me. We operate very lean in the auditors office anyway, and I don’t see that changing.”

Even before the hiring freeze cropped up Dixon was warning people extra raises are over. This year, based on the periodic wage survey of the market, the commissioners deviated from the traditional two-part merit pay plan, increasing the minimum pay ranges for all non-union employees and a 5% raise for those who are below the maximum for their pay range. The unions that renegotiated their deals this year also got the 5% boost.

Next year, the performance pay program will drop back to a possible 2% added to employees' base pay and a similar stipend in lump sum, based on merit.

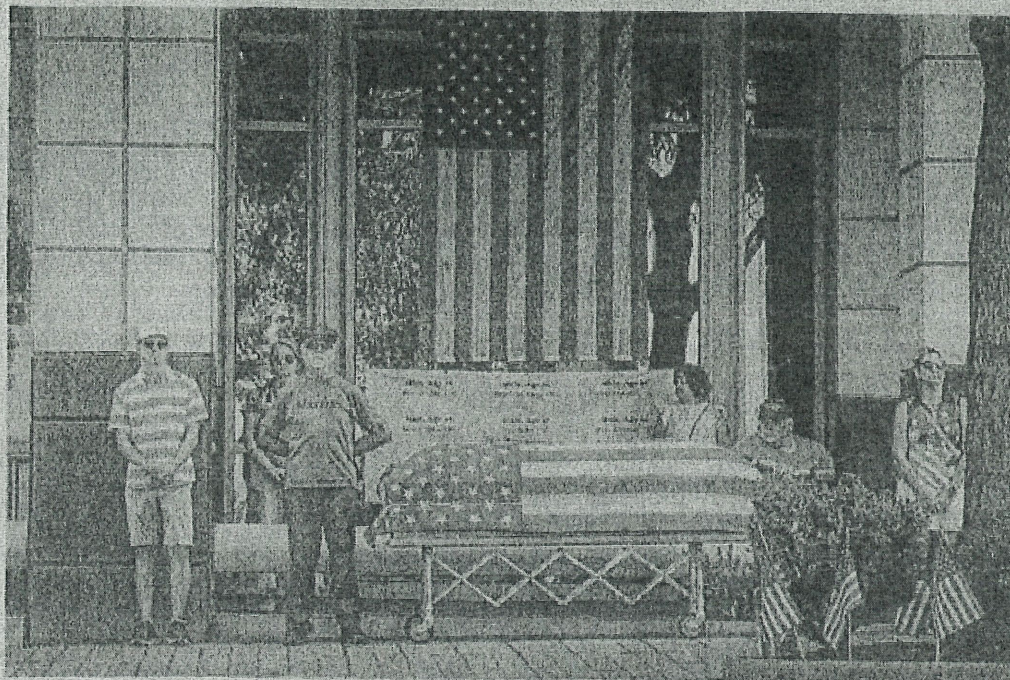
County Prosecutor Mike Gmoser, who will be allowed 67 staffers after the commissioners approve the freeze, said he knew the "belt tightening" was coming. He's fine with it because the commissioners have put him in an enviable position statewide.

"The county commissioners in Butler County gave me the financial tools to hire good people," Gmoser said. "I jokingly say I'm a thief, I'm a felon, I steal from other prosecutors, the best they have and not cheap stuff, the expensive stuff I steal."

Dixon said he doesn't have a crystal ball obviously but he knows his main responsibility.

"We get paid to anticipate what's coming down the street in two, three, five, 10 years for our taxpayers," he said. "We've always been ahead of the game and I don't want to get behind the eight ball. It just makes a lot of sense, and hey, if it turns out better than it looks right now, good for our taxpayers."

ONLY IN THE JOURNAL-NEWS



Volunteers stand near a flag-draped casket to participate in a Silent Watch for veteran suicide awareness outside the Butler County Veterans Service Commission office on High Street in Hamilton last September. NICK GRAHAM/STAFF

Overdoses, deaths by suicide on the rise

Potential cuts to Medicaid threaten funding for Butler County services; the rate of veteran suicides is especially high.

By Denise G. Callahan
Contributing Writer

Butler County voters approved a new mental health levy last November that is allowing for some service expansion, but officials are keeping a wary eye on potential federal funding cuts as overdoses and deaths by suicide are rising.

Scott Rasmus, executive direc-

tor of the Butler County Mental Health and Addiction Recovery Services Board, said it's hard to predict the impact of possible cuts to Medicaid expansion — which provides health insurance coverage for qualified adults in need — and federal grant funding. About \$6 million of the board's \$18 million budget comes from the government. Cuts could mean

having to dip into reserves or the new levy dollars.

"It's really hard to get a sense of what that would look like, but it would put more of an emphasis on using subsidies that in the past were considered fairly safe, but it would come back on the board's local subsidy dollars," he said.

Deaths continued on A10

Deaths

continued from A1

"It's really hard to put a number on it — thousands of dollars, hundreds of thousands of dollars, or more. We do have reserves to plan for unexpected things, but this is something that could be quite significant."

The federal government is in the midst of trying to pass a new budget, and Medicaid and other funding is potentially on the chopping block. About 57% of the MHARS budget is supported by local funds; the rest comes from the state and federal governments.

The MHARS Board doesn't provide direct mental health and addiction services. It facilitates and pays for programs and services its partner agencies provide. He said the target is to serve 42,500 people, "which is a very large number, higher than 10% of the county's population."

Rasmus said the key statistics for the agency show overdoses and suicides are projected to increase this year over last. In 2024 there were 88 overdose deaths and it is projecting 120 this year, a 25% increase. The county coroner's office statistics show there have been 43 overdose deaths so far in 2025.

Suicides are expected to increase 10%, from 57 to 62. Among veterans, Rasmus said, suicides "are up significantly. There's already eight veteran deaths, and if you project that out, that would be 23. That's a 200% increase." According to the coroner's office, eight veterans committed suicide in 2024. Year-to-date, the total number of suicides is 22.

Bruce Jones, president of the Vet Board, told the Journal-News the continued rise in veteran suicides is "disheartening," but not surprising.

"What we're all taught when we go in the military is that we have to succeed as a group but we also have to be tough on our own so the guy or lady next to me is just as tough," Jones said. "We don't show the emotional side of what may be both- ering you. Unfortunately

that builds up in anybody. I don't care whether you're a veteran or a police officer or whatever, things that happen while you serve affect you in life later on, and some have a tough time saying, 'I need help.'"

Tax levy to kick in

Trying to help people costs money, and voters approved a new MHARS levy 56% to 44% in November. It will replace the existing .5-mill, 10-year levy that first passed in 1985 and was last renewed in 2014. The new levy will generate roughly \$6.6 million when it kicks in next year and will cost taxpayers about \$18 per \$100,000 in value annually.

Rasmus said the board intends to keep its campaign promise and retire the old funding source that expires in November. That levy costs taxpayers \$5 per \$100,000 and collects about \$2.4 million.

The extra \$2.4 million will help fund new programs, such as a dedicated staffer to work with the Veterans Service Commission, to address the high suicide rate.

"We're looking at things such as increasing the OSFR, the Overdose and Suicide Fatality Review, dedicating a staff member to address the veterans' population annually," he said.

"To look at those deaths and look at factors and at risk components, we can better target our services through that evaluation. It's not only about reviewing them, it's about some analysis, either qualitative or quantitative, and applying them to the community."

Another new initiative is to find a replacement site for the Syringe Service Program that was conducted in the Access Counseling parking lot in Middletown. The program shut down in Septem-

988 SUICIDE AND CRISIS LIFELINE

As life's challenges can sometimes overwhelm, Ohio's 988 Suicide and Crisis Lifeline helps those who are facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to.

It's free and confidential and can help connect people with community-based behavioral health care. Dial 988 from any phone to get support.

ber 2023. Rasmus recently told county commissioners that a large part of the uptick in overdoses could be attributed to that.

"I think that was a significant factor that has impacted that. Maybe a little bit delayed, but I think it has effected it," he said. "Because it was the largest syringe exchange, blood-borne pathogen program in the southwestern part of Ohio."

When the program ended, he asked Atrium Medical Center and Middletown Health Commissioner Jackie Phillips Carter about replacing it. "The answer has been 'no,'" he said.

Atrium and Phillips Carter couldn't be reached for comment. Middletown City Manager Ashley Combs said she had no comment.

At the time, the Journal-News reported that our sister station, WCPO, asked the city of Middletown if it was working with the program to find a new location. City Manager Paul Lolli provided a statement:

"The city of Middletown does not have any plans to open an alternative site at this time. We feel that the future of these programs and other programs addressing homelessness, addiction, mental health issues and others need to be better addressed on a regional basis," he said. "While the city acknowledges the problems, a collaborative effort would not unduly burden any single community."

Locations are a concern

Rasmus said there are programs in Fairfield and Oxford but they are "off the beaten path." He has been working with the sheriff's office, the health district and area hospitals to find a new loca-

tion on the eastern edge of the county. "It's not an easy approach and it's not an easy job," he said.

"I do have a hospital; I don't want to mention it right now because it's still in the works, but I do have an option," he said. "That hospital is interested in supporting it, but there's things that need to be done. ... how do you get people from the bus route dropoff to the hospital? There's trustees in that jurisdiction that need to be informed about the potential and to elicit their support and then make a case (for) why this is so important."

Commissioner Don Dixon said he wants to add tackling addiction to the ongoing efforts of the commission's Summit on Housing Insecurity and Advocacy group.

"I'd like to hear from the cities why they don't really think this is a good thing and don't want to participate," Dixon said. "Maybe they do want to participate, which is what I think it is, they don't want to see it either, see if we can come together as a group to address that."

The MHARS Board is an

independent entity, but if members want to put a tax levy question on the ballot they need the county commissioners' blessing.

"When we agreed to put the increase on this levy it was supposed to go to treatment, it was supposed to do counseling. It was the thought of the board that we capture this issue sooner than later, trying to prevent it before it happens," Dixon said. "What's happening with that?"

Outreach efforts to be made

Rasmus said in regard to suicide, they want to staff local emergency rooms. Research shows intervening when someone has tried to take their life helps prevent a repeat attempt. Specific to veterans, he said the board is helping train Vet Board staffers and people in the mental health field to intervene when a veteran is in crisis.

Jones told the Journal-News the Vet Board is targeting all of its outreach efforts to attract the attention

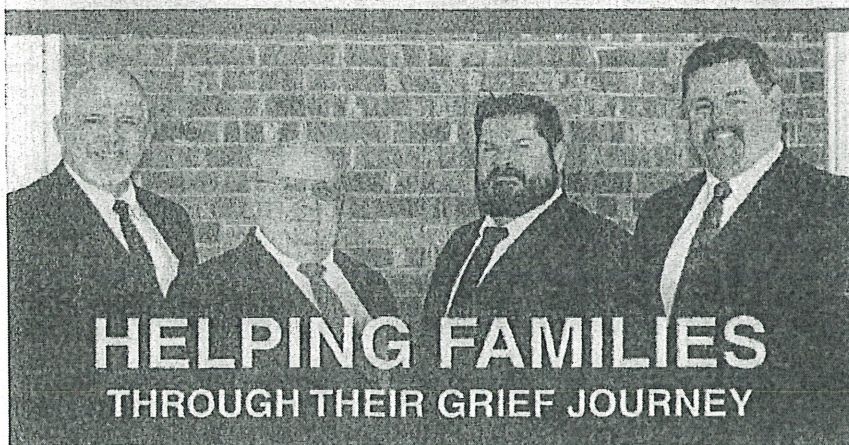
of not only veterans who are struggling, but their friends and families.

"A lot of times the families have no clue that the veteran is at that point where they're ready to take their life," he said. "A lot of times it's not planned out like a lot of people think; something clicks and they make that decision. That's why we try to get the word out that we are there, there are programs."

Dixon asked if the MHARS Board is doing anything to identify suicidal people any earlier. Rasmus said it is working with schools and other organizations to provide mental health and addiction prevention education.

"It may be \$50 to \$100 a student to do mental health and addiction prevention," Rasmus said.

"Then if somebody is hospitalized it could be \$1,000 a day ... (for a) longer length of stay, that's \$20,000. Think of prevention, which is relatively inexpensive and prevention that didn't occur or wasn't successful can be significant dollars down the line."



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THROUGH THEIR GRIEF JOURNEY**

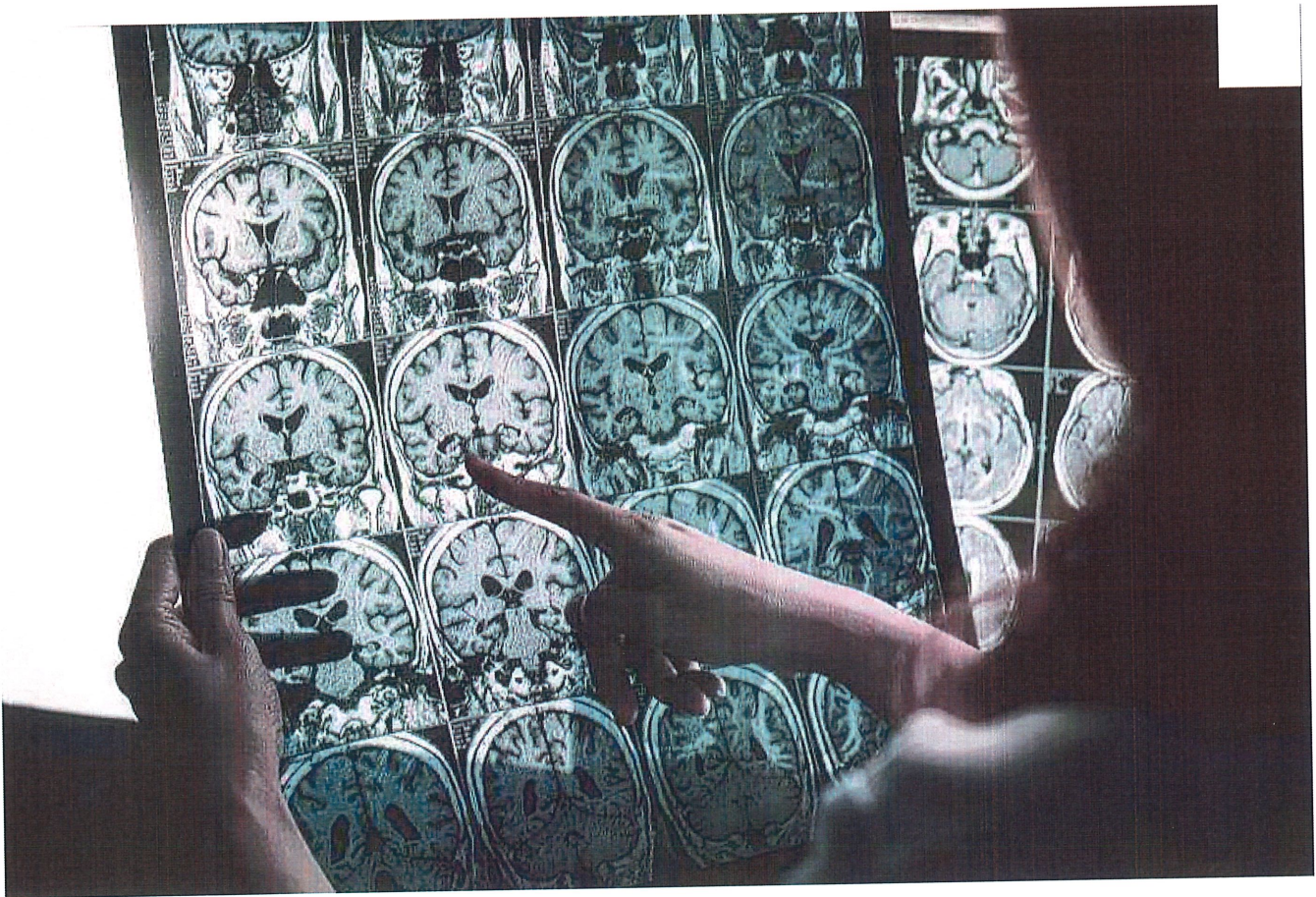
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Advocates push for Alzheimer's research, testing as cases spike

Report shows 7.2M Americans have the disease, up 300K from previous year.



Nearly four in five Americans, or 79% , would want to know if they have Alzheimer's disease before symptoms start to affect day-to-day life, according to a new survey from the Alzheimer's Association. The survey reports the value of unpaid care from family caregivers is \$13.3 billion. BUSINESS WIRE

BY SAMANTHA WILDOW STAFF WRITER

5/1/25

As the number of people with Alzheimer's disease and the amount of unpaid caregiving continue to rise, the Alzheimer's Association is advocating for more research and access to biomarker testing to help detect the disease early.

About 7.2 million Americans, up 300,000 from the previous year, are living with Alzheimer's this year, according to the association's latest report.

"Unfortunately, we keep seeing those numbers increase," said Annemarie Barnett, executive director of the Alzheimer's Association Greater Cincinnati and Miami Valley chapters.

11.3% of Ohioans 65 and older have Alzheimer's. New statistics for Ohio from the Alzheimer's Association's newly released 2025 Facts and Figures report show:

- Ohio residents aged 65 and older living with Alzheimer's: 236,200
- Percentage of adults over 65 with Alzheimer's: 11.3%
- Residents serving as unpaid family caregivers: 452,000
- Total hours of unpaid care provided: 679 million
- Total value of unpaid care: \$13.3 billion
- Medicaid costs of caring for people with Alzheimer's in 2025: \$3.2 billion

"This year's report finds that the impact of Alzheimer's on Ohio residents and families is significant," Barnett said.

Alzheimer's is a progressive neurodegenerative disorder, said Gail Crump, a nurse practitioner at the Memory Center for Premier Health's Clinical Neuroscience Institute.

"It causes the accumulation of what we call amyloid plaque and neurofibrillary tangles," Crump said.

Amyloid plaque and neurofibrillary tangles are types of protein doctors believe to be key features of Alzheimer's disease.

That buildup can lead to increasingly debilitating conditions, like functional cognitive problems and behavioral impairments, Crump said.

Deaths increased 142% over 20 years

The new report shows prevalence, disease-related deaths and the cost of caring for those living with Alzheimer's are rising across the country. Among the findings:

- 7.2 million people aged 65 and older are living with Alzheimer's disease.

- Deaths due to Alzheimer's disease more than doubled between 2000 and 2022 — over 142%.

- The total annual costs of caring for people living with Alzheimer's and other dementias (excluding unpaid care) is projected to be \$384 billion in 2025.

- Nearly 12 million family members and friends provide 19.2 billion hours of unpaid care, valued at an additional \$413 billion.

Most want to know if they have it

Most people — nearly four in five Americans, or 79% — would want to know if they have Alzheimer's before symptoms start to interfere with day-to-day life, a new survey from the Alzheimer's Association shows.

More than nine in 10 Americans would “definitely or probably” want to utilize a simple test, such as a blood-based biomarker test, to find out their risk for developing Alzheimer's disease. The Alzheimer's Association is advocating for legislation, like Ohio's House Bill 8, to mandate that health insurers cover biomarker testing.

“We're going to be lobbying for insurance companies to cover biomarker

testing,”

Barnett said. “That is key and crucial. The more we can get the biomarker testing out there and that it’s covered, the more people will have an opportunity to get diagnosed early, to start treatments early.”

New treatments, supports

Most Americans would want medication to slow the progression of the disease, and 58% said they would be willing to a moderate or high risk of negative health outcomes with an anti-amyloid medication to slow the progression of Alzheimer’s disease, according to the survey.

“The survey underscores the need for advancing new treatments and making early diagnosis easier and more accessible to anyone concerned about their memory and thinking,” said Barnett.

When it’s time for doctors to have those conversations about the next steps after an Alzheimer’s diagnosis, Crump tries to give those families a form of hope, she said. “They won’t be going through this journey alone,” Crump said.

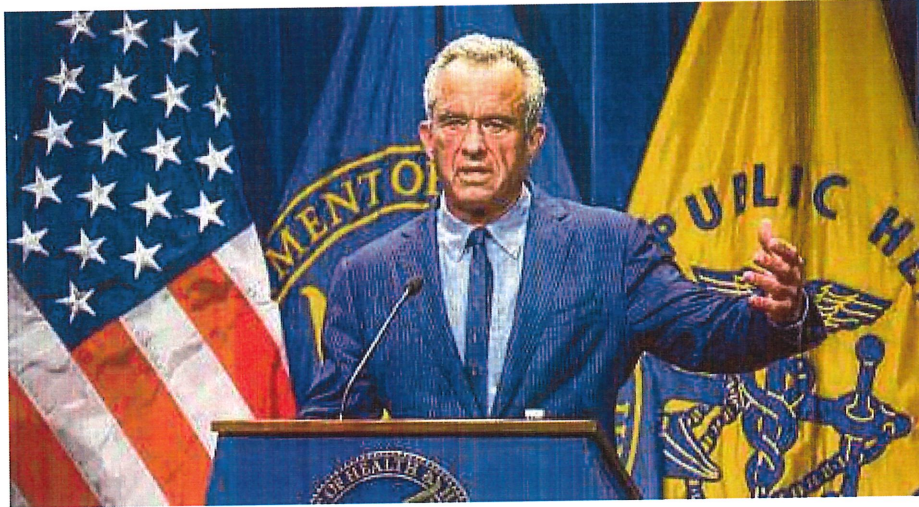
As Ohioans continue to age, more resources for families caring for a loved one with dementia are popping up, such as daytime activities with Easterseals or the YMCA, as well as other options for respite care.

“There are other resources in the community to help you and your family get through this,” Crump said.

The 2025 Alzheimer’s Disease Facts and Figures report, including the special report, “American Perspectives on Early Detection of Alzheimer’s Disease in the Era of Treatment,” can be viewed at alz.org/facts.

Kennedy orders research on new measles treatments

PUBLIC HEALTH



Health and Human Services Secretary Robert F. Kennedy Jr. speaks in Washington on April 16. Kennedy will direct federal health agencies to explore potential treatments for measles, including vitamins. PETE KIEHART / NYT

TEDDY ROSENBLUTH ©2025 THE NEW YORK TIMES

With the United States facing its largest single measles outbreak in 25 years, Health and Human Services Secretary Robert F. Kennedy Jr. will direct federal health agencies to explore potential new treatments for the disease, including vitamins, according to an HHS spokesperson. The decision is the latest in a series of actions by the nation's top health official that experts fear will undermine public confidence in vaccines as an essential public health tool.

The announcement comes as Kennedy faces intense backlash for his handling of the outbreak. It has swept through large areas of the

Southwest where vaccination rates are low, infecting hundreds and killing two young girls. On Friday, the Centers for Disease Control and Prevention reported more than 930 cases nationwide, most of which are associated with the Southwest outbreak.

Critics have said Kennedy has focused too much on untested treatments — such as cod liver oil supplements — and offered only muted support for the measles vaccine, which studies show is 97% effective in preventing infection.

The decision to put more resources into potential treatments, rather than urging vaccination, could have grave consequences at the center of the outbreak.

“We don’t want to send the signal that you don’t have to get vaccinated because there’s just a way to get rid of it,” said Jennifer Nuzzo, an epidemiologist at the Brown University School of Public Health.

Scientists have already thoroughly studied various vitamins and medications as potential treatments for measles, said Michael Osterholm, an epidemiologist at the University of Minnesota.

Decades of research have turned up no miracle treatment for the measles virus, which can cause pneumonia, making it difficult for patients to get oxygen into their lungs, and brain swelling, which can cause blindness, deafness and intellectual disabilities. “It’s not that there’s been a lack of studies,” he said.

Measles patients are typically offered “supportive care” to help make them more comfortable while the virus runs its course, like Tylenol to bring down their fever, supplemental oxygen and IV fluids.

The decision to look for treatments is meant to help people who chose not to vaccinate, the HHS spokesperson, Andrew Nixon, said.

He added that the CDC still recommends the measles, mumps and

rubella shot as the most effective way to prevent measles.

But, he said, “Our commitment is to support all families, regardless of their vaccination status, in reducing the risk of hospitalization, serious complications and death from measles.”

As an example of such a community, Kennedy pointed to the Mennonites in West Texas, who have experienced the brunt of the cases and hospitalizations in the current outbreak.

Nixon said the CDC will collaborate with universities to test new treatments for a “host of diseases,” which may include a combination of existing drugs and vitamins. The news of this effort was first reported by CBS News.

Public health experts were baffled by Kennedy’s decision to hunt for new treatments, rather than endorse shots that have decades of safety and efficacy data.

They said this seemed to contradict his long-standing focus on disease prevention instead of treatment.

“This is akin to saying, ‘Go ahead and eat whatever you want, don’t exercise, smoke like a chimney — we’re going to invest all of our resources in heart transplants,’” said Dr. Jonathan Temte, a former chair of the CDC’s vaccine advisory committee.

Over the course of the current measles outbreak, Kennedy has offered inconsistent, and at times contradictory, messaging about the MMR shot. At some points, he has described the vaccine as “the most effective way to prevent the spread of measles.”

Mobile mammogram screenings available this month

REGION

Premier Health will offer annual mammogram screening with its mobile mammography coach that travels to businesses, public venues, and events throughout Southwest Ohio.

The coach is owned and operated by Atrium Medical Center in Middletown.

The following dates and times are open for appointments in May:

- Thursday, 8 a.m.-4 p.m. at Carlisle Local Schools Central Office, 250 Jamaica Road, Carlisle
- May 12, 8 a.m.-4 p.m. at Community Health Centers of Greater Dayton – East Dayton Health Center, 2132 E. Third St., Dayton
- May 14, 9 a.m.-5 p.m. at Dulan and Moore Dulan Family Wellness, 1000 Columbus Ave., Lebanon
- May 15, 9 a.m.-5 p.m. at Trenton Family Medicine, 3590 Busenbark Road, Trenton
- May 17, 10 a.m.-4 p.m. at United Missionary Baptist Church, 719 18th Ave., Middletown
- May 19, 9 a.m.-5 p.m. at Monroe Medical Center, 35 Overbrook Drive, Monroe

- May 20, 9 a.m.-4 p.m. at Miami County Internal Medicine, 2600 Mote Drive, Covington
- May 22, 9 a.m.-5 p.m. at SureCare Medical Center, 360 W. Central Ave., Springboro
- May 28, 9 a.m.-4 p.m. at Stillwater Family Care, 471 Marker Road, Versailles
- May 30, 9 a.m.-5 p.m. at Countryside YMCA, 1699 Deerfield Road, Lebanon

Mobile mammograms can be scheduled by calling 855- 887-7364. For more information about the process and locations, visit premierhealth.com or email MobileMammo@premierhealth.com.

What it means to break mental health stigma

CHILDREN'S HEALTH

DAYTON CHILDREN'S HOSPITAL

These days, there's a lot of talk about breaking the stigma around mental health. But what does that actually mean? This May, during Mental Health Month, learn more about what stigma looks like and how we can break it together.

We never know what battle someone else is fighting or what trauma someone has experienced in their life. But stigma, which is negative attitudes or beliefs about mental health, can make it harder for people to get help.

What is mental health stigma?

Mental health stigma is fueled by a lack of understanding of what someone else is going through or deals with on a daily basis. It can look like: Believing negative opinions and/or thoughts about a person who struggles with a mental health challenge.

Believing that someone experiencing a mental health challenge is "less than," "lazy," "unstable," or "weak."

Believing that mental health challenges only affect specific cultures or socioeconomic levels and would never affect you or your loved ones.

Why is it important for us to break the stigma?

5/4/25

When stigma exists, it may cause someone to: Avoid reaching out for help.

Feel guilt or shame.

Isolate or withdraw from social events and friends, miss school, get lower grades, or lose motivation/ interest.

Breaking mental health stigma makes this a better world for us all!

How can we break the stigma?

The good news is we can all break the stigma!

When we understand mental health better, we can support others, challenge harmful beliefs and create a world where everyone feels safe asking for help.

Here are four simple ways that you can break the stigma for children's mental health: Have conversations: Stigma is fueled by a lack of understanding of what someone else is going through or deals with on an everyday basis. Taking time to have conversations with others about mental health can help give you a better understanding of mental health.

Be kind and use respectful language: Being kind and respectful is one easy way you can help someone on their journey and what we say matters. There are ways to use your words in a way that breaks stigma and uplifts others.

Educate yourself about mental health: Getting a better understanding of mental health can help to stop the stigma. There are many resources available to better understand mental health from supporting a child through anxiety to the importance of mindfulness.

These resources can be another tool in your toolbox as your child navigates different challenges.

Be a champion for mental health: Stand up for others when you hear people making negative comments about mental health struggles or people with a mental health challenge. You can also be a good role model for the children in your life by showing compassion and support.

Dayton Children's Hospital is dedicated to the relentless pursuit of optimal health for every child within our reach.

To connect with Dayton Children's, go online to childrensdayton.org.

People with disabilities feel natural disasters 'first and worst'

COMPLETE COVERAGE



Tyler Lima-Roope, who relies on his power wheelchair and other medical devices to live and function, at his home in Burbank, Calif., last month. As wildfires threatened nearby neighborhoods this year, he worried about finding a place that could support his extensive needs, including specialized equipment to help him move from his bed to a wheelchair or shower chair. "Having to go somewhere at the drop of a dime is really hard for someone in my situation," Lima-Roope said. BETHANY MOLLENKOF / THE NEW YORK TIMES

5/5/25



Mike Diehl, an amputee and former firefighter, at his home in Middletown on April 14. Fires, floods, hurricanes and other natural disasters are hitting harder than ever. And when they do, people with disabilities often feel the impact "first and worst," said June Isaacson Kailes, a disability policy consultant in Los Angeles. NYT



Mike Diehl's "go-bag," which includes necessities such as batteries, at his home in Middletown. Because Diehl knows that gathering and loading his supplies into the car could take precious time in an emergency, he keeps them ready to go.

MICHAEL SWENSEN / THE NEW YORK TIMES

SHARON SCHINDEL ©2025 THE NEW YORK TIMES

As 75-mph winds whipped black smoke across the sky, I stood in my kitchen, worrying about what it would take to evacuate.

My husband had packed up the medications, arm and knee braces and heating pads I needed to manage my debilitating, chronic pain.

But now what? It was Jan. 8 in Los Angeles.

There were 100,000 people under evacuation orders, and every hotel and Airbnb was booked. I had nowhere to go, no refills remaining on one of my medications and no idea how bad my pain would become if I missed a scheduled medical procedure.

Fires, floods, hurricanes and other natural disasters are hitting harder than ever. And when they do, people with disabilities often feel the impact “first and worst,” said June Isaacson Kailes, a disability policy consultant in Los Angeles. An estimated 1.3 billion people, or 16% of the world’s population, has experienced significant disability.

Despite facing a higher risk of injury or death than those without disabilities, however, 84% of people with disabilities worldwide report feeling unprepared.

“Your survival depends on having a plan and knowing how to carry out that plan,” said Mike Diehl, an amputee and former firefighter in Middletown, Ohio.

Here is how to make one.

Ask for help ahead of time

Start by knocking on your neighbor’s door and talking about what you can do together in an emergency, suggested Germán Parodi, an executive director of the Partnership for Inclusive Disaster Strategies, a nonprofit organization.

In many cases, it is neighbors, not emergency workers, who carry out rescues, explained Parodi, who is quadriplegic and worked in Puerto Rico to assist people with disabilities who were affected by Hurricane Maria in 2017.

Alison Freeman, a clinical psychologist who is deaf, learned after the LA wildfires that her apartment building issued announcements about emergencies only via loudspeaker and that building staff members would not be permitted to leave the first floor and alert her in person during an evacuation.

After that, she said, “I took it upon myself to connect with other residents to see who’d be willing to check in on me.”

Be proactive with your doctors, experts said. Ask for extra medication refills so that you have an emergency supply on hand, and discuss how to manage possible treatment disruptions.

If you depend on electricity — whether for a powered scooter, oxygen or refrigerated medications — contact your power company before disaster strikes. They may be able to put you on a priority restoration list.

Plan where you'll go

Tyler Lima-Rooke, who is 27 and lives in L.A., relies on his power wheelchair and other medical devices to live and function. As wildfires threatened nearby neighborhoods earlier this year, he worried about finding a place that could support his extensive needs, including specialized equipment to help him move from his bed to a wheelchair or shower chair.

“Having to go somewhere at the drop of a dime is really hard for someone in my situation,” Lima-Rooke said.

Experts suggested creating a list of possible places to evacuate that you know can accommodate your needs, and keeping the necessary contact information on hand.

If you need accessible transportation, arrange this ahead of time with someone you know or with a disability resource agency in your area. This is essential, experts said, because emergency rescue teams are stretched thin during disasters.

And know when you'll leave

Search online for your city or county emergency alert system, and sign up for it. Opt in to receive Wireless Emergency Alerts, and consider downloading apps from the Federal Emergency Management Agency and the American Red Cross, which work with screen readers and flash notifications for those with vision or hearing impairments. Weather radios from the National Oceanic and Atmospheric Administration can

also send alerts using tone, lights, vibrations or text displays.

If your disability affects how quickly or safely you can evacuate, consider leaving before an order is issued.

Because Diehl knows that gathering and loading his supplies into the car could take precious time in an emergency, he keeps them ready to go.

"I'm prepared to get myself out of a bad situation before it becomes so dire that I need a rescue," Diehl said.

Evacuating early may also be a good idea if you depend on medical devices that require electricity and power outages seem likely, said Elizabeth Bubel, a program manager at the American Red Cross.

Do not wait until disaster is at your door to test your exit route. For tornado preparations, for example, practice how quickly you can reach your home's lowest, innermost room. If you have mobility limitations and work or live in a multistory building, rehearse using evacuation chairs with those who would help you in an emergency.

Prepare a 'go bag'

Experts recommended using disability-specific checklists to build emergency kits for your home, work and car.

If some of your daily essentials cannot be stowed in a bag ahead of time, pack what you can and make a list of what you'll need to grab in the moment, said Kailes, the disability policy consultant.

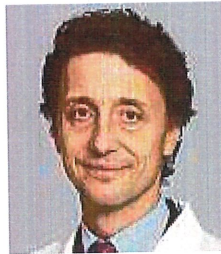
And set yourself a semiannual reminder to make sure your backup medications are not expired.

Experts also suggested creating a photo album or log on your smartphone listing any prescriptions or medical equipment, in case they have to be left behind when you evacuate and later replaced.

After evacuating, I was lucky to return to a home that was still standing. I began unpacking the bag I had scrambled to fill, and then stopped. I left a few days' worth of clothes, medications and instant cold packs inside, for the next time I might need them.

Series of infections follows after an intense bout of influenza A

TO YOUR GOOD HEALTH



DR. KEITH ROACH

DEAR DR. ROACH: I contracted influenza A nine weeks ago, which was confirmed by a nasal swab. I had my regular flu vaccine in mid-November, but it was no match for this virulent strain. I was sicker than I can remember, and COVID seemed mild in comparison. During the illness, I developed a sinus infection and was prescribed an antibiotic that appeared to clear it, but I was still left feeling unwell. I lost my voice in the ensuing viral mayhem. Fast forward nine weeks later, and I'm still not feeling well. My voice is still not back 100%. I'm still coughing, and my energy levels are low. It's frustrating.

Last weekend, I spent Sunday in bed with chills and woke up in the middle of the night in sweats.

My doctor then prescribed another antibiotic, suggesting that the sinus infection did not clear.

5/6/25

What is happening to me? I'm 64 and in previous excellent health, and this is worrying me.

Is there some underlying reason as to why I am unable to clear this horrible virus? I'm tired of this lingering illness and sick of being asked why I'm still sick all the time.

-- C.D.

ANSWER: It seems to me that we humans have a protective mechanism that lets us forget just how sick we were when we had the flu. As you correctly say, influenza A is a horrible virus that kills 30,000- 60,000 Americans a year.

It killed more people than COVID did this year, and still, I see people say it's "just the flu."

Like with COVID, after getting the flu, people can have long-lasting symptoms of the lungs (cough and shortness of breath), heart, and central nervous system (brain fog).

But the effect it undoubtedly has on depressing our immune and inflammatory systems are part of why people can get other viruses and bacterial infections after a bad case of influenza.

Staphylococcal and pneumococcal pneumonias are two bacterial infections that can happen after the flu. They can be extremely dangerous when a person's system is so depleted.

To be clear, I don't think you still have the flu; I think your system was sufficiently weakened by the initial infection that you've had a series of other infections afterward. For example, when your nasal passages are congested, the sinuses cannot drain properly, which makes a bacterial infection more likely.

As the risk of respiratory viruses recedes in the spring, I predict you will slowly return to your previous excellent health.

DEAR DR. ROACH: I take Zepbound. I accidentally left it out for a day, and I am worried that they will be dangerous if I use them now. They weren't exposed to the sun at all.

Is it safe for me to take them? Should I put them back in the refrigerator?
-- T.Q.

ANSWER: According to the manufacturer, Zepbound is safe when stored unrefrigerated for 21 days.

If it is stored at room temperature, it should not be returned to the refrigerator and must be discarded if not used within 21 days. Apparently, going back and forth from room temperature to the refrigerator potentially causes more problems than just leaving it out at room temperature.

As you say, you want it to be out of the sun and out of extreme temperatures at all times.

In general, expired medicines and heat-damaged medicines are inactive and not dangerous, although there are exceptions.

Dr. Roach regrets that he is unable to answer individual letters, but will incorporate them in the column whenever possible. Readers may email questions to ToYourGoodHealth@med.cornell.edu or send mail to 628 Virginia Dr., Orlando, FL 32803.

Why our children's mental health deserves more attention



Melissa Norman

May is Mental Health Awareness Month, and conversations about mental health have gained traction in recent years.

While there have been discussions about how to address it, there is still a pressing need to shine a spotlight on this issue — especially when it comes to our children. In a world where academic pressure, social media influence, and global uncertainties are ever-present, the mental well-being of our youth is increasingly at risk. This month serves as a reminder to prioritize the mental health of all, but most importantly, the future generation.

The reality is that mental health challenges among children are on the rise. According to the Centers for Disease Control and Prevention (CDC), 1 in 6 children in the U.S. between the ages of 6 and 17 has a diagnosed mental health disorder.

This is a staggering number that demands immediate attention. Anxiety, depression, ADHD, and behavioral disorders are among the most common, but the emotional toll of stress, trauma, and societal pressures

often manifest in ways that are not as easily identifiable. If left untreated, these issues can affect academic performance, long-term relationships, self-esteem, and overall quality of life.

The pandemic further exacerbated these challenges.

Remote learning, social isolation, and a general sense of uncertainty took a significant toll on children's mental health.

Many of them were forced to adjust to new learning environments, away from their friends and the support systems they relied on previously. The increase in anxiety and depression rates in children, fueled by the fear of illness and the loss of routine, was both shocking and heartbreaking.

This is why we must foster an environment where talking about mental health is just as normalized as discussing physical health. We need to cultivate safe spaces where children feel comfortable expressing their emotions without fear of judgment.

Schools, parents and caregivers play a critical role in identifying early signs of distress, offering support and connecting children to professional help if needed.

However, awareness alone is not enough. We must advocate for meaningful change. Parents and caregivers need more education and resources to better understand how to nurture their children's mental health.

Every school should have access to mental health services to help children learn healthy coping mechanisms, manage their emotions and seek assistance when necessary.

By encouraging open dialogue, we can prevent stigma from taking root and empower children to express their feelings clearly.

As adults, we need to understand the role of technology in children's lives. Social media platforms, gaming and digital communication all

come with their own sets of pressures. From cyberbullying to constant comparisons to others online, kids today are growing up in an environment where their perceptions of what is “normal” is constantly challenged. As a society, we need to strike a balance between the benefits of technology and the mental health risks it poses. Digital literacy programs can help children navigate this new landscape, promoting healthy usage while protecting them from the negative aspects of online life.

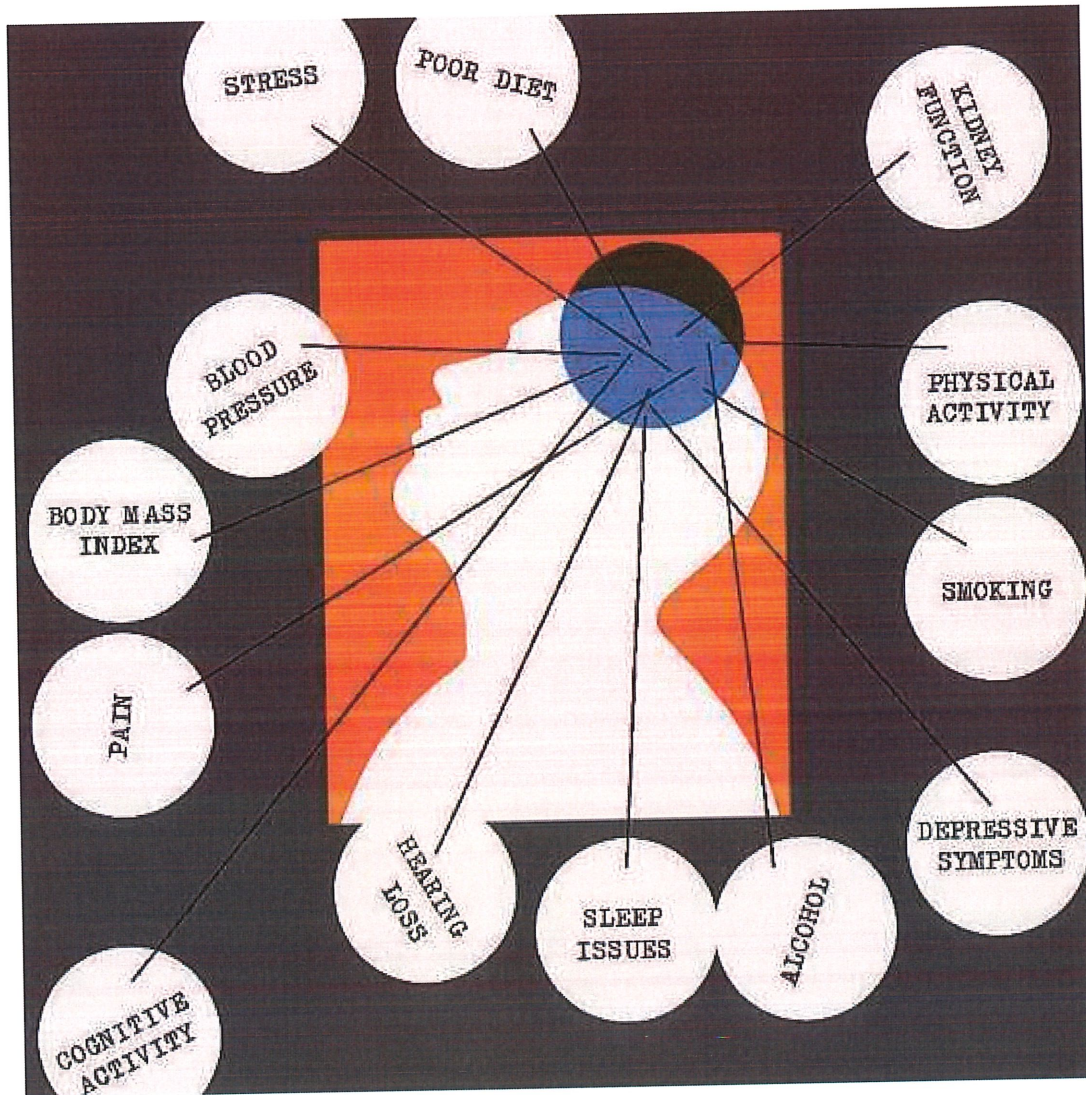
Ultimately, we must recognize that mental health is just as vital to a child’s development as physical health. Without addressing their emotional and psychological needs, we risk leaving them vulnerable to a lifetime of struggles. May, as Mental Health Awareness Month, serves as a critical opportunity to not only raise awareness but to take concrete steps to ensure that every child has access to the care, support, and resources they need to thrive mentally, emotionally, and socially.

Taking care of our children’s mental health is not a luxury — it is an absolute necessity. By committing to this cause, we invest not only in the well-being of today’s youth but in a healthier, more resilient future for all.

Melissa Norman is the CEO of Choices Coordinated Care Solutions.

17 ways to cut your risk of stroke, dementia and depression

YOUR HEALTH



A new study identified overlapping factors that affect your odds of developing these brain diseases late in life. LUCY JONES / THE NEW

NINA AGRAWAL ©2025 THE NEW YORK TIMES

5/11/25

New research has identified 17 overlapping factors that affect your risk of stroke, dementia and late-life depression, suggesting that a number of lifestyle changes could simultaneously lower the risk of all three.

Although they may appear unrelated, people who have dementia or depression or who experience a stroke also often end up having one or both of the other conditions, said Dr.

Sanjula Singh, a principal investigator at the Brain Care Labs at Massachusetts General Hospital and the lead author of the study. That's because they may share underlying damage to small blood vessels in the brain, experts said.

Some of the risk factors common to the three brain diseases, including high blood pressure and diabetes, appear to cause this kind of damage. Research suggests that at least 60% of strokes, 40% of dementia cases and 35% of late-life depression cases could be prevented or slowed by controlling risk factors.

"Those are striking numbers," said Dr. Stephanie Collier, director of education in the division of geriatric psychiatry at McLean Hospital in Massachusetts. "If you can really optimize the lifestyle pieces or the modifiable pieces, then you're at such a higher likelihood of living life without disability."

Often, the risk factors for these diseases are interconnected, and addressing one — for example, getting more exercise by going for routine walks with a friend — can also help you address others, like excess weight and social isolation.

"If you're starting to work on one of them, very often you're actually improving multiple at the same time," Singh said. "That's a great way to start."

Factors that protect against brain disease The study, which looked at

data from 59 meta-analyses, identified six factors that lower your risk of brain diseases:

- Low to moderate alcohol intake (consuming one to three drinks a day had a smaller benefit than consuming less than one drink a day)
- Cognitive activity, meaning regular engagement in mentally stimulating tasks like reading or doing puzzles
- A diet high in vegetables, fruit, dairy, fish and nuts
- Moderate or high levels of physical activity
- A sense of purpose in life
- A large social network

Factors that increase your risk

The study also identified 13 health characteristics and habits that make you more likely to develop dementia, a stroke or late-life depression. (Altogether, the protective and harmful factors add up to 19 factors because two of them, diet and social connections, can increase or decrease risk, depending on their type and quality.)

- High blood pressure
- High body mass index
- High blood sugar
- High total cholesterol
- Depressive symptoms
- A diet high in red meat, sugar-sweetened beverages, sweets and sodium
- Hearing loss
- Kidney disease
- Pain, particularly forms that interfere with activity

- Sleep disturbances (for example, insomnia or poor sleep quality) or sleep periods longer than eight hours
- Smoking history
- Loneliness or isolation
- General stress or stressful life events (as reported by study subjects)

The study only looked at risk factors linked to two or more of the three conditions. It did not prove that these risk factors directly cause the diseases; it only showed an association.

Trying to tackle all of these behaviors for brain health might feel overwhelming. But Singh suggested treating the list like a menu of options: "Choose just a first risk factor and then take it step by step," she said.

Where to begin

The study also identified which specific risk factors and protective habits have a particularly notable effect on brain health. Addressing those, doctors said, is a great place to start.

- Lowering your blood pressure can have big benefits.

The study found that high blood pressure was the greatest individual risk factor for developing any of the three diseases, in large part because it nearly triples the risk of stroke.

Another new paper, this one published in Nature Medicine, offers further evidence for that point. In a randomized trial of 34,000 patients in China, researchers found that patients who significantly reduced their blood pressure were 15% less likely to develop dementia than those who did not.

Together, the findings suggest that getting blood pressure under control can have an outsize effect on brain health. To do this, you might start by lowering salt intake, exercising more or losing weight, said Dr. Alison

Moore, chief of the division of geriatrics, gerontology and palliative care at the University of California San Diego.

But those interventions aren't always enough, she said, especially as we age and our blood vessels stiffen. That's when medication can help.

■ Flex your physical and mental muscles. Bonus points if it's with friends.

Moderate and high physical activity substantially decreased the chances of stroke and dementia, as did having a large social network. The meta-analyses that were included defined these levels in different ways, but guidelines from the American Heart Association describe activities like walking and gardening as "moderate" intensity exercise, and running and swimming are considered "vigorous" or of high intensity.

Cognitive activity appeared to have the largest protective effect, reducing the risk of dementia by about 40%. But the researchers noted that this finding could be, at least in part, a result of "reverse causality" — when people who are already developing dementia do less cognitively demanding activities because of their symptoms.

Still, Collier said the data reaffirms her advice to patients to engage in mental tasks that are "a little bit difficult" — such as reading, doing puzzles or learning a new instrument. Ideally, she said, you'd do those activities with somebody else, because conversation can be cognitively stimulating and because you get the added benefit of social interaction.

■ Start early if you can.

Collier said the right time to start making lifestyle changes "is generally not older age; it's middle age." That can prevent even early disease from developing.

But taking steps to reduce these risk factors can help prevent or slow the progression of disease later in life, too. It can also benefit patients who have a family history or genetic predisposition for these diseases, who

“often feel like it’s their inevitable fate,” Singh said. But “there are things they can do — we all can do — to take better care of their brains.”

Real ID deadline is here. Are you ready?

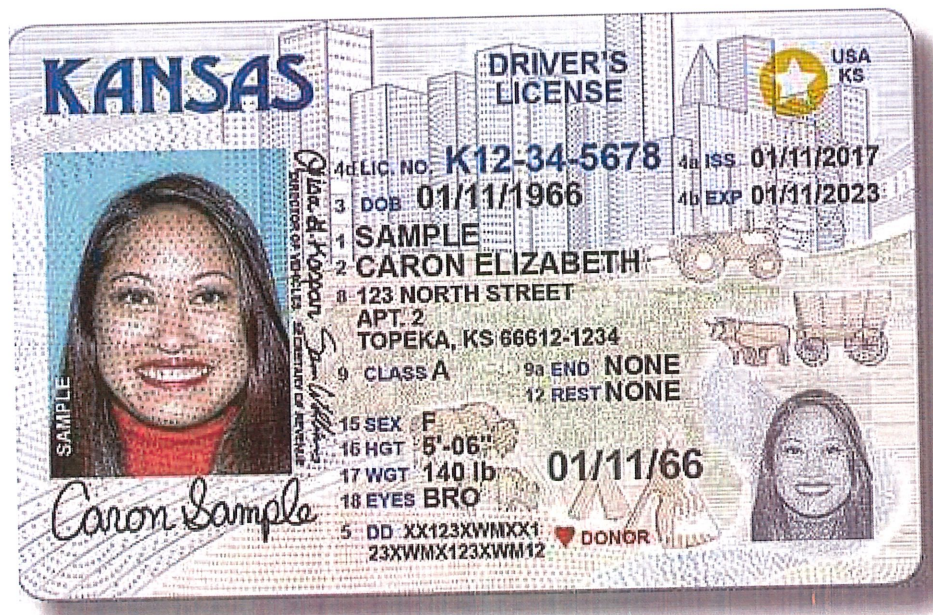
AIR TRAVEL



A sign at the federal courthouse in Tacoma, Wash., informs visitors of the federal government's Real ID Act.

TED S. WARREN / AP

5/12/25



A Kansas Real ID features a gold star. Real IDs are required for domestic air travel beginning today.

KANSAS DEPARTMENT OF REVENUE VIA AP

CHRISTINE CHUNG AND DEBRA KAMIN ©2025 THE NEW YORK TIMES

For years, the U.S. government has been warning travelers that they will soon need to show a Real ID at airport security, only to keep pushing back the deadline.

But today, Real ID becomes reality.

Starting then, a standard driver's license or state ID will no longer pass muster at airport security checkpoints, the Department of Homeland Security says. Passengers will instead need to present a security-enhanced, star-emblazoned Real ID or another approved form of identification such as a passport.

The change, nearly 20 years in the making, is meant to enhance security by setting a more consistent standard for state-issued documentation, according to the Department of Homeland Security.

Here's what you need to know.

What is a Real ID?

A Real ID is a federally compliant, state-issued driver's license, learner's permit or nondriver ID. Real IDs are marked with a star — generally gold or black — and vary in appearance by state or territory.

Any resident of a U.S. state or territory who wishes to use a driver's license or nondriver ID at a TSA checkpoint must make sure that it is Real ID-compliant. Driver's licenses that do not have the star are not Real IDs. Some noncompliant IDs will also have the words "Federal limits apply."

The percentage of Americans who have updated their driver's licenses to be Real ID compliant appears to vary widely by state. For example, in Pennsylvania, where there have been reports of longlines at license offices, it was little more than 26% by mid-April, the state's Transportation Department said. In California, it was just over 55%.

Why is the government requiring Real IDs?

The hijackers responsible for the Sept. 11, 2001, attacks were carrying U.S. driver's licenses and state IDs. In the aftermath, the government pushed to tighten national standards for state-issued documentation, and in 2005, Congress passed the Real ID Act.

The act sets minimum standards for licenses and other types of identification cards. Enforcement of the Real ID Act was initially set to begin in 2008, but it has been repeatedly delayed for numerous reasons, including the COVID-19 pandemic and opposition from states concerned about privacy.

Do Real IDs take the place of passports? No. Regular Real IDs will get you on domestic flights, but they will not let you cross international borders, including those with Canada and Mexico. They can't be used for international cruises, either. You will still almost always need a passport

for such trips.

However, a passport will get you on a plane, whether it's a domestic or an international flight. About 48% of Americans have passports, according to the U.S. State Department.

What's an enhanced driver's license?

A handful of states — Minnesota, Michigan, New York, Washington and Vermont — offer enhanced driver's licenses. These licenses, which comply with Real ID requirements to board domestic flights, also allow travelers to cross land and sea borders to Canada, Mexico, Bermuda and the Caribbean without a passport.

Enhanced licenses display an American flag instead of a star. The flag's location on the card varies by state.

Enhanced licenses can't be used in lieu of a passport if you're traveling internationally by air, and only U.S. citizens can get them. The cost varies by state. In Minnesota, for example, it's an additional \$15; in New York, it's \$30 more.

Are there other IDs you can use at the airport?

The TSA also accepts certain other forms of identification at airport security checkpoints. These include valid passports, passport cards, permanent resident cards (also known as green cards) and cards for trusted traveler programs like Global Entry and NEXUS, which allows prescreened travelers to transit quickly across the United States-Canada border.

How do you get a Real ID?

To apply for a Real ID, you'll generally need to provide a Social Security number or proof of ineligibility, corroborate your address through documents such as utility bills or bank statements, and verify your identity and lawful status through a handful of additional documents, including a birth certificate or a passport.

Check your state's driver's licensing agency website to find out how to apply and learn more about the specific documentation you'll need.

Getting a Real ID most likely involves making an in-person appointment, which might take a while. There are reports of long lines at licensing offices across states, including Pennsylvania and Kentucky. New York is extending service hours at select offices and boosting the number of appointments to meet demand.

In many states, including South Carolina and New York, there is no additional cost to receive a Real ID if you're already renewing your license. But some states charge extra. Pennsylvania, for example, charges a one-time \$30 fee in addition to the cost of renewal, the first time you upgrade to Real ID.

Do children and teenagers need Real IDs?

The TSA doesn't require those under 18 to show identification for domestic travel. Individual airlines have their own policies about what types of ID minors are required to carry.

For international travel, children of all ages are required to carry passports.

Are flyers without Real IDs really going to get turned away?

Not necessarily, but they may face holdups.

This year, the TSA published a final rule allowing a phased two-year transition to full enforcement of Real ID, citing delays in making state IDs compliant with the rules. However, a TSA spokesperson said in mid-April that the agency had decided that the phased approach was not necessary and that full enforcement would begin today.

Still, the TSA continues to have general guidance on its website that passengers who don't bring accepted forms of identification to the airport may still be allowed to fly, after an additional identity verification,

which “includes collecting information such as your name and current address,” according to the TSA website.

Overdoses, deaths by suicide on the rise

Potential cuts to Medicaid threaten funding for Butler County services; the rate of veteran suicides is especially high.



Volunteers stand near a flag-draped casket to participate in a Silent Watch for veteran suicide awareness outside the Butler County Veterans Service Commission office on High Street in Hamilton last September. NICK GRAHAM / STAFF

BY DENISE G. CALLAHAN CONTRIBUTING WRITER

5/14/25

Butler County voters approved a new mental health levy last November that is allowing for some service expansion, but officials are keeping a wary eye on potential federal funding cuts as overdoses and deaths by suicide are rising.

Scott Rasmus, executive director of the Butler County Mental Health and Addiction Recovery Services Board, said it's hard to predict the impact of possible cuts to Medicaid expansion — which provides health insurance coverage for qualified adults in need — and federal grant funding. About \$6 million of the board's \$18 million budget comes from the government. Cuts could mean having to dip into reserves or the new levy dollars.

"It's really hard to get a sense of what that would look like, but it would put more of an emphasis on using subsidies that in the past were considered fairly safe, but it would come back on the board's local subsidy dollars," he said.

"It's really hard to put a number on it — thousands of dollars, hundreds of thousands of dollars, or more. We do have reserves to plan for unexpected things, but this is something that could be quite significant."

The federal government is in the midst of trying to pass a new budget, and Medicaid and other funding is potentially on the chopping block.

About 57% of the MHARS budget is supported by local funds; the rest comes from the state and federal governments.

The MHARS Board doesn't provide direct mental health and addiction services. It facilitates and pays for programs and services its partner agencies provide. He said the target is to serve 42,500 people, "which is a very large number, higher than 10%" of the county's population.

Rasmus said the key statistics for the agency show overdoses and suicides are projected to increase this year over last. In 2024 there were 88 overdose deaths and it is projecting 120 this year, a 25% increase. The

county coroner's office statistics show there have been 43 overdose deaths so far in 2025.

Suicides are expected to increase 10%, from 57 to 62.

Among veterans, Rasmus said, suicides "are up significantly. There's already eight veteran deaths, and if you project that out, that would be 23. That's a 200% increase." According to the coroner's office, eight veterans committed suicide in 2024. Year-to-date, the total number of suicides is 22.

Bruce Jones, president of the Vet Board, told the Journal-News the continued rise in veteran suicides is "disheartening," but not surprising.

"What we're all taught when we go in the military is that we have to succeed as a group but we also have to be tough on our own so the guy or lady next to me is just as tough," Jones said. "We don't show the emotional side of what may be bothering you. Unfortunately that builds up in anybody.

I don't care whether you're a veteran or a police officer or whatever, things that happen while you serve affect you in life later on, and some have a tough time saying, 'I need help.'"

Tax levy to kick in

Trying to help people costs money, and voters approved a new MHARS levy 56% to 44% in November. It will replace the existing .5-mill, 10-year levy that first passed in 1985 and was last renewed in 2014. The new levy will generate roughly \$6.6 million when it kicks in next year and will cost taxpayers about \$18 per \$100,000 in value annually.

Rasmus said the board intends to keep its campaign promise and retire the old funding source that expires in November. That levy costs taxpayers \$5 per \$100,000 and collects about \$2.4 million.

The extra \$2.4 million will help fund new programs, such as a dedicated

staffer to work with the Veterans Service Commission, to address the high suicide rate.

"We're looking at things such as increasing the OSFR, the Overdose and Suicide Fatality Review, dedicating a staff member to address the veterans' population annually," he said.

"To look at those deaths and look at factors and at risk components, we can better target our services through that evaluation. It's not only about reviewing them, it's about some analysis, either qualitative or quantitative, and applying them to the community."

Another new initiative is to find a replacement site for the Syringe Service Program that was conducted in the Access Counseling parking lot in Middletown. The program shut down in September 2023. Rasmus recently told county commissioners that a large part of the uptick in overdoses could be attributed to that.

"I think that was a significant factor that has impacted that. Maybe a little bit delayed, but I think it has effected it," he said.

"Because it was the largest syringe exchange, bloodborne pathogen program in the southwestern part of Ohio."

When the program ended, he asked Atrium Medical Center and Middletown Health Commissioner Jackie Phillips Carter about replacing it. "The answer has been 'no,'" he said.

Atrium and Phillips Carter couldn't be reached for comment. Middletown City Manager Ashley Combs said she had no comment.

At the time, the Journal-News reported that our sister station, WCPO, asked the city of Middletown if it was working with the program to find a new location.

City Manager Paul Lolli provided a statement: "The city of Middletown does not have any plans to open an alternative site at this time. We feel

that the future of these programs and other programs addressing homelessness, addiction, mental health issues and others need to be better addressed on a regional basis," he said. "While the city acknowledges the problems, a collaborative effort would not unduly burden any single community."

Locations are a concern

Rasmus said there are programs in Fairfield and Oxford but they are "off the beaten path." He has been working with the sheriff's office, the health district and area hospitals to find a new location on the eastern edge of the county. "It's not an easy approach and it's not an easy job," he said.

"I do have a hospital; I don't want to mention it right now because it's still in the works, but I do have an option," he said. "That hospital is interested in supporting it, but there's things that need to be done. ... how do you get people from the bus route dropoff to the hospital? There's trustees in that jurisdiction that need to be informed about the potential and to elicit their support and then make a case (for) why this is so important."

Commissioner Don Dixon said he wants to add tackling addiction to the ongoing efforts of the commission's Summit on Housing Insecurity and Advocacy group.

"I'd like to hear from the cities why they don't really think this is a good thing and don't want to participate," Dixon said. "Maybe they do want to participate, which is what I think it is, they don't want to see it either, see if we can come together as a group to address that."

The MHARS Board is an independent entity, but if members want to put a tax levy question on the ballot they need the county commissioners' blessing.

"When we agreed to put the increase on this levy it was supposed to go to treatment, it was supposed to do counseling. It was the thought of the board that we capture this issue sooner than later, trying to prevent it before it happens," Dixon said. "What's happening with that?"

Outreach efforts to be made

Rasmus said in regard to suicide, they want to staff local emergency rooms.

Research shows intervening when someone has tried to take their life helps prevent a repeat attempt. Specific to veterans, he said the board is helping train Vet Board staffers and people in the mental health field to intervene when a veteran is in crisis.

Jones told the Journal-News the Vet Board is targeting all of its outreach efforts to attract the attention of not only veterans who are struggling, but their friends and families.

"A lot of times the families have no clue that the veteran is at that point where they're ready to take their life," he said. "A lot of times it's not planned out like a lot of people think; something clicks and they make that decision.

That's why we try to get the word out that we are there, there are programs."

Dixon asked if the MHARS Board is doing anything to identify suicidal people any earlier. Rasmus said it is working with schools and other organizations to provide mental health and addiction prevention education.

"It may be \$50 to \$100 a student to do mental health and addiction prevention," Rasmus said.

"Then if somebody is hospitalized it could be \$1,000 a day ... (for a) longer length of stay, that's \$20,000. Think of prevention, which is relatively inexpensive and prevention that didn't occur or wasn't successful can be significant dollars down the line."

988 SUICIDE AND CRISIS LIFELINE

As life's challenges can sometimes overwhelm, Ohio's 988 Suicide and Crisis Lifeline helps those who are facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to.

It's free and confidential and can help connect people with community-based behavioral health care.

Dial 988 from any phone to get support.

Kohl's to close local giant warehouse, impacting 768 jobs



Kohl's announced Thursday, June 6 they will close a giant distribution warehouse in Monroe later this year. (AP Photo/Josh Reynolds, file)

LOCAL NEWS

By Staff Report

2 hours ago

Kohl's is closing its Monroe distribution center later this year and more than 750 people will lose their jobs, the company said.

The facility will close entirely on Oct. 31 and all workers will be affected, which adds up to 768, according to a notice the company filed with the Ohio Department of Job and Family Services.

The giant warehouse is located on Salzman Road, which is off Ohio 63.

Late last year, Kohl's announced it was closing 27 stores across more than a dozen states, including Ohio.

Many of the workers impacted by the closure are material handlers, with more than 660 employees listed by the company. Supervisors, maintenance technicians and loss

prevention associates also make up many of the employees within the distribution center.

The last scheduled day for workers is Sept. 12. Some people could remain employed beyond that date to help with administrative tasks, according to the company filing.

Stubborn challenges face brick-and-mortar retail outlets, according to Kirthi Kalyanam, a professor and executive director of the Retail Management Institute at the Leavey School of Business, Santa Clara University.

Kalyanam is not certain he sees a solution for that format.

"I don't see a compelling formula yet for a brick-and-mortar reinvention in the age of e-commerce, of the traditional department store format," he said.

Job cuts for Procter & Gamble among largest in at least 40 years, former employee says

by James Pilcher, WKRC

Thu, June 5th 2025 at 4:13 PM

Updated Thu, June 5th 2025 at 10:46 PM

CINCINNATI (WKRC) - Procter & Gamble [announced](#) on Thursday that the company will eliminate 7,000 non-factory jobs over the next two years to reduce costs and enhance profitability.

The company, a Cincinnati institution for nearly 200 years, has seen its net profits decline by 12 percent last quarter, marking a downturn over the last two quarters.

[In a blog post](#), the company cited the unpredictable geopolitical environment and ongoing tariff uncertainty as major factors for the cuts. The rising cost of raw goods from China, coupled with uncertain U.S. consumer sentiment, has pressured the company to make these reductions.

Cedarville University Associate Economics Professor Jared Pincin suggested that Procter & Gamble may have planned these reductions regardless of the tariffs.

"It's not unusual for companies of any size like they are to occasionally do restructuring. The consumer is different now than they were five years ago, let alone 10 years ago," said Pincin.

He noted that China remains a significant market for the company and that country's economic struggles in recent years could also be contributing to the downturn.

"China's economy has been stalled for a while now and not just P&G but any international company," said Pincin. "Ask any of the automakers what's going

on there or, heck, even Hollywood, how their films have been doing in China the last several years, not just this year."

Lauren B. Worley, a former employee who worked at Procter & Gamble for five years, said these are among the largest job cuts for the company in at least 40 years.



"So it is not just one small reaction to just any of the business environment now. It's actually a reaction to very direct things that are happening in the economy right now," she said.

The company, founded in Cincinnati in 1837, employs about 108,000 workers worldwide including approximately 10,000 in the Tri-State.

While Procter & Gamble has not specified which areas will be affected by the cuts, Worley expressed concern about the broader impact on the region.

"These are people who volunteer after school. These are people who are very philanthropic minded. Will there be a result of them being worried about the

economy that reduces their philanthropic efforts? That would be something I would be worried about," she said.